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Confidential DVSA Advocacy + Child Abuse Intervention in Partnership

November 9th, 2023 from 10 AM-12:00 PM (Pacific)

Disclaimer

This information in this webinar 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 these slides. 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.

About today's webinar

- Closed Captioning is available and can be found in your toolbar
- Thank you to today's interpreters!
- Please direct message Meg Foster if you are experiencing tech issues
- We invite you to ask questions in the chat box
- Please take care throughout + Planned five minute break around 11:00
- Today's conversation is just a small piece of the puzzle

JOIN US!

WEBINAR SERIES:

BUILDING + STRENGTHENING PARTNERSHIPS TO BETTER SUPPORT YOUTH HEALTH + SAFETY

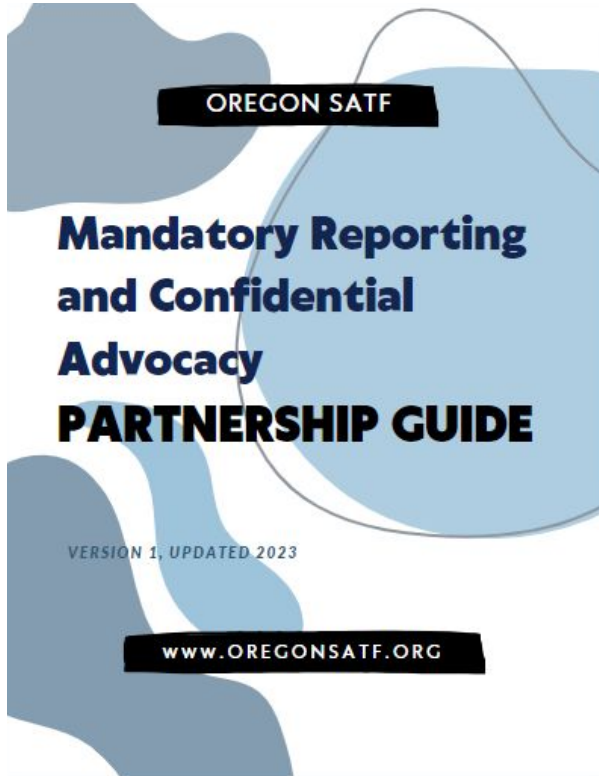
**Webinar 2 in
this series is
next week!**

**Confidential DVSA
Advocacy + Child Abuse
Intervention in Partnership**

*Thursday, November 9th,
10AM-12PM (PST)*

**Mandatory Reporting + Confidential
Advocacy Partnerships in Youth
Serving Settings**

*Wednesday, November 15th,
11AM-12:30PM (PST)*



Check out this **NEW** Companion Resource

www.oregonsatf.org

Special Thanks!

- 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
- Oregon School Based Health Alliance
- Peace at Home Advocacy Center
- Prevent Child Abuse Oregon
- Protect Our Children
- Raphael House of Portland
- Sexual Assault Support Services
- Victims Rights Law Center
- Volunteers of America Home Free
- Women's Crisis Support Team

Introducing Today's Speakers



Eli Cox, he/him
Abuse Prevention
Coordinator

Lindsay Spaulding, he/him
Prevention Health
Coordinator

Sarah Wickersham
(she/her)
Executive Director

Erin Ritchie, she/her
Student Outreach &
Advocacy Coordinator

TODAY'S GOALS

What we Will do

- Examine shared goals and overlaps between these efforts that highlight why partnering benefits youth safety
- Explore models of how these partnerships can take shape and some strategies that promote collaboration

Might do

- Think through general partnership barriers that have arisen in efforts to better serve youth

Won't do

- Provide a deep dive into the nuance and complexities of mandatory reporting and confidential advocacy laws
- Troubleshoot partnerships in your communities (but we invite connection outside of this!)



