



Intersections of Oppression and Sexual Violence Cover Letter

This position paper was developed as part of an ongoing effort to communicate the values and perspectives driving the work of the Prevention and Education Committee (PEC) of the Oregon Attorney General's Sexual Assault Task Force (AGSATF). The Intersections of Oppression and Sexual Violence Paper is foundational to and informs all of our work, as PEC. It is meant to refine and communicate the need for addressing sexual violence across the spectrum of prevention. This paper is a part of several position papers that PEC has written; we recommend you read this paper after reading PEC's "Primary Prevention of Sexual Violence" paper. In its current form, the intended primary audience is AGSATF members. Secondarily, it is meant for people working at a systems level. This is an intermediate to advanced level paper, in which we assume the readers are coming to it with an anti-violence perspective.

It is important to note that this particular paper has been through multiple iterations and substantial changes over the course of a decade. Each iteration has reflected an evolving perspective relative to those that preceded it. PEC is cognizant of this paper's history and the content of this paper reflects this in several ways. Our process for (re-) developing this paper has involved heavy consideration of the language used throughout the paper and focuses on the fact that language itself can be used as a tool for oppression. Therefore we worked, to the best of our collective ability, to incorporate widely accessible language. However, the constructs and ideas presented herein are inherently complex and, until recently, have primarily been discussed in ways that systematically exclude particular groups and individuals from the conversation. Following the introduction is a list of foundational concepts which are intended to move away from oppressive dynamics that use language and linguistic structure as a tool for maintaining the status quo.

We have worked to intentionally frame the concepts and illustrative examples presented throughout the paper through an anti-oppression perspective. In our opinion, this perspective works to move beyond simply avoiding the use of oppressive language (e.g., victim-blaming, condescension, exploitation, exclusion, etc.) towards actively incorporating accountability into our process and structure for communicating the central ideas of this paper. While we provide examples and statistics from recent research, we have intentionally worked to centralize the core content of this paper, rather than focus on specific events occurring at the time the paper was written. Examples provided herein are intended to illustrate specific points corresponding to the central ideas of the paper. We have also provided a working list of further reading on the concepts presented here, which we hope facilitates several ongoing dialogues that may be prompted by this paper, but certainly do not end with its concluding sentence. We look forward to the opportunity to work with other groups to host these conversations.





Intersections of Oppression and Sexual Violence

This paper asserts that oppression is the root cause of sexual violence. Addressing the social and cultural roots of violence is necessary to prevent violence from occurring before it happens.

Introduction

Following an overview of concepts we have identified as foundational to the paper, we begin by explaining why an anti-oppression framework is imperative to providing effective sexual violence education, prevention, and intervention, and how the concept of 'intersectionality' can inform and empower our prevention work. We look more closely at some of the fundamental ways in which oppression intersects with sexual violence, and how this relationship influences and is influenced by violence prevention and intervention strategies. This involves a critical analysis of some of our society's most influential structures and institutions (e.g., the U.S. criminal justice and public health systems/models). Finally, we outline the work ahead for all of us, in preventing sexual violence based on the anti-oppression framework presented throughout this paper.

Conceptsi

- Oppression is a system or worldview based in and placing value on hierarchy, domination, exploitation, violence, degradation, control and power over others. It involves the systematic and pervasive mistreatment of individuals on the basis of their membership in a group disadvantaged by this system. Oppression occurs at each level of society internal, interpersonal, cultural, institutional, and structural.
- Intersectionality is the study of intersections between forms of oppression. Kimberle Crenshaw named this concept in 1989 when she inventoried experiences of being Black and female, which cannot be understood solely through examining experiences of Blackness or experiences of womanhood but must consider the interactions between the two, which often reinforce and complicate each other. Crenshaw indicates that structural intersectionality refers to "the ways in which the location of women of color at the intersection of race and gender makes our actual experiences of domestic violence, rape, and remedial reform qualitatively different from that of white women."
- The Social Ecological Model (SEM) is a conceptual framework for understanding how social and physical environments influence and are influenced by individual beliefs and behaviors. The SEM is comprised of four primary levels of analysis: 1) individuals, 2) interpersonal interactions and relationships, 3) communities and small groups, and 4) social institutions and structures. This approach to examining and explaining human behavior acknowledges and accounts for the myriad interactions that occur among and between each of these societal levels. It fosters a productive space for exploring and analyzing, rather than

assuming, the causes of and contributing factors to social issues, especially those issues commonly thought to exist entirely at a single level of experience. For example, racism is often understood as an individual belief; our understanding of how racism is institulionalized, and thus supports violence, deepens when we identify its operation at each level of the SEM.

