WORKING

REFERENCE GUIDE

PRIVILEGED AND CONFIDENTIAL YOUTH ADVOCACY SERVICES

OREGON SEXUAL ASSAULT TASK FORCE

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ABOUT

OREGON ATTORNEY GENERAL'S SEXUAL ASSAULT TASK FORCE

This content was compiled by the Oregon Attorney General's Sexual Assault Task Force (SATF). Oregon SATF is a private, non-profit, non-governmental statewide agency operating four unique programs (Sexual Assault Nurse Examiner, Sexual Assault Training Institute, Prevention, and Campus programs) and coordinating over 150 multi-disciplinary members who serve as advisors on our Task Force Advisory Committees (including the Medical Forensic, Legislative and Public Policy, Campus, Advocacy Response, Prevention and Education, Offense Management, Men's Engagement, and Criminal Justice Committees).

Our mission is to facilitate and support a cross-discipline collaborative, survivor-centered approach to the prevention of and response to violence and abuse. We accomplish our mission by advancing primary prevention and providing multi-disciplinary training and technical assistance to responders in Oregon and nationally.

To learn more about our programs, staff and initiatives, please visit our website: www.oregonsatf.org

USING THIS GUIDE

This resource is meant to provide an overview of confidential youth advocacy, including emerging and best practices. It is not comprehensive. It is meant to supplement existing advocacy knowledge, training, and resources (like SATF's Statewide Sexual Assault Advocate Training Manual and the Mandatory Reporting + Confidential Advocacy Partnership Guide) to provide more depth on advocacy services with people under the age of 18 specifically. If you are not an advocate or have not received any advocacy training, we recommend you start with basic advocacy resources to help contextualize this resource.

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ACKNOWLEDGEMENTS

This guide pulls together resources from partners and stakeholders across Oregon implementing best practices to support young people, kids, and children, and help prevent violence and abuse. It would not have been made possible without the partnership, expertise, feedback, existing resources, and input from people and organizations across the state. Some key stakeholders and partners who informed this resource include:

- CARES NW
- Clackamas Women's Services
- Oregon Coalition Against Domestic and Sexual Violence
- Oregon Crime Victims Law Center
- Oregon Department of Education
- Oregon Department of Human Services
- Oregon Health Authority
- Peace at Home Advocacy Center
- Raphael House of Portland
- Self Enhancement Inc.
- Sexual Assault Support Services
- Victims Rights Law Center
- Volunteers of America Home Free
- Women's Crisis Support Team

SPECIAL THANKS

In addition to the organizations/institutions listed at the beginning of this guide, we want to extend a special thank you to the Oregon School-Based Health Alliance (OSBHA), Portland Public Schools (PPS), and the Multnomah County School Based Health Centers, who piloted a confidential youth advocacy project in 2018 with funding from the E.C. Brown Foundation. This unprecedented project was largely led by advocates like Megan Kovacs and Ashley McAllister. Megan served for over a decade as the Prevention Director of Raphael House of Portland where she helped pass the Healthy Teen Relationships Act (HTRA) in 2013. As a program manager at OSBHA she helped launch the HTRA Implementation Grant piloting the project that placed confidential youth advocates within PPS. This project was largely facilitated by Ashley, a licensed social worker associate, and OSBHA's Youth-Adult Partnership Manager at the time. These efforts helped pave the way for expanding this work across Oregon, building better models for comprehensive wrap-around supports for youth, and establishing some best practices on how to do this work and partner effectively.

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LEGAL DISCLAIMER

The information in this guide is not offered as, not intended as, and does not constitute legal advice. It is provided for informational purposes only. Much of the information was pulled directly from experts across Oregon and compiled into this guide. None of the information provided here should be considered a substitute for professional legal advice. Additionally, state and federal laws are updated regularly and changes to law (statutes, case law, regulations, etc.) may impact the information shared within.

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PRIVILEGED AND CONFIDENTIAL YOUTH ADVOCACY GUIDE
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A QUICK NOTE ON LANGUAGE

- **Survivor vs. victim**: Throughout this guide we interchangeably use the words victim and survivor to describe someone who has experienced violence and abuse. These are used interchangeably throughout depending upon the context. As most legal frameworks utilize the language of 'victim,' this is the predominant term utilized when referencing laws and policies. Survivor is often used to signify the strength and resiliency of people who have experienced violence. People prefer different terms to describe their own experiences, and young people may not identify with this language at all.
- **Youth**: Throughout this resource we often use the term 'youth' as a blanket term to describe the breadth of people ages approximately 0-24. Many people use different words to describe varying subsections of this population.
- **Privileged and Confidential Advocacy**: As noted in future pages of this guide, privilege and confidentiality refer to two different things. With this in mind we highlight both of these early on in the guide, then begin utilizing a blanket term of '**Confidential Advocacy**.' This blanket term in this guide refers to privileged AND confidential advocacy in Oregon. When discussing confidential advocacy beyond Oregon, this may not include privilege.

GLOSSARY OF ACRONYMS

- CVRA - Crime Victims Rights Act, a Federal law established in 2004.
- DVSA - Domestic Violence and Sexual Assault, often also be represented as Domestic and Sexual Violence (DSV) and Anti-Domestic and Sexual Violence (ADSV).
- FERPA - Family Educational Rights and Privacy Act, a Federal law established in 1974.
- HIPPA - Health Insurance Portability and Accountability Act, a Federal law established in 1996.
- OAR - Oregon Administrative Rules are created by state agencies, boards, and commissions to implement Oregon's statutes (written laws passed by a legislative body).
- ORS - Oregon Revised Statutes are the laws, and changes to laws, enacted by the Legislative Assembly that have been organized (codified) into the state's legal code.
- TIX - Title IX of the Education Amendments of 1972, a Federal law.
- TSPC - Oregon Teacher Standards and Practices Commission.
- VAWA - Violence Against Women Act, a Federal law established in 1994
- VOCA - Victim of Crimes Act, a Federal law established in 1984.
- VRRA - Victims' Rights and Restitution Act, a Federal law established in 1990.

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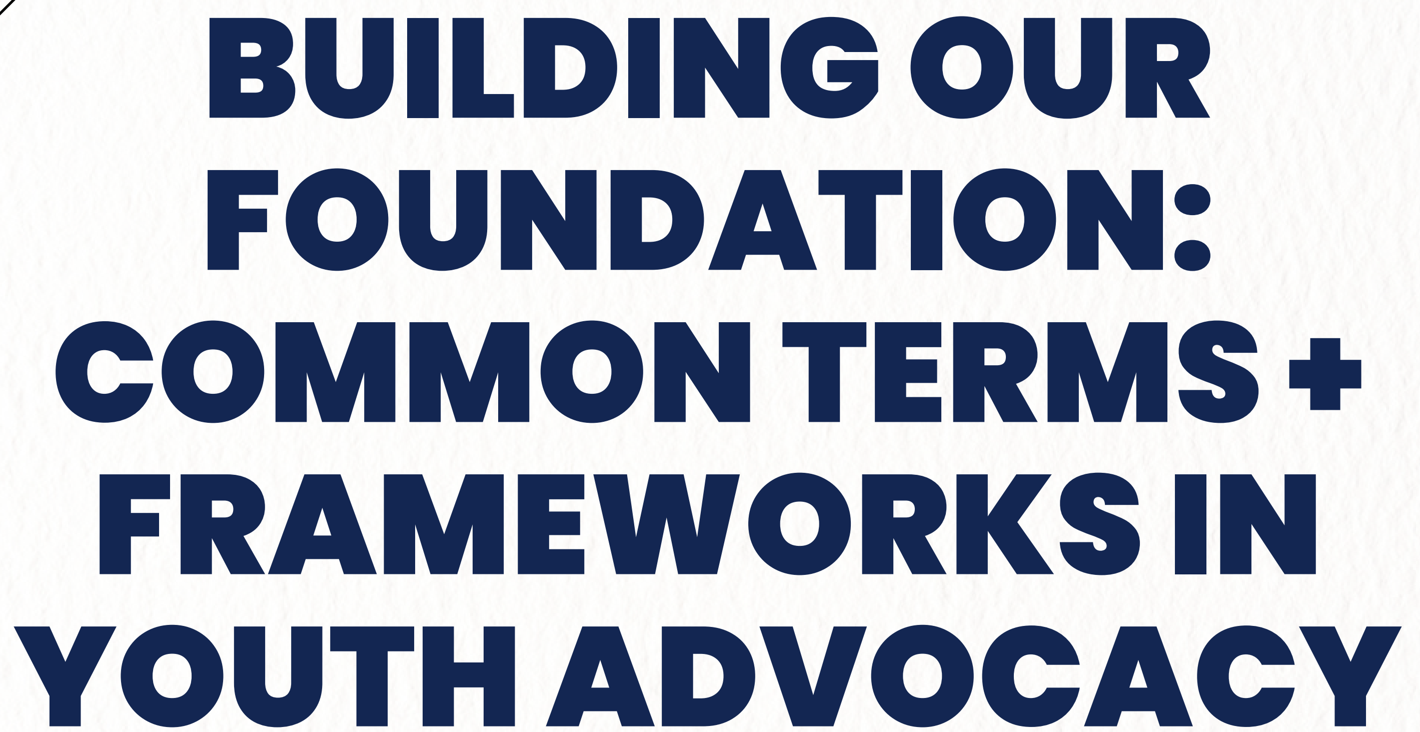
AN IMPORTANT NOTE FOR ADVOCATES

Services focused on promoting youth health and safety are incredibly complex, overlapping, and often include outcomes that may conflict with youths' health and safety. Systems are confusing and they may not function in the ways they were designed to OR may include negative outcomes/side-effects by functioning in the exact way they were designed. Supporting young people requires we navigate the responsibility as adults to support and protect young people and the charge to not uphold different forms of oppression that create social norms that reinforce violence and abuse.

Ageism and adultism are particularly relevant examples. 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 people) 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.**

That being said, the current systems designed to support young people do not work for every young person, because one approach does not work for all. Young people and families can experience harm utilizing the systems designed to support them. This coupled with the common societal message that adults and systems are here to help keep kids safe, can lead to increased trauma, feelings of institutional betrayal, mistrust of systems/support/adults, and increased risk for experiencing other forms of violence and abuse when the systems don't help.

As advocates providing confidential services to young people, we cannot guarantee that a system is going to work as it is supposed to, that youth will have a say in what happens, or that the rights afforded them under Oregon and national law are going to be upheld, or upheld in the ways they anticipate. Just like with all advocacy work, we can impart information, help people advocate for their rights, and transparently recognize that young people are afforded less agency and autonomy in our society and how this impacts the services they can access. This means **they will likely have less control over the choices made, their voices may be valued less than parents, guardians, or other adults involved, and that they may not even be involved/made aware of much of the decision-making happening**. With this in mind, it is especially important that advocates can offer transparency and warm connections to resources whenever possible.


BUILDING OUR FOUNDATION: COMMON TERMS + FRAMEWORKS IN YOUTH ADVOCACY

WHO ARE ADVOCATES?

When we talk about advocacy, it is important to note that there are a lot of different ways people use the word 'advocate.' This manual is focused on privileged and confidential youth advocacy provided by **qualified domestic and sexual violence victim/survivor services** in Oregon. Some advocates that may interact with youth when violence/abuse occurs, with varying levels of reporting and confidentiality requirements, may include:

- Advocates providing advocacy from community-based domestic and sexual violence organizations. Most counties in Oregon have at least one DV/SA agency. (Usually privileged and confidential)
- Culturally specific advocates specializing in helping survivors from historically and continually underserved/marginalized communities. (Usually privileged and confidential)
- Tribal Nation advocates specializing in helping Tribal members navigate Tribal courts, reporting, and resources. (Usually privileged and confidential, but also commonly mandatory reporters of child abuse)
- Victim's assistance advocates through district attorney's office (DAVAPs)/and Family Law Advocates
- Court Appointed Special Advocates (or CASAs) who provide court accompaniment and support for children when child abuse occurs
- Family Advocates from Child Advocacy Centers provide support to families during and after child abuse assessments
- Military Advocates provide services to military personnel and their families
- College/University campus-based advocates who specialize in helping students enrolled in an Oregon college or university. (Usually privileged and confidential, but also commonly mandatory reporters of child abuse)
- Co-located advocates which usually refers to an advocate employed by a community-based DV/SA organization who provides dedicated time and work at another location (ex. DHS Child-welfare, College/University campuses, K-12 schools, community healthcare organizations, police departments, etc.) (Usually privileged and confidential)
- Elder advocates, disability advocates, youth/child advocates
- Sex Trafficking Advocates (from DVSA programs, youth serving orgs., collaboratives organized through counties, etc.)
- Legal Advocates/Restraining Order Specific Advocates
- PREA Advocates who provide advocacy services to prison inmates/staff
- Hotlines

UNDERSTANDING SURVIVOR/VICTIM ADVOCACY

Survivor advocacy refers to the support and representation provided to individuals who have experienced traumatic or challenging situations, such as abuse, violence, or other forms of harm. **Survivor advocates work to empower and assist survivors in their journey towards healing and recovery. They do not make decisions for or on behalf of survivors.**

Advocates typically help survivors by providing safe supports like: emotional support, information, and resources. They may also accompany survivors to legal proceedings, medical appointments, or other important meetings to ensure their rights are protected and their voices are heard.

Advocates often work closely with survivors to understand their needs and goals, and help them navigate the complex systems they may encounter, such as the legal system or social services.

Survivor advocacy also involves raising awareness about the issues faced by survivors, challenging societal attitudes and norms that contribute to victim-blaming, and promoting policies and changes that prioritize the safety and well-being of survivors. Advocates may engage in public speaking, organizing events, or advocating for legislative changes to address the needs of survivors.

Overall, survivor advocacy tries to provide a supportive and empowering environment for survivors, helping them regain control over their lives, access the resources they need, and ultimately, rebuild and thrive after experiencing trauma.

Although Confidential Advocates work through qualifying domestic and sexual violence agencies/programs throughout Oregon, this violence does not exist in isolation and is not disconnected from other forms of violence and abuse that occur. Whether peer violence, dating violence, child abuse, neglect, trafficking, domestic violence, sexual violence, child sexual abuse, bullying, or other forms of violence and abuse, confidential advocates are extensively trained in dynamics of violence and abuse, strategies to promote safety/health, resources and processes accessible to someone accessing services, other safe supports, and referrals.

CONFIDENTIAL ADVOCACY OVERVIEW FOR SERVING YOUTH

PRIMARY ADVOCACY ROLES FOR SERVING YOUTH
(*From the National Sexual Violence Resource Center's Serving Teen Survivors Advocate Manual*)

- Believe youth and listen to what they want to share and talk about
- Build safety & trust
- Explain to them what your role is and how you are there to support them, using language that they use and will easily understand—while explaining confidentiality and its limits
- Provide resources and connection to other possible services
- Make sure to inform the youth and ask permission to discuss their information internally
- Model prevention and healing by practicing boundary setting, getting needs met, curiosity, kindness, warmth, reliable care, and safe/healthy relationship expectation setting.

WHAT ADVOCATES NEED TO UNDERSTAND BEFORE PROVIDING ADVOCACY:

- Oregon's confidentiality laws + how they apply to youth who are victims.
- Oregon's mandated reporting laws + how they apply to youth who are victims.
- Services offered by organizations you might refer a youth client to:
  - Is the service culturally relevant to the young person? (This may mean having staff or interpreters who speak the youth's language and understand the youth's culture and identities.)
  - How does the organization treat co-occurring issues?
- How to access partner organizations that you might use as referrals for a youth client:
  - Is it best to have a contact name/direct phone number to give the young person?
  - Do they schedule appointments online?
- Understanding your own agency's policies around working with youth.

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UNDERSTANDING PRIVILEGED + CONFIDENTIAL ADVOCACY

For decades the United States has recognized the value of having well-trained confidential services available for people who have experienced interpersonal violence.

The **Violence Against Women Act (VAWA)** was passed by Congress in 1994 as the first comprehensive federal legislative package designed to end violence against women. With subsequent reauthorizations, VAWA was expanded to address not only domestic violence, but sexual assault and stalking as well, with intentional focus on the needs of underserved populations. VAWA mandates that any shelter, rape crisis center, domestic violence program, or other victim service program that receives VAWA funding is prohibited from sharing any information about a victim receiving services, including any locational information, and whether an individual is even receiving, or has ever received, services without without the informed, time-limited, written authorization of the victim. Similar confidentiality provisions are found in the Victims of Crime Act (VOCA). Programs that violate the confidentiality requirements risk losing federal or state funding.

Oregon similarly recognizes the value of confidential services and, starting in 2013, has passed legislation to help protect access to confidential supports when violence occurs.

In 2013, Oregon passed **House Bill 4016** which greatly expanded who was a mandatory reporter under Oregon's law. This additionally established an exception for community-based, nonprofit organizations whose primary purpose is to provide confidential, direct services to victims of domestic violence, sexual assault, stalking or human trafficking; recognizing access to confidential advocates as critical to ensuring safety for survivors.

Then, in 2015, Oregon passed **(40.264 Rule 507-1) establishing certified advocate-victim privilege** and ORS 147.600 establishing confidentiality of certain victim communications and records. Anyone employed by/volunteering with a qualified victim services program, who has completed the required training, may have privileged and confidential communications with victims/survivors, unless they have statutory mandate otherwise.

Together, these laws contribute to privileged and confidential advocacy in Oregon.

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CONFIDENTIALITY + PRIVILEGE: WHAT IS THE DIFFERENCE?

CONFIDENTIALITY:
Confidentiality is about keeping information private and limiting access to authorized individuals. It is a general principle that applies to various types of information. When something is confidential, it means it should not be shared or disclosed without permission.

For example, if you have a secret and you share it with a friend, you expect them to keep it confidential. They should not tell anyone else unless you give them permission to do so. Confidentiality is commonly found in professional settings like healthcare, legal matters, or business relationships. Title IX Coordinators must keep information shared with them confidential.

PRIVILEGE:
Privilege, on the other hand, is a legal concept that grants certain individuals or groups the right to withhold information in specific circumstances. It provides protection against being forced to disclose certain information in legal proceedings.

Privilege typically arises in situations where there is a professional relationship that requires trust and open communication, such as advocate-client privilege, attorney-client privilege, doctor-patient privilege, or spousal privilege. These privileges allow individuals to keep certain information confidential, even if it might be relevant to a legal case.

The key difference between confidentiality and privilege is that confidentiality is a broader concept that can apply to any type of information, while privilege is a legal right that specifically protects certain confidential information in legal proceedings.

In simple terms, confidentiality is about keeping information private, while privilege is a legal protection that allows specific individuals to withhold information in certain situations.

UNDERSTANDING PRIVILEGE

Legal privilege is a rule that helps protect the confidentiality of certain communications between individuals and their lawyers, doctors, counselors, dentists, clergy, and advocates. **Simply, the term "privilege" means that anything you tell a provider in private, while seeking advice or assistance, generally cannot be disclosed or used against you in a court of law.** In Oregon, advocates that have taken required 40 hours of training and work for a qualified victim services program have legal privilege, and cannot share information told to them by survivors without the survivors' permission (ORS 40.2641 Rule 507-1).

The privilege belongs to the survivor, not to the advocate. This means that the survivor controls the information that can be shared. It is not up to the advocate. This can extend to limitations on notifying parents/guardians, or others, of advocacy services a young person is accessing without the youth's permission.

Imagine you're facing a legal issue, and you consult with a lawyer. During your conversation, you share all the details about the situation, even if they may be sensitive or incriminating. Legal privilege ensures that what you say to your lawyer stays private, and cannot be revealed without your permission.

This high level of confidentiality is important, because it encourages people to be open and honest with professionals they are seeking help from. Privilege allows you to freely discuss your situation, ask questions, and get the best advice possible without worrying that your words might be used against you later on.

For survivors, privilege allows them to share all the details of abuse and violence with an advocate, without fear that what they share can be subpoenaed, shared with others, or otherwise used against them. It allows for comprehensive safety planning, and for the advocate to connect the survivor to services that best meet their needs.

LIMITATIONS TO PRIVILEGE

However, it is essential to remember that legal privilege has some limitations.

For example, if you share information with your lawyer with the intention of committing a crime, the privilege may not apply. Additionally, privilege can be waived if you voluntarily disclose the information to someone else.

This is also true for legal privilege in confidential advocacy settings. Survivors may waive privilege if suing the advocate in a court of law (where the advocate may need to share details of conversations as legal defense), or if the survivor discloses information they shared with the advocate with a third party present (like friend, parent/guardian, or classmate). It is important to note however, that third parties who support communication (i.e. an interpreter) do not destroy privilege.

Oregon has not established a parent-child privilege. A parent (or other third party) may be present during a confidential communication with a certified victim advocate and the communication will remain confidential so long as the parent is present "to further the interests of the victim" in seeking services or is "reasonably necessary for the transmission of the communication." (ORS 40.264(1)(b) and ORS 147.600(1)(b).

In summary, legal privilege is a protection that ensures the confidentiality of a young person's conversations with an advocate, allowing them to discuss their concerns and history of violence and abuse openly, and seek the best possible safe supports without fear of it being used against them.

SCOPE OF CONFIDENTIAL ADVOCACY WORK

Advocacy services exist to center the needs and voices of the survivors being served. This means ensuring that they are the ones leading the conversation and focusing on the needs that they are identifying as much as possible. For this reason, the ways that advocates are utilized will vary depending on the person accessing these services. Another way to think about this is that some people may access advocates for acute services and others for longer-term services.

ACUTE SERVICES

- These are usually advocacy services provided for a survivor just once.
- The person meets with an advocate to find out about a specific resource, to request a specific referral, because the advocate is there for hospital accompaniment (or in another setting based on an established rapid-response model), or for another reason.
- Because advocacy services are opt-in, once a person has gotten what they hoped from an advocate, they may choose not to do any follow-up meetings with a specific advocate and these services would end, but remain available.

LONG-TERM SERVICES

- Whenever there is any sort of safety planning, resource referral, mental health considerations, or other circumstances that could benefit from follow-up, a person accessing advocacy, or the advocates themselves, may invite a follow-up.
- This could include only a couple follow-up meetings or longer term check-ins to make sure people are getting access to the resources they need, support around modifying and implementing a safety plan, check-ins following mental health first aid and suicide intervention best practices, etc.
- More written releases of information may be required when working with youth as compared to adults. Supporting youth may necessitate collaboration with other non-advocate partners to ensure youth have ongoing/additional access to advocacy and support services (eg. school or juvenile justice center staff).

