



Webinar: Confidential DVSA Advocacy + Child Abuse Intervention in Partnership

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SPEAKERS

Eli Cox, Erin Ritchie, Sarah Wickersham, Lindsay Spaulding, Megan Foster

Eli Cox 00:00

Well, everyone, welcome. We are so grateful to have you with us for today's webinar, Confidential Domestic Violence and Sexual Assault Advocacy Plus Child Abuse Intervention in Partnership. There is a lot to this topic. And today we want to really focus on how these efforts complement one another. And when combined, enhance the safety and wellness for you in all of our communities, and we recognize the role that you all play in these conversations. Thank you for that.

We want to offer this brief disclaimer that information in this webinar is not offered as legal advice and is provided for informational purposes only. And as well, practices and responses will vary in each of Oregon's counties to always make sure to refer back to the space that you live in.

Briefly, in today's webinar, closed captioning is available and can be found at the bottom of your screen in the toolbar. And you should also have received a PDF copy of the slides that we'll be using today and please utilize during or after today's presentation in case we move through a slide that you wanted to spend more time on. And this PDF version will also be e-reader compatible. We also want to share huge appreciation for our interpreters today. Thank you so much for being here with us. And there will also be time today where I'm not able to access the chat box. And so for any tech issues that may show up or anything that you're experiencing during the webinar, please direct chat Oregon SATF's prevention coordinator Megan Foster, and big thank you for being our tech magician today. We are all so excited that we have so many people joining us today, and that we have a lot that we're going to cover and so with that in mind, we're asking that you put questions in the chat box today and we will try our best to get to them all but if not, we will follow up afterwards. And of course, a huge reminder to please just take breaks, move, eat, rest, dance or anything else that you may need to support your wellness at anytime and we will also be taking a five minute break around the halfway point at 11 o'clock. And then finally, I just want to highlight that today's conversation that is just a small piece of the overall puzzle. And that there are so many considerations, conversations, communities, and youth voices and partners, with great expertise around the state that are crucial for these conversations. And

we also again so grateful for those of you in the space with us today who also brings so much of that knowledge. And that there are going to be many conversations and work that is continuing alongside and after this webinar.

I also want to throw out one more shout out for next week's webinar, which is the second one in this series. That is going to be Mandatory Reporting Plus Confidential Advocacy Partnerships in Youth Serving Settings. That's next Wednesday. So if you are able to join us for that we would love to see you there and we still have some room open in our registration.

And as well another resource that complements today's webinar is the release of the Mandatory Reporting and Confidential Advocacy Partnership Guide, which just came out a few days ago. That, you should also have a link in your email as well and Meg is going to be dropping that in the chat. Thanks again Meg. And this guide has got a ton of information, and I mean a ton in the best way possible, where it is the best of things so you can just jump around to anything that may be coming up for you, a space that you need, or want more information on. And a lot of what we don't get to today there can be so much more that is found in this in this partnership guide. We hope that you will share it with others who may be interested in and refer back to that yourself when needed.

And of course we have to name that huge special thank you to so many of the partners that are on the screen and of course there's more that aren't on the screen as well and people who have informed the resources that we are releasing this month as well as the conversations that we're having today. So again, without this support, feedback, time and effort from so many people around the state, these conversations would be severely lacking. So thank you all again.

And on that topic, of partners and people who are performing the work, we want to take a moment here to get to introduce our panelists, speakers today. And I'll start in with my name is Eli Cox and I use he/him pronouns and I'm the Abuse Prevention Coordinator with the Oregon Sexual Assault Task Force. So we are a nonprofit that seeks to connect multidisciplinary partners and efforts in order to improve the prevention of and the response to sexual violence around the state of Oregon. For myself, I grew up in rural Oregon, spent the majority of my life living and working there, as well as some of the jobs I've gotten to work in and have roles in have been in a domestic violence sexual assault agency in the prevention department, and also at a child advocacy center in the prevention department for multiple years. And really this webinar on this conversation today is kind of a dream come true for getting to have these key conversations. We know that there's so much overlap in these roles. And this is really dear for me also because I've gotten to work with and learn from so many young people around the state who have been through and experienced and wanted aspects of each of the services that we're going to talk about today. And with that, Lindsay I will pass it to you next.

Lindsay Spaulding 03:05

Awesome. Thanks, Eli. Hi, everybody. My name is Lindsay Spaulding. I use he/him pronouns and I'm the prevention Health Coordinator at CARES Northwest, which is the local Children's Advocacy Center for Multnomah County and Washington County. And a little bit about me, previous to working at CARES, I've been there for about a year now. Previous to that I worked in domestic violence and sexual violence field for about seven years, both in Oregon and outside of it. So while I was here in

Oregon, I worked at the Sexual Assault Resource Center in Washington County, if you're familiar with them, specifically focused on response and prevention around sexual violence, which is really unique. So that's a little bit about me. I'll pass it over to Sarah.

Sarah Wickersham 03:49

Thanks, Lindsay. My name is Sarah Wickersham. I'm the Executive Director of Douglas Cares which is the local child advocacy center in Douglas County. Our main office is located in Roseburg, but we have satellite offices at different points throughout the county. A little bit about me is I'm a survivor. I have lived experience in in most of the of the challenges that the clients who come through our door face and the clients who come through our dvsa partner's doors. But also I've been in the field of caring for children and families for almost 20 years now. And and really, really feel strongly about the mission of Douglas cares, of child advocacy in general of dvsa, and of this partnership where we can come into a family during during their challenges and struggles and help lift them up and build them up to a point where they can be a safe, healthy place for everyone in the family to grow. And with that, I'm gonna turn it over to my partner, Erin.

Erin Ritchie 04:56

Hi, thank you. I'm Erin Ritchie, she/her pronouns and I'm the student outreach and advocacy coordinator for Peace At Home Advocacy Center, which is the local domestic violence sexual assault agency in Douglas County. So in the same area, also located in Roseburg. I spend my time working with students in middle schools and high schools providing healthy relationship education, and about half of my time on our local community college campus, writing services and education here as well. And so I'm really grateful to be here. I've been at Peace at Home for a little over three years now and before that I did other campus based advocacy as student and things like that. So I'm excited to be here and I will pass it back to Eli.

Eli Cox 05:47

Who is now off mute. Awesome. Thanks so much Erin, Sarah, and Lindsey, for your time and for being here with us today and all that you put into this conversation and, really excited especially as we think about today's goals and some of the conversations that we're going to have. Just the topics that we're gonna get to dive into. And so a lot of appreciation for the Anti-Oppression Resource and Training Alliance, also known as AORTA here in Oregon. They've kind of had this cool framework for some slides that we really liked. So we're borrowing with appreciation for them. We wanted to set around a few of our goals for what we will do, what we might do today, and what we won't do. Especially recognizing that we have only so much time and there is so much to talk about on this topic. So what we won't do today is that we will not be doing a deep dive into the nuances and complexities of mandatory reporting and confidential advocacy laws. But if you are really wanting that, you can find that in the partnership guide that has been dropped in the chatbox. And then we also won't have time today to troubleshoot individual partnerships in your communities. But we are really open and invite connection outside of these webinars. So please reach out afterwards if that's something you would like to do. Something we might do today if we have time is think through a little bit more some more general partnership barriers that have arisen in efforts to better serve youth in our communities. And then we will for sure be examining shared goals and overlaps between all of our efforts that highlight why

partnering benefits youth safety and explore models of how these partnerships can take shape along with some of the strategies that promote collaboration.