Setting Foundation





POLL

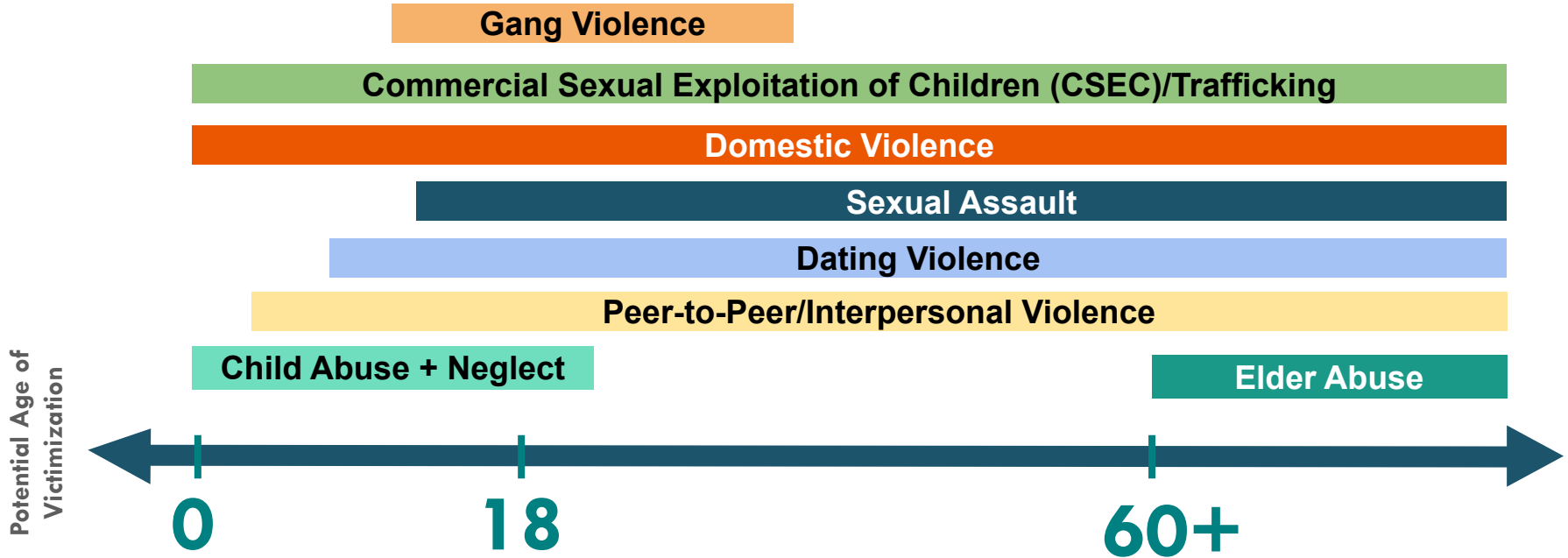
What is the focus of your role? (In Two Forms)