CONFIDENTIAL ADVOCACY BASED ON AGE OF YOUTH

When working with a wide range of survivors across the lifespan it is important to know that serving some people might look different than others. This is especially true based on their age. Although there are other factors that may impact this, here are some examples on how these confidential safe supports are provided based on age:

PRE-SCHOOL
(Birth-4)

It is not likely that youth in this age range would (or could physically) access advocacy services on their own. Most often youth of these ages would be served when their parents/guardians access services. **Safe supports that advocates provide could look like:** communicating that the violence/abuse is not their fault, creating and maintaining physically safe spaces for youth to be in, ensuring the presence of trained caring adults in these safe spaces, helping youth identify safe adults in their lives they can reach out to for support, providing age appropriate information (like children's books with empowering and validating anti-violence messages), age appropriate play, art, and other activities to provide safe and healthy outlets for youth, providing food and clothing to help ensure basic needs are met, etc.

ELEMENTARY
(Ages 5-11)

Youth in this age range are likely to engage with advocacy services either alongside their parents/guardians or through school/community partnerships usually rooted in prevention education. Sometimes they are also referred to an advocate by DHS or Law Enforcement during an open child abuse case. **Much of the Safe Supports advocates can provide these youth look the same as pre-school age youth with the addition of:** developing some basic safety planning that includes where and who they can go to for help, assisting them in accessing additional school/community resources (which would likely be mandatory reporters), helping them get answers to their questions, helping them understand services available to them and what these services entail, including Title IX processes, etc.

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CONFIDENTIAL ADVOCACY BASED ON AGE OF YOUTH (CONTINUED)

MIDDLE SCHOOL
(12-14)

Youth in this age range are more likely to access confidential advocacy services through school/community partnerships usually rooted in prevention education. **The Safe Supports provided in early ages continue here with the addition of:** safety planning that includes adults that are safe supports but also their peers and how friends can support each other's safety, answering questions that may include more concerns about dating relationships and sexuality, connecting them with age-appropriate resources and opportunities in their communities/schools especially those tied to connectedness to community (a protective factor against violence), and when applicable assisting them in completing a sexual assault protective order application and accessing other available legal supports, etc.

HIGH SCHOOL
(Ages 15-18)

Youth in this age range are likely to engage with advocacy services either through school/community partnerships usually rooted in prevention education OR by directly reaching out to/accessing a local advocacy program as their ability to travel on their own, and access to personal communication devices has likely increased. **Building on all of the Safe Supports provided for younger youth, Safe Supports for high school age youth may include:** more robust safety planning for at school, in the community, and at home, potential access to shelter/housing, increased resources and referrals around medical, reproductive, and mental healthcare, connection to other legal resources and providers, more information on their rights/options, support with navigating Title IX and other systems, etc.

OLDER YOUTH
(Ages 18+)

Older youth have access to the same resources that adult survivors do and Safe Supports look similar. A key distinction for these youth is that there are more options and resources for them to access things like financial supports without needing a parental/guardian signature, their health insurance, etc.

FOCUSES OF CONFIDENTIAL ADVOCACY WORK

The role of advocates is to provide crisis intervention services, support, information, referrals, ancillary services (including assistance with transportation, housing, and/or childcare), help navigating the criminal justice system, education on the dynamics of violence/abuse and healthy relationships, access to an array of local services, and support developing safety plans. More difficult to define, but of great importance, is the role advocates play in bearing witness to the experience of a victim/survivor. Advocates do this by listening, believing, empowering, serving as a buffer, interrupting victim blaming, and honoring the choices that a person makes. Advocates are uniquely positioned to offer victims the array of options available and to support the choices victims make. For advocates, the outcome that the victim identifies that they want—not the needs of the legal system or other responders—defines the advocacy strategy. Some key questions advocates can help youth get answers to include:

- **What are my rights** when I experience violence or abuse?
- **What does it mean to report** (both to law enforcement/DHS and Title IX)? What rights do I have in that report?
- **What do I do when (seemingly) nothing happens** with that report? Why wasn't the person who hurt me held accountable and/or punished?
- **How do I stay safe** when I have to see the person who hurts me at school, home, or in my community?

When asking confidential youth advocates throughout Oregon what some of the most common needs young people reach out to them about, they shared extensive examples falling into four overarching themes: Finding Resources and Getting Referrals, Processing Experiences of Violence, Healthy Relationships Skills, and Concerns About Navigating Life. We have included more examples of these in the next two pages.

FINDING RESOURCES AND GETTING REFERRALS

- Support following a sexual assault: support with system navigation; emotional supports; experiencing dating violence or domestic violence - safety planning
- Mental health resources; Gender Binary, Gender Affirming Care Products/Hormone Replacement Therapy (HRT); IPV/unhealthy relationships; how to help friends/family who don't want help
- Navigating Transphobia/Racisms/Homophobia/Ableism/Rape Culture in schools/community
- Support groups, resources targeted for youth
- Housing supports, emancipation, how to get help around an unsafe home
- Court navigation
- Title IX processes and systems navigation
- Accessing Protective Orders

FOCUS OF CONFIDENTIAL ADVOCACY WORK

PROCESSING EXPERIENCES OF VIOLENCE

- Wanting to disclose their trauma in a safe way to feel less isolated - usually less about wanting something institutional to be done, rather, just wanting to tell someone and move through their spectrum of emotions honestly.
- Support around teen dating violence, consent violations, assaults, navigating their partners boundaries, communications, and substance abuse.
- Trying to get answers (eg. What constitutes abuse?, How to assert boundaries, How to cope with violence in the home, What is un/acceptable in relationships, How to manage stress
- Accountability: when person who caused harm is moving forward vs. them, what they are navigating when abuse is no longer current, dealing with the results of experiencing trauma.
- Relationships with family members: specific experiences and/or struggles (like communicating), emotions around doing activities in the future with family members who have caused harm.
- Emotional support while safe caregiver gets a protective order
- Systemic culture of sexual violence within their schools or communities and coercion/victim-blaming/doubting being normalized
- Concern for friends who have experienced violence and identifying patterns of perpetration amongst peers (i.e. multiple people discovering they had all been coerced by the same peer)
- Navigating online / image-facilitated sexual violence
- Coping with inadequate mental health services and institutional sexual violence response.

HEALTHY RELATIONSHIP SKILLS

- Boundaries, consent, and safer sex
- Navigating dating relationship dynamics: Non-monogamy, social pressure, sex or no sex, how do you know what attributes you want in a partnership, break ups, concerns around safety in a friend's relationships and not knowing how to intervene.
- How to navigate an unhealthy relationship
- Questions about what is normal or how they could handle a situation.
- Understanding/Expressing emotions/ feelings
- Communication
- Self-esteem
- Navigation and improving relationships (parents, peers, siblings)
- Making sense of what doesn't feel right in how they are being treated by others/community which is reinforced by social norms

NAVIGATING LIFE

- Concerns about being successful in school and work
- Worried about parents finding out about abuse and/or receiving services
- Developing coping skills
- Navigating situations with friends: Not knowing how to navigate boundaries with a friend with intense mental health issues, knowing a friend is experiencing interpersonal violence and not knowing what to do about it, grief in losing friends for coming forward about an experience of violence, not knowing how to make friends, etc.
- Meaning-making about the prevalence of violence and harm in our world

UNDERSTANDING MANDATORY REPORTING

Mandatory reporting of child abuse is a legal requirement (ORS 419B.005- 419B.050) that states that certain people, such as teachers, doctors, and social workers, must report any suspicion or evidence of child abuse to the appropriate authorities. **Child abuse includes physical, sexual, emotional, or neglectful mistreatment of children.**

When someone who is a designated mandatory reporter suspects or knows that a child might be a victim of abuse, they are legally obligated to inform the Oregon Child Abuse Hotline or the police. They do this by making a report that provides details about their concerns, and any information they have about the child and the suspected abuse. More information on this process can be found on the Oregon Department of Human Services (ODHS) website. In addition to these reports, it is not uncommon that Law Enforcement and ODHS also cross-report to one another.

The purpose of mandatory reporting is to ensure that children who are in danger or at risk of harm receive necessary help and protection. It can help authorities intervene, investigate, and take appropriate action to safeguard the child's well-being.

All school employees, including those at institutions of higher education (including advocates employed by a college or university) are considered mandatory reporters of child abuse under Oregon law. This is a requirement that extends beyond the role of an employee to someone's personal life (referred to as a "24/7/365" rule). Depending on a school employee's role, school policy, and the relationship between people experiencing violence (ex. peer-to-peer violence), there may be more specific reporting procedures and obligations. More on this can be found in the 'Systems Serving Youth' section of this resource.

Advocates that are employed by a community-based domestic violence and sexual assault agency are NOT considered mandatory reporters of child abuse under Oregon law, unless they have other licensure/requirements outside of the advocate role (ex. a licensed clinical social worker).

UNDERSTANDING MANDATORY REPORTING (CONTINUED)

MANDATORY REPORTING OF CHILD ABUSE (as defined by ORS 419B.005) refers to an obligation to report any known or suspected child abuse to the State, including:

PHYSICAL ABUSE	Any assault or physical injury to a child which has been caused by other than accidental means.
SEXUAL ABUSE + EXPLOITATION	Subjecting another person to sexual contact without consent, rape, sodomy, unlawful sexual penetration and incest, contributing to the sexual delinquency of a minor, allowing, permitting, encouraging or hiring a child to engage in prostitution, etc.
NEGLECT	Including but not limited to the failure to provide adequate food, clothing, shelter or medical care that is likely to endanger the health or welfare of the child; the unlawful exposure of child to a controlled substance.
THREAT OF HARM	Subjecting child to substantial risk of harm to the child's health/welfare.
MENTAL INJURY	Observable and substantial impairment of child's mental/psychological ability to function caused by cruelty, with due regard to culture of the child.

There are also additional definitions of abuse that require mandatory reports when children are in care as defined under ORS 418.257. In addition to mandatory reporting of child abuse, many people are also mandatory reporters of abuse towards aging adults and people with disabilities and developmental disabilities. Under OAR 411-054-0020 and as defined under ORS 124.050 to 124.095, these mandatory reporters must report: suspected nonaccidental physical injury, neglect, abandonment, verbal abuse, sexual abuse, financial exploitation, involuntary seclusion, any wrongful use of a physical or chemical restraint, and self-neglect. These reports are made to law enforcement or Oregon Department of Human Services Adult Protective Services (APS).

MANDATORY REPORTING VS. RESPONSIBLE EMPLOYEES: WHAT IS THE DIFFERENCE?

Mandatory Reporter of Child Abuse:
When someone is referred to as a mandatory reporter of child abuse, it means they have a legal obligation (ORS 419B.005- 419B.050) to report any suspected cases of child abuse or neglect. This responsibility is typically imposed by law and varies depending on the jurisdiction. Mandatory reporters can include professionals like teachers, healthcare workers, social workers, and law enforcement officers. If a mandatory reporter suspects or becomes aware of child abuse or neglect, they are required to report it to the appropriate authorities, such as child protective services or law enforcement. Their main duty is to ensure the safety and well-being of children.

Responsible Employee under Title IX:
Title IX is a federal law in the United States that prohibits sex discrimination, including sexual harassment, in educational institutions that receive federal funding. A "responsible employee" under Title IX refers to an individual employed by a pre-school, school, college or university who is designated as someone to whom students or other members of the school community can report incidents of sexual harassment, including sexual assault. These employees have a duty to promptly report any information they receive about potential Title IX violations to the institution's designated Title IX coordinator. They are responsible for ensuring that the institution takes appropriate action to address and prevent any instances of sexual harassment or assault.

In summary, a mandatory reporter of child abuse is someone who is legally required to report suspected cases of child abuse or neglect, while a responsible employee under Title IX is an individual at a federally funded, pre-school, school, college, or university who has a duty to report incidents of sexual harassment, including sexual assault, as mandated by federal law. Both roles involve reporting and taking appropriate action to protect vulnerable individuals, but the specific focus and legal obligations differ based on the context in which they operate.

DISCLOSURE VS. REPORT

It is important to note that Disclosures and Reporting are different. Disclosure simply refers to 'telling' or discussing one's experience with violence or abuse with another person (which could include people with expertise in violence/abuse like advocates, counselors, or medical providers OR people like friends and family). Reporting is a specific type of disclosure which includes a specific desire to officially record the experience and may come with the expectation that reporting will lead to an investigation, and/or engagement with accountability processes (which may include the criminal justice system or Title IX processes).

Ensuring opportunities for safe and resourced disclosure (not just reporting) can help mitigate barriers to accessing any services, support empowerment, and can help alleviate potential for re-traumatization.

Many places, like college and university campuses as well as many federal government institutions (including the military) will offer different types of reports to help give survivors as much power in the process that they can. These may be referred to as 'Standard' vs. 'Restricted' reports. Some places additionally offer a truly anonymous reporting option where people can submit, either in writing or online, a form which includes some details of the violence/abuse that occurred. This can be a really meaningful option for people who do not want to go through investigation processes, but want the institution know so they can take action towards making the community safer and reduce the risk of future incidences of violence occurring.

BENEFITS OF CONFIDENTIAL YOUTH SERVICES

Having confidential options for youth who have experienced violence or abuse can bring several important benefits:

1. Safety and Security: Confidential options provide a safe space where young individuals can seek help without fearing repercussions or further harm. They can speak freely about their experiences, concerns, and emotions, knowing that their privacy will be respected. Survivor-centered advocacy respects that survivors (youth included) know their lives and safety best.

2. Trust and Support: Confidentiality fosters trust between young survivors and the individuals or organizations offering assistance. Knowing that their information will be kept private, youth are more likely to open up about their experiences, allowing for better support and guidance.

3. Empowerment and Autonomy: Confidentiality empowers young survivors to make decisions about their own healing and recovery. By having control over who knows about their situation, they regain a sense of autonomy and agency, which is crucial for their well-being and healing.

4. Accessible Help: Confidential options ensure that support is accessible to young individuals who may otherwise be hesitant or unable to seek assistance. Removing the barriers of judgment, shame, or fear of consequences enables youth to reach out for help earlier, increasing the chances of timely intervention and support.

5. Privacy and Emotional Space: Confidentiality respects the privacy and emotional needs of young survivors. It allows them to process their experiences at their own pace and in their own way, without feeling pressured to share sensitive information before they are ready.

Overall, confidential options provide a vital lifeline for youth who have experienced violence and abuse, offering safety, trust, autonomy, and accessible support. It is an essential aspect of creating an environment where young survivors can begin their healing journey and regain control over their lives.

BEST PRACTICES:
STRATEGIES AND
MODELS FOR
SUCCESS WHEN
SERVING YOUTH

CONSIDERATIONS FOR ADVOCACY PROGRAMS: YOUTH SERVICES

LEGAL AND ETHICAL FRAMEWORKS

- Familiarize yourself with relevant laws and regulations concerning minors' rights to confidentiality, such as the Family Educational Rights and Privacy Act (FERPA), Title IX, advocate privilege, Clery Act, and state-specific laws.
- Understand the ethical obligations related to confidentiality, informed consent, and duty to report potential harm for minors under the age of 18.

INFORMED CONSENT + PRIVACY

- Develop clear policies and procedures for obtaining informed consent from both the youth and (if ever applicable)their legal guardians.
- Provide education and information to the youth about the limits of confidentiality, including any situations that might require mandatory reporting, such as current abuse of other youth, self-harm, or imminent danger to others.

AGE-SPECIFIC REFERRALS + RESOURCES

- Understand the mandatory reporting requirements of common referral sites on campus and in the broader community (including health, counseling, law enforcement, legal, and community-based advocacy services). What are their limitations to confidentiality when it comes to serving youth under the age of 18?
- Create a list of resources, providers, and supports that specialize in supporting youth that have experienced violence + abuse.

COMMUNICATION + OUTREACH TO YOUTH

- Design and implement effective communication strategies to inform students under the age of 18 about the availability of confidential services.
- Provide detailed information about the purpose, benefits, and limits of advocacy services when providing services to someone under the age of 18, ensuring a clear understanding of what information shared with an advocate can be shared and what cannot.

UNDERSTANDING YOUTH DEVELOPMENT

When we experience violence or abuse, our brains release chemicals that make our bodies behave in unexpected ways and can change the way we remember things. Our brains also have amazing power to learn and change, and there are constructive things that can help survivors, although how we do this may vary based on brain development. Young people do not think the same way adults do. Neurobiology shows the brain matures from the back to the front. The front section of the brain, the frontal lobe, is where humans plan, weigh costs and benefits of decisions, use logic, etc. Although youths' brains are not fully developed, they have an amazing capacity to learn and absorb new information.

TEENS/ADOLESCENTS (EX. AGES 12-19)

Trauma impacts the teenage brain in different and more damaging ways than adults. Through fMRI brain imaging, it appears that the teenage brain's response to stress is more extreme than an adult's (Jensen & Nutt, 2015), and they are more prone to developing PTSD from severe or prolonged trauma than adults. A 2011 study showed a distinct decrease in brain matter in teenagers who experienced abuse or neglect. In boys, the reduction in brain matter tended to be in areas of the brain linked to impulse control or substance abuse. In girls, the affected areas of the brain were connected to depression (Fisher & Pfeifer, 2011). The flip side of harmful coping strategies is resilience. A critical phase of human brain development occurs during adolescence, offering youth the potential to recover from earlier trauma and set a new foundation for the years ahead (Jim Casey Youth Opportunities Initiative, 2011). The teenage brain is well-positioned to learn how to positively respond to stress, strengthen healthy neural connections, promote learning, and adopt resilient coping strategies, which can become lifelong skills (Jensen & Nutt, 2015).

-National Sexual Violence Resource Center's publication,
'Serving Teen Survivors: A Manual for Advocates'

Some specific strategies to help support youth in this age range include:

- Offer youth resources, information, and support regarding their growing independence
- Support personalized skills/strategies around: organization and goal-setting, decision-making, stress management, wellness practices (e.g., balanced diet, ample sleep, avoidance of risky behaviors)
- Utilize creative opportunities for supporting youth in navigating trauma, like: expressive arts, sports, playing board games, journaling, yoga, activism, going for walks, etc.
- Help adults better understand how the brain develops and educate them about strategies that will help youth

UNDERSTANDING YOUTH DEVELOPMENT

EARLY SCHOOL-AGE YOUTH (EX. AGES 5-11)

For young kids, every day can be an exciting new adventure; meeting new friends, learning new skills, having new experiences, and following new rules. They are often enthusiastic to discover who they are and where they fit in the world and are acutely aware of both their budding independence and their need for social support. Cognitively, they are increasingly fascinated by processes and understanding how something works. Building on their previous understandings of cause and effect, they're able to link together multiple events of increasing complexity. They're more likely to communicate about what is logical and hunt for reasonable answers. They are often full of questions about the world around them, in both scientific and social ways. Additionally, they are really starting to understand and name things like death and violence, on both an individual and a global scale. This is a critical stage for empathy building and truly considering others outside of the self. Most youth these ages are on the cusp of/in the middle of some pretty big changes to their minds, bodies, social contexts, and more. Within this period, they'll face puberty, changing social dynamics, and the transition from elementary school to middle school.

-UN|HUSHED Elementary School Curriculum

According to The Center for Child and Family Health 'The Needs of Children in Domestic Violence Shelters' Toolkit, studies of young people who experienced maltreatment, abuse, neglect, and other trauma show changes in brain's structure and functioning (Delima & Vimpani, 2011), specifically impacting areas of the brain associated with executive functioning and planning (prefrontal cortex), learning (the hippocampus region), and the emotional reaction center associated with behavioral functioning and survival instincts (amygdala). These changes may impact things like cognitive impairment and emotional dysregulation that can lead to challenges, including struggles with attention and focus, learning, self-esteem, mental health, social skills, and sleep disturbances (Nemeroff, 2016).

Some specific strategies to help support youth in this age range include:

- Offer support and encouragement to young people to express fears, sadness, and anger wherever is safe for them to do so
- Support them with planning and accessing resources around how to discuss their worries with family members or other people in their lives
- Acknowledge the normality of their feelings and offer support to make sense of their experiences

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UNDERSTANDING YOUTH DEVELOPMENT

YOUNG CHILDREN AND PRESCHOOL-AGE YOUTH (EX. AGES BIRTH-4)

In early childhood development, young children generally develop in the context of relationships and use relationships with caregivers to: calm themselves down/soothe; figure out how relationships work and how the world will treat them; as a secure base for exploring and learning about the world; and as a model for understanding acceptable behaviors. Young children count on their caregivers/adults to make the world a safe place and they generally believe adults will be successful in this task. When this doesn't happen, it can cause them to doubt that the world is a safe place, and if they doubt it, they may not be able to explore and discover the world in the manner they need to developmentally.

-The Center for Child and Family Health 'The Needs of Children in Domestic Violence Shelters' Toolkit

According to the Child Welfare Information Gateway, when children feel safe and nurtured, their developing brains are able to spend more time learning and building essential connections. Threats and a lack of safety can cause brains to shift into survival mode, making learning particularly difficult. For young children, feelings of helplessness, uncertainty about whether there is continued danger, general fear that extends beyond the traumatic event and into other aspects of their lives, and difficulty describing in words what is bothering them or what they are experiencing emotionally may all seem exacerbated. This may manifest as a loss of previously acquired developmental skills like falling asleep on their own or toileting, struggling to say goodbye to parents/caregivers at school, avoiding things they enjoy like play when their safe people are not present, or engaging in play that represents trauma in some way or is less imaginative due to continued focus on a traumatic event or desire to attempt to change the outcome.

Some specific strategies to help support youth in this age range include:

- Provide comfort, rest, and an opportunity to play or draw
- Provide reassurance that the traumatic event is over and that they are safe if possible
- Help them verbalize their feelings so that they don't feel alone with their emotions
- Provide consistency and clear communication wherever possible
- Model safety, like saying "It's OK to be angry but it's not OK to hit." Help them express feelings in safe ways like using words, play, or drawings
- Offer opportunities to share through play activities

UNDERSTANDING YOUTH DEVELOPMENT QUICK REFERENCE

From The Center for Child and Family Health 'The Needs of Children in Domestic Violence Shelters'

Ages	Common Developmental Milestones	Common Reactions to Trauma
0-3	• Children can usually understand before they can speak, but they may appear to understand more than they actually do due to caregiver emotions. • Believe their caregivers know everything and can do anything they want. • Everything in their world relates to them, so if someone does something bad, the child may feel at fault.	• Difficulty being soothed • Trouble with sleeping and eating regularly • Trouble with body functions (e.g., they may become gassy or constipated)
4-5	• Developing ability to take another person's perspective, and more self-soothe strategies. • Becoming very concrete in their thinking. Things are either good or bad, fair or unfair. Often don't appreciate "gray areas" yet, so it is difficult to both love and fear the same person. • World still relates to them, so may still try to take responsibility for things out of their control. • Very afraid their caregivers will stop loving them or will leave them. As a result, may respond to scary situations by becoming very clingy.	• Difficulty regulating • Trouble with sleeping and eating regularly • Somatic complaints – (don't feel well, e.g., stomach aches, headaches) • Aggression • Increased fearfulness and being afraid of being left alone
6-12	• Able to think logically and to understand cause/effect. • Focused on becoming more independent at school and with their peers; and busy developing/trying to maintain relationships with their peers. • Able to control impulses more effectively. • Still concrete thinkers. They may have trouble with idea that someone/something can be good and bad at the same time. • Not aware of why they do what they do.	• Both internalizing and externalizing behavioral problems, including aggression towards others. • Verbal expression of distress, closer to that of adults • Somatic complaints, e.g., stomach aches, headaches
13-18	• Able to behave according to their own internal standards, but are still extremely concerned about the opinions of others • Thinking abstractly and logically about different problems and consider the future • Concerned with group identity or membership in a peer group, which becomes more important than identifying with immediate family members	• Defiance • Isolate themselves from caregivers/choosing peers over parents • New/Growing mental health struggles/self-harming behaviors

**An important note:* Any significant change in behavior can be a response to trauma (ex. becoming more socially involved rather than less, becoming obsessed with straight A's, no longer acting out, becoming quiet, etc.). Survivors are often missed because they are seen as "perfect students" or "well-behaved."*

NOTES PAGE

What is an area of youth development that you need to learn more about to better serve youth?