- Social identity is comprised of numerous aspects (race/ethnicity, socioeconomic status, gender, sexual orientation, age, ability, nationality, language, geocultural location, etc.), each of which exists in conjunction with and in relation to the others.
- **Institutional oppression** refers to social forces (such as sexism, white supremacy, colonialism, etc.) that operate within institutions (criminal justice system, education, social welfare, etc.) to justify, normalize and support the mistreatment and marginalization of people with some social identities, while simultaneously conferring privilege, status, and protection to people with other social identities.
- Violence is any action causing physical, sexual, mental and/or emotional injury, whether intentional or unintentional. We often hear the word 'violence' and think primarily of physical aggression and the harms it causes. However, this limited definition is itself a part of social standards that normalize and deprioritize more subtle and/or structural forms of violence. Beyond physical injury, violence includes micro-aggressions, harassment, and other actions that cultivate an environment of fear, hostility, danger, and harm. Additionally, dominant social groups often use oblique forms of violence to maintain power, while ignoring structural violence such as colonization, poverty, and climate change, out of support for the continuation of their way of life.
- **Sexual violence** is any nonconsensual sexual act, including voyeurism, use of sexual language, exposure to pornography, physical force, manipulation, coercion, threats, intimidation, harassment, reproductive abuse, and rape. A sexual act is nonconsensual in the absence of ongoing affirmative consent, given freely without coercion. Sexual violence also includes structural/state-sponsored forms of violence such as rape as a weapon of war or suppressing reproductive health information or services through policy.
- **Consent**, in the context of sex, refers to a voluntary and continuous agreement to sexual activity. "Consent is a 'yes' when 'no' is a possible answer. It's a way for people to let each other know what's okay and not okay in their relationship, and can happen with words, looks or actions. Consent works best when each person has an equal 'voice' and each pays attention to the other." Anne Munch explained that "when fear is in the room, consent is not." People are sometimes considered unable to grant sexual consent, either due to temporary incapacitation (e.g., through alcohol or drug use which may be forced or voluntary) or because of their membership in a protected class (e.g., youth, some elders, and some people with disabilities).

• Bystanders are people who witness or otherwise have information about potential or imminent sexual violence and may be in a position to intervene. Bystander intervention can include help for a victim, as well as messaging that promotes changing socio-cultural norms, and other actions that support sexual and community health. Bystanders include people with no particular formal position, as well as those designated by society to take on this role (such as law enforcement, child welfare workers, etc.). Incidents where bystanders can make a difference include anything from casual remarks that support rape myths to rape itself. Supporting community members to be vigilant bystanders can also have an effect on the acceptance of violent, harmful, and oppressive social norms; the more common it is for people to promote healthy norms, and interrupt oppressive ones, the less likely the community is to normalize or tolerate violence.

Premise

The Prevention and Education Committee (PEC) of the Oregon Attorney General's Sexual Assault Task Force (AGSATF) recognizes primary prevention as the first task in creating and supporting healthy communities and individuals. Primary prevention seeks to eliminate the root causes of social problems. Sexism, harassment, ritual violence, coercion, assault, stalking, rape, torture, homicide, and other forms of violence can all be considered "sexual violence." While primary prevention is often understood as the effort to keep violence from ever occurring, its ultimate goal is to create a culture of sexual health, in which no form of sexual violence occurs. Primary prevention envisions and works toward a world where individuals and communities thrive in equitable, empowered and safe interaction with each other and with society. Oppression is the root cause of violence, and we must work from an anti-oppression and social justice framework to prevent it. The purpose of this paper is to describe these concepts and advocate for the increasing use of anti-oppression principles in prevention work, as well as across the broader social justice movement within which our work takes place.