As we set a little bit of foundation with today's topic and recognize that on in the audience, we have people from so many varied lenses, perspectives, and disciplines, which really makes for rich discussion and conversation and is the key in all of our efforts in having enhanced and increased outcomes, we want to take a moment to just go over some of the pieces that we are going to be talking about today to set us up for the rest of our conversation. Okay. And with that we want to start off with a couple of polls. Lindsay I will pass it over to you here.

Lindsay Spaulding 08:04

Yeah, for sure. So I think it would be remiss to not ask you all what your role is, where you're coming from, given that we're talking about collaboration from two different response and prevention systems that have historically been separated. So we want to know the focus of your role and we're going to ask you in two different ways. There's two different questions in this poll. I believe it is going to be launched soon. Okay, great. So we'll take some time for folks to fill that out real quick.

Megan Foster 08:39

And Lindsay, the polls are set up as two separate polls. So we'll have to do the first one, and then the second one, just FYI.

Lindsay Spaulding 08:44

That makes it easier. One question at a time. Yeah. So we'll start with this first one. I think this is how we traditionally understand the focus of our role when you're talking with community partners that work in different forms of violence. We're like, who's taking what form of violence right? Some of us may find this question really easy, and some of us may find it tricky, especially as the forms of violence overlap. So we'll get to that in just a second.

Megan Foster 09:11

About 75% of folks have responded

Lindsay Spaulding 09:21

It's kind of leveling off over here.

Megan Foster 09:23

Yeah, I'm gonna go ahead. Oh no, a little surge there. Alright, I'm gonna go ahead and end the poll. Sorry if your answer didn't get in, but I want to share those results with you and then jump into that second one.

Lindsay Spaulding 09:39

So hopefully, we can see the results, but we're kind of mixed, which is really cool. I didn't know if we would have more representation from some groups than others, but I love how this is like, kind of all over the place and/or we've got more folks that are doing multiple forms of violence and they identify and as such, so that's fantastic. To see that that's happening. We still have a majority of child abuse

folks here, which is so awesome. I'm happy about that, personally, coming from the child abuse world, that more folks are here for that. But I love how we've got folks all over the place, with trafficking being our smallest, which also begs the question of like, how do we bring those folks into this conversation, given that they weren't explicitly named even in the title, right? And of course, there are so many other forms of trauma and harm that we could encompass. So I love that folks are identifying the work with other forms of trauma. So that's great. So we're gonna go and compare this to a separate poll, a second question. I know what the focus of your role is. And again, these are multiple choice you can select multiple this one may take us a little bit more time.

Eli Cox 11:02

I appreciate the options in the second piece, right because I think so often, like we experience our role or title, may be one thing, and when you talk to someone in public, it's like, and I do like 10 or 15 different things that result in what that really means, right? There's so many different ways so I like the chance to get to explore a little bit deeper into what we're actually doing.

Lindsay Spaulding 11:23

Right. And I would imagine that we're gonna have probably some, some over more overlap here. This is where we're gonna find like, where we can collaborate. And so it'll be really interesting to see what most folks are identifying as the focus of their role, and how maybe we can instead of coming at it from I'm from this field, I'm from that field, we're partnering on the function of our role, which is either to support children and teens after violence is happening or supporting adults after violence has happened, right. Many folks from all forms of violence, intervention and prevention, are doing a lot of these things. And I love already I'll just tell folks a little bit. I see some good education and prevention numbers, which I'm happy about as I'm biased right. Results are shared. Hopefully you can see him. So it looks like a majority of the folks here are focusing on supporting children and teens after violence is happening. And also supporting adults after violence has happened. And a lot of you are connecting survivors of violence with resources. So that's really cool. And safety planning. We do have again, 49% doing education and prevention. And then we have some folks that are specifically focused on justice and accountability, facilitating reports and investigations. Right. A different role maybe than the advocacy piece, but still very important. So ,and I love always shouting out the people who are supporting those who are serving survivors of violence. Y'all are doing work and supporting us and holding us down. Whatever that looks like. Management, administrators. Fantastic. So thank you all for taking these polls. And hopefully, this gets us started on a foundation of what could our role look like when we share common language and we find the common language between the work that we're doing. So, getting us started with that.

Eli Cox 13:37

Thanks so much, Lindsay. And, and I will briefly share, Lindsay came up with these shared goals and we had talked about them with all of us as presenters too. But just that brief, you know, getting to follow up on that right, all of these shared spaces and why we come to the work and why we do what we do. Right? Especially when we think about all kids and adults having access to safety, filling the gaps in our current system that is responding to violence, and then serving our communities in the best way possible, which means connecting with other service providers through our differences. Because we know that there can be so many more shared goals and they can get really expensive and we could

write books on it, which is amazing. But what is the purpose of today, keeping it back to these three very simple ones that we can return back to in any moment, as we're experienced as we are like having conversations and knowing that we're coming from different lenses and perspectives. You can also know that everyone was like call in general, we're going to have these shared goals. Because why that's important is that we know that young people in Oregon are experiencing multiple forms of violence and abuse that are overlapping, right? Their lived experience is complicated and complex and requires adaptable resource responses and options. And these forms of violence, since they are overlapping and connected requires us as responders, people working in the field, to figure out where we can line up in all of our overlaps. That way we're the most efficient when it comes to meeting the needs of survivors and victims. And you can see again, this is on the slide, covering this timeline of age zero, going upwards. And just seeing some of the examples of harm and violence that you know people, especially youth can be experiencing at multiple times in their lives. And so we know that reality for a person may look like multiple forms of harm and so then it ended up on us as providers, as responders, as people in the work, to also figure out where we are overlapping.

Because the reality is that the systems we utilize to respond to violence are really complex. And especially when we're thinking of all the varying roles, and stakeholders that are in these efforts and responses. Each one is so intricate, and has their own pieces that are especially lined up to support youth or to support people that have experienced violence and/or harm. But one of the spaces and again, naming that it's like confusing at times for us that are working in the field, and also can be additionally a layer of confusion for people who have experienced that harm and violence between these systems and settings. So again, this chart is not is not meant to be like 'Aha I feel reassured by the easy flow of how everything works,' But what this does do is show some of that intricacy and then it can highlight to the confidential options on that left side, and the ability that advocates can have, especially in partnership, that role for helping people navigate these systems and supports available to them and understanding what may be happening at any given part of the process, with all the different engaged stakeholders. And especially for this conversation today, it's really worth naming that all of our efforts, in general, are complementary, right? Like nothing is in opposition to one another. We're coming from those shared goals and what we're doing to try and make it so that we can best support the people we work with.

And just doing a quick note here on this section in terms of some of the language for mandatory reporting of child abuse in terms, when someone who had, people who need to make a mandatory report to the Oregon child abuse hotline or law enforcement, ideally in a trauma informed way that give the victim and survivor as much voice as possible. And then also for privileged and confidential advocates that we're talking about today. These advocates that we're thinking about work through qualifying domestic and sexual violence agencies and programs throughout Oregon. And these people may also include folks from organizations who provide prevention programming, including prevention education, and that may be part of their role also, for a little more information on these specific spaces, you can check out page 20 in the Partnership Guide for a little deep dive, especially between the difference for privileged and confidential advocates. And in general, we're just recognizing for confidential advocates we'll kind of be using that term today, recognizing how important like that access for survivors to confidentiality ends up being a critical piece of ensuring safety for survivors as an extra

protection against them fearing that you know what they say will be used against them or potentially could open them up to further harm by that person.