___

___

___

What are some creative strategies and activities you can incorporate into your advocacy practice in order to offer youth more expansive ways to engage and access supports? What supplies are needed for this?

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What are some local resources that youth can access to support them that reflect their developmental stages (ex. equine therapy, rage rooms, etc.) What can your organization do to enable access to these (ex. public transit passes, gift cards, warm referrals built on good relationships)?

___

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UNDERSTANDING INSTITUTIONAL HARM

"“Many students who have experienced violence are left feeling powerless and look to support services that can inform them of their options while helping them regain a sense of control. Currently many students are reluctant of immediately starting an investigation and remain silent of their assaults. This makes it difficult for institutions to address the conduct, assure all students are safe and reach students who are in need of academic and support services. In allowing colleges and universities the option to provide students with privileged campus advocates, they will be informed of their options for reporting and assistance with academic accommodations and other necessary safety planning, without the fear of retaliation from peers or the assailant in a safe space.”

-Testimony, House Committee on Judiciary, HB 3476, Mar. 25, 2015
(statement of Oregon Public Universities Title IX Coordinator Work Group)

According to Jennifer Freyd, Professor of Psychology and Researcher at the University of Oregon, “institutional betrayal is harm an institution does to those who depend upon it. This betrayal can take the form of overt policies or behaviors, such as discriminatory rules...Harm can also mean failing to do what is reasonably expected of the institution, such as... failing to respond effectively to sexual violence. For instance, some victims of assault are punished or even demoted or fired for reporting the assault to their institution.”

When we tell young people that adults will protect them, and then we fail, or cause additional trauma, harm, or violence in their lives, this can leave them less likely to access supports and more likely to experience ongoing violence and health challenges. The study below highlights some of the ways this can linger beyond childhood. Institutional betrayal can heighten trauma, but can also manifest as resistance to supports and services. Awareness of this can help us in understanding what the paths to support might look like for young people.

A University of Oregon study found "the **more gender harassment** and institutional betrayal (like mishandling of the situation by schools) teens encounter in high school, the **more mental, physical, and emotional challenges** they experience in college," lead researcher Monika Lind explains.

Women **97%** & Men **96%**

identified experiencing gender harassment at least once in high school.

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BEST PRACTICES: CONFIDENTIALITY + ACCESS

As young people often have more restrictions on how they get around, physically coming to advocacy offices may be a barrier to accessing services. For this reason it is important to think about holding presence in locations that are accessible to youth AND considering other mechanisms of communication that enable youth to connect with a confidential advocate. Each of these access options have unique considerations for confidentiality and how to communicate about this with young people. We recommend utilizing multiple access modalities to meet a wider range of communication needs.

EXPRESSING INTEREST IN CONNECTING WITH AN ADVOCATE

Ensuring that young people have confidential opportunities for communicating a desire to meet with an advocate is important. Many people invite this by asking them to express this desire on an anonymous question slip at the end of any programming they are providing and to make sure the youth include their name. Others might use a dedicated phone line or app for youth to message directly with an advocate to request a meeting. Another option is having a drop-in opportunity for youth to come to an advocate when works for them. A combination of strategies can be really meaningful.

PRESENCE IN YOUTH SERVING SETTINGS

When providing confidential youth advocacy services in other physical spaces, there are many useful approaches depending on where the confidential advocate is located.

- If this location (office, meeting space, etc.) is consistent and easily accessible to youth, holding regular office hours for youth to drop in can be an easy way to provide access.
- If the location is also in a very visible spot, it might be noticeable if a young person were to show up to access an advocate. If someone is able to post flyers or messaging in and around this location, emphasizing a wider range of services might be helpful to mitigate stigma (ex. access an advocate HERE to talk about prevention programming, participate in certain projects, talk about a range of issues, gather referrals, grab a snack, etc.).
- If a location is inconsistent or not easily accessible, it might require working with the host organization to enable youth to meet with an advocate (upon the youth's request). This could be the host calling a student out of class, or setting up a meeting with a young person ahead of time. If this is the case, an advocate might want to have a young person complete a release of information for any follow-up meetings that may happen.

BEST PRACTICES: CONFIDENTIALITY + ACCESS

People often prefer to communicate using technology. This can include texting, direct messaging in apps, scheduling, and more. When providing confidential advocacy services it is important to both utilize specialized confidential platforms whenever possible AND communicate clearly about the confidentiality limitations of whatever platforms are utilized. This includes communicating about who has access to/will or could see the information shared, how the information shared may or may not be protected in legal proceedings, and other data that may be shared beyond just the content communicated.

TEXTING AND MESSAGING APPS

These can be really accessible ways for youth to connect with confidential advocates to either set up a time to meet, or to communicate directly. When utilizing these methods it is important to consider and discuss who can see what is shared. If young people are on phone plans with other people and/or the advocate's phone is on a shared business plan, text messages may be stored and viewable by the account owners. Additionally many apps have varying levels of encryption and/or advertise that the information is deleted after a certain time period. It is important to investigate extensively the levels of confidentiality and information storage provided by each application AND costs/feasibility of youth downloading and accessing these apps.

SCHEDULING APPS

Especially when partnering with youth serving organizations, these places may utilize platforms that youth are already using to communicate and manage their schedules. While it can be helpful if advocates are able to utilize existing technologies AND it is important to consider ownership and visibility of information shared on these platforms (publicly AND to the technology owners).

SURVEYING PLATFORMS

Advocates might utilize surveying platforms for a lot of reasons; to collect satisfaction data, to gage interest and access, as well as in response to other work, like prevention programming. As with the other applications and methods above, it is important to be very clear on who has access to what data (anonymous or not). This includes the platforms themselves - what data is retained and what might be subjected to subpoena. As with all of the communication tools we utilize, it is important to be very clear with youth (and all survivors) about the unique privacy and confidentiality considerations for each of these.

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WHAT TECHNOLOGY PLATFORMS ARE YOU USING TO SUPPORT YOUTH ACCESS AND COMMUNICATION FOR ADVOCACY SERVICES?

Platform Name: ______________________

Purpose of using it: ______________________

Who can access/see the information shared?

Parents/Guardians ☐	Coworkers ☐	Platform Owners ☐	Others ☐
How?	How?	How?	Who? How?

Platform Name: ______________________

Purpose of using it: ______________________

Who can access/see the information shared?

Parents/Guardians ☐	Coworkers ☐	Platform Owners ☐	Others ☐
How?	How?	How?	Who? How?

BEST PRACTICES: YOUTH APPROPRIATE REFERRALS

Many of the resources for survivors/victims of domestic and sexual violence have different reporting, confidentiality, and accessibility limitations for people under the age of 18 (ex. mandatory reporting requirements that may launch specific criminal justice processes that may cause unintentional harm to the survivor and their families, and/or an inability to even access certain services without parental consent/authorization). Youth lived-experiences, resources, and the unique intersections of development and trauma impacts deserve to be centered in how youth are served.

Awareness of youth rights, services with expertise in youth experience, and what processes for accessing supports might look like for youth and might entail is really important when serving youth. This way we can make the most informed referrals and ensure that youth are able to make the most informed decisions about their lives.

STATE AND NATIONAL HOTLINES

Additional confidential resources exist on a statewide or national level which can provide some additional support to youth in accessible ways (including chat and text functions). A couple with youth expertise and leadership include:

NATIONAL TEEN DATING VIOLENCE HOTLINE

CALL 866.331.9474, 800.787.3224 (TTY)
TEXT 'LOVEIS' to 22522

A free and confidential 24/7 help-line offering support, education, and advocacy to teens and young adults (as well as friends and family) with questions or concerns about dating and relationships; and information about relationship abuse for educators, counselors, and service providers.

YOUTHLINE

(A service of Lines for Life)

CALL 877.968.8491
TEXT 'TEEN2TEEN' TO 839863

A free 24-hour crisis, support, and helpline for youth, answered daily by teen volunteers from 4-10pm (PST). This resource utilizes mandatory reporters for their services.

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Who are your mental health referrals for people under 18?

Who are your sexual/reproductive health referrals for people under 18?

Who are your economic referrals for people under 18?

Who are your legal referrals for people under 18?

BEST PRACTICES: IDENTITY SPECIFIC ADVOCACY

According to the Oregon Coalition Against Domestic and Sexual Violence (OCADSV):

"Culturally specific services are those created by and for specific cultural communities with an emphasis on the voices and experiences of survivors of interpersonal violence (such as sexual violence, domestic violence, stalking, dating violence, etc)… Although an individual's definition of who they are culturally is complex, multi-layered and cannot be assumed by others, for the purposes of defining culturally specific services we use the term 'cultural community' to mean: a group of people united by shared experience of oppression and cultural resilience, on the basis of such identities as race, ethnicity, language, immigration or refugee status, gender identity/expression, sexual orientation, ability, blindness, Deaf/hard of hearing, religion, Tribal sovereignty, or other marginalized identity. We mean cultural communities whose access to safety/resources/services has been, and often still is, limited.

While we expect all domestic violence and sexual assault programs to strive for cultural responsiveness, culturally specific services are designed to grow from the strengths and to meet the needs of communities that are unserved, underserved, or inadequately served. Such services can be the sole focus of a nonprofit organization, or can be a program within a larger organization. Some services may identify one cultural community; others may serve multiple marginalized cultural communities simultaneously. Service delivery models will differ based on needs and experiences of the community, as well as historic and current access to cultural/political power and to resources."

ADVOCACY SPOTLIGHT

A local DVSA program, The Harbor, began partnering with the Lower Columbia Q Center to provide youth and family programming. "I remember going there just as a guest, just to serve and to build rapport with the youth and the facilitator at the time… We just started collaborating and we started Rainbow Family Circle, which was a support group for parents and caregivers of LGBTQ+ youth of all ages and we had a lot of success with that… we built rapport with these parents and gained trust and started to help them see how connection was the… whole factor of violence prevention… We did a lot of groups in person at parks… and we got a lot better participation that way, including Closet Cleaners (the youth group); we were doing that at the park and having crafts and that was just lovely… We could just see so much potential. And so much benefit for the kids because they were really engaged in the conversations that we would have… It felt like a really safe space for kids to be able to ask questions and communicate and learn from each other." *- SATF Exploring Prevention Audio Library Episode 2.11 with The Harbor and Lower Columbia Q Center*

BEST PRACTICES: IDENTITY SPECIFIC ADVOCACY

Not all advocacy services are culturally specific. If your organization is unable to provide culturally specific advocacy that centers the unique identities of cultural communities as they intersect in particular with age, it is ever more important to build partnerships and relationships with those organizations locally, statewide, and/or nationally, as we run the risk of re-harming individuals and communities if we are not doing this work well. Some additional considerations for providing advocacy to specific populations include:

CENTERING CULTURAL CONTEXT

- When appropriate, invite someone to share about the cultural communities they are connected to, and varying preferences around methods of support, healing, and connection (ex. preferences for Indigenous or Western methods of healing, or a combination of both (Nuttgens & Campbell, 2010)). This can help support accessing services that are culturally focused; meaning values, behaviors, expectations, norms and worldviews of the cultural community are present at every level of service delivery (OCADSV).
- Learn (both from the survivor and from the broader community and context) about the cultural community's lived experiences, core cultural constructs, and particular needs (as defined by people from that community) to inform advocacy services and decision-making.

PROVIDE ACCESSIBLE MATERIALS AND SERVICES

- Have an understanding of the language youth use to communicate their identities, including gender, so you are prepared to follow whatever language they use.
- Be prepared (or prepare and follow-up) with a list of groups led by culturally specific groups, resources, Tribal Nations, and organizations in your area that you can refer youth to, in case a survivor shares a need for a service that relies on "existing strengths, resources, and traditional healing practices" (Nuttgens & Campbell, 2010) of the youth's culture.
- Provide services and materials in an accessible format in the primary language of the cultural group and/or individual survivor whenever possible (OCADSV).
- You may not be familiar with someone's culture, which may create obstacles in serving them. Phrases such as: "Remember, this is your decision;" "Please know that this is a decision that you get to make;" and "How are you feeling so far?" can be helpful reminders.

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Who are your referrals for specific identity groups (ex. houseless queer youth, youth in Foster Care, BIPOC Youth, etc.)?

RESOURCE OR REFERRAL				
POPULATIONS SERVED				
HOW TO MAKE THE REFERRAL				
RESOURCE REPORTING REQUIREMENTS				
ACCESSIBILITY OPTIONS				
ACCESS PROCESSES				

BEST PRACTICES: WORKING WITH INDIVIDUALS WITH DISABILITIES

According to Wisconsin's Violence Against Women with Disabilities and Deaf Women Project: "Often, the disability service system does not offer those who need support the choice of where and with whom one lives, the freedom to come and go at will, or the opportunity to make simple decisions over one's bodily functions, such as when to eat or bathe... This reality for many people with disabilities can create environments where compliance to a service program or a person in authority is expected. The long term psychological consequences due to forced compliance can profoundly affect how people with disabilities approach service or other helping relationships."

When we factor in a known or perceived disability, our assessments of people and events too often change. In these cases, the survivor is not seen as having the right to define how they want to be treated, as having bodily autonomy or agency, or as having choice. "Those following a different developmental path do not have enough opportunity to learn about being in charge." The typical developmental progression in learning to do all of these things, to assert ourselves, includes being clumsy, awkward, occasionally (or frequently) rude, and making mistakes. When serving people who have little experience with being offered voice, agency, and autonomy, the processes of asserting ourselves will likely take more time, and may likely feel clumsy. This is compounded by ageism and adultism and is exacerbated by trauma.

Trauma-informed advocacy to youth with disabilities also means that the young person who is a victim has the autonomy "to choose what action to take rather than that action being chosen for us by someone else."

- NSVRC Serving Teen Survivors: A Manual for Advocates

BEST PRACTICES: WORKING WITH INDIVIDUALS WITH DISABILITIES

ADVOCACY SPOTLIGHT: SUMMARY OF TRAUMA-INFORMED CONDITIONS FOR ORGS

Wisconsin's Violence Against Women with Disabilities + Deaf Women Project

Consider what a person might say about an organization that was trauma-informed: "When I was seeking services, I found understandable information about the service [organization, program, support group] easily. The directions to the facility were made available and easy to follow. When I arrived, I was greeted in a friendly and welcoming way. The facility was lit well, clean, and had comfortable furniture and decorations that helped put me at ease. The staff provided me with concise information on what I could expect from the people and services they offered. When they said they would do something for me, they did it. They also explained what they expected from me and asked whether I would need any assistance or accommodations. The staff didn't assume they had to do everything for me. I felt empowered to make meaningful choices along the way. I had a great amount of choice about when, where, how, and by whom services/support were provided. I was able to exercise my creativity and my skills and strengths in making decisions and solving problems. My cultural choices were respected. My experience with trauma was validated, believed, and when I was afraid, staff asked me what might be helpful and understood that I sometimes did things that didn't make sense or feel comfortable to them. When I told secrets or painful things about my history, they didn't share it with others. If they felt like they might need to share information about me with others, they talked with me first. I was able to control what information was shared. They also asked me frequently about how things were going and how they might improve supporting me. About a year later, they were making some changes to their services and they contacted me for feedback and input into what I thought might be helpful. No one had asked me before to be part of that kind of planning. Since using the services, I have had the opportunity to let other people know how safe I felt and that the services this organization had to offer might be helpful to someone else who faced a similar situation as I did."

BEST PRACTICES: WORKING WITH INDIVIDUALS WITH DISABILITIES

COMMUNICATION CONSIDERATIONS

- Communicate with intention. For some survivors, verbal and other communication skills can be particularly challenging. It is important to establish the person's preferred communication method. Language should be concrete. Examples and instructions that use slang and euphemisms may be harder to understand. Speak slowly and wait for a response. Recognize that common social cues people might use to otherwise guide a conversation may not be perceived in the same way. Understand that behavior is a form of communication and can provide a deeper understanding of what someone is trying to convey through their behavior. Additionally, it is common that people may act and respond as if they understand information without full comprehension. Taking additional time to ensure understanding can be meaningful.
- With consent from the survivor, an advocate should attempt to meet privately without others — caregivers or guardians — in the room. However, if the survivor wants a support person with them or needs them for communication purposes, honor that request. Regardless, the dialog should be between you and the survivor. Don't ask questions of a caregiver or guardian present when they can be directed to the survivor. Not acknowledging an individual's personal agency reinforces a lack of control in their life and/or over their bodies.

UNDERSTANDING UNIQUE LEGAL FRAMEWORKS

- Elevate youth rights under Title IX and The Individuals with Disabilities Education Act (IDEA) in education settings. IDEA guarantees each eligible child with a disability a free appropriate public education (FAPE) that emphasizes special education and related services designed to meet the child's unique needs.
- Have information available on the types of guardianship defined in your state and the impact of each on issues such as medical care, consent, and other privacy rights. The Victim Rights Law Center defines guardianship as a legal relationship giving one person the power to make personal and property decisions for another (Victim Rights Law Center, 2017). Guardians are court-appointed, and the laws governing guardianship vary from state to state. The scope of guardianship varies person to person and should be outlined in the court documents appointing the guardian.
- Accommodate as appropriate. The Americans with Disabilities Act (ADA) requires reasonable modifications to policies, practices, and procedures as necessary to allow individuals with disabilities to participate in all services. Provide whatever accommodations are needed to support the person accessing services. If possible, get a list of sensory concerns ahead of time and avoid them. Welcome the individual to bring comfort items if they choose. Provide materials in multiple formats to support engagement.

NOTES PAGE

What are resources (technology, community partners, etc.) you can access and utilize to better serve survivors with disabilities?

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What are some creative strategies and activities you can incorporate into your advocacy practice in order to offer youth more expansive ways to engage and access supports? What supplies are needed for this?

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What are some local resources that youth can access to support them in ways that center their agency and autonomy? What can your organization do to enable access to these (ex. public transit passes, gift cards, warm referrals built on good relationships)?

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BEST PRACTICES: RURAL ADVOCACY

The Oregon Office of Rural Health (ORH) "defines **rural as any geographic area that is ten miles or more from a population center of 40,000 people or more. Frontier counties are those with six or fewer people per square mile.**" Oregon is filled with communities that experience isolation, a lack of expansive community resources, and are often smaller staffed. For example, one DVSA organization in Oregon serves a 6,125 square mile area. Rural advocacy work often requires much more travel, increased flexibility and creativity, and more time dedicated to relationship building. Here are some best practices for confidential youth advocates in rural communities.

CONFIDENTIALITY CONSIDERATIONS + CREATING SPACES

- When populations are smaller, communities and individuals rely on each other and are engaged with one another in very expansive and comprehensive ways. Often everyone knows everyone else or at least is aware of things happening in the community.
- To maintain confidentiality, it can be especially meaningful to **emphasize the breadth of services provided by an organization (not just focusing on the response to DVSA)**. This could include prevention, serving as a hub of community resource knowledge, community action activities, youth empowerment, and more.
- **Build robust relationships with other partners in response work in the community.** This might be through SARTs, MDTs, campus BITs (see page 67 for more), or other efforts. These relationships, when fostered through trust and collaboration can help enable more positive supports for youth that enable respect of confidentiality requirements.
- **Creating a youth drop-in center or other youth community gathering space** can also be a meaningful way to increase accessibility for youth, as well as youth access to health promotion, community action efforts, and response services when necessary. These are even better when youth can help lead the design, creation, and intention of the space.

MORE TIME FOR RELATIONSHIPS

- Although relationships are included in the last category and in the one on the next page, it is important to emphasize again as **relationship building is the crux of advocacy work**.
- This includes **building trust with young people** (who often have extensive experiences with ageism, adultism, and other forms of oppression), **as well as trust in the community.**
- Building, maintaining, and sustaining meaningful relationships that extend beyond just one advocate, one person in an organization, **takes meaningful and robust time**. Youth benefit when we ensure relationships are how advocates spend at least half of their time.
- There are often limited resources in communities, especially those that serve the unique intersections of identities individuals may have. For this reason, it may be meaningful to **cultivate relationships with organizations outside of your services area** as well, especially culturally specific organizations.

BEST PRACTICES: RURAL ADVOCACY

LOWER CASELOADS + MORE FLEXIBILITY + MORE CREATIVITY

- These all add up to **dedicating more time to each survivor** served, the communities advocates are working with, and the basics of how advocates do the work.
- There is often an underabundance of housing, jobs, public transportation, resources, providers, and more in rural and frontier communities. This is especially true for resources for youth (to exercise their rights, to supports uniquely qualified/trained to serve them, to ensure they can physically access the supports, etc.). It is important to **think creatively about how resources may be combined** to better serve young people.
- **Allocate extra funds** in budgets for travel, technology platforms, activities (like art, music, and games for young people to engage with), and participant resources (like travel vouchers or gas money, telehealth funds, clothing vouchers, etc.).
- **Seek out new and interesting funding opportunities** (like funding for reproductive healthcare, partnerships with school-based health centers or local public health offices, youth athletics, theater programming, 4-H and Future Farmers of America, etc.)
- Knowing some common responses to trauma (ex. sleep disturbances, health issues, trouble concentrating, loss of self-identity, anger, etc.) what resources can be provided to support survivors (ex. meditation subscriptions, equine therapy, rage rooms, local art programming, clothing closets, etc.)? Be prepared to utilize existing tools in different ways, connect youth to state, national, and international resources and networks when appropriate, and use survivor supports funding in non-traditional ways. **Learn about what resources may be meaningful to young people and figure out how to offer those when possible.**

ADVOCACY SPOTLIGHT

"A rural advocate from New Mexico [shared] about the high prevalence of incest in her community. At first, she was uncomfortable talking about a taboo subject with community members, but she knew she needed to find a way. She started hosting knitting circles, creating art, and making tamales with community members and they started disclosing past experiences of incest and sexual violence. The advocate found that she was more comfortable speaking about sexual violence when she was doing something that made her feel safe and comfortable... Knowing what to do and feeling willing, able, and comfortable in serving victims of violence are two different things. There are reasons for discomfort that we can work through to improve our services. If we are afraid of saying the wrong thing or anxious because we've never worked with a particular population before, that's okay as long as we're trying." *- © 2016 Resource Sharing Project*

BEST PRACTICES: TRAINING

Beyond the required 40-hour advocacy training that confidential advocates need to provide advocacy services, there are some additional trainings that can improve advocacy services to young people. These focus on being able to intervene in mental health crisis, and help ensure youth are referred to appropriate services. Although these two examples are specific programs, there may be other similar training opportunities provided in each local community.