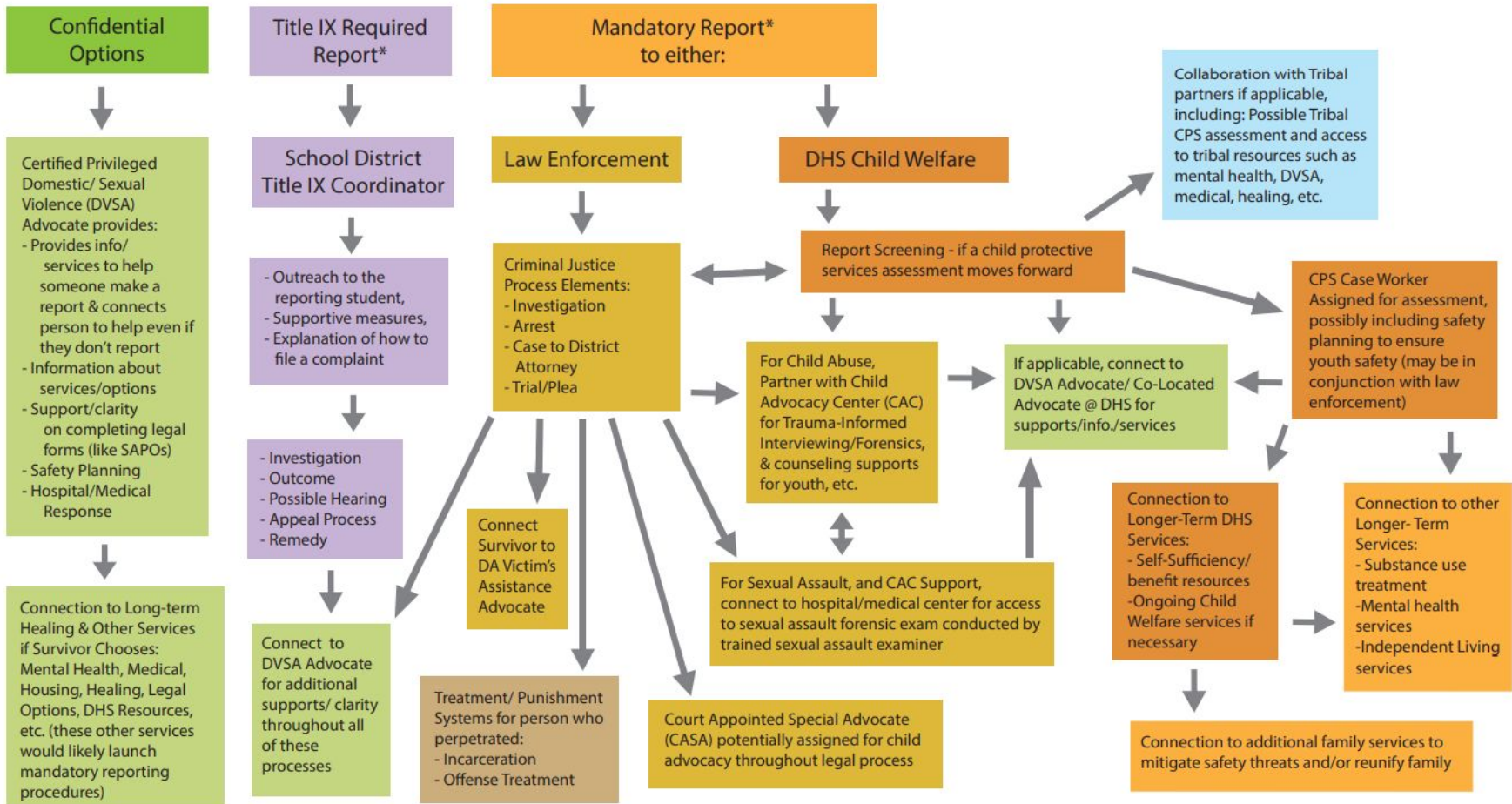


Shared Goals

- All kids and adults have access to safety
- Filling the gaps in our current system that is responding to violence
- Serving our communities in the best way possible, which means connecting with other service providers through our differences

Addressing Violence and Abuse





Mandatory Reporters of Child Abuse

(ORS 419B.005- 419B.050)

- ODHS offers this overview "mandatory reporters are public and private professionals required by law to report suspected child abuse." A complete list of designated reporters can be found in ORS 419B.005.
- Reporting requirements vary (ex. psychiatrists, psychologists, clergy, attorneys, and certain guardians ad litem are not required to report child abuse that was disclosed in privileged communications).

Privileged and Confidential Advocates

*(VAWA, ORS 40.264 Rule
507-1, ORS 147.600(1))*

- Privileged and Confidential Advocates work through qualifying domestic and sexual violence agencies/programs throughout Oregon
- This may include people from these organizations who provide prevention programming, including prevention education

- **Advocates providing Privileged and Confidential Advocacy from community-based domestic and sexual violence organizations (each county in Oregon has at least one DV/SA agency)**
- Culturally specific advocates specializing in helping survivors from historically underserved/marginalized communities.
- Tribal Nation advocates specializing in helping Tribal members navigate Tribal courts, reporting, and resources.
- Victim's assistance advocates through district attorney's office (DAVAPs)/and Family Law Advocates
- Court Appointed Special Advocates (or CASAs) provide court accompaniment/support for kids 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 at an Oregon college or university.
- 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.)
- 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



The Overlaps in our Efforts + Why Partner?





Child Abuse Response

- Law enforcement, medical institutions, and child welfare would respond without coordinating with each other
- First Children's Advocacy Center created in Alabama in 1985 alongside the Multidisciplinary Team (MDT) model
- In Oregon, legislation for the creation of an MDT in every county passed in 1989
- In Oregon, there are 24 CACs that serve about 8,000 children and teens every year

Domestic Violence and Sexual Violence Response

- Law enforcement might respond to domestic or sexual violence, but it was often seen as a personal matter
- Second-wave feminist activism (1970s) starts advocacy responses to DV/SV across the US (Crisis lines, awareness, etc.)
- In 1994, VAWA passed in Congress with emphasis on coordinated response
- In one year in Oregon, DV/SV organizations served 118,248 people of various ages (OVC 2022 Annual Report)

HOW WE GOT HERE

1963

Oregon's **first Mandatory Reporting of Child Abuse Law** was passed

1974

The **Child Abuse Prevention Treatment Act (CAPTA)** is passed.

1994

The **Violence Against Women Act** is passed

2013

Oregon passes **House Bill 4016** which greatly expanded mandatory reporting in OR

2015

Oregon passed **(40.264 Rule 507-1)** establishing certified advocate-victim privilege

Safe Supports Provided by Mandatory Reporters of Child Abuse:

- **Connect Youth with Resources and Systems that can help them** - This may include systems like child-welfare, but can also include confidential and more expansive resources.
- **Provide Trauma-Informed Reporting Processes** - Reporters can each work to create a safe space for people to begin engagement with the expansive systems and structures that help to stop violence and abuse. This includes offering as much control as possible back to the young person whenever possible.
- **Connect Youth to Other Community Resources, Including Confidential Advocacy** - Knowing what resources are available in your community that can provide more in-depth support for the young person and their families can be really meaningful. This includes providing contact information and/or a warm handoff to those resources to make direct connections.