Oppression is widespread and powerful in our society. It provides the foundation for dominant cultural ideologies that endorse and normalize harmful interpersonal and structural acts such as sexual violence. These ideologies include the promotion of violence as conflict resolution, construction of masculinity as aggressive/dominant/violent, conception of femininity as weak/subordinate/passive and women as property, etc. Vi Supported by these ideologies, people and institutions enact sexual violence against others. In Oregon, more than one in four women will experience rape; more than half of women (55.7%) and nearly one in five men (18.6%) will experience other forms of sexual violence in their lifetime. These numbers are consistent with national surveys of sexual violence victimization across the United States; national estimates reveal that over half of all US women (62.9%) and approximately one in five men (23.6%) will experience victimization of rape or other forms of sexual violence in their lifetime. Vii While all communities are affected, research Shows that the impacts of violence fall more heavily on certain communities and individuals because of marginalization experienced as a result of historic and current power dynamics between social groups.

Effects of Oppression on Sexual Violence

The World Health Organization recognizes the centrality of oppression and intersectionality when it states "sexual violence is a common and serious public health problem affecting millions of people each year throughout the world. It is driven by many factors operating in a range of social, cultural, and economic contexts. At the heart of sexual violence directed against women is gender inequality." Sexism and other forms of oppression including racism, classism, ableism, and heterosexism have significant effects on the perpetuation of sexual violence. When a community accepts oppressive and harmful norms about race, class, gender, etc., people who experience marginalization because of these norms have less power; thus violence toward them is normalized, and is not only excused but socially acceptable. Marginalized groups are viewed as less credible and more accessible by those who have more access to power; that sense of power and entitlement causes one group to objectify and exploit others. In terms of sexual violence, that means, harassment, rape, and other forms of violence are excused, normalized, and socially sanctioned; the marginalized community is often blamed for the violence enacted against them.

Structural Uses

Sexual violence is often used alongside other forms of violence by military and other state systems as a weapon of war and/or social control, to terrorize their own or other peoples into submission. Even during peacetime, less overt forms of sexual violence, such as catcalling, workplace harassment, suppression of reproductive health supports, objectification, and media violence, are used to preserve the status quo of one group's power over others.

Increased Risk of Perpetration

Dominant social identity presents increased risk of perpetrating sexual violence.* Most sexual violence perpetrators are men and thus have been socialized to access and act from a cultural bank of ideologies and behaviors when they perpetrate sexual violence. That cultural bank includes aggression, violence, power, dehumanization, and a sense of entitlement to others' bodies. Perpetrators who are not male are also acting out these same cultural norms and ideologies.

Additionally, some perpetrators are aware of, or subconsciously exploit, the power differences created by oppression, and use their own power and privilege when committing sexual violence:

- A perpetrator may choose victims who are deemed less valuable or credible than others in our society (women of color, sex workers, children, trans people, people who are incarcerated, etc).
- A perpetrator may use a victim's actual or perceived identity as a member of a marginalized group as part of the assault, via name calling or reminders that the victim is unlikely to be believed (related to disability, size, gender nonconforming identity, age, etc).

- Perpetrators of sexual violence may act in a constrained legal space (e.g., prisons, college campuses, Tribal lands, etc.) knowing they are less likely to be held accountable in that space due to limited legal recourse.
- More broadly speaking, perpetrators from privileged social groups are less likely to be held accountable by the law (see discussion of criminal justice system disparities, below).

Increased Risk of Victimization

Experience and research from the fields of advocacy, public health, law enforcement, and the criminal justice system reveal that perpetrators select victims perceived to be disempowered by social custom, history, law, and personal disadvantage. Perpetrators target victims they perceive as vulnerable, accessible, and lacking credibility (a set of factors advocates often refer to as VAL). People from marginalized groups are targeted at higher rates because of increased VAL due to lack of privilege, power, status, and worth in society. In other words, powerful social groups violate certain classes of people and insist that this is normal and acceptable behavior. People with intersecting marginalized identities are targeted for violence at rates exponentially higher than people with more dominant-group identities. For example, the 2013 National Coalition of Anti-Violence Programs report on intimate partner violence in the LGBTQ community found that:

- About half of homicide victims (52.4%) and the majority of IPV survivors (62.1%) within the LGBTQ population are also people of color.
- Trans women of color continue to experience the highest rates of IPV victimization within the LGBTQ population and are 4 times more likely than cisgender members of this population to experience police brutality and neglect associated with IPV incidents.^{xii}

When other forms of oppression are also used as part of the assault (name calling, dehumanization, minimizing believability, etc.) the victim experiences increased challenges to healing, both from the abuse itself and from cumulative trauma related to the perpetrator's use of the tools of an oppressive society. When advocates and others who support survivors understand the intersections of oppression and sexual violence, we are better equipped to avoid retraumatizing survivors, more prepared to support self-directed healing, and able to provide more appropriate services.