MENTAL HEALTH FIRST AID (MHFA) TRAINING

- Youth Mental Health First Aid is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help youth who are experiencing a mental health or addictions challenge, or is in crisis.
- This training introduces common mental health challenges for youth (ex. anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including AD/HD), and eating disorders), reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations.
- This training can help confidential advocates develop skills to provide advocacy services within the unique contexts of youth experiences and struggles.

APPLIED SUICIDE INTERVENTION SKILLS TRAINING (ASIST)

- ASIST is a two-day, interactive, skills-based workshop created by Living Works that prepares people to provide suicide first aid/intervention.
- It can be utilized by anyone aged 16+ within relationships with family, friends, and co-workers as well as in more formal helping roles such as counseling, health care, crisis services, or chaplaincy.
- Participants will: learn how to help someone thinking about suicide develop a personalized SafePlan to keep safe-for-now and connect with further help; consider how personal and community attitudes about suicide affect someone’s openness to seek help and our abilities to provide it; and increase willingness, confidence, and capacity to provide suicide first aid.

BEST PRACTICES: ORGANIZATIONAL POLICY

Across Oregon, the availability, depth, and breadth of confidential youth advocacy services varies. Local domestic and sexual violence organizations have varying policies on who they serve and how they do so. Different policies and practices come with different barriers for youth. Because of the inconsistencies in how young people are served, it is important that organizations can be clear about what and how they serve young people. This includes clear organizational policies on:

- **The ages of youth served:** some organizations serve all people (based on the VAWA requirements around non-discrimination), and some choose to only serve youth of a certain age. For some organizations, this is 15 and up - following the guidelines around age of medical consent. Some will serve 12 and up - considering that a 12-year-old can get a Sexual Assault Protective Order (SAPO) on their own. Some will serve the age range of the people they provide other services for (like prevention - knowing that disclosures will likely increase in the short-term when prevention programing happens).
- **Any required parental/guardian consent and how that would be done given VAWA confidentiality restrictions:** Whether young people are accessing services on their own, or with/alongside their parents/guardians, it is important to be clear about what an organization will provide to youth. This includes policy around signing releases of information, considerations around parent/guardian presence in advocacy meetings (considering requirements around privilege), and note-taking/records keeping expectations and who has access to this information. Some organizations will only provide ongoing advocacy services to youth with parental consent. If this is the case, what is your procedure for obtaining consent while navigating confidentiality requirements to not share any personally identifiable information?
- **The breadth of confidential services**: Often young people are made aware of confidential advocates through activities like prevention work. It is important to be clear what work falls under confidential advocacy services for your agency. Some organizations require preventionists to be trained advocates as well. Some do not. Be clear in your policies where advocacy (and therefore confidentiality) is applied. If it is only in 'one-on-one' meetings? Is it all work where disclosures arise, including group settings, support groups, educational programming, etc.?

Each organization MUST decide for themselves, and be very clear with people about the organization's policy. Advocacy, confidentiality, and mandated reporting require ongoing dialogue between center staff, leadership, volunteers, and boards of directors. These conversations can occur on an ongoing basis within staff meetings, staff supervision, volunteer trainings, board trainings, community collaboration meetings, etc., and regular training and technical assistance from your state coalition on your state laws, federal requirements, and protocols. **Regular dialogue is key to processing, creative problem solving, and ensuring youth survivors are supported and empowered.**

NOTES PAGE

What is your policy around the ages of people served? Are there differences in services based on age?

What is your policy around parental consent? If needed, how do you navigate confidentiality?

What is your policy around what constitutes advocacy/confidential services?

Where are these policies? How do you access them?

When were these policies last updated?

Who may be unintentionally harmed by these policies?

NOTES PAGE

What are your procedures for implementing these policies?

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Where are these procedures defined?	When were these procedures last updated?

What plain-language/accessible resources do you have to communicate these policies and procedures to youth?

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Who may be unintentionally harmed/excluded by these procedures?

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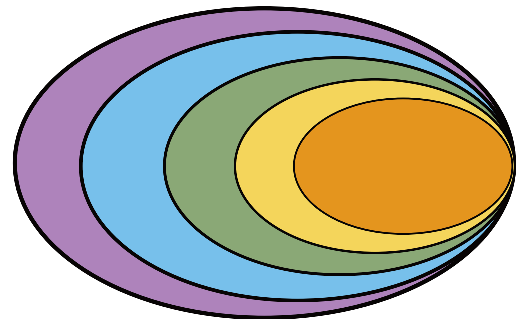
BEST PRACTICES: SUSTAINABILITY

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. This is where planning for sustainability comes in. 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. 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.

To plan for sustainability, we utilize the social-ecological model (SEM) as a framework. 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. Using the SEM 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 we can do by and for our selves (or with a little help—like asking a friend or family member to watch the kids). **Relationship-level strategies** invite us to think about how we give and receive care and support, and how we can use our relationships to help us sustain our work. **Institution-level strategies** focus on the policies, norms, resources, and challenges at our specific workplaces. **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. Finally, **Society-level strategies** look at ways we can take action to promote societal-level change while also taking care of our selves within systems and norms.

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NOTES PAGE

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?

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

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

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

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***Find SATF's Complete Sustainability Planning Tool that explores each level of the SEM in detail on our website: www.oregonsatf.org**

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Don't forget to access **SATF's Partnership Guide** for more information, models for partnerships, sample MOUs and more!

https://oregonsatf.org/mandatory-reporting-confidential-advocacy-partnership-guide

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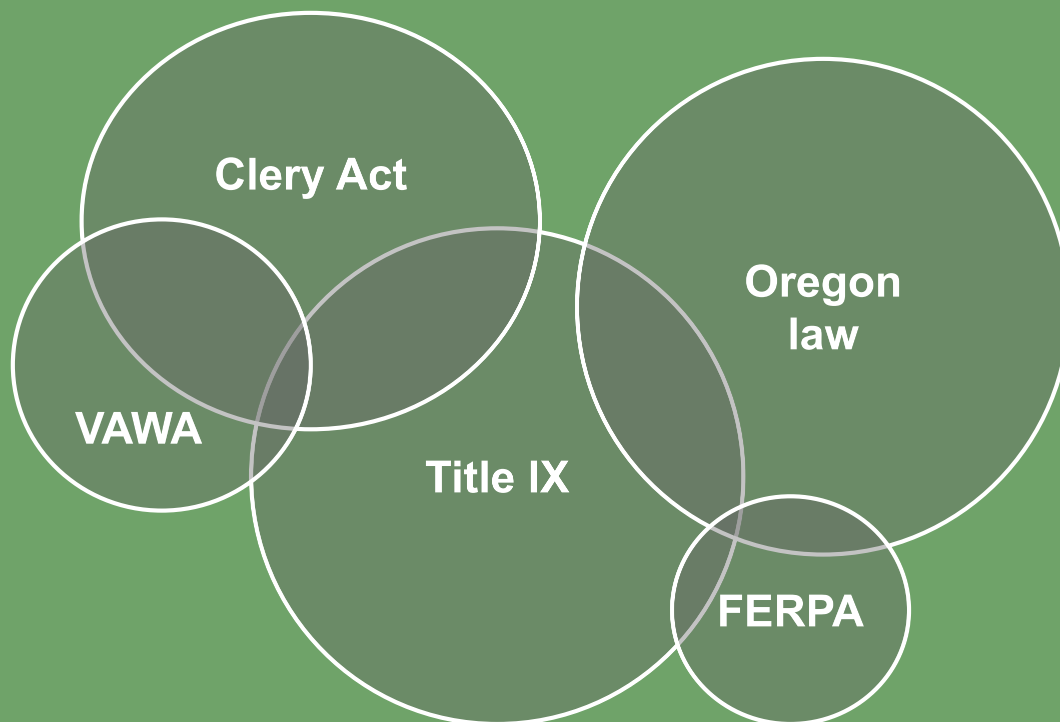
RESOURCES + SYSTEMS SERVING YOUTH

THINGS TO KNOW ABOUT FRAMEWORKS THAT INFORM OUR RESPONSE



It can feel really complex to know what exactly should happen, which laws apply, and how systems will respond in any situation. Between federal and state laws tied to access, consent, and institutional requirements for response and accountability - it can all feel confusing and complicated. For example, Title IX has not historically included a requirement around parental/guardian notification, however due to overlaps in definitions in Oregon's Harassment, Intimidation, Bullying and Cyberbullying law (ORS 339.351) which does contain direction around parental/guardian notification, this might create a parental/guardian notification requirement for things like sexual harassment.

In this section of this guide we look at some of the unique and overlapping considerations for supporting youth.

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ACCESS TO PROTECTIVE ORDERS

Many laws, both state and federal, limit someone's ability to enter into a legal contract without parental consent before they are legally themselves an adult. This means that many of the services and resources available to adult survivors of violence and abuse are not available to youth without their parents signing off on it. There are however, still some key legal safety tools that youth can access in certain circumstances without parent/guardian signature.

PROTECTIVE ORDERS are a tool people can use to help promote their own safety, including when they are navigating processes around violence or abuse (ex. criminal or civil legal proceedings). There are many different types of protective orders; these are some of the main ones impacting minors:

- **Sexual Abuse Protective Order (SAPO)** ***ORS 163.760 to 163.777*** **:** Anyone 12 years old and up may file for a SAPO on their own. Anyone under the age of 12 must have a parent or guardian file for them. The respondent must be 18+ and not already restrained by a "no contact order"*/other protective order. This likely means that someone cannot get a SAPO if another No Contact Order is in place, such as in a criminal proceeding.
- **Family Abuse Prevention Act (FAPA)** ***ORS 107.700–107.735*****:** A minor may apply, but they may need to have a guardian petition for them, and the respondent must be either the spouse/ former spouse of, or have been in a sexually intimate relationship with the minor.
- **Stalking Order** ***ORS 30.866; 163.730–163.750*****:** A minor may apply, but they may need to have a guardian petition for them. The respondent can be anyone regardless of age or relationship to the petitioner.
- **Extreme Risk Protection Order (ERPO)** ***ORS 166.525—543*****:** Anyone who is the family member/household member of someone who presents a risk of suicide or causing physical injury to another in the near future may apply, although minors may need parent/guardian to file.

A "No Contact Order**" prohibits people from being in contact with another person, whether that is face-to-face or over phone/internet, etc. These may go into effect after an incident/crime has happened, whereas protective orders may go into effect as a preventative measure before a specific act of violence has occurred. These are usually ordered by a Judge or parole/probation officer (PO), instructing the justice-involved individual (JII) to not have any contact with the listed victim/s or other identified people.*

CONSENT TO SERVICES

Although adults may support youth under 18 in making health care decisions, there can be times when a minor does not need or want adult involvement, or may not have a trusted adult to help them. **Young people in Oregon can access the following health services without parental consent (with some exceptions):**

SERVICE	AGE OF CONSENT
Medical and Dental Services (ORS 109.640)	15+
Mental Health & Drug/Alcohol Treatment (ORS 109.675) *(Although minors can consent to these services, Oregon law states that by the end of the minor's treatment, providers are required to involve parent(s)/guardian(s) in the minor's care unless: parent/guardian refuses involvement; there are clear clinical indications that notifying the parent(s)/guardian(s) would be detrimental to the health of the minor or contrary to any prescribed treatment plans; there is identified sexual abuse by a parent/guardian; or minor has been emancipated/separated from the parent(s)/guardian(s) for at least 90 days.*	14+
Reproductive Health (ORS 109.610, ORS 109.640) *(A minor of any age may give consent, without the consent of a parent/guardian, to receive reproductive health care information and services from a health care provider, with the exception that -a minor under 15 years old may consent to an abortion without parent/guardian only if the abortion is provided by a health care provider acting within their scope of practice and who reasonably believes that: (A) Involving the parent/guardian of the minor may result in abuse/neglect of the minor; or (B) Requiring parent/guardian consent would not be in the best interest of the minor, for the reasons documented by the health care provider after obtaining concurrence of another health care provider who is associated with a separate medical practice or facility.*	Any Age
DVSA Confidential Advocacy Services (VAWA) *(Oregon law does not include age restrictions for accessing these services which means it is possible that a person under 18 seeking domestic violence/sexual assault advocacy services from a qualified victims services program can access these services.)*	Any Age

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YOUTH PRIVACY RIGHTS

It is also important to consider **privacy laws and where young people and their families have control over their information**. Some key privacy laws include:

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)	This provides national standards to protect a patient's identifiable information in health records, allows a patient greater access to their own records. HIPAA governs privacy policies in "covered entities" which generally includes physical and mental health care settings, hospitals, dentists, pharmacies + clinics, including certified school-based health centers (SBHCs). It is important to note that HIPAA does not stop mandatory reporting requirements. HIPAA guidelines state that any entity covered by FERPA is exempt from HIPAA regulations.
FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA)	FERPA protects the educational record of a student, including K-12 + higher ed. This can include school health records from health care providers employed/contracted by schools (ex. school nurses or licensed counselors). The record can be requested by parent(s), guardian(s), and some school officials. FERPA permits parents/guardians access to the educational record without student consent until a student is 18 or older.
VIOLENCE AGAINST WOMEN ACT (VAWA)	VAWA only allows a funded victim service provider to disclose the personally identifying information of people who seek, receive, or are denied services with a specific, signed, time-limited, release of information, or in response to a statutory or court mandate. Without a release, the victim service provider may only report child abuse or neglect if a statute or case law requires the report. As it is not legally binding for minors to sign Releases of Information on their own, this information cannot be shared.

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ACCESS TO STATE DVSA SURVIVOR SUPPORTS

Some of the tools, structures, and systems that exist to support adult survivors of violence and abuse are not available for young people OR not available to them without parental/guardian involvement. It is important to understand how the availability of services differs depending on the age of the survivor.

ADDRESS CONFIDENTIALITY PROGRAM (ACP):
The ACP is a free mail forwarding service which can help survivors of domestic violence, sexual assault, stalking or human trafficking shield their physical address. To be eligible: you must live in Oregon, **be over 18 years old or have parent/guardian apply on unemancipated person's behalf**, be a victim of domestic violence, sexual assault, stalking, or human trafficking, AND have recently relocated (or are about to relocate) to an address unknown to the perpetrator(s) or any government agencies.

SEXUAL ASSAULT VICTIMS' EMERGENCY MEDICAL RESPONSE (SAVE) FUND:
The SAVE Fund makes medical exams available to **EVERY** victim of sexual assault in Oregon who has a sexual assault exam within seven days of the assault. This can include costs of: a sexual assault medical exam, medications to prevent sexually transmitted diseases, up to five days of HIV medication paid at 50% of the amount charged, emergency contraception, pregnancy test, physician fees, and up to 5 counseling sessions. Medical providers have SAVE Fund applications on site and will help complete the short, confidential form. The medical provider will then submit the application, along with a bill, to the Crime Victim and Survivor Services Division (CVSSD) of the Oregon Department of Justice.

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) AND TEMPORARY ASSISTANCE FOR DOMESTIC VIOLENCE SURVIVORS (TA-DVS):
TANF provides cash monthly to families with children to pay for things they need while they work toward supporting themselves. This program is for families that: Live in Oregon and have little or no income and very few resources (like property, vehicles or bank accounts). **The person applying must:** Be the parent or caregiver for a child who is 18 or younger, or **Be pregnant, or Be 18 or younger and head of their household**. Many of the requirements for TANF are similar to those of TA-DVS which helps families experiencing domestic violence with moving costs and items to stay safe. TA-DVS includes the requirements that **recipients: are a parent or relative taking care of a minor child, or are pregnant; and are at risk of domestic violence, either now or in the future.** Those eligible for TANF and TA-DVS may also be eligible for other Oregon Department of Human Services Programs like: Family Support and Connections, Help paying for child care, Discounted energy bills, and Free or discounted internet.

ACCESS TO SEXUAL ASSAULT + ABUSE EXAMS

In Oregon, sexual abuse exams are medical care, and therefore the medical age of consent to services applies. This means that **youth aged 15+ can access one without parental/guardian consent (ORS 109.640)**. A mandatory report will be made because licensed medical providers are mandatory reporters of child abuse under Oregon law.

HIPAA allows for health care providers to release protected patient information **to law enforcement and ODHS** to assist in investigations of child abuse, but information cannot be released to attorneys, including district attorneys, without an authorization or a subpoena that is compliant with HIPAA and state law (see ORCP 55H) or a valid court order. Additionally, for a medical provider to testify in court and, in so doing, to disclose protected health information, a subpoena compliant with HIPAA and state law or a valid court order is required. Under ORS 109.640 the **medical provider may advise a parent/guardian of the care, diagnosis or treatment of the minor** or the need for any treatment of the minor, without the consent of the minor. Additionally, information might need to be disclosed to insurance companies and/or in court, should legal proceedings occur.

In Oregon, Child Advocacy Centers (CACs) have been set up across the state to provide trained, medical providers to conduct child and adolescent sexual assault/abuse exams in trauma-informed settings. There are currently over 20 CACs across Oregon serving all 36 counties. These are typically open during regular business hours. Additional after hour care, including exams, may be provided by hospital emergency rooms, although there is a significantly limited number of trained professionals that meet the qualifications listed on the next page providing these services in hospital or other settings. This means **young people may have to wait longer for access to these exams.**

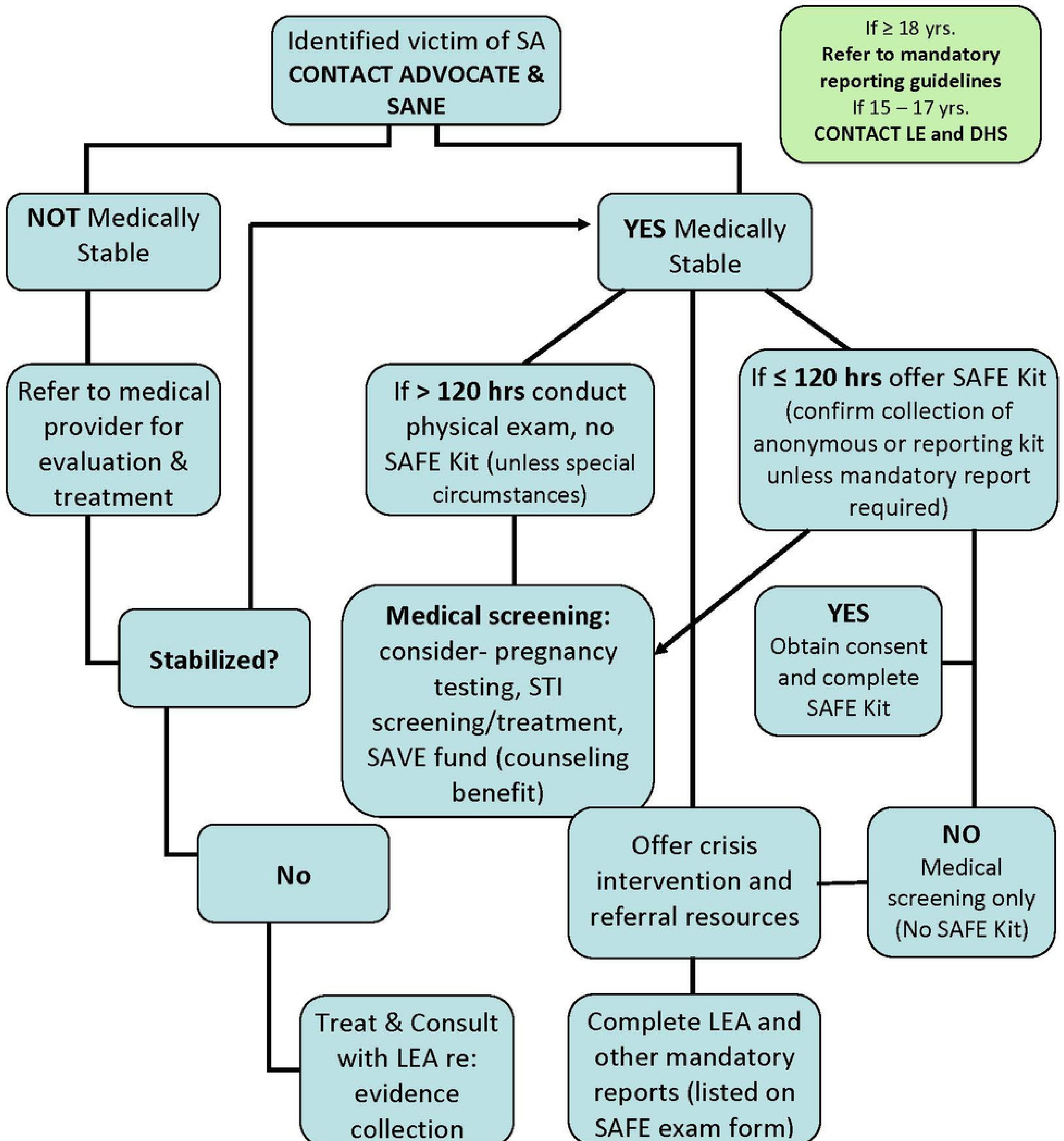
There are elements of these medical services that anyone can consent to without parental/guardian consent, including: treatment for venereal disease and birth control information or services can be give to a child of any age upon their request and consent (ORS 109.610); HIV testing and treatment (ORS 433.045), emergency medical treatment can be given to a child of any age when consent is impossible or impractical to obtain (ORS 418.307). When accessed outside of/separate from a sexual abuse exam, **many of these services would fall under reproductive healthcare services**, meaning someone of any age would be able to consent to these. Oregon's 2023 House Bill 2002 defines "Reproductive health care" as: family planning and contraception, pregnancy termination services, prenatal, postnatal and delivery care, miscarriage management, fertility care, sterilization services, treatments for sexually transmitted infections and reproductive cancers and any other health care and medical services related to reproductive health.