And also want to name that there are so many advocates in so many ways in the state of Oregon, which is a really amazing thing and really important when it comes to each person needing a slightly different resource or support in different ways right, and meeting that in a different area. But for the purpose of today's conversations when we're thinking of the word advocate, we're thinking about that highlighted, highlighted words, there up at the top around providing privileged and confidential advocacy from community based domestic and sexual violence organizations.

With a little bit of that foundation and again, one thing that's really brief, we want to think about now the overlaps in our efforts and why partnering is important. So I'll pass it on to Lindsay here and the best tree picture in the world.

Lindsay Spaulding 19:26

You know, I would like to claim that I found it myself but you know, I think it was just something on the internet, so I'll take it. So when we talk about prevention of violence, we often like to talk about how we can't just start with the violence that happened. We need to look past it and be able to see what led to this violence happening. What were those root causes that caused that person to make that choice that led them to that situation? Similarly, I mean, I think we can do this with a lot of things in life look, kind of backward to see how did we get here and I want to kind of do that same thing. So I've got this tree with the roots. We have the systems that we have and the responses that we have, because of some historical roots. And I won't dive too deeply into those historical roots, but I think it's worth naming a little bit, and maybe analyzing and thinking more about together. So I'm gonna attempt to do it myself. We'll see if I can. There we go.

So, again, I've got a brief and incomplete history. So please, I know that if I'm leaving out things that you like, 'I can't believe Lindsey forgot this. This is so important to our movement, and you forgot it.' I understand. I get it. I probably didn't do that. I had to narrow it down to like four bullet points to make sure it fits into the slide really well. But I do think looking at these key points can be really interesting to see how both of these responses kind of were formed in our country, at least here in America. So I did not think larger scope past that. So on the child abuse response side, folks may know a little bit about the history of how those responses were formed. Previous to 1985, so you're looking at the 1980s and further back, there were law enforcement and medical institutions that were trying to address Child Abuse and Child Welfare. Slowly but surely, especially after some key research came out that Eli will talk about here in just a little bit. That need that need for response really rose for a period of time, but what they found was that they were struggling to coordinate with one another. And so in 1985, the first Children's Advocacy Center was created in Alabama alongside the idea and model of a multidisciplinary team. So many of us may be familiar with that. But that really brings all of these partners, including Children's Advocacy centers, law enforcement, child welfare and DHS into the same team together to work on cases and to staff these to the best of their ability. In Oregon, specifically, legislation for the creation of an MDT, multidisciplinary team, in every county passed in 1989. So we all in every single county have to have this kind of team. And of course, their strategies and the way that they function will vary across different counties. So that's something to note as well. Today in Oregon.

There are about 24 CAC's that serve around 8,000 children and teens every year. I think it's really important to mention that that's just the children and teens that they serve. We know that they often serve whole families right and providing response and those are not necessarily captured in this number. On the domestic violence and sexual violence response side, I think some of us may be familiar with this history as well. Law enforcement were often called to respond to domestic and sexual violence matters, which for the longest time were seen as a personal matter, there's a lot of stigma around that. And then about in the 1970s we saw a second wave feminist activism really activate around this issue of violence and start forming advocacy responses to domestic and sexual violence across the United States. So some formed as crisis lines, specifically, some really focused on awareness and Take Back the Night events, right but that feminist activism really started the advocacy responses and those grew into whole organizations that then determined to work and respond to domestic violence and sexual violence. In 1994, something big happened. The Violence Against Women Act passed for the first time in Congress. And it had an emphasis on coordinating response, so working more with law enforcement and other institutions, to see that survivors are getting justice and accountability as well as support. In one year in Oregon, domestic violence and sexual violence organizations served around 118,203 people of various ages. So in this annual report that they've collected, they have folks, they've that they've served that are young children and older, so they cover the whole thing in this number. So again, that's to differentiate those two numbers you see at the bottom. We may not have those full numbers be compare, quite comparable, but that was the closest still quite a number of people in our states served. So once again, in this brief and very incomplete history, I want to ask in the chat because I'm gonna try and get us interacting a little bit. What are some similarities or differences that you noticed in our movements that have led us to where we are today? Feel free to take a second and type something in the chat. And I'm realizing... Okay, here we go. There's the chat. Sometimes Eli when you share the screen I was like, Oh no, will I be able to see it. Thank you, Christiane, for stepping up being our first person in chat. The difference between privilege and confidentiality, possibly and that mandatory reporting is the thing that most people know this for sure.

Megan Foster 25:20

Say the question one more time just for folks, and I'll get it typed in the chat box.

Lindsay Spaulding 25:23

Thanks Meg. Yeah, so the question is, what similarities and differences do you notice between these histories? Clair, you mentioned the importance of collaboration between stakeholders was key in in both responses or was brought up and talked about maybe at different times in both histories. Yeah, thanks. Yeah, thanks Mary - roots and origins of our movements. Yeah, it's kind of interesting to know where they came from. I think one thing that does always stand out to me is that before these movements really came into play, we didn't have a very strategic response to any of these forms of violence, and that overall, these years are relatively recent. Overall, some of us you know, not me personally, but have lived through those times. Right? So it's not that long ago. And I think we need to keep that in mind for sure. Yeah, Vickie, thank you differences, this hostility possibly between advocates and slash service providers and those involved with the criminal justice system. Yeah, both histories have a little bit of tension navigating that criminal justice system, can be really difficult. And both of them decided to do different things through in that partnership. Similarities, siloing both have

that in common, both think I gotta take on this problem. Nobody else is doing this work. I'm going to take it all on, put it on my shoulders. Yeah, for sure. More initial law enforcement involvement with children compared to like, the more personal perspective on violence against women. Yeah, maybe seeing that this response to child abuse is almost initially completely coordinated with systems. Whereas we do see a lot more of the history and advocacy with domestic violence and sexual violence to be, you know, personal. We're going to deal with this individual's problems, not necessarily on a system level. Yes, Rachel. Yes, there's plenty of legislation involvement. And in fact, Eli is gonna get to that in just a second. In both movements they have that. Umm in differences between systems versus individuals who are oppressed collaborated, that created the movements. Yes. Talking about how oppression factors into these conversations, like seeing how children being not seen as children, but instead as many adults through time, were instead, you know, not getting the response that they needed when they experienced abuse, for sure, and, of course, feminist movement, really pushing that through. All right. Thank you for all your responses. I see more. I gotta get moving, because I only got so much time. So we're going to keep going here and I'm going to hope that I still have control and keep moving along. Great. Go for it Eli.