Reporting, Systems and Community Responsexiii

The impacts of oppression on sexual violence reporting and response are also clear. The following factors, among others, are all influenced by social position:

- A survivor's likelihood to report sexual violence due to fear of reprisal.
- A survivor's likelihood to report due to hesitation to contribute to overrepresentation of particular groups in the prison system (discussed below).
- A survivor's likelihood to report based on unwillingness to reinforce negative stereotypes about their/the perpetrator's social group.
- A survivor's likelihood to know about and use hotlines, shelters, and other supports.

- Law enforcement's likelihood to respond, as well as timeliness and efficacy of response.
- Hotline response, availability of shelter, and access to other services.
- Judges' responses to protection order requests, and civil and criminal suits.
- District attorney's, prosecutor's and defense attorney's choice of strategies in legal proceedings.
- Jurors' beliefs about sexual assault offenders and survivors, which are influenced by explicit or implicit bias and other dynamics of oppression.
- Friend's/family's/clergy's response to disclosure.
- Communities' perceptions of a survivor's worth and of their ability or right to grant or refuse sexual consent.
- A bystander's likelihood to intervene to prevent violence from being done by someone with high social value and/or occurring to someone with low social value (discussed in the following section).

Decreased Likelihood to Intervene

A bystander's understanding of the value, believability and status of a victim may influence their choice whether to intervene. In the course of one day, a person may be a bystander to many examples of sexual violence expressed in a variety of ways and targeting a variety of people undervalued by their community. A tacit endorsement of such expressions increases the risk of perpetration and discourages others from indicating their dissatisfaction with literal or implied violence. Bystanders often make calculations —consciously or unconsciously — regarding relative risk to themselves should they intervene or not intervene. Bystanders with higher status due to membership in dominant social groups may have more accepted credibility with which to intervene and simultaneously more to lose if they choose to do so. Bystanders who are part of target groups may feel more inclined to intervene, out of identification with the victim, yet may simultaneously fear reprisal or loss of social standing. In these ways, the impacts of oppression maintain the status quo of normalized sexual violence when the perpetrator is from a dominant group.

Oppression and Criminal Justice Response

Within the criminal justice system, oppression impacts the experiences of both the survivor and the perpetrator. Historic and current power dynamics shape how survivors are perceived, valued and believed, and influence the extent to which perpetrators are held accountable.

Research documents that people who are effectively prosecuted, convicted, and sentenced for perpetrating acts of sexual violence are most often from marginalized communities, while perpetrators from privileged communities are often held less accountable by the justice system. For example, one study of rape convictions and sentencing conducted in Dallas, Texas found that the median sentence for an African American man convicted for raping a white woman was 19 years, while the median sentence for a white man convicted for raping an African American woman was 10 years. XiV Another study of 331 female and male jurors on rape cases in

Indianapolis, Indiana, found a profound devaluation of African American women who are victims of sexual assault. This study concluded that "it is clear from the analysis that black offender-white victim rapes resulted in substantially more serious penalties than other rapes... Moreover, black intra-racial assaults consistently resulted in the least serious punishment for offenders." The study found that the median sentence for a white man who raped a white woman was 5 years, for a Hispanic man who raped a Hispanic woman was 2.5 years, and for an African American man who raped an African American woman was 1 year.*

While this data provides evidence of systemic racial bias within the US criminal justice system's historic and current practices, the overarching focus on punishment via jail and prison sentences for perpetrators points to an important, but often overlooked or deliberately shrouded, manifestation of oppression: focusing on punishment aligns with a worldview of degradation, dehumanization, violence, and inequality. By contrast, a restorative justice system would instead use equity principles and emphasize opportunities for people and communities to be accountable to survivor safety, and to heal.