ACCESS TO SEXUAL ASSAULT + ABUSE EXAMS

According to the 2016 National Protocol for Sexual Abuse Medical Forensic Examinations: Pediatric, people are often concerned that a medical exam for youth will mirror that of adults, specifically things like an adult pelvic examination or a digital anal examination. The specifics of exams for minors vary based on age, situation, timeframe, location, and examiner experience. Examinations for child/adolescent victims of sexual abuse are multifaceted and tailored to meet the unique needs/circumstances of each individual. In many areas of the state, especially outside of a CAC, experienced medical staff may be limited. Key components of these examinations might include:

- Examiners from many disciplines may conduct these medical evaluations, provided that they accomplish each of the following: acquire specialized training in child sexual abuse, acquire specialized training in evaluation of pediatric patients, practice within the legal scope of their training and license, obtain appropriate consultation, AND make child abuse examination a regular part of their continuing medical/nursing education.
- **Medical-Forensic History**: Health care providers conduct a medical-forensic history to understand the events leading to the examination. This history helps guide child's care and informs the medical evaluation.
- **Physical Examination**: A comprehensive head-to-toe assessment, which may include an anogenital exam. The scope and nature of the examination depend on various factors, including the time frame since the incident and the specific details of what occurred.
- **Photographic Documentation and Evidence Collection**: The examination may involve taking photographs or collecting evidence, conducted with the utmost care to respect child's privacy.
- **Informed Consent and Assent:** Examinations should not proceed without the child's assent and cooperation, even if consent is given by a parent/guardian, except in cases of serious medical injury, pain, or trauma that requires immediate evaluation or treatment. Assent must be obtained free of coercion and maintained throughout the examination process. This is crucial for children who, by jurisdictional definition, are too young to grant informed consent but are old enough and/or developmentally able to understand and agree to participate in the care. Children AND their parents/guardians should be fully informed about the examination procedures, encouraged to ask questions, and understand their options. Health care providers should explain the nature of each examination procedure (rationale, potential side effects, and the impact of declining certain procedures). It is contrary to ethical and professional practices to influence the decisions of a child or their guardians.
- **Patient Autonomy in Mandatory Reporting Situations**: Even in situations that require mandatory reporting, minors have the right to make choices about their care. This includes deciding whether to receive specific medical treatments, provide details to healthcare staff, or share additional information with law enforcement agencies. This approach ensures that medical-forensic examinations for child and adolescent victims are conducted with sensitivity, respect, and adherence to the highest standards of ethical and professional care.

Sexual Assault (SA) Triage Algorithm for Patients 15 Years and Above



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Email: taskforce@oregonsatf.org

CHILD ABUSE MEDICAL ASSESSMENTS

In addition to sexual assault forensic examinations, Oregon has laws around medical assessments (and broader investigations) for children who are experiencing or suspected of experiencing child abuse. This might impact young people when a mandatory report occurs and/or when involved in a child abuse investigation.

According to the Oregon Department of Justice, ORS 419B.022-419B.024, known as Karly's Law, 'mandates that **children in Oregon who exhibit suspicious physical injuries in the course of a child abuse investigation must receive medical attention within 48 hours.**' This law includes three essential requirements:

- Any person conducting an investigation who observes a child who has suffered suspicious physical injury must immediately photograph the injuries each time suspicious physical injury is observed. Typically, ODHS or law enforcement will be taking photographs, unless the injuries are of genital injuries. Only medical personnel may photograph the child's injuries (ORS 419B.028 (1)). The photographs must be shared with the designation medical professional (DMP), each member of the appropriate Multi-Disciplinary Team (MDT), and included in any relevant ODHS/Law Enforcement files.
- Each MDT must identify a DMP who is trained to perform child abuse medical assessments and regularly available to conduct these medical assessments as described in ORS 418.782(2). This could include a SANE/SAE or medical forensic experts at local child advocacy centers. More on MDTs can be found on page 67.
- Any person conducting an investigation who observes a child who has suffered suspicious physical injury must ensure that a DMP conducts a medical assessment within 48 hours. A child abuse medical assessment includes taking a thorough medical history, a complete physical examination, and an interview for the purpose of making a medical diagnosis, determining whether or not the child has been abused and identifying the appropriate treatment or referral for follow-up for the child. Medical assessments MUST be conducted within 48 hours each time suspicious physical injury is observed by the ODHS or law enforcement personnel during the investigation.

Suspicious physical injuries might include, but are not limited to:

- burns or scalds.
- extensive bruising or abrasions on any part of the body.
- bone fractures for child under 3/ multiple fractures in child any age.
- injuries causing serious or protracted disfigurement or loss of impairment of the function of any bodily organ.
- dislocations, soft tissue swelling or moderate to severe cuts.
- loss of the ability to move normally according to child's development.
- unconsciousness or difficulty maintaining consciousness.
- any other injury that threatens the physical well-being of the child.

ACCESS TO HEALTH INSURANCE

Youth in Oregon are often included in their parent's health insurance coverage OR on the Oregon Health Plan (OHP). **OHP covers the care children and youth up to age 21 need for their health and development.** This includes screenings, checkups, tests, and follow-up care. **OHP is open to all children and teens, regardless of immigration status, who meet the income and other criteria.** It will even cover travel to/from covered appointments (ex. rides in an ambulance, bus, taxi, or other vehicle, or gas mileage for using your own vehicle). Parents and guardians will have access to health insurance charges associated with their accounts. There are additional options for financial support (like the SAVE Fund, and those listed below) and health insurance considerations as well.

According to ORS 109.690, **if mental health diagnosis or treatment services are provided to a minor without the consent of their parent/guardian, the parent/guardian is not liable for the payment of the services provided.**

The SAVE Fund can be billed for sexual assault/abuse evaluations if a minor does not have insurance or their guardian does not wish to bill insurance.

The United States Department of Health and Human Services (HHS) has the following information on access to reproductive health care:

- Under the Affordable Care Act, **most health plans are required to provide birth control and family planning counseling with no out-of-pocket costs.** If you need help paying for an abortion, abortion funds may be able to provide financial assistance. **Information about abortion funds and resources to help are available** at AbortionFinder.org.
- Under law, **people have the right to access other preventive health services with no out of pocket costs under most health insurance plans**, including: Well-visits to screen your health at any time, Counseling and screening services, Breast and cervical cancer screenings, Prenatal care, Breastfeeding services and supplies, Interpersonal violence screening and counseling (e.g., sexual assault evidence collection exams), and HIV screening and STI counseling
- **If You Do Not Have Health Insurance Coverage**:
    - Title X Family Planning Clinics (including school based health centers and Planned Parenthood) provide a broad range of family planning services and provide preventive health services that benefit reproductive health. Additional health centers that deliver comprehensive, culturally competent, high-quality primary health care services may be available on a sliding fee scale.
    - The Ryan White HIV/AIDS Program helps low-income people with HIV receive medical care, medications, and essential support services to help them stay in care.

RELEASES OF INFORMATION

Under the Violence Against Women Act's (VAWA) provisions on confidentiality, qualifying advocates must not disclose any information regarding a program participant who is a victim of domestic violence, dating violence, sexual assault, or stalking, without the informed, time-limited written authorization of the participant. These are known as a Release of Information (ROI). ROIs must:

- Be in writing
- Be voluntary and fully informed; no one can require a victim to sign a release as a condition of services
- Be reasonably time limited and specify the duration of the release
- Spell out the purpose for which the information will be used
- What information may be shared and with whom; a blanket release cannot be used
- Be signed by the victim and/or, if appropriate, a parent/guardian

When the victim/survivor is someone under the age of 18, the process for ROIs may differ by organization based on policy, and any local laws that exist. If the person under 18 (also known as a minor) is permitted by law to receive services without the parent's or guardian's consent, the person may consent to release information without additional signature from a parent/guardian.

It is important that each local organization clearly define their policy and procedure on using ROIs with people under the age of 18, and then consistently apply that when serving youth survivors.

Some organizations may decide that both the minor and a parent/guardian must sign any ROIs. It is important to note that a signed ROI cannot be a requirement for someone to receive services under VAWA. Therefore if someone does not want to sign an ROI, or does not want their parent/guardian to sign an ROI, this alone cannot make them ineligible for receiving advocacy services. Additionally, parent/guardian signature on a release may not be given by the person abusing the minor OR by a person abusing the minor's parent. If the minor is incapable of knowingly consenting, the parent/guardian may sign on the minor's behalf. In such cases, advocates should attempt to notify the minor as appropriate.

MULTIDISCIPLINARY TEAMS

Many efforts to ensure coordinated, wrap-around response to violence/abuse exist throughout Oregon. Some of the main ones include **Sexual Assault Response Teams (SARTs), Child Abuse Multidisciplinary Teams (MDTs),** and **Behavioral Intervention Teams (BITs).** This means that these different groups may be working on a case involving youth.

SEXUAL ASSAULT RESPONSE TEAMS (SARTS)

- SARTs work to improve the response to sexual assault (and other forms of interpersonal violence), inform local sexual assault prevention efforts, and strive to balance needs of survivors and needs of the criminal justice system - by ensuring that all responders act according to established protocols and policies created by the SART.
- Under ORS 147.401, SARTs are required in every county throughout Oregon.
- The District Attorney (DA) in each county organizes a SART consisting of at least: The DA office; a prosecution-based victim assistance program or unit; a sexual assault forensic examiner; Law enforcement (local and/or sheriff); a nonprofit agency that offers safety planning, counseling, support or advocacy to victims of sexual assault; a sexual assault nurse examiner or hospital staff; and other persons necessary or recommended by SART.

CHILD ABUSE MULTIDISCIPLINARY TEAMS (MDTS)

- MDTs bring together a team of people from different agencies/organizations to review child abuse cases, work together, and coordinate services for children/families.
- Under ORS 418.747, MDTs are required in every county throughout Oregon.
- The District Attorney (DA) in each county develops/maintains an MDT consisting of, but not be limited to: Law enforcement, DHS child protective service workers, School officials, Local health department personnel, County mental health personnel with experience in children/family mental health, Child abuse intervention center workers, Juvenile department representatives, and others trained in child abuse investigation.

BEHAVIORAL INTERVENTION/ASSESSMENT TEAMS (BITS)

- BITs are interdisciplinary teams collaborating to provide objective, and supportive approaches to crisis prevention.
- BITs are most commonly found on college/university campuses (and in other educational settings) in Oregon; although not required by law, many Title IX Coordinators choose to use them to help manage statutory requirements (under TIX, Clery, etc.)
- They often focus on activities or events that may impact: the campus community, a student's ability to stay in school, or the safety of the community (ex. risk of harm or violence to self or others, harrassing behavior, and repeated/high-level community disruption).

YOUTH RIGHTS WHEN THEY ARE VICTIMS OF CRIMES

A victim of crime in Oregon has certain rights intended to help protect them and ensure they are treated with dignity and respect. Victims who are under the age of 18 have these rights as well, as do their parents or guardians. It is important to note that a parent/guardian's rights don't supersede the youth's rights as a victim of crime. Crime Victims' Rights apply to the adult criminal justice system and juvenile justice system. Many of these rights go into effect automatically, while others must be requested through local District Attorney's offices or Juvenile Departments.

VICTIMS' RIGHTS IN OREGON INCLUDE A RIGHT TO JUSTICE, AS WELL AS TO:

- play a meaningful role in the criminal or juvenile justice process.
- be treated with dignity and respect.
- receive fair and impartial treatment.
- receive reasonable protection from the offender.

For any case, the victim and legal guardian of the victim, has the rights to do these things:

- Attend proceedings held in open court.
- Have a support person with them.
- Receive restitution (payment from the defendant or the adjudicated youth) for eligible crime-related expenses.
- Request a transcript or recording of open court proceedings.
- Protect information that could identify them or their home, such as address, phone number, and Social Security number.

Their attorney can also exercise these rights on their behalf. If they don't wish to speak at a hearing (when that right is available), they can have someone speak on their behalf.

Depending on how/if a case progresses through the criminal justice system, additional rights may be available. If someone is a victim of abuse, sexual assault, domestic violence, or stalking, they may have additional rights as well.

You can learn more about youth rights by accessing the Oregon Department of Justice Crime Victim and Survivor Services Division' series of **Victims' Rights Guides** available in multiple languages on their website.

CHILD PROTECTIVE SERVICES (CPS) ASSESSMENTS

The bulk of this information was provided by an Oregon Department of Human Services (ODHS) Child Welfare brochure entitled: "What you need to know about a Child Protective Services Assessment and ODHS' Child Protective Services Webpage.

There are laws that require ODHS to conduct a Child Protective Services (CPS) assessment when a report of abuse is received. This often happens through mandatory reporting systems in the state. When a report is received, an initial screening will occur, which can result in being "screened-in" and an assignment to a CPS caseworker, or the report will be "closed at screening" if it does not meet the criteria to be screened in through the screening process. If the report is "closed at screening" the report will be reflected in ODHS records but a CPS worker will not be assigned to respond to the report. If a CPS worker IS assigned to conduct a comprehensive CPS assessment, following the rules outlined in OAR 413-015, this may look similar to the following:

- Talk to the child/children, the child's family and caregivers, and other people who may be involved with the child to understand the concerns. ODHS will contact the parents of the child, including a parent who does not live with the child, unless contact with that parent would put an adult victim or child in danger. The CPS worker will attempt to contact parents/guardians prior to interviewing a child unless it could compromise safety.
- The CPS worker will visit the family's home as part of the CPS assessment and they may take photographs of the home and/or children.
- A child may receive a medical exam as part of the CPS assessment.
- DHS has 60 days to complete the CPS assessment. However, if there is specific information that cannot be gathered within 60 days, ODHS may need extra time to complete the assessment.
- At the conclusion of the assessment, the CPS worker is required to determine whether abuse occurred, whether the child is safe, whether the family needs supportive services, and if the case needs to remain open. ODHS will decide whether the report of abuse is founded, unable to determine or unfounded.

Founded or substantiated: reasonable cause to believe abuse occurred.	**Unfounded or unsubstantiated:** there is no evidence abuse occurred.	**Unable to determine or inconclusive:** there is some indication abuse occurred, but insufficient evidence

- The police will be notified. All suspected reports of abuse must be reported to the police, and they are sometimes asked to help ODHS assess a report of abuse and vis-versa.
- If the family needs supportive services, the CPS worker will help connect families to community resources and/or ODHS resources (ex. Family Support and Connections Services, Self-Sufficiency, TANF, and SNAP.
- A person with a founded CPS assessment will receive a letter from DHS explaining that they have the right to request a review.

YOUTH IN STATE CUSTODY/CARE

If a child has been removed from their home or DHS is requesting custody/removal of a child, DHS will notify parents/guardians of the date, time and place of any court hearings. Parents/guardians must be told when a child has been taken into custody, the reasons why the child was taken into custody, general information about the child's placement, and how to contact the local DHS office. At this hearing, the judge will determine if the child should be placed in the care/custody of the state or returned to a parent/guardian.

When the state takes a child into care, this means the state, via law enforcement or CPS, has removed a person under 21 years of age from their home and placed them in: a child-caring agency or proctor foster home subject to ORS 418.205, a certified foster home, or a developmental disabilities residential facility. Police and CPS can remove a child without a court order to a safe location if there is a reason to believe the child is not safe in their home. Children in foster care may live with relatives, close friends or a non-relative family. These arrangements may be short or long-term.

Some of the resources, access, and services included throughout this resource shift when youth are in state care or custody. Some examples include:

> ORS 418.257 **expands mandatory reporting requirements when youth are in state care.** Along with the physical abuse, sexual abuse and exploitation, neglect, threat of harm, and mental injury included in Oregon's main Mandatory Reporting of Child Abuse law (ORS 419B.005), ORS 418.257 includes abandonment, verbal abuse, financial exploitation, and the use of restraint or involuntary seclusion of a child in care. Additionally ORS 418.257 provides more depth on the categories included in ORS 419B.005.
>
> ORS 419B.050 states that **upon notice, a health care provider must permit law enforcement , DHS, or a member agency of the county child abuse multidisciplinary team to inspect and copy medical records**, including, but not limited to, prenatal and birth records, of a child involved in a child abuse investigation without the consent of the child, or the parent or guardian of the child. This means that regardless of HIPAA and age of consent to services, a young person's medical records may be shared with other specific people/agencies if a child abuse investigation is happening.

YOUTH IN FOSTER CARE

On June 26, 2013 a law went into effect creating the Oregon Foster Children's Bill of Rights and a Foster Child Ombudsman. The Ombudsman is an independent person/resource who investigates complaints, concerns, or violations of rights for children/youth in custody of Oregon DHS Foster Care System. Current and former foster youth, as well as people who have concerns about a child or youth in foster care, can contact the staff at the Ombudsman Office with their concerns. The Ombudsmen will document complaints, remain neutral and impartial, and provide information on how to help.

Call or email the Foster Care Ombudsman at the Youth, Empowerment and Safety (Y.E.S) Line at 1-855-840-6036 or FCO.info@state.or.us.

The Oregon Foster Children's Bill of Rights law also grants distinct legal rights to children and youth in foster care, including:

S – A **S**afe Home where they feel protected

A – To **A**ttend school, sports, clubs and activities

F – To live with a **F**amily that cares about/protects them

E – To **E**at and have healthy food at every meal

T – To have their own **T**hings (Toys, clothes, blanket...)

Y – Yes, I can always contact their attorney, caseworker, CASA or Foster Care Ombudsman if they have questions or problems

More details on these rights can be found on the next page. In addition to this law, Oregon Youth in Foster Care also have access to: the right to be supported in preserving and strengthening relationships with their siblings (Oregon Foster Children's Sibling Bill of Rights, since 2017), direct assistance from DHS in establishing their own savings accounts (foster youth 12+, since 2015), waived tuition and fees at state universities and community colleges for youth who spent time in Oregon's foster care system (since 2011), and support from DHS in obtaining a driver's license (since 2009), and access to the Independent Living Program (ILP) which helps youth who are, or were, in foster care to become self-sufficient adults, among other rights.

OREGON FOSTER CHILDREN'S BILL OF RIGHTS

AS A CHILD OR YOUTH IN FOSTER CARE,

I HAVE THE RIGHT:

TO HAVE WHAT EVERY CHILD NEEDS:

- ★ A permanent family
- ★ A home where I am part of the family and am treated as such
- ★ Nutritious food that meets my dietary needs
- ★ Clean and appropriate clothes that fit me and correspond to a gender identity of my choice
- ★ Safe housing
- ★ Free access to soap, shampoo, toothpaste and other hygiene needs that are necessary for my gender, age, individual health and ethnic needs
- ★ A safe and appropriate sleeping arrangement and adequate space for my personal belongings
- ★ To keep my belongings, including things I buy and gifts I receive, if I have to move
- ★ Access to a working telephone

TO BE SAFE:

- ★ To be treated with respect
- ★ To be appropriately disciplined
- ★ To be protected from physical, mental, emotional and sexual abuse including exploitation and trafficking
- ★ To tell my caseworker, judge or the Foster Care Ombudsman when contact with someone is hurtful to me or inappropriate so that I can be protected without fear of retaliation
- ★ To be free from group punishment

TO SEE AND TALK TO PEOPLE I CARE ABOUT:

- ★ To visit and communicate with a parent or guardian, siblings, members of my family, and other significant people in my life, knowing that reasonable limits may be set by DHS and the court
- ★ To visit and communicate with friends and other significant people except when DHS or the court determines that contact may be unsafe or emotionally harmful
- ★ To participate in age appropriate activities with my peers, so long as the activity is not restricted by DHS and the court

TO BE HEALTHY:

- ★ To have routine check-ups to keep me healthy
- ★ To see a nurse or a doctor if I am sick and request medical attention
- ★ To have the medical, dental, and mental health care I need with a qualified appropriate provider
- ★ To be included in discussions and make decisions about my own body and my physical or mental health
- ★ To have or receive comprehendible information about me and my family's medical history as appropriate and authorized by law

TO LEARN:

- ★ To be provided with age-appropriate educational opportunities and schooling to prepare me for adult life
- ★ To have the opportunity to participate in activities that interest me; including sports, art, music or others
- ★ To receive extra help and tutoring if I am struggling in my school or educational placement
- ★ To make choices about my classes (electives, advanced placement, or college prep) and schools when the law allows me to
- ★ To receive age-appropriate information and assistance with enrolling in college or vocational education

TO HAVE MY RIGHTS PROTECTED:

- ★ To have an attorney if I want one, and to request the judge appoint a CASA to my case
- ★ To talk to my attorney in private
- ★ To talk to my CASA in private
- ★ To be notified of court hearings, reviews by the Citizen Review Board, and what is being decided about me and my family, taking into account my age and developmental stage
- ★ To be invited to and provided transportation to court, taking into account my age and developmental stage, and to be able to talk to the judge in court about what I want and need
- ★ To decide whether or not I want my attorney and/or CASA to speak for me
- ★ To call the Foster Care Ombudsman Office (free from retaliation from my foster parents or anyone else) if my rights are violated or my needs are not being met

TO BE IN A PLACE THAT MEETS MY NEEDS:

- ★ To be in a foster care placement close to my family so that I can visit and maintain relationships important to me, if it's safe and in my best interest, and as deemed by my case plan, visitation plan, or the court
- ★ To have reasonable access to my bedroom in the house or residence where I am living
- ★ To have a curfew and house rules that are clear and fair and to have them explained to me from the beginning

TO MAKE DECISIONS FOR MYSELF:

- ★ To tell the court where I want to live and whether or not I want to be adopted
- ★ To receive respect, be nurtured, and attend activities in accordance with my background, religious heritage, race, and culture within reasonable guidelines. To be allowed to dress and groom myself according to my culture, identity and within good hygiene standards for my health
- ★ To determine and express my gender and sexual identity for myself
- ★ To make major decisions that affect my life, in accordance with the law, my age and ability

TO BE INFORMED:

- ★ About financial support available to me, including allowance, obtaining a bank account and getting a job
- ★ About services and programs within or outside of the Department of Human Services that can provide me with support
- ★ About where I can go for help
- ★ About how the child welfare system works
- ★ About how to access my case records at no charge
- ★ About documents I will receive upon leaving foster care regarding my education, health and employment such as my birth certificate, Social Security card (or number) driver's license or other form of state photo ID

I UNDERSTAND THAT THE ADULTS IN MY LIFE MAKE RULES AND SET LIMITS TO PROTECT ME AND HELP ME MAKE GOOD DECISIONS. WHEN I NEED TO, I CAN CONTACT MY ATTORNEY OR CASA ADVOCATE TO HELP ME AND TALK TO THEM PRIVATELY. IF I EVER NEED TO DO SO, I CAN CONTACT THE FOSTER CARE OMBUDSMAN AT *YOUTH, EMPOWERMENT AND SAFETY (Y.E.S.)* 1-855-840-6036 OR FCO.INFO@STATE.OR.US AND TALK TO THEM ABOUT MY PROBLEM.