Eli Cox 28:34

Okay, I finally got my mouse to go up to the mute button. So yeah, I'm gonna go through this kind of quickly because, yeah, in terms of how much you want to get into today, you can find this brief timeline here on page 10, in the Partnership Guide, which dives in in more in depth to each of these kinds of passages of law and moments. But yeah, just briefly like Lindsay had mentioned, that we see in 1963, when public consciousness like finally starts formulating around like child abuse and definitions in the ways that you know, it needs to be responded to in creating mandatory reporting. And then also thinking in 1974 the enhancement of who became a mandatory reporter was also built in, and one piece that that led to was unintended consequences and some rates that were not essentially positive in ways that are detrimental to some of those repercussions that rose because of those requirements. And so then, and then [1994], you see the Violence Against Women Act also known as VAWA, it came through. This was something that also mandated any shelter, rape crisis center, domestic violence program, or other victim's service program that received VAWA funding was prohibited from sharing information about a victim receiving services, including their locational information and this is done so in an effort to try and keep victims and survivors safe. And recognizing that tie in polls that sometimes people who are harming them we're using against them in that way. And then in 2013, we see that expansion for you know further for people who are mandatory reporters in Oregon, still maintaining those exemptions for confidential advocates, and then in 2015 establishing a certified advocate/victim privilege here in Oregon was key and crucial as well and I believe my knowledge the only state in the 50 states that has that.

Megan Foster 30:38

We were the first [to extend that privilege to college and university campuses].

Eli Cox 30:43

Awesome. Thanks for that clarification. As we think about as we think about each of these efforts though, what they do is that they all provide safe supports to people that we're trying to protect, and people are trying to play a role in providing that for you. So again, these slides that you see here are

not exhaustive, and about what mandatory reporters do, they connect you to resources and systems that can help them provide trauma informed reporting processes and oftentimes the first person that youth has like talked to and that's found that you know, will believe and listen to them and support them as well. As connecting to other community resources, including confidential advocacy, and that role is integral in the process of people experiencing health, safety and wellness. And then as well, just quickly for confidential advocates. Some of the safe supports they provide include that emotional support, confidentiality, safety planning for youth, and really giving more information around their rights and helping them to access resources that they need as they're experiencing violence and/or harm, and trying as much as possible, also, finding ways where control and power and choice can be returned to victims and really be survivor centered, and especially with a lot of our confidential advocates.

Lindsay Spaulding 32:13

Great, so just wanted to restate those goals and we're gonna kind of walk through each one because I think these goals, these shared goals of ours, really set up our why. So, for the first goal is to... go get ready, I'll get it. So, the first goal here is like all kids and adults have access to safety. I think we all come from that perspective. Right? I have this great graphic talking about ACEs, but you can see on the tree, we've got different forms of violence, different forms of trauma, that can happen in a person's life. And they have similar roots. Right? You can see those below. You may have include things like poverty, a lot of things regarding oppression, structural racism, lack of capital and mobility, right, these pieces as well. And ever more present, right is the effect that our environment is having on folks and their opportunities and how it impacts trauma that they're experiencing. Right so we are similar traumas or traumas that people can carry and do have similar roots. So as much as our different forms of violence have different dynamics, they do have certain things in common as well. Right? So we know both domestic violence and sexual violence and child abuse. All three do have elements of power and control, right? One person is trying to get what they want without asking for consent, because they want to regardless of what somebody else wants, and so that aspect is really similar. Three, they all involve a lack of consent either because it just can't be given or because that is taken away from somebody and not listened to. All three have a strong root in oppression. Right? We know many of us I've heard you all talk about it. It can happen to anybody but it cannot happen to everyone equally or it's not happening to everyone equally as the data is showing us. And the last one I think we all struggle with, which is that all of these forms of violence are more common than people in our society or everyday folks walking around, may believe that it's actually, especially depending on our communities. We may have people flat out denying that these things are happening in your community. Right. We all struggle with that similarly.

And on top of that, when we talk about what is safety, you know, I'd love for you all to put in the chat. I'm going to kind of talk about put in the chat what do you identify as safe? What comes to your mind when you think of safety? And Meg I'm sure is gonna put that question in the chat, but if you want to type in some chat responses, I'd really love to see your ideas because today, we're kind of using this as a catch all term for so many other things, not just like safety, but also like stability and supportive environments, healthy environments, positive environments, and you all are getting it that with some of your resources, like safe and stable housing, we think we think about like, reliable resources, but also see it's just sometimes a place to talk to somebody to disclose what's happening to you. Right, that's

often the first step and great, I love this. Protected from harm and danger. So it could be like physical, but it also could very much be psychological.

I think this, defining this word is important because we need to establish that safety can look a lot of different ways. And we primarily think of visible safety. A lot of us are focused on someone's physical safety. And there's a lot that can be said about psychological safety and the emotional toll that trauma takes. So some of the folks that we work with may be physically safe now. But they're struggling, right? They're not healthy or you know, feeling healed in any way. Right? They are struggling. So keeping this idea that safety can look a lot of different ways. And all of us at the table may be addressing safety in a little bit of a different way. Right. So our DVSA advocates I know have, like 24 hour crisis lines right? How much are those addressing? Sometimes it can be somebody's physical safety. And other times it can just be that person that you can go talk to when you are activated or struggling. Right. So recognizing that that same intention of safety is there through all of our work. I do have a note too on development, especially when we talk about kids. I think often the conversation is about how can we establish a child's safety, kind of almost without involving them. We tend to sometimes do that as adults. We kind of step in and we say 'we know what safe looks like, and we're gonna provide it to you.' And I think it's just important to know that even with the different stages of child development, we know that kids are very capable of knowing that they are feeling safe. They're very capable of knowing when they need help. So here I've just got that note, right children may not recognize certain behaviors as unsafe behaviors if they have been normalized over time, repeatedly, right? We see that with boundary manipulation, aka grooming as folks call it. Teens may be more likely to not consider the way that decisions may impact their safety farther down the road, right? Still, even then right, this does not mean that they're just incapable developmentally, of recognizing that feeling being unsafe, physically or emotionally. They are very able to do that and many of them are able to ask for help. Right? So we need to keep that in mind when we talk about the safety of children and how we can involve them in the process of establishing procedures. Right keep going, hopefully.

So moving to that second goal. I think many of us, and I've heard it from you, we've been in conversations. I see the attendee list. I know several of you. Right. We know that there are gaps in this current systems of responding, whether it's domestic violence and sexual violence in systems where it's child abuse systems, or even both of us together. There are gaps, right? This great quote, I love citing it, it is from Connecting the Dots, which is a really great toolkit from the CDC if you haven't heard of this. So I'm gonna read this quote out loud, "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 necessarily 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 that's about child abuse.' This thing, all of this violence. is connected." So really good quote to talk about how we already know that we are siloing off and I think many of us are hitting that realization, especially here in Oregon, and having those conversations with you all, that we're realizing that that siloing is leading to gaps for the folks that we serve, the children and adults that we are trying to serve. Right?