Safe Supports Provided by Privileged and Confidential Advocates:

- **Emotional Support**- Provide a listening and supportive ear for those who have experienced violence of any form with no mandatory actions to follow.
- **Confidentiality**- Work directly with the youth and are bound by law to enhance confidence. This includes not sharing information with schools, agency staff, parents or guardians, etc. without a signed time-limited release of information form.
- **Safety Plan**- Explore options with youth to enhance safety within their home, school and community.
- **Minor Rights**- Inform youth of their legal rights as a minor.
- **Access Resources**- Assist youth in identifying and accessing community and school resources that fit their needs.
- **Navigate**- Assist youth in navigating the medical process and community systems.
- **Assist**- Youth in accessing safe shelter and transportation.
- **Empower**- Provide unwavering support that encourages the youth to make choices that will help improve their situation.

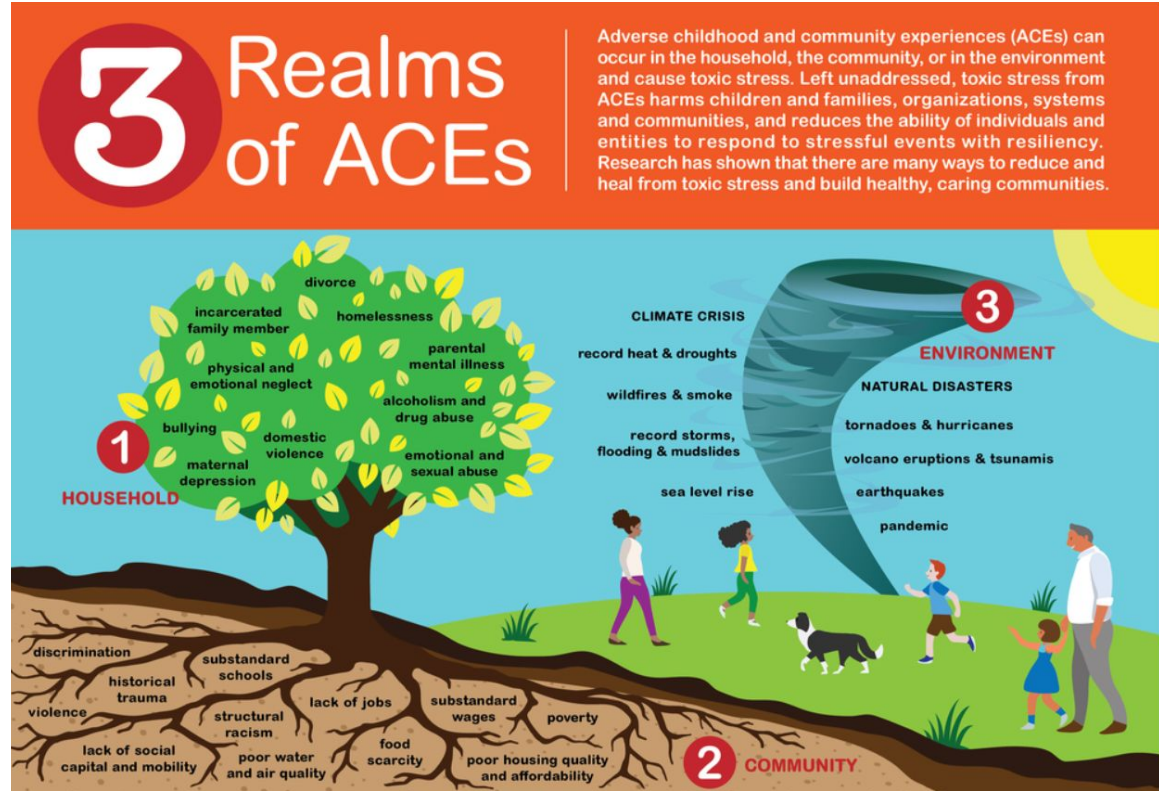
Shared Goals

- All kids and adults have access to safety
- Filling the gaps in our current system that is responding to violence
- Serving our communities in the best way possible, which means connecting with other service providers through our differences

All kids and adults have access to safety

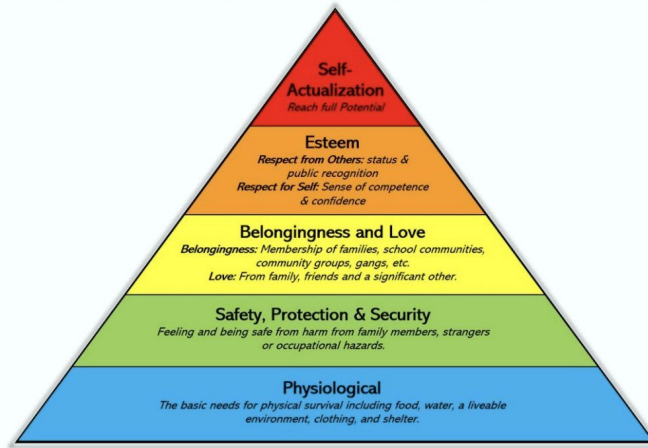
What do DV/SA and CA have in common?