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact 503-378-3486 or 503-378-3523 for TTY.

DHS Oregon Department of Human Services

DHS 9014A (07/2017)

YOUTH IN JUVENILE JUSTICE OR CARCERAL PROGRAMS

Youth enrolled in Juvenile Justice Programs in Oregon have some unique rights, and limitations to their rights. For example, youth rights to privacy, communication, and safety options may be impacted. Best practice would be to utilize trained advocates to accompany survivors through the health care, social service, and criminal justice systems in a way that is culturally and linguistically appropriate to the best extent possible.

FOR YOUTH IN JUVENILE JUSTICE FACILITIES:
Youth have the right to be free from sexual abuse, and free from retaliation for reporting sexual abuse. Juvenile justice facilities must maintain a written zero tolerance policy towards all forms of sexual abuse and harassment, affecting all adults and youth who work, volunteer, reside or visit the agency; utilize definitions of child abuse and establish directions for reporting child abuse and/or neglect consistent with Oregon law (ORS 419B.005-ORS 419B.015). This includes following the standards in the Prison Right Elimination Act (PREA).

Elements of the policy include:

- Aggressive response, investigation and support of prosecution of sexual misconduct in facilities;
- Continual training/education of staff and juveniles to increase awareness of safe reporting mechanisms and services available to victims;
- Separation and monitoring of both sexually aggressive and vulnerable juvenile through assessments and room assignment;
- Establishing means of data collection to track sexual misconduct, analyze incidents and improve operations and services - including reviewing critical incidents to: examine areas in the facility where sexual abuse has occurred to assess any physical barriers that may have enabled the abuse, analyze the adequacy of staffing levels during different shifts, and identify any needs for monitoring technology to supplement direct care staff supervision.
- Providing accommodations for all written information about sexual abuse policies, including how to report in ways that are accessible to people with low reading skills, are visually impaired, and/or are limited English proficient.

YOUTH IN JUVENILE JUSTICE OR CARCERAL PROGRAMS

FOR YOUTH IN JUVENILE JUSTICE FACILITIES CONTINUED:

The State of Oregon Youth Development Division and Oregon Department of Corrections offers some best practices around privacy related to showering, and other exposure in front of facility staff or residents. This includes, but is not limited to:

- Enabling youth to shower, perform bodily functions and change clothing without nonmedical staff of a different gender identity viewing their breasts, buttocks or genitalia, except in exigent circumstances. This also includes making accommodations for youth to have additional privacy in select circumstances; and allowing, not requiring, transgender and intersex youth to shower separately in support of their safety, and
- Staff of the opposite gender of the youth living there announcing their presence when entering housing units.

ADDITIONALLY, THESE YOUTH HAVE THESE RIGHTS:

- To have their outgoing written communications forwarded, without examination or censorship (as mail to and from attorney, the courts, or public officials is privileged), to the Governor, facility administrator, Attorney General, judge, juvenile department or their attorney (ORS 169.076(10)) and to have their postage paid for by the juvenile detention facility for these communications (ORS 169.740(2)(f)).
- Have unrestricted contact with their attorneys at the facility for private attorney-client consultation for at least five hours per day between 8 a.m. and 5 p.m (ORS 169.740(2)(d)).
- Live in a clean facility and be provided materials to maintain personal hygiene, clean clothing twice weekly, mattresses and blankets that are clean and fire-retardant, and showers at least twice weekly (ORS 169.076(8)).
- Not experience any physical punishment from juvenile detention facility staff (ORS 169.076(4)) or be disciplined/punished by infliction of, or threat of, physical injury or pain, deliberate humiliation, physical restraint, withholding of meals, or isolation (ORS 169.750(1)), and to have rules for conduct and disciplinary procedures provided to them (ORS 169.076(12)).

YOUTH WHO ARE AMERICAN INDIAN AND/OR ALASKA NATIVES

Each of the nine federally recognized Tribal Nations in Oregon have their own victim's assistance programs who are important referrals and partners in serving youth who are members of Tribal Nations. These often serve individual survivors of DVSA and children and families under ICWA. Sometimes these programs are separated.

- **Burns Paiute Tribe**: Domestic Violence/Sexual Assault Program supports victims/survivors of DVSA to promote a safe and healthy lifestyle free from abuse of any kind; and promotes community education around Domestic Violence, Sexual Assault, Stalking and Teen Dating Violence.
- **Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians**: Circles of Healing Program provides Domestic Violence, Sexual Assault, Human Trafficking, Stalking and family violence advocacy and support.
- **Confederated Tribes of Grand Ronde**: Domestic and Sexual Violence Prevention Program offers a confidential outlet to support survivors of domestic and sexual violence and stalking. The program works to inform our community on their service options (local and/or regional options) when it comes to violence-free living.
- **Confederated Tribes of Siletz Indians**: The CARE Program provides advocacy, support services, and assistance to victims and survivors of domestic violence, sexual assault, dating violence, and stalking.
- **Confederated Tribes of the Umatilla Indian Reservation**: Family Violence Services provides culturally appropriate support services to victims of intimate partner violence, intimidation, sexual violence, rape, elder abuse, teen dating violence, stalking, trafficked and Missing Murdered.
- **Confederated Tribes of Warm Springs**: Victims of Crime Services (VOCS) offers 24-hour response to victims in emergency crisis of: domestic violence, sexual assault, stalking, teen dating, elder abuse, child abuse and family violence.
- **Coquille Indian Tribe**: Through the Ko-Kwel Wellness Center provides behavioral health services, emergency family services, and healthy families coordination.
- **Cow creek Band of Umpqua Tribe of Indians**: Through the Cow Creek Health and Wellness Center provide behavioral health preventive and therapy services, and public health-based services.
- **The Klamath Tribes**: Healing Winds Program provides information, referral, advocacy, and assistance with gaining access to Tribal and non-Tribal programs, and financial assistance to Native American Victims of certain crimes. Have additional Children & Family Services Program meeting ICWA requirements

YOUTH WHO ARE AMERICAN INDIAN AND/OR ALASKA NATIVES

Tribes possess a nationhood status and retain inherent powers of self-government. This is known as Tribal sovereignty. Tribal sovereignty ensures that any decisions about the tribes with regard to their property and citizens are made with their participation and consent. Treaties, acts of Congress, Executive Orders, federal administrative agreements, and court decisions all guide how Tribes interact with local, state, and federal governments. An example of this is VAWA.

According to the US. Department of Justice, the reauthorization of VAWA in 2013 included a historic provision that recognized the inherent authority of "participating Tribes" to exercise "special domestic violence criminal jurisdiction" (SDVCJ) over certain defendants, regardless of their Indian or non-Indian status, who commit acts of domestic violence or dating violence or violate certain protection orders in Indian country. This provision enabled Tribes to exercise criminal jurisdiction over non-Indian offenders for the first time since 1978 and specified the rights that a participating Tribe must provide to defendants in SDVCJ cases. The 2022 VAWA reauthorization amended this provision to recognize "special Tribal criminal jurisdiction" (STCJ) over an expanded list of "covered crimes" that also includes assault of Tribal justice personnel, child violence, obstruction of justice, sexual violence, sex trafficking, and stalking. This means Tribes are able to exercise their sovereign power to investigate, prosecute, convict, and sentence both Indian and non-Indians who commit covered crimes in Indian country against Indian victims.

OR NATIVE AMERICAN YOUTH AND FAMILY CENTER (NAYA)

The NAYA Healing Circle program works to end silence around issues of domestic and sexual violence by promoting community strength, respect, and balance in relationships through crisis intervention, advocacy, educational services, and work with local programs to facilitate safety planning, navigate local resources, provide emergency hotel vouchers, and assure the practice of culturally relevant services in local shelters. https://nayapdx.org/

TRIBAL RESOURCE TOOL

The Tribal Resource Tool is a national resource providing a searchable directory of services available for all American Indian/Alaska Native survivors of crime and abuse in Indian Country. https://tribalresourcetool.org/

YOUTH WHO ARE AMERICAN INDIAN AND/OR ALASKA NATIVES

When young people navigate systems designed to respond to violence and abuse, it is important to note that there are a lot of additional layers that may exist to serve them better based on their identities, communities, and sovereignty. This is true for American Indian and Alaska Native youth.

INDIAN CHILD WELFARE ACT (ICWA) AND OREGON INDIAN CHILD WELFARE ACT (ORICWA)

The ICWA is a federal law passed in 1978 that protects American Indian and Alaska Native children, families and Tribes from unnecessary child removal and displacement. The ORICWA ensures the federal law is applied consistently within Oregon's systems. The ICWA requires additional responsibilities for the public child welfare system and special judicial oversight when American Indian and Alaska Native children are involved in state child welfare systems.

Tribal children in Oregon continue to be removed from their homes at rates higher than other non-Tribal children; and despite requirements under the ICWA, application of the law in Oregon courts and Child Welfare is inconsistent. The ORICWA was written in response to applying the federal law within the Oregon Safety Model and Oregon's Juvenile Court System. ORICWA ensures that judges, attorneys and Child Welfare workers apply ORICWA in a way that better aligns with how the federal law applies to systems within our state.

ICWA: Prevents the breakup of Tribal families, Protects the "best interests" of the Tribal child and Tribal sovereignty, Ensures Tribal stability and security.

There are regional ICWA specialists located across Oregon that serve the Nine Federally Recognized Tribes in the state, in addition to other federally recognized Tribes across the nation. Regional ICWA specialists work alongside Tribes and ODHS staff at all levels to ensure the tenants of the ICWA and ORICWA are followed. They are supervised by the senior Indian Child Welfare Act manager. You can find contact information for the regional ICWA specialists on ODHS's ICWA webpage.

YOUTH WHO ARE HOUSELESS OR HOMELESS

The content, images, and materials in this section were reprinted, with permission, from the National Sexual Violence Resource Center's (NSVRC) publication titled Linking the Roads: Working with Youth Who Experience Homelessness and Sexual Violence. This guide is available by visiting www.nsvrc.org.

There is no one formula for the lived experiences that youth face when they have struggled with housing. Understanding the ways in which sexual violence affects an individual's ability to make social connections, function, and live in this world is complicated by struggles with housing, which add another level of complexity. If youth are worried about where they are going to sleep at night or if it is going to be safe, this adds to a lack of ability to focus on other things in their life.

While sexual violence often is a cause for youth to leave home, it also is a potential consequence of living on the streets, where youth face heightened risks for multiple victimizations of sexual exploitation, rape, and sexual assault after leaving home (NSVRC, 2010). Being homeless or marginally housed often is unsafe and requires youth to develop critical survival and coping skills. Homeless youth in unsafe and under-resourced situations often have to do extreme things in order to meet their daily survival needs. The most common estimate of homeless youth in the United States is 1.7 million (Hammer, Finkelhor, & Sedlak, 2002).

NSVRC provides the **following tips** for providing services to youth who are experiencing homelessness or houselessness.

1. Meet Their Physical and Emotional Needs: This can include shelter, food, clothing, medical and mental health care, transportation, and other basic needs. These pieces may be met with actual items (like food or clothing) or vouchers to access these.

2. Create Space for Them to Express Their Self-Identities: Become familiar with their vocabulary, the unique issues that homeless youth face, and all of the identities they embrace. It will help create a space for building trusting relationships & sharing stories. Be open to listening to youth describe their experiences in their own words and on their own timeline.

YOUTH WHO ARE HOUSELESS OR HOMELESS

3. Understand the Impact of Trauma: Recognize, understand, and support the emotional, mental, social, and physical effects of trauma. Be mindful of how this affects the youth's life and future plans. Understanding the impact that traumas and sexual violence can have on youth development can help support their resiliency & capabilities.

4. Honor Survival Skills: In order to survive without stable housing, youth often develop specific coping and survival skills that help them stay alive or feel safer. These survival skills can include: denial, minimization, dissociation, compliance/over-pleasing, self-blame, lying, believing that abuse was consensual, confusion, or avoiding talking about the past, and survival sex (exchange of sex for food, clothing, drugs/alcohol, and/or shelter). Homeless youth often will use these coping mechanisms in an attempt to prevent further harm. Youth might not be able to stop using a defense mechanism until they have learned and feel empowered to use other coping skills. This process can take a long time and rarely happens in a linear fashion. Honoring these survival skills will help youth on their path to resiliency.

Survival Skills

Providing the opportunity to build upon an individual's strengths that are embedded in survival skills can help them recognize and meet their current needs while developing positive goals for the future.

SURVIVOR SKILL	= STRENGTH
Minimization	Self-awareness
Dissociation	Ability to connect with others
Compliance/ over-pleasing	Ability to read people/have insight
Blaming self	Ability to take ownership of feelings/actions
Lying	Creativity
Belief that abuse is consensual	Earnest

5. Be Attentive and Available: Keep your mind open, flexible, and alert. Be attentive to words being used by youth (both what is being said and the words that are chosen) and pay attention to their feelings. Be aware of the implied and symbolic meaning of their words by offering feedback and asking clarifying questions. Sharing interpretations can help lead to clarification, as well. Using open-ended questions and paraphrasing will help assure youth that you are listening and understanding what they are saying.

YOUTH WHO ARE HOUSELESS OR HOMELESS

6. Create Space for Freedom and Choice: Assist homeless youth in defining their own goals, objectives, and tasks in a setting that feels safe and helpful. Value their right to choose and believe that choice (partnered with support and formal opportunities to build skills). This includes, but is not limited to:

- Create a welcoming environment where nondiscrimination and non-harassment policies are implemented and communicated to all youth.
- Provide youth with options and resources to make empowered decisions, and honor their choices.
- Ensure patience and flexibility when setting goals and timelines.

7. Collaborate with Local Organizations and Establish Partnerships: This will enhance your availability to provide services tailored to youth who experience homelessness. Some examples include:

- Partner with other youth-appropriate organizations and LGBTQ-specific organizations in your community.
- Tailor outreach to reach youth in their living environments
- Provide advocacy and accompaniment to youth

Helping LGBTQ Youth

• **LGBTQ homeless youth are less likely to have access to familial support**. Since this kind of care might not be available to them, they are more likely to be self-reliant for meeting their basic needs (Cray et al., 2013)

• **Intake forms can ask questions in a way that avoids assumptions** and informs youth about the agency's LGBTQ-friendly environment and policies. Variations of these questions can include: What name would you like to be called? How do you identify? What gender pronoun would you prefer? Do you identify with a specific sexual orientation? Be sure to ask these questions to all clients, and not just those who you think might be LGBTQ.

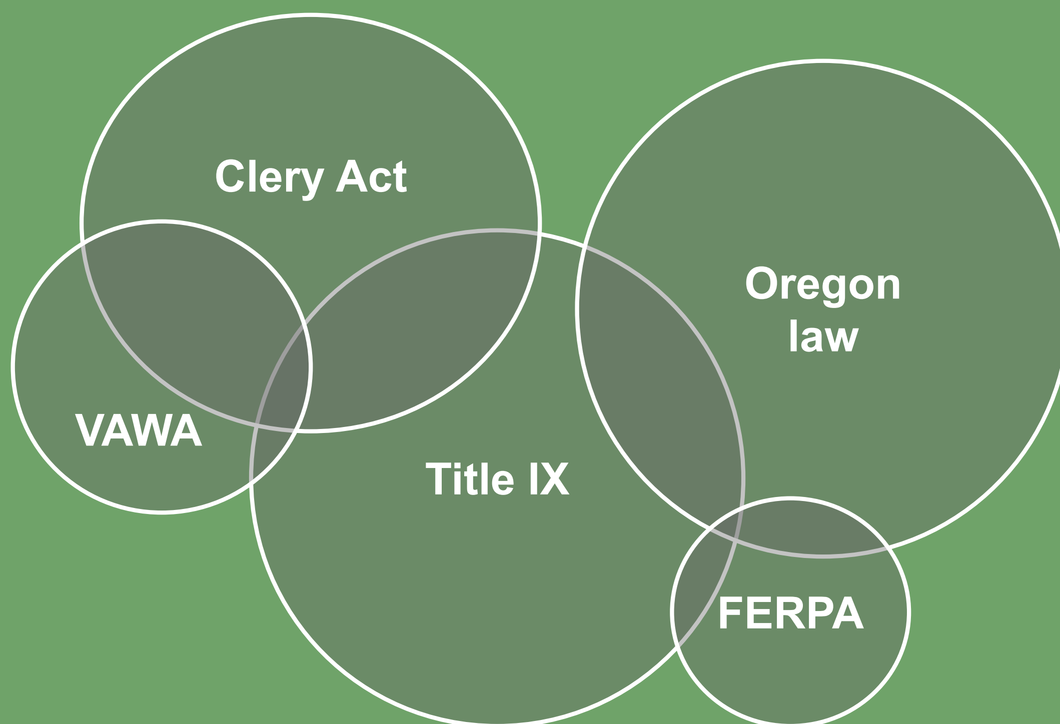
• **Having policies, procedures, and intake paperwork that explain inclusion/acceptance and safety** up front gives all youth a learning experience before a difficult situation. If a hurtful and difficult situation occurs, it allows a chance to process and demonstrate empathy and ability to stay in the community and participate in creating a safe space for all.

• **The safest environments for LGBTQ youth** have established policies that express intolerance and harassment/bullying are unacceptable, such as: "This is a space that welcome and celebrates everyone, no matter their race, ethnicity, gender, gender expression, sexual preference, political affiliation, religious/nonreligious beliefs."

• **Provide sleeping areas that establish a sense of safety for all gender expressions.** This can be done by having policies in place that allow for individuals to sleep in areas that match their self-identified gender expressions. Provide private sleeping areas for individuals as needed.

• **Youth who identify as LGBTQ often are fleeing from situations where they were rejected based on their sexual orientation or gender identity.** LGBTQ youth and transgender youth, in particular, often have difficulty accessing quality medical care. Finding and/or training medical care providers to be responsive to the unique needs of LGBTQ youth can include understanding the terminology that relates to their identity, developing a basic understanding of addressing LGBTQ youth by their preferred first name and pronoun in accordance with their gender identity or expression, and creating a welcoming and safe environment where they are treated the same as non-LGBTQ youth patients (Cray et al., 2013).

RESOURCES AND RESPONSE SYSTEMS IN EDUCATION SETTINGS



The next several pages cover some of the resources and response systems/processes young people have access to and may need to navigate in educational settings when it comes to experiences with violence or abuse. These are separated as follows:

- **K-12 Education .... Pages 83-89**
- **Both K-12 and Higher Ed. .... Pages 90-92**
- **Higher Education .... Pages 93-101**

K-12 EDUCATION

Beyond mandatory reporting and Title IX laws relating to violence, abuse, harassment, etc. that young people experience, there are state laws that impact how schools are supposed to respond as well as what rights young people have within these systems and processes. Most of these laws require the schools/school districts to have clearly defined policies around how they will respond to incidents of violence and abuse (including who handles reports and what the process will look like). These laws also often require schools to post these policies in places like handbooks, websites, and physical posters hung on the wall. It is important to learn what the policies are for each school you are working with. Below is a brief overview of some of the laws/rights impacting youth in education settings.

SEXUAL HARASSMENT:
When a complaint of sexual harassment is filed, the school is required to give notice to the student of their rights and options under the policy (OAR 581-021-0038).

A designated school district official is responsible for taking any necessary action to ensure that the impacted person is protected and to promote a non-hostile work/learning environment, including: Providing resources and support measures to the impacted person; and Taking any action that is necessary to remove the potential future impact on the impacted person, provided that the action is not retaliatory.

Additionally, under this law, schools are required to have a drug and alcohol amnesty policy related to reports of sexual harassment.

It is important to note that, while nothing in this law or rule explicitly requires parental or law enforcement notification, nothing prohibits it either. The rule specifically states that parents may receive a notice of rights/options "where applicable."

BULLYING AND SEXUAL HARASSMENT:
Due to overlaps between definitions of different forms of violence and abuse, laws around notification for youth and parents/guardians can be confusing. For example, Oregon's education law around Harassment, Intimidation, Bullying and Cyberbullying (ORS 339.351) contains a parental/guardian notification requirement, with a provision that would allow schools to opt-out of direct parental notification if notification could endanger the student. Because of the overlap between the definitions of harassment/bullying and sexual harassment, this might create a parental/guardian notification requirement for things like sexual harassment.

K-12 EDUCATION

DISCRIMINATION:

Oregon law prohibits discrimination in all public elementary and secondary schools that receive state funding, including discrimination based on gender identity. Under Oregon law, discrimination means "**any act that unreasonably differentiates treatment, intended or unintended, or any act that is fair in form but discriminatory in operation, either of which is based on age, disability, national origin, race, color, marital status, religion, sex, sexual orientation, or gender identity.**" (OAR 581-021-0045(1)(a))

ODE recommends that schools and school districts respond to all reports of discrimination by acting to end the discrimination, remedy any impacts, and prevent discrimination from happening again.

The Every Student Belongs rule requires education program providers to prohibit symbols of hate as well as adopt policies and procedures for dealing with bias incidents. Bias incident means "**a person's hostile expression of animus toward another person relating to the other person's perceived race, color, religion, gender identity, sexual orientation, disability or national origin, of which criminal investigation or prosecution is impossible or inappropriate.**" Bias incidents may include deliberate or unintentional derogatory language or behavior, microaggressions, insults, verbal assaults, and invalidations directed at or about gender expansive students. (OAR 581-022-2312)

STUDENT MENTAL HEALTH DAYS (ORS 339.065)

In 2019, Oregon's law around school attendance was updated to allow for absences related to mental and behavioral health. Students can take up to five days in a term of three months or 10 days in any term of at least six months by submitting the absence excusal in writing directed to the principal of the school they attend. This right allows students to help prioritize their mental health and healing.

SCHOOL BASED HEALTH SERVICES

SCHOOL BASED HEALTH CENTERS

School Based Health Centers (SBHCs) are medical clinics that offer **medical care, behavioral health services and, often, dental services** for young people either in a school or on school grounds. Services are available to students regardless of their ability to pay or insurance status. In some instances, centers provide services to siblings, families, and community members as well. Each SBHC is staffed by a primary care professional who may be a doctor, nurse practitioner or physician's assistant, or other medical/mental health professional, and support staff (ex. a receptionist). These providers work with school nurses to help youth stay healthy and in school. There are over 85 School Based Health Centers in 25 counties across Oregon. You can find a complete list of SBHCs on the Oregon Health Authority's website.

Unlike school nurses (see below) providing care within the school system, **a health care provider in an SBHC usually works under HIPAA regulations**. An SBHC is a healthcare facility whose records are NOT maintained as a component of a student's educational record. Exchange of information between a school nurse and SBHC usually requires dual HIPAA/FERPA release of information consents.