Especially when it comes to who folks tell. I think both children and adults don't necessarily speak up when they experience any form of violence or trauma. It's very common. I know that we talked about it

at length. But I wanted to spend some specific time talking about children in particular. What we know is generally children do not disclose if they've experienced that child abuse, especially child sexual abuse. Right. Nationally, we see that between different studies, anywhere between 60 and 90% of youth who experienced child abuse do not disclose that to anyone. And this is a more specific local study here in Oregon. In this pilot from the Oregon Child Abuse Prevalence Study, which is done by the University of Oregon's Center for Prevention of Abuse and Neglect, or CPAN. They did this great study of youth here in Oregon and found that 47% had never talked to anybody about their experience of abuse. Those who had shared their experience at some point in time most often shared it with a friend or parent or a sibling, not necessarily someone we automatically see as a mandatory reporter such as a teacher or law enforcement, like the SRO in school. So those are some things to keep in mind. And we know that nationally, there's a lot of evidence to support to that. Children are not necessarily going to reporting folks and many have identified that they do not want to have that report made so we've got some studies; in a 2016 report from the National LGBTQ DV capacity building Learning Center, which is obviously out of Washington DC. They found that on the impact of mandatory reporting with getting help and support after domestic violence, only 48% of people under the age of 18 decided that their, said that they did not seek help from somebody for fear of having that report. So that reporting was something that really stopped them and made them hesitate. And we found that this was especially true for historically oppressed groups, right. So they found that for trans and gender variant folks, that number was as high as 53%, for women 36%. Right, so more girls I should say, because under the age of 18. So, we know that also that reporting can be kind of a block for some folks. Sometimes it really works, does a lot of great things. And some people it stops them from ever seeking help, right.

And so I think, you know, again, we won't spend time too much on mandatory reporting confidential advocacy, but seeing these as two strategies that both movements are using and seeing that they cover more ground. Right. Seeing that we take up more space, we have more adults who are fitting in both of these circles when they're together. And we're able then to reach more children and adults through these strategies, right, providing that option. So I guess I will give like a little bit of a personal story because we wanted to add that little factor in here. And so as a lot of you all who have done personal like that direct response with folks, it's kind of hard to talk about, so hang in with me. In my past, as a confidential advocate, in another state, long ago, right, we did have a youth that would call into our crisis line frequently. She identified that she was experiencing child sexual abuse at home from her stepdad at the time, who was also involved in law enforcement. And she was calling our crisis line in particular, because when she Googled it, we were the ones who came up and she Googled who to call at 3am Right? Like, who's available to talk to 24 hours a day about this topic? She found the local Domestic Violence and Sexual Violence Resource Center that I was at a time and so she called because what would happen at night is she would her anxiety would rise because she was worried that he would come into her room. Right, that anxiety was incredibly high. So she would call in certain nights and want to talk just to kind of calm herself down, do some grounding, did a lot of that. It was really difficult for her to talk about what she was experiencing. When we asked her 'Hey, what do you want to do? Do you want to report this information? Right? We don't want you to continue experiencing this violence at home. There are folks who are really qualified at talking to kids about what you're experiencing. You don't have to be alone in this process.' Right. She experienced a lot of hesitation. Why? Why do you think that is? And you could try and put it in the chat. I can also just name it but I think for a bit of reflection. Why would a kid in this situation really hesitate? This is a teenager she was

about 15. We kind of alluded to this about 15. Vicki, thank you, yeah, fear of losing her family entirely. Right. Why would a kid hesitate to report this information? There's probably a lot of reasons coming up specifically for her. And the reason I have Super Girl on this slide is because we called her Super Girl. We never got her name. She never wanted to disclose it, because even as confidential advocates, she did not trust that we wouldn't do anything with that information. Y'all added some more, great, retribution, like fear of what could happen in return. That abuser is in law enforcement. That was a huge factor for for sure. Fear of harm, feelings of guilt. Yes, absolutely. So she continued to call into our line and we're actually wanting to try and connect her with some resources that could at least give her an idea of what mandatory reporting could look like and going through the reporting process. So we coordinated with our child abuse or Children's Advocacy Center in the area, and set up a time for her to call into our 24 hour line when we had a detective sitting in the room, and he, anonymously, you know, answered her questions, right. So she didn't give any information. And he provided as much information as he could to her about what that process could look like. Right? So really powerful when we were able to get together and coordinate around supporting this young person, this team because here she had a trusted system and a 24 hour line that she could call at any time, right? That's not necessarily true of our reporting systems, or that we're focused on the child abuse world, right. So she had this these people she trusted, and she had these people who had some expertise around these issues. And together we were able to come and collaborate on that. So very powerful. I'd like to say ended perfectly and then she reported and then through the whole process, final stop. And unfortunately, I can't share that she did not feel comfortable even after coming forward. And as she aged, she continued to call our crisis line every now and then and we continued to safety plan, especially with her growing independence as a teenager right. She was able to find new ways to stay away from her stepdad to get safety. Right. But it's it is still very challenging. And that's why yes, there's so much benefit in coming together and so much benefit in just validating the work that both of these movements do. Right. So just adding a little personal flavor in there. There are gaps there are kids but any kind of missed in the middle that we need to come together to serve. Right, and then Eli to you.

Eli Cox 47:41

And I'll touch on these quickly. And again, you all will have a PDF of these slides so you can dig in deeper as we go along. Just thinking for our time today. And I just want to set in that on those big pieces in those gaps is our ability and time where we get to make our partnerships and collaborate together and some of the generalized quotes that are underneath some of these statements here are things that we've, I've heard other staff, people, experiencing communities of people wanting to actually connect more with their partners in the same community and explain why they do what they do and really have that understanding and that trust built. And when we can set that time in our movements, that's the piece that can really bring us together. We know that that's easier said than done, but when we can hold that and there's a lot for us, especially when we get to recognize the value in different knowledge and expertise streams. So often, there tends to be a tendency where we're like very focused on, it's like I went to college I did this I have this degree and I know we also know that lived experience and all these other ways and support and training that is out there. We have some amazing experts in our communities. And we know that smart, best experts may not have a bachelor's or a master's or whatever that may be right and so when we can recognize and tag up with all the training that's available and the expertise that people have we're going to have that best team overall to like meet the needs of people in our communities and especially when we get to address varying levels of community

support. Any of us who've worked in different communities, we recognize that sometimes some communities are like yeah, I'll support this, but I won't support that and it goes back to all of these are pieces of oppression that have been built in and we're coming from in terms of some of their norms that have shifted and changed. So as much as possible when we get those chances to address those varying levels of support and like communicate, educate our communities on why each other's efforts are so important and so integral and tied together. That gives us the best chance of relationship building, of connecting, and helping people in our communities get that and recognize it too. So again, want to say these are just a couple of brief ones, but there's so much to that partnering that we can do that gives us a chance to help close gaps.

Lindsay Spaulding 49:48

And as we near the end of Eli and my section here, I think it'd be really great to just ask you all why you find it valuable for child abuse folks, and domestic violence and sexual violence folks to partner. So what we're going to do is I'm going to ask you to type that into the chat, but hold it for just a second. And I'll give you about 30 seconds to type a response. Why partner? Why, What would that do for your role? How would that change the way you do the work? What is the reason that you see it as valuable? Type that into the chat and then hold it, and then I will say go and we will all post it at the same time. Kind of be fun. I want to see what everybody thinks the same time.

Eli Cox 50:32

The waterfall effect.

Lindsay Spaulding 50:33

Yes. Yeah.

Eli Cox 50:36

I missed my joke opportunity to get my umbrella ready. Like here's the waterfall. I'm ready for it.