Unfortunately, we still operate in a punitive model. And people who experience intersecting oppressions, specifically people of color, are dramatically overrepresented in prison populations in the United States. According to the NAACP, African Americans and Hispanics comprised 58% of all prisoners in 2008, even though African Americans and Hispanics made up approximately 25% of the US population. One in six black men had been incarcerated as of 2001. If current trends continue, the NAACP projects that one in three black males born today can expect to spend time in prison during his lifetime.^{xvi} Further, half of transgender African Americans have been incarcerated in the US and face disproportionate rates of discrimination, harassment, threats, and sexual violence victimization before, during, and after incarceration.^{xvii} A disproportionate number of inmates also suffer from under-or-untreated mental illnesses, many of whom are incarcerated for incidents directly and indirectly linked to untreated mental illnesses. This particular situation illustrates a continuous, punitive, and oppressive cycle of incarceration occurring within and maintained by the US prison institution:

Through this cycle, inmates are first incarcerated for issues related to untreated mental illness, placed in an environment rife with traumatizing situations (e.g., gender role stress elicited through the guard-to-prisoner and prisoner-to-prisoner interactions), and punished for their behavioral reactions by being placed in more traumatizing environments (i.e., solitary confinement).xviii

The outcome of incarceration is seldom rehabilitation, and harmful effects last beyond release. The NAACP notes the negative impact on earning power, increased likelihood of exposure to infectious diseases, and lack of access to meaningful (or any) rehabilitation services, for incarcerated people and especially those from marginalized groups. Disturbingly, this list also includes a dramatically increased risk of experiencing sexual violence during incarceration. In other words, it appears the criminal justice system is inadvertently sentencing many sexual offenders (and other criminalized people) to experience the horror of sexual violence themselves — a shocking reality, given our purported overarching concern that an act as harmful as sexual violence should not be committed against anyone. Activist and scholar Mariambe Kaba, quoted

by Jessica Valenti in *The Guardian*, says: "I want people to ask themselves if they think the way to end domestic violence is to rely on violent institutions." While she names domestic violence, we stand by the sentiment regarding all gender-based violence, very much including sexual assault. In conclusion, the criminal justice system uses violence and oppression to maintain or even worsen the status quo, rather than alleviating our society of sexual violence and oppression."

Traditionally, the solution to sexual violence in our society has been conceptualized within public safety systems. Law enforcement, criminal justice, and legal solutions have been seen as the only legitimate responses to sexual violence. However, the public safety approach carries significant limitations. Public safety concepts encourage us to deal with sexual violence after it happens. This approach requires delegating the primary responsibility for addressing violence to those involved within the public safety system. It reinforces the idea that sexual violence is inevitable and that only certain institutions can address the perpetration of violence. Alternately, when we view sexual violence as a public health issue, we promote the role and responsibility **everyone** has in proactively addressing sexual violence perpetration, specifically its root causes. This enables us to conceptualize sexual violence as preventable. Further, the public health model allows us to proactively address unhealthy and harmful norms that create inequity and oppression. Choosing to engage as a community focused upon healthy interactions and equity leads us to a social justice approach. A community of equity and health actualizes the goal of prevention: ending sexual violence.

The Public Health Modelxxi

Using the public health model, the impacts of intersecting oppressions can be described in terms of health disparities resulting from unequal access to the social determinants of health. Predictably, inequities fall along lines between dominant and marginalized social groups. The public health model provides a formula for prevention that aligns with an anti-oppression approach, recognizing that sexual violence is preventable when the root causes are identified and addressed. It allows us to identify oppression as a potential risk factor, and health equities as probable protective factors against violence across the Social Ecological Model, and to identify objectives and strategies for prevention (as described in *Accountability*, below). This approach is reflected in the AGSATF definition of primary prevention as approaches that seek to eliminate the root causes of sexual violence and to stop sexual violence from ever occurring. The model encourages everyone to play a role in dismantling oppressive systems, thus preventing sexual violence.

Accountability in the Context of Social Justice —Our Work Ahead

Applying the Social Ecological Model, we arrive at the following conclusions regarding accountability:

- <u>Individual</u>: We seek to promote health equity and teach everyone the value of practicing and modeling nonviolence, respect, and shared power in our interpersonal relationships.
- <u>Interpersonal</u>: We seek to educate community members about being effective bystanders, and to proactively adopt social norms that promote justice, respect, and shared power.