SCHOOL NURSES

In Oregon, school nurses are registered nurses, certified by the Teacher's Standards and Practices Commission (TSPC) to conduct and coordinate school health services (ORS 342.455). They are employed by the school district. As of 2020, registered nurses (RNs) serve students in 136 of Oregon's 197 school districts. Oregon's recommended ratio is 1 full-time RN for every 750 students. On average, RNs in Oregon schools serve at ratios closer to 1 full-time RN per 2500 students.

School nurses support students to: manage chronic conditions (ex. diabetes), navigate school exclusions due to illness, access resources for social, emotional, and mental health, and deal with acute care and daily needs. Additionally they train school staff, guide school health policies and practices, and often teach classes to students as well.

Most school nurses operate under FERPA, NOT HIPAA. HIPAA guidelines state that any entity covered by FERPA is exempt from HIPAA regulations. A school nurse who maintains records for a student within the FERPA-regulated school system, is thereby subject to FERPA privacy regulations.

ADDITIONAL SCHOOL BASED MENTAL HEALTH SERVICES

In addition to healthcare providers, schools may employ a variety of professionals focused on helping to create school environments that are safe, supportive, and conducive to learning. This is part of Oregon's Comprehensive School Counseling Program requirements (OARs 581-022-2060, 581-022-2055, and 581-022-2030). This could include the roles below, although this varies by school and district.

SCHOOL COUNSELORS

School counselors are highly educated, professionally certified individuals who help students: apply academic achievement strategies; manage emotions and apply interpersonal skills; and plan for postsecondary options (ex. higher education, military, work force). This may include: individual student academic planning and goal setting, short-term counseling to students, referrals for long-term support, collaboration with families, teachers, community, for student success, advocacy for students at individual education plan meetings and other student-focused meetings, and acting as a systems change agent to improve equity and access, achievement and opportunities for all students. They are licensed by the OR TSPC.

SCHOOL SOCIAL WORKERS

School Social Workers are trained mental health professionals who can assist with mental health concerns, behavioral concerns, positive behavioral support, academic, and classroom support, consultation with teachers, parents, and administrators as well as provide individual and group counseling/therapy. They are licensed by the Oregon TSPC. Some key roles school social workers can play include: participating in special education assessment/individual Educational Planning Meetings, providing support to students around problems at home that affect their adjustment in school; preparing a social/developmental history on a child with a disability; counseling (group, individual and/or family); mobilizing family, school, and community resources to enable youth to learn as effectively as possible; and assisting in developing positive behavioral intervention strategies.

SCHOOL PSYCHOLOGISTS

School Psychologists typically have extensive knowledge of learning, motivation, behavior, childhood disabilities, assessment, evaluation, and school law. School psychologists consult with teachers and parents to provide coordinated services and supports for students struggling with learning disabilities, emotional and behavioral problems, and those experiencing anxiety, depression, emotional trauma, grief, and loss. They are regular members of school crisis teams/risk and threat assessments and collaborate with school administrators and other educators to prevent and respond to crises.

ADDITIONAL SCHOOL BASED RESOURCES

In addition to the health services listed on the previous pages, Oregon schools also often have other resources that may benefit students and/or students and their families may need to interact with if violence or abuse occurs. These other resources may include:

COMMUNITY SCHOOL COORDINATORS

The Community Schools Model helps schools provide services and support that fit each community's needs. Schools with these programs take into consideration the needs of students and their families; services that are currently provided at the school; and the availability and capabilities of local resources/partners to reduce barriers to education. Because learning never happens in isolation, community schools focus on what students in the community truly need to succeed—whether it's services and supports like free healthy meals, health care, and tutoring, or systemic changes like shifts in school culture, policies, and approaches to teaching and learning. The Community School concept has been embraced by single schools, entire school districts, cities, and counties - so may be available for young people in the communities you are working in. These schools either hire a coordinator directly or partner with local community partners to work alongside school staff to organize existing resources, programs, and opportunities for student success. Community School Coordinators across Oregon may also be known as Sun School Coordinators, Resource Navigators, FAN/Student Advocates, and more.

SCHOOL RESOURCE OFFICERS

School Resource Officers (SROs) are law enforcement officers from either local police bureaus or sheriff departments. SROs are assigned to local schools and have differing roles, which may include: to provide law enforcement and police services to the school, school grounds, and areas; build positive relationships with students; help prevent juvenile delinquency; establish and maintain a close partnership with school administrators; be visible within the school community and attend school functions; work with guidance counselors and other staff to provide services to students; and assist in conflict resolution efforts. SROs may be a key part of mandatory reporting processes when a school-based mandatory report is required. It is important to note that research has demonstrated that involvement with SROs has made the school less safe for some students, particularly students from marginalized communities (ex. BIPOC, LGBTQ2SIA+, etc.). It may be important to learn more about specific SRO partnerships and student perceptions when supporting youth with advocacy services.

NOTES PAGE

What healthcare resources exist in the schools in your service area?

What Comprehensive School Counseling Program resources exist in the schools in your service area?

What other resources exist in the schools in your service area?

How are these resources connected to Healthy Teen Relationship Act requirements around designating a representative to handle disclosures of teen dating violence? How are they connected to Title IX reporting processes/requirements? How are they connected to school anti-bullying policy/procedures?

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SCHOOL SAFETY/RISK MANAGEMENT TEAMS

Similar to behavioral intervention teams (BITs), many K-12 schools and school districts in Oregon utilize safety or risk management teams to address a wide variety of things related to physical safety including emergency operations, threat assessments, campus and district security, environmental health, and more. These may include one-all of the following:

BEHAVIORAL THREAT ASSESSMENT TEAMS - usually made up of school-based and community partners to identify students who may be exhibiting indicators of extreme aggression/escalated behavior toward others and provide wraparound services like safety planning and mental health support to address those students' needs. Many of these teams (in/outside of Oregon) are based on Salem-Keizer's behavioral threat assessment model.

SEXUAL INCIDENT RESPONSE TEAMS - may be a multi-disciplinary, multi-agency team focused on reducing the risk for student problematic sexual behavior or sexual harm. This may include implementing early intervention strategies when concerning sexual behaviors occur, while focusing on safety planning, inclusion, connection and support to students who are exhibiting these behaviors and interventions and supports for those who have been impacted by the behavior of other students.

CRISIS RESPONSE TEAMS - could be a highly trained, select group of school district staff (like school counselors, social workers, nurses, and admin, and community based partners when necessary) responsible for providing immediate support to the identified individuals/groups experiencing "crisis." These may be 24-hour, on-call teams.

SUICIDE PREVENTION TEAMS - usually tasked with helping to facilitate all-staff training, specialized training for people like school counselors and social workers, and oversee/implement school district suicide prevention protocols when there is concern about the safety of individual students.

MULTI-TIERED SYSTEMS OF SUPPORT TEAMS - largely focus on removing barriers to learning by addressing social, emotional, behavioral, and academic needs and providing the right support at the right time for every student. A tiered system may look like:

- Tier 1-universal interventions provided to all students (ex. ensuring high-quality instruction, creating a positive learning environment, etc.).
- Tier 2-intensive interventions provided to students who need additional support (ex. small group instruction, positive behavior support plans, etc.).
- Tier 3-most intensive interventions provided to students who need the highest level of support (ex. individual counseling, behavior assessments, specialized instruction, etc.).

YOUTH RIGHTS IN TITLE IX PROCESSES

Unlike mandatory reporting systems focused on criminal justice solutions for abuse, Title IX exists so schools (and other federally funded education programs) are accountable to ensuring safe learning environments for students, and beyond.

Title IX requires schools to have specific policies, procedures, and supports that create safe and nondiscriminatory learning environments for students. This includes policies that prohibit sexual harassment and sexual violence, and procedures for responding to reports of sexual harassment or sexual violence.

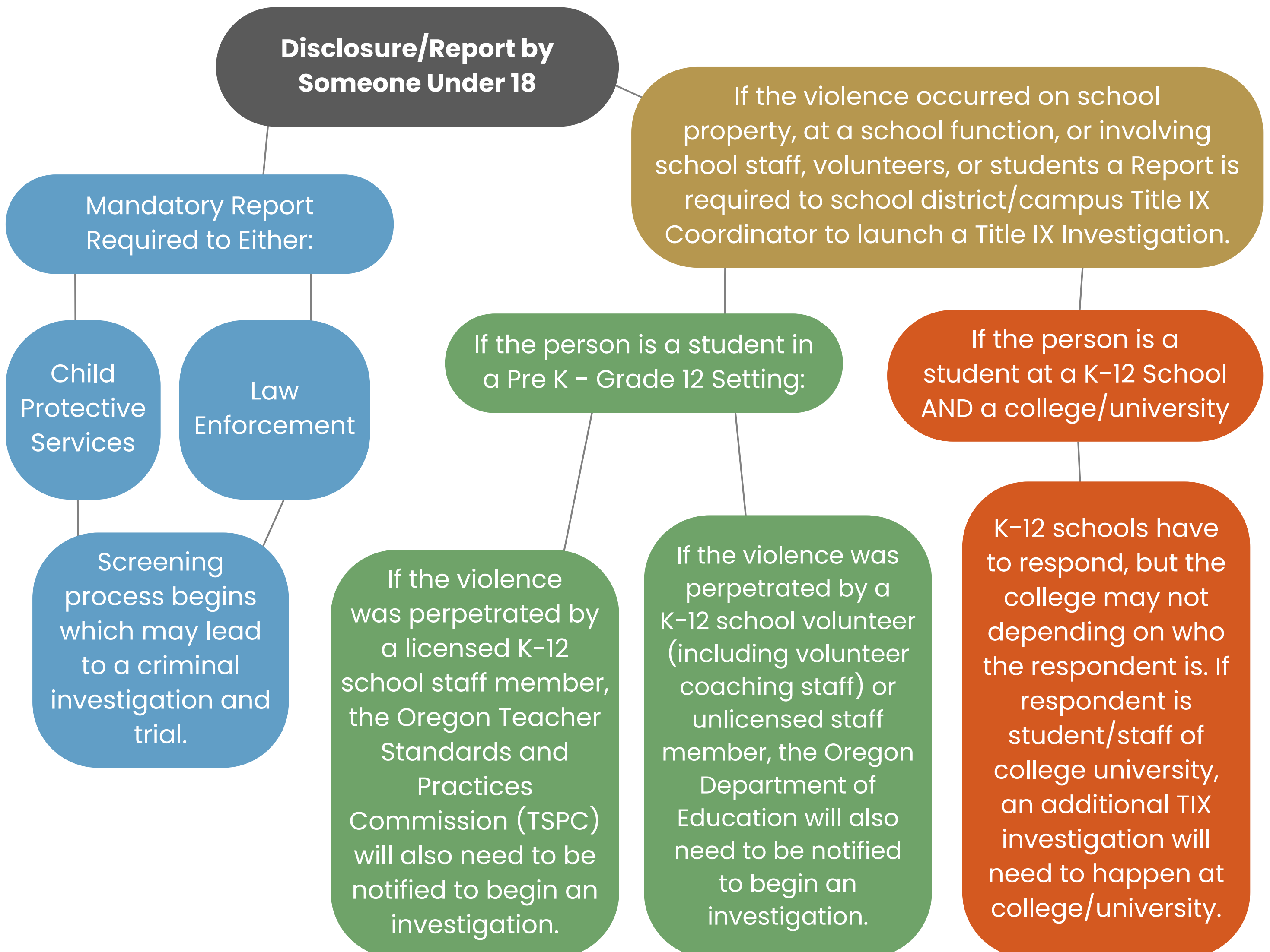
If a student experiences sexual harassment at school (or at a school-sponsored event, on the bus, at an athletic game, etc), they have specific rights and protections under Title IX. **Students who experience harassment can**:

- Report it to their school
- Receive supportive measures to help reduce the impact of the harassment on their educational environment. Some examples of these supportive measures could include: receiving counseling, changing their class schedule around, moving seats, receiving hall passes or excused absences to access other services, more time in finishing assignments/tests, online class options, tutor access, etc.
- Have the school conduct an investigation. This school-based investigation is different than a law enforcement investigation. If the school investigates and determined that sexual harassment occurred, they're required to remedy the effects of the harassment and put sanctions (disciplinary measures) in place for the person who harassed the student.

It is important to note that Title IX is limited in the supports schools can provide. It can be a helpful tool to help students access a safe learning environment, but may not provide all of the resolutions people might have hoped for. Additionally, it is meant to serve 'respondents' (or the people who caused or are accused of causing harm), as well as 'complainants' (or people who were harmed) to ensure all people have access to safe and nondiscriminatory learning environments.

INVESTIGATIONS OVERVIEW

Different people and institutions are responsible for investigating violence and abuse in different ways. Who is involved and what simultaneous investigations are going on can get very complicated and complex. This is especially true in education settings. When a disclosure or report of violence or abuse occurs, it may look like this:



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NOTES PAGE

Who are Title IX coordinators for schools/districts in areas you serve?

Do you have an Memorandum of Understanding (MOU) with them?

What do the school districts' TIX investigation processes look like? Who is involved? What should both a complainant and respondent expect?

CAMPUS REPORTING OPTIONS

BECAUSE ALL OREGON STUDENTS DESERVE TO BE SAFE.

IF YOU OR A FRIEND HAVE EXPERIENCED SEXUAL ASSAULT, DATING VIOLENCE, HARASSMENT, INTIMATE PARTNER VIOLENCE OR STALKING, THERE IS A CONFIDENTIAL PLACE TO GET INFORMATION ON YOUR OPTIONS.

FIND SUPPORT AND RESOURCES AVAILABLE TO YOU.

WWW.CAMPUSREPORTINGOPTIONS.ORG

CREATED BY THE OREGON SEXUAL ASSAULT TASK FORCE
LEARN MORE ABOUT US AT WWW.OREGONSATF.ORG

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COLLEGES + UNIVERSITIES

Oregon is the first state in the country to provide legal privilege to communications with advocates working on college and university campuses. This includes either campus-based advocates employed by the college or university, or those employed by a community based DVSA program co-located on the campus. For a campus-based advocacy program to offer privileged and confidential advocacy services, per ORS 40.264, they **must be a qualified victim service program on campus which is a "sexual assault center, victim advocacy office, women's center, student affairs center, health center or other program providing safety planning, counseling, support or advocacy services to victims"**

Campus-based advocates can help if a student wants to seek services at their school (including a Title IX report), campus law enforcement, student health services, or other resources. A key distinction between campus-based advocates and community-based advocates, is that **campus-based advocates are mandatory reporters of child abuse** (as employees of a higher education institution are included in the list of mandatory reporters of child abuse under ORS 419B.005 (3)). Community-based advocates (even ones co-located on campuses) are not required to report child abuse in Oregon.

Knowing that campuses may employ advocates, or be working and collaborating with advocates specially trained in campus dynamics, **these resources are meaningful referrals/warm handoffs general youth advocates can provide. Additionally, campus-based advocates may serve as good resources for community/youth advocates to learn more about resources and supports available to their clients who are also students at a college/university.**

CAMPUS REPORTING OPTIONS WEBSITE

Oregon SATF created and hosts the Oregon Campus Reporting Options Website, which was created for students attending an institution of higher education (including community colleges, private and public universities, and medical schools) in the state of Oregon, and their support people (friends, loved ones, etc.) to find answers to questions, information about resources on their campuses, and more. This also includes specific FAQs for Students Under 18. Learn more and access this resource: https://www.campusreportingoptions.org/.

COLLEGES + UNIVERSITIES

This is a quick overview of common services provided to victims of crime, and describes the roles and limitations different campus-based responders have in violence/abuse response in Oregon.

Can this role keep a survivor's information private, confidential or privileged?

ADVOCATES (CAMPUS-BASED)	Advocates that meet certification requirements have legal privilege in Oregon. This means they must not share survivor information without a time-limited Release of Information (ROI). (ORS 40.264)
TITLE IX COORDINATOR	Title IX coordinators and institutions of higher education must keep confidential the identity of any person who has reported sexual harassment, or who has been reported to be a perpetrator of sexual harassment, with three exceptions: FERPA Requirements, Mandatory Reporting of Child Abuse Requirements, and for purposes of carrying out Title IX (34 C.F.R. § 106.71(a)).
INVESTIGATOR	Investigators follow same regulations as Title IX Coordinators, however, within investigation, investigative notes, all evidence, and interview materials must be made available to all reporting and responding parties, which must then be made available to a hearing panel, or decision makers. The Title IX coordinator and campus partners responsible for investigations may also have access.
MENTAL HEALTH/ MEDICAL PROVIDERS	Have legal privilege based on licensure. Unlike K-12 school nurses and medical providers which have to follow FERPA privacy guidelines including student health records as part of "student records," due to Oregon state law [ORS 192.398] these college/university records are exempt from student records disclosure under FERPA. This means that schools are not allowed to disclose health and counseling center records as "student records" even though they are records owned by the school, and could reasonably be included under FERPA protections.

COLLEGES + UNIVERSITIES

Does this role have to report self-harm or harm to others as part of their job?

ADVOCATES (CAMPUS-BASED)	Advocates are only required to report self-harm or harm to others if the advocate has actual knowledge and harm is imminent (within the proximity of the advocate, and means are available).
TITLE IX COORDINATOR	Title IX Coordinators may be required by school policy to report certain behaviors (including suicidal ideation, self-harm, or harm to others) to: campus or local law enforcement, counseling/medical practitioners, emergency response teams, behavioral intervention specialists, residential life staff, emergency services via 911, or others.
INVESTIGATOR	Same as Title IX Coordinators.
MENTAL HEALTH/ MEDICAL PROVIDERS	Licensed providers are mandated by state law to report certain behaviors to responsible authorities (e.g., the police, physicians, etc.). Licensure may have additional requirements.

Can this role provide emergency response?

ADVOCATES (CAMPUS-BASED)	Yes. Advocates will often respond in-person to hospitals, police stations, and on campuses for immediate crisis response.
TITLE IX COORDINATOR	Typically, no. If Title IX coordinator has simultaneous roles on campus (Dean of Students, etc.) some emergency response work may be included, but their primary role in emergency response is not solely to provide support to survivors, but to ensure campus safety.
INVESTIGATOR	No. Investigators do not provide emergency response for the purpose of supporting survivors.
MENTAL HEALTH/ MEDICAL PROVIDERS	Depending on the campus, providers may be available via after-hours hotline. Many schools have MOUS with their county Public Health to have crisis response protocols for after-hours staffing.

COLLEGES + UNIVERSITIES

Can this role accompany a survivor to a SAFE exam or the hospital, to make a report to law enforcement (LE), be present for LE interviews, or throughout Title IX (or school conduct) proceedings, including interviews and hearings?

ADVOCATES (CAMPUS-BASED)	Yes. Advocates are required under Oregon law to receive training about and to understand: how to navigate local criminal justice processes (and can accompany survivors to interviews, restraining order hearings, trial and sentencing); Title IX reporting processes (and can explain reporting options available to students and accompany survivors through the process as support persons); and they are trained to accompany survivors during a SAFE exam.
TITLE IX COORDINATOR	Typically No. Title IX Coordinators do not accompany survivors to a SAFE exam. They can provide information about TIX to all parties involved (survivor, respondent, witnesses) and answer questions, but should not provide direct support throughout the duration of a TIX investigation, interviews or hearings. They may assign a process advisor to a student for assistance in these settings. They usually do not accompany survivors to court or interviews with law enforcement, but may coordinate with local law enforcement and investigators to reduce the amount of interviews a student must participate in.
INVESTIGATOR	No. Investigators do not accompany survivors to a SAFE exam, to court or interviews with law enforcement (unless coordinating to minimize interviews, as noted above), and do not accompany survivors through the Title IX process as support persons.
MENTAL HEALTH/ MEDICAL PROVIDERS	No. Mental Health Care Providers and Medical Providers do not accompany survivors to a SAFE exam, or to court or interviews with law enforcement. Most of the time, they do not accompany survivors through the Title IX process as support persons, although (depending on the campus) some mental health care providers may be able to accompany survivors through Title IX processes as support persons, or be available during an on-call basis for survivors after interviews or hearings.

COLLEGES + UNIVERSITIES

Does this role aid survivors in seeking academic remedies, no-contact orders, protective orders, emergency housing, campus escorts, and other supportive measures?

ADVOCATES (CAMPUS-BASED)	Yes. Advocates assist survivors in accessing and understanding academic accommodations, no-contact orders, protective orders, emergency housing, etc. on campus and in the greater community.
TITLE IX COORDINATOR	Yes. Title IX Coordinators are required by TIX regulations to offer and coordinate "supportive measures", or non-punitive measures designed to preserve student's meaningful access to their education. Many Title IX Coordinators will also work with advocates to do so.
INVESTIGATOR	Investigators do not provide or coordinate supportive measures.
MENTAL HEALTH/ MEDICAL PROVIDERS	Depending on the school, may be able to describe remedies and protective measures to a student, usually cannot take student to off campus or on-campus offices to obtain paperwork or services.

Does this role provide support for friends and allies?

ADVOCATES (CAMPUS-BASED)	Yes. Advocates provide support for friends and allies of survivors (including family members, partners and/or children as necessary).
TITLE IX COORDINATOR	No. They do not provide direct emotional support for friends or allies, however may refer students, friends, and family members to campus and community resources as appropriate or when requested.
INVESTIGATOR	No. Investigators do not provide support for friends or allies.
MENTAL HEALTH/ MEDICAL PROVIDERS	May treat friends and allies of survivors to the extent that they require medical attention or support that is consistent with the provider's role.

**One other note is that, of these roles, only mental health care providers and medical providers also provide treatment services for people who have offended. Advocates do not meet with sexual offenders when that is the primary reason for seeking services. Title IX Coordinators and Investigators do not provide sexual offense treatment.*

WHY COLLEGES + UNIVERSITIES SHOULD SUPPORT YOUNG SURVIVORS

Colleges and universities should offer confidential options to youth under the age of 18 who have experienced violence or abuse for several important reasons.

1. Safety and well-being: Confidential options ensure the safety and well-being of young individuals who have suffered from violence or abuse. By providing a confidential environment, colleges and universities can offer a safe space for these students to seek support without fear of retaliation or further harm.

2. Trust and openness: Confidentiality helps establish trust between the institution and the affected students. When young individuals feel assured that their experiences will be kept confidential, they are more likely to open up about their traumatic experiences and seek the help they need. This trust is crucial in building a supportive and caring community on campus.

3. Empowerment and autonomy: Confidential options empower young survivors by allowing them to make decisions about their own healing process. They can choose when and how to disclose their experiences, ensuring that they maintain control over their own narrative. This autonomy helps promote their emotional and psychological recovery.