Lindsay Spaulding 50:42

Eli, you're always there with the good jokes. Alright, hopefully you have something down. I'm going to say go in 3,2,1, hit it. Wow, look at them all. That actually worked really well. Meg suggested this to me. And I was like, in all my virtual training time I never have done this activity and look at that. That's awesome. Thank you all for posting these. There's so many good reasons. And hopefully you can take time to read everybody else's responses. Well, clearly there are so many people in this room, seeing a reason for partnering, for making collaboration between these two movements. Yeah, so many good things, continuity of services and more coordinated care and accessibility. So wonderful. I wish I could read them all out loud. So collaboration can look so many different ways. And we're going to now spend more time diving into what that can actually look like. I do want to just shout out that. So much has already been done on the prevention and education side to better collaborate between movements. I know I'm working a lot with both local and statewide level domestic violence and sexual violence partners. And that's incredible. We're seeing so much happening when we're partnering. I want to see that in all aspects of our work. I don't want to be the only one at my organization to do that. Right. I want to be able to send the message out to everybody. Hey, we should partner with these folks. Right

obviously warm referrals are so useful for the folks that we serve. I see that as a great way to partner as well. And then you guys got a couple and then Erin and Sarah we will talk about either one.

Eli Cox 52:25

And yeah, so especially, and again, you can find this information here. We think about SARTs and MDTs in our communities is sexual assault response teams, child abuse, multidisciplinary teams, the team is the key word here, right? These are people from multiple spaces, lenses and expertise coming together to serve and partner and trust is the huge piece of this right. Like every county will have these teams and the trust building ultimately, is what makes this possible and makes this work when we're bringing all these different people together.

And when we do see counties that are working and with a well-functioning team and all the trust has been built in, we see an increase in the number of victims coming forward. And we see victims expressing, victims and survivors, also expressing greater satisfaction with the care that they are receiving as well.

And then we can also think about co-located models. This happens and there's a large history of this across the US and especially these co-located advocates, they may be generally in like DHS and spaces where they can work to provide in-depth safety planning, emotional support and education/advocacy. And this really seeks to help make connections and engagements and you see some of the quotes here on the screen. These are some of the benefits that survivors have experienced when they get to work with a co-located at DHS.

And then also, you know for DHS caseworkers themselves, some of the things they've talked about where it benefits them in their work and that ability to and what they've seen it do for their clients and people that they're working with. In co-located models there can also be advocates at schools for example, too. And this ability where as much as they are supporting populations of people, that also includes the staff, schools, and the other people have questions and spaces you get to talk. And so these collaborations are really key and crucial. And right this can look a lot of different ways.

And just briefly touching on what Lindsay said, that we're covering a lot of ground that we think, this is the hydro map of Oregon. All the rivers, the tiny little inlets that are out there, when we are overlapping, when our efforts are working together, we're increasing the pace and the needs that we can help to provide for survivors, especially in their individualized experiences that they may be having. So it's like if we just think of the main rivers in Oregon, we think of a couple but when we really look at the tiny, the intricate stream and its tributaries, it's a lot more space that we can expand on and survivors needs on where they're at. And Lindsay I'll let you finish this.

Lindsay Spaulding 55:00

We're gonna end our section with this quote. It's kind of long, but I think it's great. It's by Adrienne Maree Brown from her book *Emergent Strategy: Shaping Change, Changing Worlds* just really great thing to read, I really encourage you to check it out. Here's the quote, "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 places, 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?" So think about also how this is tied to the life and survival of folks we serve. "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 what you have without strings or expectations attached and vulnerability means showing your needs." That is the quote I'll leave us with for this first half.

Eli Cox 56:10

Thanks so much Lindsay for sharing those words from Adrienne Maree Brown that is sustenance. And thanks again for everything, in this first section here, we're just kind of setting some foundation and we're gonna take a five minute break. Let's see the time is 11:02, so we will be back at 11:08 because I know that time is going to switch off in just a second here. And so hope you get time to rest and relax and we will be back with you shortly and get to hear from Sarah and Erin. Thank you all. If you're sticking around with us here on this break, DJ Meg is going to be dropping some tune, so hope you enjoy that as well too.

Eli Cox 57:51

Welcome back everyone. I hope you all had a good break here. We're going to take us into our welcome back. The duck and the dog are awake. We're really excited to jump into this next section here on what partnering can look like in our communities in Oregon, and again a reminder, we want to mention that this is just one example and that each community is going to have different needs and responses to some of the age ranges for some of the services that are talked about today may be different in other counties and may not reflect what it's like for Douglas County. But we have just been so impressed by the partnership and the communication, the collaboration taking place. And so Sarah and Erin, we're really excited to hear from you all. And Sarah I will pass screen control to you.

Sarah Wickersham 58:35

Thank you, Eli. I'm gonna try and make sure I can click forward. Taking a minute, there we go. So Erin and I are here to talk about the kind of partnership Peace at Home and Douglas Cares has been able to create and foster and build over the years that we've been doing this work together. And the reasons that we saw as important because we're looking at our little tiny community that we're working with the same families. What one of the one of the research studies that I looked at, and it looks similar to what Lindsay found was that 30 to 60% of families in which there is domestic violence, also have direct abuse of the children. And on on also on Lindsay's slide, I'm gonna go back to that again. He said that in one year, we served over 118,000 adults for domestic violence. And if we're looking at 60% of those having children that were also abused, then that's that's 71,000 and we only served 8000. We serve approximately 8000 a year so how many children are we missing? When we don't effectively collaborate and partner on these services? So so that's really what what we're doing here and this is 50% of batterers also abuse their children. That's, that's right in line with that study of 30 to 60%. It's it's very common, it's in our backyard. It's It's ours. One of the things I love about working in Douglas County, is that we are so small, that it's easy. It's easy to partner, it's easy to know all the people who are players in this work and to develop personal relationships with them. There's only one DVSA.

There's only one child advocacy center. You know we're, us partnering is a lot easier because we don't have to, you know, meter out that work to lots of different agencies. It's just the two of us. Is there anything you'd like to add for that, Erin?

Erin Ritchie 1:00:48

Yeah, I will also add that we obviously are having a lot of overlap with our sexual assault exams. You know, we're both you know, one or both are getting called to the hospital depending on how old the kiddos are, if they're coming in for a sexual assault forensic exam, or providing a lot of the same services and different services to different folks and the same folks in the community. So it just adds to the reason why we need to be collaborating together. And we have all of the same shared and risk factors pretty much right for the folks who are at risk of experiencing violence or the folks who are at risk of perpetrating violence is the same. So being able to collaborate together so that we can more effectively serve our communities is really important.

Erin Ritchie 1:01:36

So just, I'm sure that most folks in this room know like DVSA agencies are doing especially in their own communities. But just so we're all on the same page, and most DVSA agencies, specifically Peace at Home, we provide peer support. So you know, we're not counselors, we're not mental health professionals, for the most part, but we offer peer support to both parents and for the minors, depending on who's seeking services and what is feeling comfortable for those families. We're providing medical accompaniment not only to sexual assault forensic exams, but also for folks who are coming into the hospital from physical injuries due to domestic violence, or just folks who have greater barriers in being able to access healthcare. We have specific health advocates that will go in and accompany folks for their medical appointments. We facilitate support groups for survivors. And also a lot of our work is systems navigation. So we've talked a lot about DHS co-located advocates, which I think is a you know, key partner. We also help navigate Title IX with, you know, our K-12 systems that are, and for me, Umpqua Community College, as well as with law enforcement, support restraining orders, things like that. So we can help folks navigate those systems with more ease rather than doing it by themselves.

Sarah Wickersham 1:02:59

Oh, sorry. Sorry, go ahead. No, you finish up.