- Power and Control
- Lack of Consent
- Rooted in Oppression - it can happen to anyone, but does not happen to all equally
- More common than our society believes



What does safety mean to you?

All kids and adults have access to safety



A note on development:

Children may not recognize certain behaviors as unsafe if the behaviors are normalized.

Teens may be more likely to not consider the way decisions may impact their safety.

This does not mean that they are incapable of recognizing when they are feeling unsafe and that they need help.



Filling the gaps in our current systems responding to violence

Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

Prevention
and
equity
Institute
at the center of community well-being

“Professionally we have silos, and we operate in these silos we’ve got to break down. Across the country, people working to prevent child abuse are right across the hall from people working on violence against women, and they don’t work together. As we go into communities to bring everybody to the table, don’t let people say, ‘I work on child abuse, but this is about gang violence.’ Don’t let people say, ‘I work on violence against women, and this is about child abuse.’ This thing, all this violence, is connected.”

*-Deborah Prothrow-Stith, MD, Adjunct Professor,
Harvard School of Public Health*

In the pilot Oregon Child Abuse Prevalence Study (OCAPS) of youth in Oregon who reported having an abuse experience, "**47% had never talked with anyone about their experience.** Those who had shared their experience at some point in time most often shared it with a friend, parent or sibling."

*- The University of Oregon's Center for the Prevention of Abuse and Neglect
OCAPS High school Pilot Study Preliminary Report, 2019*

Mandat
Reporti



fidential
vocacy

Filling the gaps in our current systems responding to violence

Setting time to build and maintain relationships with partners

‘We want to connect more and help our community partners understand why and how we do what we do’

Recognizing value in different knowledge and expertise streams

‘I don’t have a degree and I have spent years in the movement continuing to grow my abilities and skills through feedback, learning, and training in many forms... I constantly strive to serve and connect those I work with as best possible’

Addressing varying levels of community support

‘We are regularly trying to pass on information and messaging to people in our community about why we need all our response and prevention efforts to be successful’

Serving our communities by connecting through differences

- So, why partner?
- Collaboration in many forms:
 - Prevention and education
 - Warm referrals
 - Coordinated teams
 - Co-location
 - What else?



Sexual Assault Response Teams

(ORS 147.401)

The District Attorney (DA) in each county organizes a SART consisting of representatives from 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

(ORS 418.747)

The District Attorney (DA) in each county develops and maintains an MDT to consist of, but not be limited to:

- Law enforcement personnel,
- Department of Human Services 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,
- Others specially trained in child abuse investigation.

Ideally, these teams will include other professionals, disciplines, and community members who play important roles in a effective response as well, including, but not limited to: offense management and treatment professionals, college and university campus faculty/staff, non-traditional and culturally-specific service providers, Tribal Nations, and more.

By studying communities with active, well-functioning teams, we see that this collaborative approach brings many improvements, including:

- an increase in the **number of victims coming forward** for help,
- more medical and mental health **follow-up services accessed by victims**,
- an increased percentage of **victims reporting to law enforcement**,
- victims expressing **greater satisfaction with the care** they received from medical personnel and law enforcement,
- as well as a **greater confidence in the legal system**'s ability to achieve a form of justice for them.

- *Sexual Assault Response Team (SART) Handbook from the Oregon Attorney General's Sexual Assault Task Force*

“I would have had a totally different outcome. **Without a co-located DV advocate, I might have lost my children.**” –Survivor

“I was so happy (to meet my co-located DV advocate) because I realized I wasn’t alone; **in a maze of bureaucracy I had found a person who understood me**, whose position was made just to help me.” –Survivor

- Working Together Domestic Violence Advocates Co-Located at DHS [Child Welfare and Self-Sufficiency] Offices Policies & Practices Resource Guide from ODHS, OCADSV, and ODOJ

“Co-located DV advocates have helped allow kids to stay with mom.

I can't tell you how many times we've been able to close (a case) at assessment because the mom engaged in services with the advocate.”

–*DHS Caseworker*

“Co-located DV advocates engage DHS caseworkers in working with families in a different way, **it's more of an engagement model**, (this partnership) has shown there is a fundamentally different way to do child welfare practice.” –*DHS Caseworker*

- *Working Together Domestic Violence Advocates Co-Located at DHS [Child Welfare and Self-Sufficiency] Offices Policies & Practices Resource Guide from ODHS, OCADSV, and ODOJ*



“Do you already know that your existence--**who and how you are--is in and of itself a contribution to the people and place around you?** Not after or because you do some particular thing, but simply the miracle of your life. And that the people around you, and the place(s), have contributions as well? **Do you understand that your quality of life and your survival are tied to how authentic and generous the connections are between you and the people and place you live with and in?**”

Are you actively practicing generosity and vulnerability in order to make the connections between you and others clear, open, available, durable? Generosity here means giving of what you have without strings or expectations attached. Vulnerability means showing your needs.”