4. Access to resources: By offering confidential options, colleges and universities can connect young survivors with valuable resources and support services. These may include counseling, legal assistance, medical help, or other necessary interventions. Ensuring confidentiality removes barriers to seeking help and increases the likelihood that survivors will access these resources.

5. Academic success: Experiencing violence or abuse can have a significant impact on a young person's academic performance and overall well-being. By providing confidential options, colleges and universities acknowledge the challenges these students face and demonstrate their commitment to supporting their educational journey. This support can help survivors overcome obstacles and thrive academically.

Offering confidential options to youth under 18 who have experienced violence or abuse in colleges and universities promotes safety, trust, empowerment, access to resources, and academic success. It creates an environment where survivors can heal, grow, and achieve their full potential.

NOTES PAGE

These two pages include a list of potential campus partners who might be meaningful to build relationships with to support survivors. Complete these lists for each campus in your communities.

ROLE	NAME(S)	REFERRAL CONTACT INFO.	DO YOU HAVE THEIR BUSINESS CARDS?	DO THEY HAVE YOUR MATERIALS?
TITLE IX COORDINATOR			☐	☐
INVESTIGATOR(S)			☐	☐
TIX FRONT OFFICE STAFF			☐	☐
DEAN OF STUDENTS			☐	☐
ASSISTANT TO DEAN/ FRONT OFFICE STAFF			☐	☐
VIOLENCE PREVENTION STAFF			☐	☐
STUDENT PREVENTION PROGRAM STAFF			☐	☐
IDENTITY CENTER/ ORG. STAFF			☐	☐
ADVISING/STUDENT SUCCESS STAFF			☐	☐
REGISTRAR			☐	☐
BUSINESS OFFICE CONTACT			☐	☐
CASHIER			☐	☐
MEDICAL STAFF			☐	☐
COUNSELING STAFF			☐	☐
MEDICAL FRONT OFFICE STAFF			☐	☐

NOTES PAGE

These two pages include a list of potential campus partners who might be meaningful to build relationships with to support survivors. Complete these lists for each campus in your communities.

ROLE	NAME(S)	REFERRAL CONTACT INFO.	DO YOU HAVE THEIR BUSINESS CARDS?	DO THEY HAVE YOUR MATERIALS?
ATHLETICS DIRECTOR			☐	☐
ATHLETIC STAFF RESPONSIBLE FOR TIX ELIGIBILITY/ COMPLIANCE			☐	☐
SPECIFIC COACHING STAFF			☐	☐
HOUSING OFFICE STAFF			☐	☐
HOUSING LEADERSHIP STAFF			☐	☐
AREA COORDS./HALL DIRECTORS/ COMMUNITY LIAISONS (THOSE WHO MANAGE STUDENT STAFF)			☐	☐
CAMPUS SAFETY/SECURITY FRONT DESK			☐	☐
CAMPUS SAFETY/ SECURITY STAFF			☐	☐
STUDENT CONDUCT COORDINATOR			☐	☐
CONDUCT INVESTIGATOR			☐	☐
CONDUCT FRONT OFFICE STAFF			☐	☐

YOUTH RIGHTS AFTER THEY ARE DECEASED

In the unfortunate event that a young person dies, it is important for advocates to know what kind of information about the youth will be made accessible, and to whom.

The **Violence Against Women Act (VAWA)** says 'In the event of the death of any victim whose confidentiality and privacy is required to be protected under [this law], such requirement shall continue to apply, and the right to authorize release of any confidential or protected information be vested in the next of kin, except that consent for release of the deceased victim's information may not be given by a person who had perpetrated abuse against the deceased victim.' This means parents/guardians, or existing children of the person who accessed services may have access to any records if the person passed away. Best practice for advocates is to keep minimal, strictly necessary, records.

According to the U.S. Department of Education, the **Family Educational Rights and Privacy Act (FERPA)** says 'FERPA rights of eligible students... lapse or expire upon the death of the student. Therefore, FERPA would not protect the education records of a deceased eligible student (a student 18 or older or in college at any age) and an educational institution may disclose such records at its discretion or consistent with State law. However, at the elementary/secondary level, FERPA rights do not lapse or expire upon the death of a non-eligible student because FERPA provides specifically that the rights it affords rest with the parents of students until that student reaches 18 years of age or attends an institution of postsecondary education. Once the parents are deceased, the records are no longer protected by FERPA.'

This means, as with FERPA in general, parents/guardians have access to these records anyways in K-12 education settings. At college and university campuses, depending on the age of the young person, this looks different, and parents/guardians could be afforded access after a young person passes away. This is important to note when considering campus based advocacy programs and the records that they may keep.

LEARN MORE ABOUT YOUTH RIGHTS AND ACCESS TECHNICAL ASSISTANCE AND LEGAL SUPPORT FOR YOUTH SURVIVORS IN OREGON

OREGON CRIME VICTIMS LAW CENTER (OCVLC)

OCVLC provides FREE legal representation to crime victims to help them assert their rights within a criminal case. They provide: Legal Representation to help assert Victims' Rights, support on Protection Orders, limited support on Civil Matters like housing, employment, and education issues, and social support services like help applying for the Crime Victim Compensation and Address Confidentiality Programs, as well as Training and Outreach.

https://www.ocvlc.org/
503-208-8160

VICTIM RIGHTS LAW CENTER (VRLC)

VRLC provides FREE legal assistance and representation to survivors of rape and sexual assault to help rebuild their lives. They primarily focus on privacy, safety, immigration, housing, education (K-12 and campus), employment, financial stability, and criminal justice advocacy. V0RLC also provides training, consultation, and resources in critical arenas and hosts the nation's only National Sexual Violence Law Conference.

https://victimrights.org/
(855) 411-5477 x6

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RESOURCES

RESOURCES FOR YOUTH

- **You Matter: An Illustrated Guide for Young People Beyond Mandatory Reporting from Mandatory Reporting is Not Neutral and Just Beginnings Collaborative** - You Matter is a zine developed to support young people, especially those under the age of 18, to answer the question, "when something hard happens who can I reach out to for help?" and helps explore what support you have, what support you need, and uses art, poetry, and music to explore what's possible. https://www.mandatoryreportingisnotneutral.com/zine

- **Oregon Campus Reporting Options Website** - A resource from Oregon SATF for students attending an institution of higher education (including community colleges, private and public universities, and medical schools) in the state of Oregon, and their support people (friends, loved ones, etc.) to find answers to questions, information about resources on their campuses, and more. https://www.campusreportingoptions.org/

RESOURCES FOR ADVOCATES

- **Statewide Sexual Assault Advocate Training Manual from SATF** - This manual is intended for use as a general resource for advocates and other helping professionals. It provides information and guidance designed to support effective advocacy for victims and survivors of sexual assault. It is a practice guide aimed at service providers. It's not intended for distribution to victims and survivors, whose needs would be better met by materials that speak directly to them. The Youth Advocacy Guide complements this statewide manual for advocates.

- **Mandatory Reporting and Confidential youth advocacy partnership guide from SATF** - This resource compiles an overview of laws, strategies, and best practices for partnering to better serve youth and children. It is designed to support both advocates and partners in youth serving settings and/or the general population who have mandatory reporting requirements.

- **Serving Teen Survivors: A Manual for Advocates from the National Sexual Violence Resource Center (NSVRC)** - This manual is designed to help advocates and other helping professionals provide services to teen survivors of sexual violence using a trauma-informed approach. Although not specific to Oregon context, this resource includes extensive meaningful considerations and planning tools for serving youth in all types of advocacy settings (ex. legal and medical accompaniments).

CITATIONS

- American School Counselor Association. (2023). The Role of the School Counselor. https://www.schoolcounselor.org/getmedia/ee8b2e1b-d021-4575-982c-c84402cb2cd2/Role-Statement.pdf
- Attorney General's Sexual Assault Task Force – Medical Forensic Committee. (2022, October). Triage & Medical Guidelines for Sexual Assault Evaluation. Keizer, OR. https://static1.squarespace.com/static/636973864f6528145b7b9b13/t/6447f6d0dfcdde4ca68453b3/1682437840718/MEDICAL-FORENSIC-GUIDELINES-FINAL+Rev+10.2022.pdf
- Bein, K., Davis, V., & Green, L. (2021, November). Strengthening Our Practice: The Ten Essential Strengths of Sexual Violence Victim Advocates in Dual and Multi-Service Advocacy Agencies (Second Edition). Resource Sharing Project Rural Training & Technical Assistance. https://resourcesharingproject.org/wp-content/uploads/2021/11/SOP_second_edition_1.pdf
- Burns Paiute Tribe. (n.d.). Social Services. https://burnspaiute-nsn.gov/departments/social-services/
- Central Point Police Department. (n.d.). School resource officers (sros). School Resource Officers (SROs) | Central Point Oregon. https://www.centralpointoregon.gov/police/page/school-resource-officers-sros
- Child Welfare Information Gateway. (2017, September). Supporting Brain Development in Traumatized Children and Youth. Children's Bureau/ACYF/ACF/HHS. https://childwelfare.gov/pubpdfs/braindevtrauma.pdf
- Clergy Privacy FAQs: Oregon. (2020). PDF. Victim Rights Law Center.
- Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians. (n.d.-b). Social Services. https://ctclusi.org/social-services/
- Confederated Tribes of Grand Ronde. (n.d.). Domestic and Sexual Violence Prevention. https://www.grandronde.org/services/social-services/domestic-and-sexual-violence-prevention/
- Confederated Tribes of Siletz Indians. (n.d.). Care program. CARE Program. https://www.ctsi.nsn.us/care-program/
- Confederated Tribes of the Umatilla Indian Reservation CTUIR. (n.d.). Family Violence Services. https://ctuir.org/departments/public-safety/family-violence-services/
- Confederated Tribes of the Warm Springs. (n.d.). Victims of crime services. About Victims of Crime Services. https://warmsprings-nsn.gov/program/warm-springs-victims-of-crime-services/#:~:text=VOCS%20serves%20all%20victims%20of,shelter%20night%20for%20safety%20purposes.
- Cow Creek Band of Umpqua Tribe of Indians. (2023, November 2). Cow Creek Health and Wellness Center. https://www.cowcreek-nsn.gov/health/
- Cowan, K. C., Vaillancourt, K., Rossen, E., & Pollitt, K. (2013). A framework for safe and successful schools [Brief]. Bethesda, MD: National Association of School Psychologists.
- Disability Rights Wisconsin, Wisconsin Coalition Against Domestic Violence, & Wisconsin Coalition Against Sexual Assault. (2011, July). Creating Safety by Asking What Makes People Vulnerable? Wisconsin's Violence Against Women with Disabilities and Deaf Women Project. https://www.disabilityrightswi.org/wp-content/uploads/2018/06/Creating-Safety.pdf

SATF OREGON

CITATIONS

- Disability Rights Wisconsin, Wisconsin Coalition Against Domestic Violence, & Wisconsin Coalition Against Sexual Assault. (2011, December). A Practical Guide for Creating Trauma-Informed Disability, Domestic Violence, and Sexual Assault Organizations. Wisconsin's Violence Against Women with Disabilities and Deaf Women Project. https://www.disabilityrightswi.org/wp-content/uploads/2018/06/A-Practical-Guide-For.pdf
- Frequently asked questions. Oregon Department of Justice. (2023, February 23). https://www.doj.state.or.us/crime-victims/victims-services/frequently-asked-questions/#acpfaqs
- Freyd, J. J. (2018, January 11). When sexual assault victims speak out, their institutions often betray them. The Conversation. https://theconversation.com/when-sexual-assault-victims-speak-out-their-institutions-often-betray-them-87050
- Kokwel Wellness Center. (n.d.). Assistance for families. Community Services. https://kokwelwellness.org/community-services/
- Lind, M. N., Adams-Clark, A. A., & Freyd, J. J. (2020). Isn't high school bad enough already? Rates of gender harassment and institutional betrayal in high school and their association with trauma-related symptoms. PloS one, 15(8), e0237713. https://doi.org/10.1371/journal.pone.0237713
- Living Works. (n.d.). Provide a Suicide First-Aid Intervention Flyer. https://www.livingworks.net/asist
- Mental health first aid USA. Mental Health First Aid. (2023, August 15). https://www.mentalhealthfirstaid.org/
- National Child Traumatic Stress Network. (2010). Age-Related Reactions to a Traumatic Event. https://www.nctsn.org/resources/age-related-reactions-traumatic-event
- National Education Association. (n.d.). Meeting the needs of students with COMMUNITY SCHOOLS. NEA. https://www.nea.org/student-success/great-public-schools/community-schools
- National Education Association. (n.d.-b). What are community schools?. NEA. https://www.nea.org/student-success/great-public-schools/community-schools/what-are-they v
- National Sexual Violence Resource Center. (2018). Responding to Survivors with Autism Spectrum Disorders: An Overview for Sexual Assault Advocates. https://evawintl.org/wp-content/uploads/SurvivorswithAutismSpectrumDisordersFINAL508.pdf
- National Sexual Violence Resource Center (NSVRC). (2018). Serving Teen Survivors: A Manual for Advocates. This material was reprinted, with permission, from the National Sexual Violence Resource Center's publication entitled Serving Teen Survivors: A Manual for Advocates. Also available online at the Lifespan webpage of National Sexual Violence Resource Center website: www.nsvrc.org/lifespan-project
- Native American Youth and Family Center. (n.d.). Domestic Violence Healing Circle. https://nayapdx.org/services/critical-services/domestic-violence-healing-circle/
- ODHS. (n.d.). Child protective services (CPS). Oregon Department of Human Services: Child Protective Services (CPS): Child Safety: State of Oregon. https://www.oregon.gov/odhs/child-safety/Pages/cps.aspx

SATF OREGON

CITATIONS CONTINUED

- Oregon Attorney General's Sexual Assault Task Force. (2019). Campus Advocate Role & Referral Guide: Advocates, Mental Health & Medical Care Providers. https://static1.squarespace.com/static/636973864f6528145b7b9b13/t/63bf4331f04eab28aa62d4bd/1673478962057/Campus-Advocate-Role-and-Referral-Guide-for-Advocacy-Mental-Health-and-Medical-Providers-Oregon-SATF.pdf
- Oregon Attorney General's Sexual Assault Task Force. (2022). Campus Advocate Role & Referral Guide: Advocates and Title IX /Investigation Staff. https://static1.squarespace.com/static/636973864f6528145b7b9b13/t/63bf4171498e612457d43714/1673478513713/TIX-AND-ADVOCATE-Role-Clarification_-Color-Coded-Oregon-SATF.pdf
- Oregon Coalition Against Domestic and Sexual Violence (OCADSV). (2015, February). Culturally Specific Services: A collaborative living document. Oregon. https://www.ocadsv.org/sites/default/files/resource_pub/cs-def-feb2015.pdf
- Oregon Department of Education and Oregon Healthy Authority. (2020, September). Oregon School Nurse Manual Version 2.0.0. https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/oregonschnursemanual.pdf
- Oregon Department of Education. (2022, September). District Guidance on Counseling Personnel Requirements. https://www.oregon.gov/ode/educator-resources/standards/comprehensive_school_counseling/Documents/ODE%27s%20District%20Guidance%20on%20Counseling%20Program%20Personnel%20Requirements_FINAL.pdf v
- Oregon Department of Human Services Child Welfare Office. (2021, March). What you need to know about a Child Protective Services Assessment. https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/de1536.pdf
- Oregon Department of Human Services: Indian Child Welfare Act (ICWA): Tribal Affairs: State of Oregon. (n.d.). https://www.oregon.gov/odhs/tribal-affairs/pages/icwa.aspx#resources
- Oregon Department of Human Services. (2015, April). Oregon Foster Children's Bill of Rights One-Pager. https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/de9020.pdf
- Oregon Department of Human Services. (2017, July). Oregon Foster Youth's Bill of Rights One-Pager. https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/de9014a.pdf
- Oregon Department of Justice Crime Victim and Survivor Services Division. (n.d.). Karly's Law. Crime Victim and Survivor Services. https://www.doj.state.or.us/crime-victims/crime-victim-compensation/for-medical-providers/karlys-law/#:~:text=Karly's%20Law%20is%20named%20after,medical%20attention%20within%2048%20hours.
- Oregon Department of Justice Crime Victim and Survivor Services Division. (n.d.). Karly's Law ORS 419B.022 through 419B.024. https://www.doj.state.or.us/wp-content/uploads/2017/06/karlys_law_summary.pdf
- Oregon Department of Justice Crime Victim and Survivor Services Division . (2021). Victims' Rights Guide. Salem, OR; ODOJ. https://www.doj.state.or.us/crime-victims/victims-rights/victims-rights-guides/

SATF OREGON

CITATIONS CONTINUED

- Oregon Foster Youth Connection. (n.d.). OFYC Resources Page. https://www.ofyc.org/resources/
- Oregon Health Authority. (n.d.). Oregon School-Based Health Centers. Oregon Health Authority: Oregon School-Based Health Centers: School-Based Health Centers: State of Oregon. https://www.oregon.gov/oha/ph/healthypeoplefamilies/youth/healthschool/schoolbasedhealthcenters/pages/index.aspx
- Oregon Health Authority's State School Nurse Consultant. (2020, December). What are Oregon's school nurses doing? Oregon Health Authority. https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/YOUTH/HEALTHSCHOOL/Documents/2020%20School%20Nurse%20Infographic.pdf
- Oregon Health Plan. (2022, November 22). Oregon Health Plan (OHP) Benefits for Members Under Age 21: EPSDT Member Fact Sheet. https://www.oregon.gov/oha/HSD/OHP/Tools/EPSDT-Member-Fact-Sheet.pdf
- OTSPC. (2020, June 3). Oregon Teacher Standards and Practices Commission FAQ for School Districts Regarding Senate Bill 155. Salem. https://www.oregon.gov/tspc/PP/SchoolDistrictResources/TSPC_SchoolDistrict_FAQ%20for%20SB155.pdf
- Reichert, S., Keltner, L., Reilly, P., Skinner, S., & O'Brian, S. O. (2004). Oregon Medical Guidelines for Evaluation of Sexual Abuse in Children and Adolescents, Second Edition. Salem, OR; Oregon Department of Justice Crime Victims' Assistance Section CAMI Program. https://www.doj.state.or.us/wp-content/uploads/2017/06/ormedicalguidelines.pdf
- Rural Health. Oregon Medical Board: Rural Health: Topics of Interest: State of Oregon. (n.d.). https://www.oregon.gov/omb/topics-of-interest/pages/rural-health.aspx#:~:text=The%20Oregon%20Office%20of%20Rural,fewer%20people%20per%20square%20mile.
- Salem-Keizer School District 24J. (n.d.). Safety Systems - Salem-Keizer District 24J. Safety Systems. https://salkeiz.k12.or.us/students-families/safe-welcoming-schools/safety-systems
- School counselor roles & ratios. School Counselor Roles & Ratios - American School Counselor Association (ASCA). (n.d.). https://www.schoolcounselor.org/About-School-Counseling/School-Counselor-Roles-Ratios
- School Social Work Association of America. (n.d.). Role of School Social Worker. SSWAA. https://www.sswaa.org/school-social-work v
- Sexual Assault Response Team (SART) Handbook Version III. (2009). The Oregon Attorney General's Sexual Assault Task Force. https://static1.squarespace.com/static/636973864f6528145b7b9b13/t/63d9675b9f42a559ca5595d3/1675192165169/SART-Handbook-FINAL-July-09.pdf
- Sexual assault victims' emergency medical response (SAVE) fund. Oregon Department of Justice. (2023b, June 28). https://www.doj.state.or.us/crime-victims/victims-services/sexual-assault-victims-emergency-medical-response-save-fund/

SATF OREGON

CITATIONS CONTINUED

- Smarr, J., Francis, S., & Rayne, K. (2022). UN|HUSHED Elementary School Curriculum. Austin; Texas. https://unhushed.org/
- State of Oregon. (n.d.). TANF Cash Benefits. Oregon Department of Human Services: TANF Cash Benefits. https://www.oregon.gov/odhs/cash/pages/tanf.aspx
- State of Oregon. (n.d.). Temporary Assistance for Domestic Violence Survivors (TA-DVS). Oregon Department of Human Services. https://www.oregon.gov/odhs/dv/Pages/tadvs.aspx
- State of Oregon Youth Development Division and Oregon Department of Corrections, Oregon Juvenile Detention Facility Guidelines (2020). https://www.oregon.gov/youthdevelopmentdivision/Juvenile-Justice/Documents/Facility%20Monitoring%20Resources/2020%20Juvenile%20Detention%20Guidelines.pdf
- Teichman, T. (2014). Linking the Roads: Working with Youth Who Experience Homelessness & Sexual Violence. National Sexual Violence Resource Center. https://www.nsvrc.org/publications/nsvrc-publications-guides/linking-roads-working-youth-who-experience-homelessness
- The Center for Child and Family Health . (2010). The Needs of Children in Domestic Violence Shelters Toolkit. Durham, NC. https://www.nctsn.org/resources/needs-children-domestic-violence-shelters
- The Klamath Tribes. (n.d.). Social Services Department. https://klamathtribes.org/social-services/
- U.S. Department of Education Office of Special Education and Rehabilitative Services. (2022, July 19). Positive, Proactive Approaches to Supporting Children with Disabilities: A Guide for Stakeholders. Washington DC. https://sites.ed.gov/idea/files/guide-positive-proactive-approaches-to-supporting-children-with-disabilities.pdf
- United States Department of Education: Student Privacy Policy Office’s Privacy Technical Assistance Center. (n.d.). Does FERPA protect the education records of students that are deceased?. Protecting Student Privacy. https://studentprivacy.ed.gov/faq/does-ferpa-protect-education-records-students-are-deceased
- U.S. Department of the Interior: Bureau of Indian Affairs. (n.d.). Frequently asked questions. Frequently Asked Questions | Indian Affairs. https://www.bia.gov/frequently-asked-questions
- US Department of Justice. (2023, April 7). 2013 and 2022 reauthorizations of the Violence Against Women Act (VAWA). Tribal Justice and Safety. https://www.justice.gov/tribal/2013-and-2022-reauthorizations-violence-against-women-act-vawa#:~:text=VAWA%202022%20also%20includes%20provisions,the%20Village%20or%20otherwise%20within
- U.S. Department of Justice Office on Violence Against Women. (2017, October). Frequently Asked Questions (FAQs) on the VAWA Confidentiality Provision (34 U.S.C. § 12291(b)(2)). https://www.justice.gov/media/919091/dl?inline#:~:text=The%20statute%20does%20not%20allow,the%20need%20for%20a%20release.

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Additionally, state and federal laws are updated regularly and changes to law (statutes, case law, regulations, etc.) may impact the information shared within.

OREGON SEXUAL ASSAULT TASK FORCE

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