Erin Ritchie 1:03:03

I was just gonna say we also do healthy relationship education and a lot of referrals and resources for folks that they can find mental health counseling, legal support and things like that as well.

Sarah Wickersham 1:03:14

Sorry, Erin. At the child advocacy center. Again, a lot of you probably know this. We have a very specific niche in this in this world. We want to be the hub of the child abuse investigation. So we want the child to come to us and then all the other partners who work in that investigation, investigation and response to come here to see the children all in one all in one place. So they don't have to do multiple different appointments, multiple engagements with with the different bodies because all that can be really frightening and difficult to navigate. So on our premises, we do forensic medical exams, which

can be a challenging experience for a child. A lot of times they have to take all their clothes off, they always have to take some of their clothes off, and be photographed. We, in that space, we always have a chaperone, and we really love it when that chaperone is a confidential advocate from Peace at Home, if that's the appropriate person to be in there. We also do forensic interviews. That's where it's a recorded interview where a child tells the whole story about what happened to them. And it meets the evidentiary standard to be played in a court of law, and used as evidence against the perpetrator. We do family advocacy, so that includes a lot of the referrals that Erin mentioned, legal referrals, housing, whatever resources the family might need in that moment. And when we say family, we mean the children and the non-offending caregivers. CACs have kind of a prohibition against working with, working directly with the person who who perpetrated the harm against the child. However, a lot of us are realizing that that in that area, sometimes it makes sense to bring that family member in as well. If they're going to continue to be part of the family, if the abuse wasn't really serious, to the point that those bonds can't be healed. And our family advocate can go into the courtroom with the family and sit through the process there, comfort the child, take them on breaks, and be there as a support through that whole piece of the pie. And then our CAC, and a lot of the CACs in Oregon, but not all of them yet, also offer trauma focused therapy. So when the trial and family have gone through that pretty traumatic experience of the investigation, and also the trauma of whatever led to the investigation, they're then referred to the other side of our agency and we're able to provide comprehensive case management that kind of pulls from family advocacy and then takes it on onto the next stage. Into the long term skills training which is which is unique to our CAC. That a skills trainer is a bachelor credential person who works under the direction of the therapist and kind of extends the the lessons of from the therapy office out into the real world they work with families and children in their communities, at home, at school, at the park, wherever the family finds themselves needing to practice the skills that they're learning in therapy. The case, the skills trainer can go with them on that and help kind of coach in real time. We're also in the next couple of months going to be providing groups for both teenagers and for parents who are who are in this process of healing from from abuse and traumatic experiences. So those groups can be really really beneficial because people can talk with with others who've experienced the same thing, and who are going through the same thing and and it's not all like the clinician to the to the client kind of perspective. It's more of a group experience where where there's more camaraderie and more more understanding that's taking place between the two people.

Erin Ritchie 1:07:10

So I think we all have probably heard about confidentiality, obviously with advocates and a lot of times we have a negative reaction. I think more working with community partners, especially like particularly like with schools, that can be a challenge coming in and saying I'm confidential. I'm here to support children and parents. And so I wanted to highlight some of the benefits that we see for having confidentiality for minors and and Lindsay did a really good job of explaining a really awesome story about how that was supportive and and his experience, but I always like to highlight that we are able to have a full conversation, to have, to offer more comprehensive and individualized safety planning that you might not be able to have if you're in the room with a mandatory reporter and this child or the teenager is not wanting to make a report so they're going to be watching what they're saying, right? That's the same thing for parents and adults as well as they have children. They're not going to be as fully honest or fully transparent with what's going on if they're worried about making a report. We also are building rapport and trust building with healthy and supportive adults that I think is a really great

example that we can kind of lead for the youth in our communities when they you know, obviously if they're seeking services that probably have unhealthy adults in their life, or have experienced abuse from adults. So being able to be an example of how adults can set boundaries with folks and be healthy and supportive, so they have a place to go, you know if and when they're struggling. We're also able to make reports, just because we're confidential and we're not mandated to make a report doesn't mean we can't make a report with a child. And also, I think just students have the right to a confidential advocate, which is super important. I'll tell a story about a student that I worked with a couple years ago. We were doing healthy relationship education in the classroom and we had a student come up to us at the end of the class. And lucky for us the teachers were very open for us to be able to meet with students privately. So myself, and another advocate were meeting with the student and they expressed this experience that they had where an older adult was, you know, effectively grooming them over text and in person and things like that. And there was just a lot of you know, as we all know, a lot of complicated feelings that come with that. But, you know, they trusted this person, they liked this person, but also there was this, you know, huge age gap that's really inappropriate. And just the potential for harm was really there. And so we were able to talk through this with the student. I'm just like, Well what does it look like to talk with this person? What does it look like to not talk with this person? How can we make sure that you're staying safe, and are also processing these really weird and complicated emotions in a safe space, where you're able to talk through that and make sure that the student was safe, and the student was okay, and be able to just that support person for them. They probably wouldn't have had that conversation with a teacher or a counselor, just because they would have been a report for an adult they didn't want to have a report made on so they were able to access those services in that moment.

Sarah Wickersham 1:10:32

I know that Eli brought this slide up and I love this slide so much I wanted to go to bring him back and to talk a little bit more deeply about about each of these types of abuse, each of these different categories that are often overlapping, but often they happen to the same person in the same setting. So these are just kind of divided out by age group, right? We've got child abuse, neglect is obviously under 18 or and it kind of pushes over a little bit. When we're talking about kind of disabled young adults who still have the mentality of a child. It's the same kind of exploitation. Sexual assault kind of starts, it looks like around 12 to 18. It's, we work with infants, we do exams on on babies, sometimes a few days to a month old, because someone hurt them sexually. So it just falls into the category of child abuse when it's somebody who's prepubescent, but it's also sexual assault. Dating violence can happen from from young childhood on. We're also seeing a big increase in peer to peer and interpersonal violence. I look at the numbers for our local schools. And I can see, I can run numbers from from year to year. Peer to Peer violence, especially peer to peer sexual violence, even if it's not, you know, in within the context of a relationship, is is increasing in our little community. And it's it just in one year, I received over 100 reports out of one of our two middle schools here for peer to peer violence of some nature and that includes bias and hate crime related incidents. There's a boy in, we received a case from one of our local schools, which was really, really quite disheartening because of the school's response to it. Of a boy on our football team who, for all intents and purposes fits in with the crowd, he's he was very much a member of the football team. The other boys on the football team held him down and anally penetrated him with their fingers and with other implements. And they called that hazing, like that's that's what they do to kind of initiate this relationship on the team. And and the the part that was very

disheartening was that the principal of the school made the report, but the child's father, who was also the assistant coach would not, would not follow through with with that. So ended up being 'no victim no crime,' can't move forward. But peer to peer and interpersonal violence is a very large issue in our community and I saw someone in the chat speak up saying that that's happening in their communities as well. We also work very closely with our Human Trafficking Task Force and Peace at Home has, has done a lot of work with with human trafficking victims. So so that's that's another layer of the partnerships that we're able to provide here and a little bit later. I have a pretty compelling story that touches all three of us in that area, but as you can see, the the nature of this slide is just talking about how, how much overlap this is, these are really the same people and it has it often happens multiple times in a single person's lifespan. They start in a situation with child abuse, neglect, end up in sexual violence, end up in dating violence, and then follow through all the way into intimate partner violence when they're adults in in committed relationships. There's there's no place where you can draw a line and say this is only happening at this time in the age span. It's it's all of it all the time.