— *Adrienne Maree Brown, Emergent Strategy: Shaping Change, Changing Worlds*



Break 5 min.

**Be back
soon!**

**Welcome
back!**





What can partnering look like in our Communities?



- Same families
- Sexual Assault Forensic Exams
- Different and similar services
- Correlation with child abuse/neglect and DV
- Shared risk and protective factors
- 50% of batterers also abuse their children

Over **1 in 3** (34%) participants said they have **not asked someone for help** for fear the person would be legally required to report what they shared.



Significantly more people under 18 years old were afraid to reach out for help.

Nearly half (48%) of people under 18 years old said they did not seek help from someone for fear of being reported. This was significantly more compared to participants from all other age groups.¹⁰

Who does what?

DV/SA Agency

- Peer Support
 - Parents and/or minors
- Medical Accompaniment
- Support Groups
- Systems Navigation
- Healthy Relationship Education
- Referrals
 - Legal, counseling, housing

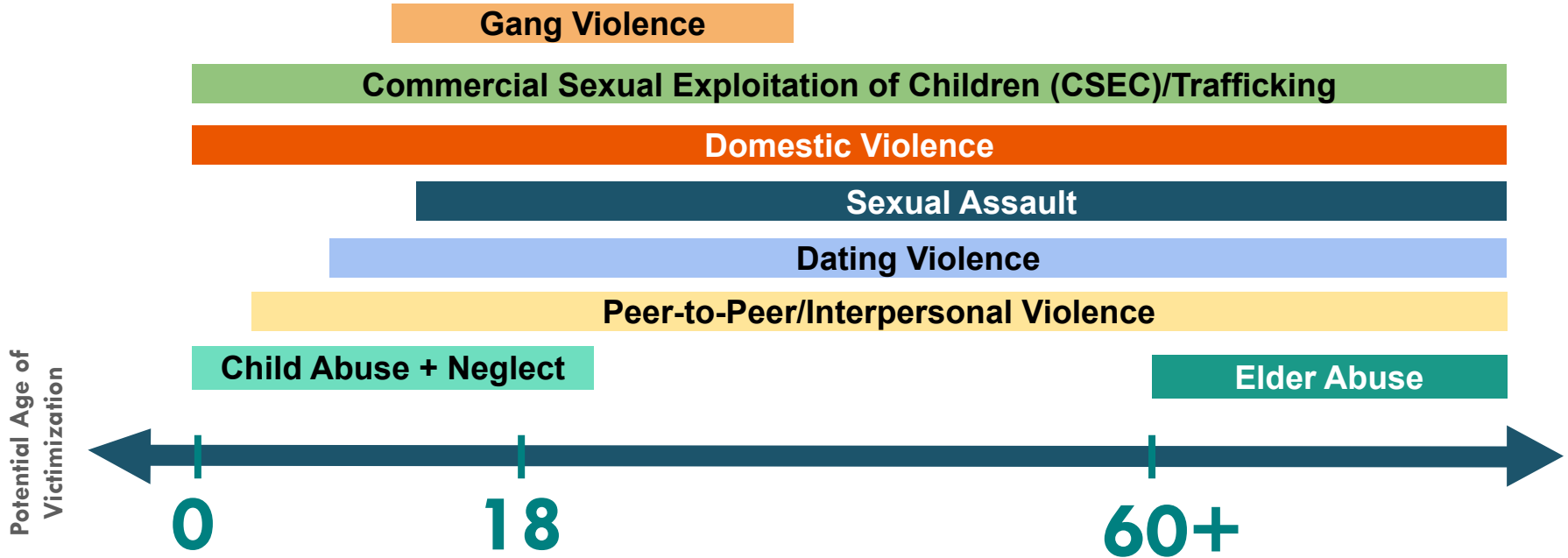
Children's Advocacy Center

- Forensic Medical Exams
- Forensic Interviews
- Family Advocacy
- Trauma Focused Therapy
 - Case Management
 - Skills Training
 - Groups

Benefits to confidentiality for minors

- Fully confidential conversations can lead to more comprehensive and individualized **safety planning**
- Rapport building and trust building with a healthy and **supportive adult**
- Advocates are **able to make reports** with a student if that is something the youth consents to
- Students have the **right** to a confidential advocate when making reports of sexual assault or sexual violence
- From our experience, students want support and are generally welcome of supportive services even if it means a report is being made. They just want to know what steps are being taken and how it may affect them.

Addressing Violence and Abuse



A 13-year-old student, Jessica, is talking to her teacher one on one after school about her math assignment. Usually Jessica does well in math, but she recently failed. The teacher asks Jessica if her parents help her with homework at home. Jessica responds, “Not last night, dad and I watched a movie under a blanket on the couch...” Jessica looks down at the floor as she is talking and avoids eye contact.