- <u>Community/organization:</u> We seek to practice a commitment to promoting equitable and consent-based practices within our organizations and communities, and aim to create healthy and safe environments.
- <u>Institutional:</u> We seek to hold institutions accountable, and intend to fundamentally change them in order to embrace principles and practices of justice, equity, safety, and consent.
- <u>Structural:</u> We seek societal change; from a worldview that prioritizes dominance, hierarchy, violence, force, coercion, and exploitation, to one that values mutuality, consent, equality, health, self-determination, safety, and shared power, for all people.

The belief that sexual violence is an inevitable part of the human condition, and that blame rests solely on the individual, does survivors and all people a grave disservice. When we imbue all the power of sexual violence into specific individuals, we distance ourselves from the idea of sexual violence but not from its real impacts. We and our communities remain vulnerable, all the more because we're focused on a "distant threat" rather than addressing the root causes of sexual violence within ourselves, our communities, and our institutions. By reconceptualizing sexual violence as both an explicit choice made by individual perpetrators and a social function shaped and normalized by oppression, we can shift the conversation away from the notion of "weeding out a few bad apples," and move instead toward a healthier proactive vision for relationships, for our communities, and for our lives. This change to a social-justice-based model, acknowledging the intersections of oppression and power, increases our efficacy in supporting survivors and addressing root causes of violence.

Our charge, then, is to rigorously and compassionately apply concepts of anti-oppression and intersectionality to our work.

A world without oppression will be a world without sexual violence.

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And in recognition of PEC members, other committees, and guests for thoughtful contributions to the many drafts through which this paper has evolved.

Readings on Oppression and Intersectionality

Below is a working list of further reading on the concepts presented throughout this paper. We hope the paper and these resources prompt and facilitate ongoing dialogue that do not just end with its concluding sentence.

Further definition and explanation of intersectionality

Crenshaw, Kimberle Williams. 1991. "Mapping the margins: Intersectionality, Identity Politics, and Violence against Women of Color." *Stanford Law Review* 43(6):1241-1299

Intersections of race, gender, sexuality, class, feminism, and violence

Bouteldja, Houria. "White Women and the Privilege of Solidarity."

http://www.decolonialtranslation.com/english/white-women-and-the-priviledge-of-solidarity.html

Dudley, Tessara (local to Portland!). "What I Fear as a Black Women: Broadening the Conversation About Violence."

http://www.blackgirldangerous.org/2014/12/what-i-fear-as-a-black-woman/

McKenzie, Mia. "4 Ways to Push Back Against Your Privilege." http://www.blackgirldangerous.org/2014/02/4-ways-push-back-privilege/

McKenzie, Mia. Critique of Emma Watson's UN Speech:

http://www.blackgirldangerous.org/2014/09/im-really-emma-watsons-feminism-speech-u-n/

Patterson, Jennifer. "Queering Sexual Violence: Radical Voices from within the Sexual Violence Movement – Introduction."

http://thefeministwire.com/2014/04/queering-sexual-violence/

Smith, Andrea. "Beyond Eve Ensler: What Should Organizing Against Gender Violence Look Like?" http://yfa.awid.org/2014/02/beyond-eve-ensler-what-should-organizing-against-gender-violence-look-like/

Intersectionality and allyship in social justice and violence prevention activism

Wilson, Jamia, essay in Rookie Magazine on allyship:

http://www.rookiemag.com/2015/01/allied-force/

Katz, Jackson TEDx Talk about violence against women and men's engagement: https://www.youtube.com/watch?v=KTvSfeCRxe8

- Walters, M. L., Chen, J., & Breiding, M. J. (2013). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 findings on victimization by sexual orientation. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; and
- Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., ... Stevens, M.R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

http://www.cdc.gov/violenceprevention/pdf/nisvs_sofindings.pdf

¹ Concepts are in an iterative sequence, rather than alphabetical, to logically build on each other.

[&]quot;Crenshaw, Kimberlé Williams. "Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color". In: Martha Albertson Fineman, Rixanne Mykitiuk, Eds. The Public Nature of Private Violence. (New York: Routledge, 1994), p. 93-118.

[&]quot; Oregon Department of Human Services. (Updated 2014). My Future, My Choice Curriculum. Retrieved from:http://www.oregon.gov/dhs/children/pages/teens/future/index.aspx

iv Anne Munch presentation, Understanding Consent and Victim Dynamics, 2012. Retreived from http://www.americanbar.org/content/dam/aba/events/legal_assistance_military_personnel/ls_lamp_cle_nov12_understanding_consent_victim_dynamics.authcheckdam.pdf (12/24/14).

^v See, *Primary Prevention of Sexual Violence*, Oregon Sexual Assault Task Force, Prevention & Education Subcommittee, (2013), retrieved at http://oregonsatf.org/wp-content/uploads/2014/03/Primary-Prevention-Position-of-Sexual-Violence-Position-Paper-3.12.14.pdf (12/3/14).

vi See, *Healthy Sexuality Promotion as Sexual Violence Prevention*, Oregon Sexual Assault Task Force, Prevention & Education Subcommittee, (2014), retrieved at http://oregonsatf.org/resources/satf-publications/position-papers/(12/3/14).

vii Note that this includes women of all sexual orientations. See, e.g.,

viii See, e.g., global status report on violence prevention (2014), retrieved from http://apps.who.int/iris/bitstream/10665/145086/1/9789241564793 eng.pdf?ua=1&ua=1

ix Krug E.G. et al (Eds) (2002). "World Report on Violence and Health." Geneva: World Health Organization.

^{*} Smith, R. M.. Parrott, D. J., Swartout, K. M., & Tharp, A. T. (2015). Deconstructing hegemonic masculinity: The roles of antifemininity, subordination to women, and sexual dominance in men's perpetration of sexual aggression. *Psychology of Men & Masculinity*,160-169. doi: 10.1037/a0035956

xi See, e.g., National Intimate Partner and Sexual Violence (NISVS) data correlating socio economic status to risk of victimization retrieved at http://www.preventconnect.org/2014/03/nisvs_2010_ipv/ and also NISVS Findings of Victimization by Sexual Orientation, retrieved at:

xii Chesnut, S., Jindasurat, C., & Varathan, P. (2013). *Lesbian, Gay, Bisexual, Transgender, Queer, and HIV-Affected Intimate Partner Violence in 2012*. New York, NY: National Coalition of Anti-Violence Programs, New York City

xiii Baumer, E.P. Temporal Variation in the Likelihood of Police Notification by Victims of Rapes, 1973–2000. Washington, DC: U.S. Department of Justice, National Institute of Justice, November 2004, NCJ 207497.

xiv Herndon, Ray F (1990). "Race Tilts the Scales of Justice." *Dallas Times Herald*, at A22.

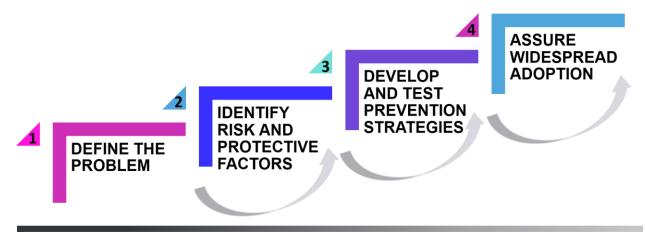
xv Ibid.

xvi NAACP Fact Sheet, retrieved from http://www.naacp.org/pages/criminal-justice-fact-sheet (12/3/14).

xvii See National Gay and Lesbian Task Force and National Center for Transgender Equality's "National Transgender Discrimination Survey" (2011), available at: http://www.endtransdiscrimination.org/ xviii Mankowski, E.S., & Smith, R.M. (in press). Men's Mental Health and Masculinities. In H.S. Friedman (Ed.), Encyclopedia of Mental Health, 2nd Edition. Philadelphia, PA: Elsevier Inc.

xix Retreived from http://www.theguardian.com/commentisfree/2014/sep/05/domestic-violence-is-a-problem-we-are-barely-managing-but-we-need-to-end-it (12/4/14).

^{xxi} The Public Health Approach to Prevention, adapted from: Dahlberg LL, Krug EG. Violence: a global public health problem. In: Krug E, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, eds. World Report on Violence and Health. Geneva, Switzerland: World Health Organization; 2002:1-56.



THE PUBLIC HEALTH MODEL OF PREVENTION

^{xx} Mankowski, E. S. & Smith, R. M. (2015). Men's mental health and Masculinities. In H.S. Friedman (Ed.), Encyclopedia of Mental Health, 2nd Edition. Philadelphia, PA: Elsevier Inc.