Teacher repeats, “Do you often watch movies under a blanket with your dad?”

Jessica responds quickly, saying it isn’t a big deal, “Nothing happens, it’s normal.”

Her teacher reflects, “I hear you that it is normal to watch movies with dad, you aren’t in any trouble, it’s okay to talk to me. Does watching movies under the blanket ever make you feel uncomfortable?”



“Yeah, when he touches me...down there.”

“He touches you?” her teacher asks kindly.

“No nothing happens!”

“Ok, I hear you saying nothing happens. I see it’s hard for you to talk about this, and that is ok. You aren’t in any trouble.” Very carefully, the teacher continues, “I have to let somebody know what you told me, and some people might want to talk to you. It’s okay, you aren’t in any trouble. Your job is to just tell them the truth, everything is going to be ok. I am here for you.”

The teacher then lets the student know there are people who want to support her. “There are confidential advocates you can talk to, and they can support you, is it ok if I call one for you?”

The teacher then connects Jessica to a Peace at Home Advocate and makes a child abuse report to DHS.

Now what?



Making a report





Goals for reporting

- Shared goal: having an advocate and child present when making a report (more youth empowerment), otherwise engaging youth/family in making report
- Reality—mandatory reports have to be made asap
- Role play advocate meeting with student, then mandatory report

Advocacy

- CAC
- Domestic Violence Advocacy
- Community
- Court



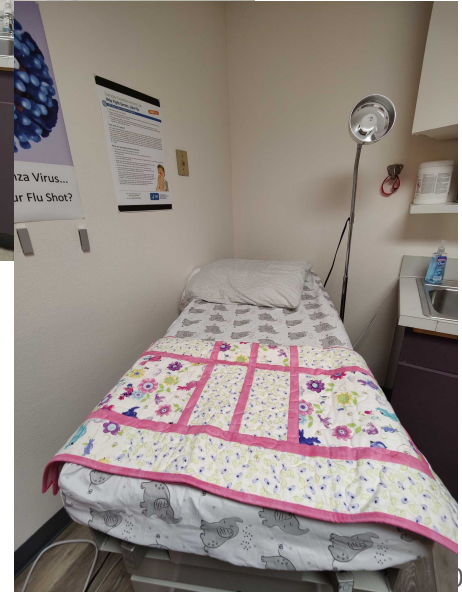
SEXUAL ASSAULT FORENSIC EXAM RESPONSE

When hospital
calls CAC (under
age 18)

When hospital
calls DVSA (16+)

Case by case
(ages 16-18)

When police are
involved first



Challenges to collaboration

- Myths around confidentiality
- Division of duties
- Funding structures

A scenic landscape featuring a river flowing through a valley. The river is surrounded by lush green trees and vegetation. In the background, there are rolling hills with patches of brown, possibly indicating a fire-affected area. The sky is bright blue with scattered white clouds.

THANK YOU


Shared Goals

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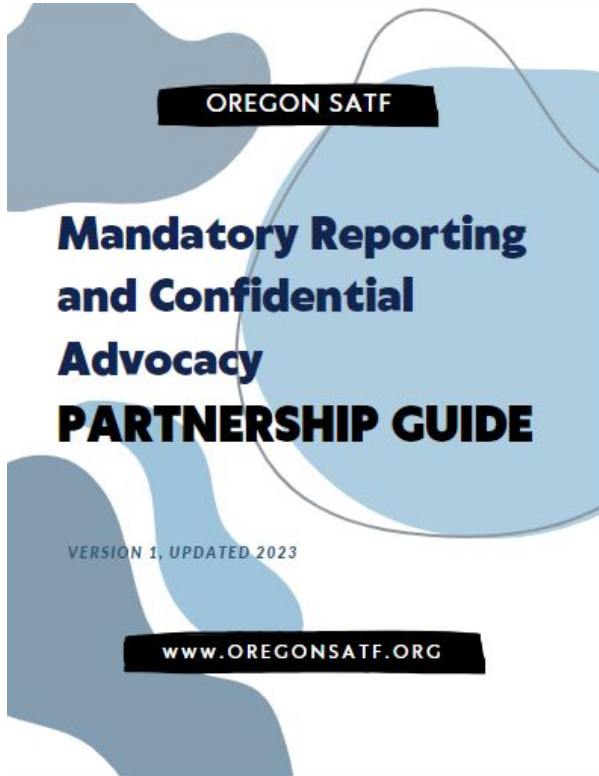
Continuing Collaboration and Conversations

With the partners in your communities, are there...

- Opportunities to regularly connect outside of large meetings?
- Related projects or events to share and boost?
- Resources you want to explore related to these overlaps?



Resources to Support Partnership Efforts

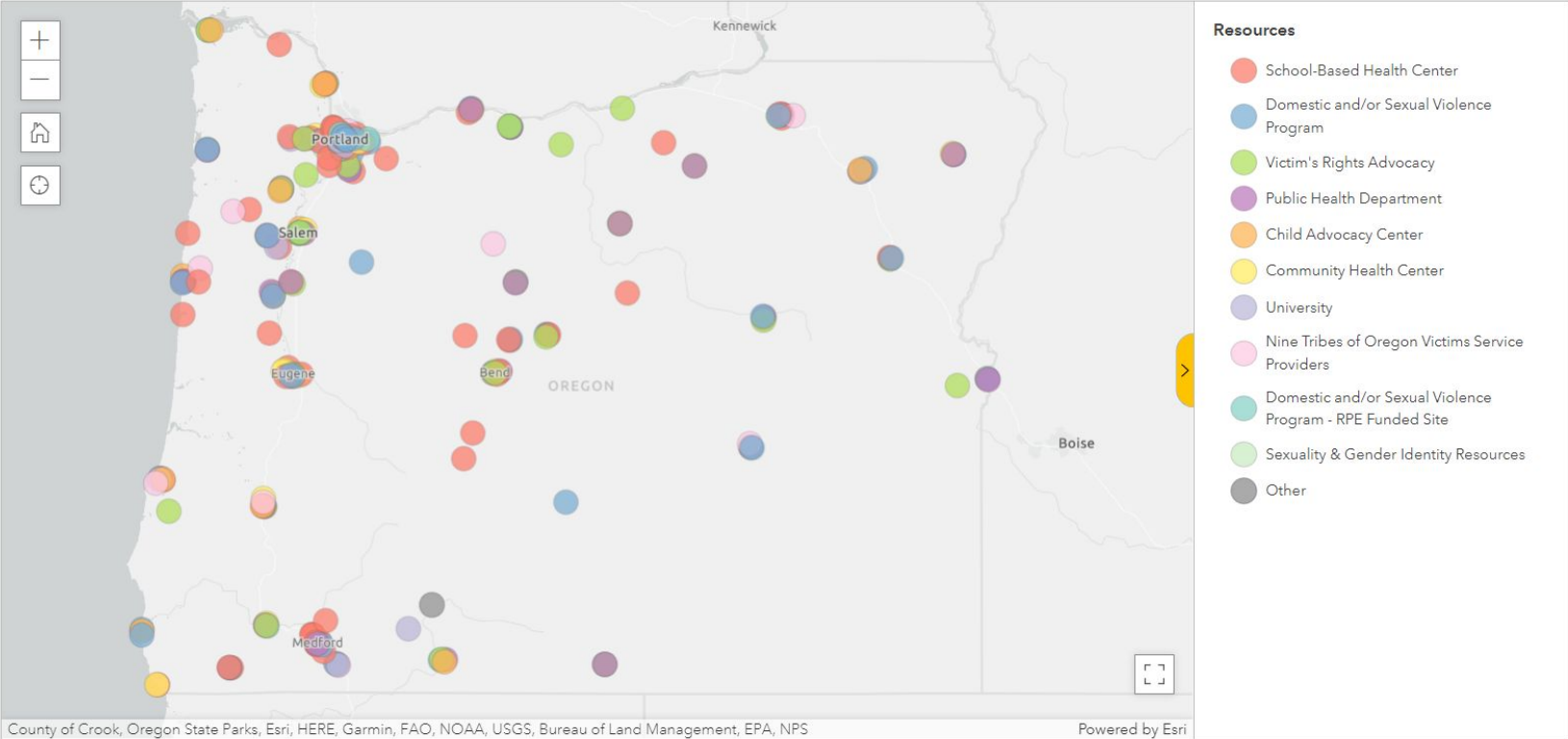


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www.oregonsatf.org

OHA Rape Prevention & Education Resource Map

Data and Tools for the Prevention of Sexual Violence & Abuse in OR



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Policies and Practices Resource Guide from OCADSV, ODHS, and ODOJ
- **Ending Child Sex Abuse: A Transformative Justice Handbook** from Generation FIVE
- **Oregon Child Abuse Prevalence Study (OCAPS)** from the Center for Prevention of Abuse and Neglect (CPAN) at the University of Oregon
- **You Matter: An Illustrated Guide for Young People Beyond Mandatory Reporting** from Mandatory Reporting is Not Neutral and Just Beginnings Collaborative
- **Envisioning Communities where Trauma in Childhood Is Rare – And Oregon Children Thrive** report from Protect Our Children in partnership with the CPAN and The Ford Family Foundation
- **Children, Youth and Families** page of the Oregon Department of Human Services Website

Oregon Sexual
Assault Task Force
taskforce@oregonsatf.org



Thank You!