Erin Ritchie 1:14:54

You want to go back a slide Sara.

Sarah Wickersham

You're right.

Erin Ritchie

All right. But now we're gonna read a vignette of a made up story about a student making a disclosure so I'm just gonna go ahead and read this slide. 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 asked Jessica if her parents help with her homework at home. Jessica responds, not last night, dad and I watched a movie under a blanket on the couch. Jessica looks down when she's talking and avoids eye contact. The teacher repeats Do you often watch movies under a blanket with your dad? And Jessica responds quickly saying it isn't a big deal and nothing happens. It's normal. Her teacher reflects I hear that this is normal to watch movies with your dad and you aren't in any trouble. It's okay to talk with me. Does watching movies under the blanket ever make you feel uncomfortable?

Sarah Wickersham 1:15:57

Yeah, when he touches me down there. He touches you the teacher asks kindly. No nothing happens. Okay, I hear you saying nothing happens. I see it's hard for you to talk about this. And that's okay. You aren't in any trouble. Very carefully the teacher continues. I have to let somebody know about 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's gonna be okay. And and I'm here for you. The teacher then let's 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 okay 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?

Erin Ritchie 1:16:44

So I will talk about kind of what happens when a teacher or member of a school calls Peace at Home. We've worked in the last several years to partner with schools to let them know that we are a resource for them. And that's obviously you know, in process, right always building those relationships. We have how many schools in every district, right? Well, what that would look like is typically I, or a sexual assault advocate would respond to the school. And we would ask if we were able to talk with the student privately. We obviously would ask that it would be in like a room with like, window doors things like that to you with child safety and things like that. But be able to speak with the child without the mandatory reporter there just so they have opportunity to really again have that comprehensive safety planning conversation with us. With a student like what Jessica would say, I most likely would have been talking to the teacher first. The teacher probably would have done tell me what happened. I would talk to them, let them know that I'm going to go talk to the student. And I, at that point would also reiterate what my confidentiality looks like. And that is just so that teachers and staff and other folks in this in the school aren't then coming to me later being like 'so can you tell me everything that you talked about Jessica with' because I will just not be able to tell them. Then I would talk to Jessica about home, how things are going to look and also reiterating that the teacher is going to make a report and that Peace at Home advocates are there to support her throughout the whole process with DHS, we would kind of explain what that is going to look like that means that people are going to come talk to her and that she can have an advocate there to support her and she can call us anytime. So it's kind of the gist of what that would look like. And we typically would also be following up on support services afterwards to make sure she's connected to counseling, things like that whatever would be helpful for her. We also would look and see if a sexual assault forensic exam is appropriate. And if that's something that she would want to engage in, and then talk through that process as well.

Sarah Wickersham 1:18:59

And for those of you on the call, who are mandatory reporters, you you know, this process and the rules governing this process and that holds specifically to you very well. There are others on the call who maybe have never made a mandatory report and don't know how that works or how they fit into the process. So I will describe a little bit of that. Number one, the person who heard the information is the one who has to make that call. And and I've and I've worked with a lot of people like I continually educate my own community in this. Some agencies have that go to the supervisor and the supervisor makes the call. But according to Oregon law, the person who heard the information, who would, who heard or witnessed the incident happening, is the one who has to make that report. And that doesn't mean go talk to your, don't go talk to your supervisor and figure out you know, what the company does, you know, share ideas talk about whether or not this is actually reportable. Absolutely do that, but the person who heard the information needs to make the report. So this teacher, in this situation might talk with her supervisor at about what happened and the fact that she needs to make this call and what kinds of things she already knows. What she knows now is all she can report. It is not her job to ask any more questions of this child. She's not supposed to do an investigation. She's supposed to, as much information as she has without without asking any additional questions, aside from 'Do you feel safe?' The teacher can always ask that question and that's a really important thing to know so that you can problem-solve that issue immediately. But otherwise, the teacher's job is to talk to, the teacher will have access to to the really important things about the case that that some of us otherwise won't. They'll know, the child's name, date of birth, address, parents names, phone numbers, all these things

that are really, really helpful when you're making the child abuse report. Sometimes community members don't have access to all that stuff, but they still have to make a report. So if the teacher has a really good relationship with the confidential advocate, and has made that call they they have, you know, they have the ability to have the advocate in the room. I have found in my work, both as a as a leader now, and before when I did direct service, it is incredibly powerful to have the person who was harmed, or even the person who caused the harm, sit next to you and make that report or make the report while you're there. That can discharge your duties as a mandated reporter, as long as you let them know you're in the room, you've heard this you're part of that. But to have that person make the report themselves is incredibly empowering. And that's where the advocate can come in and help support the youth victim who who who wants to make the report themselves. And/or, you know, if there's an adult involved and the adult is the one who caused the harm. I used to work with a family who, who mom lost her children to child welfare due to drug offenses. This was before those law passed and everything, it was a lot more generous and a lot more likely to do problem solving rather than immediate removal. So it was a while ago. But I was working with a family after the after they had been reunited. And mom admitted to me that that she had slipped and used again. And we had a good enough relationship that I was able to encourage her to call her caseworker and make that report herself. And then I drove her over to the substance use walk-in clinic immediately after because she was the one who made that report and because she took immediate actions to resolve the issue, the children were not removed again. So when we empower people to understand the ramifications of what's happened and and to be part of the process in in resolving the problem, they're much less likely to to impact some of those, those really traumatic experiences that happen when Child Welfare gets involved. And that's that's one of the most beneficial pieces of the relationship that Peace at Home and Douglas Cares has is that empowerment of the families and the minimized damage that can be a result of these incidences. I think Erin was going to talk a little bit about who can be in the room when making a report. If there's, yeah.

Erin Ritchie 1:23:37

Absolutely yes, I, as an advocate, can absolutely be in the room while making the report along with the mandatory reporter with the student and that would be an option that would be presented when having that initial conversation with the student, which sounds like 'your teacher is going to make a report. This is what this would look like. And if you'd like, we can go sit in the room together and so you can know what's going on. You can know how your story is being told. You can talk to the person directly if you'd like or you can let the teacher do the talking.' It's giving again giving back some of those choices back to the student. And we can also be in the room when there's additional follow up as well with caseworkers and things like that, we just kind of need to know ahead of time and stay in contact with students. And we can have releases of information written with the student so that we can then have that additional collaboration with folks like Douglas Cares, folks like DHS, the teachers, whatever that looks like for the student that would be the most supportive for them. So with an advocate in the room and that would really just look like a sitting there and being in the room with them. It's not, I opt to not, I'm not speaking for the student. I'm not doing anything for the student. Sometimes I've had both incidents where we'll kind of essentially safety plan for the report before we go into the room. So sometimes, especially with younger folks, they're maybe not, they're really nervous. It's you know, it's really upsetting. And so saying like, 'hey, we can pause at any point you can just like look at me, you can like tap my arm or whatever that looks like and I will happily say we need to take a break and I will

do that for you.' And we can step out so that's kind of what some of the additional like really just emotional support pieces that an advocate can do while making a report with somebody.

Sarah Wickersham 1:25:35

I just got a message in the chat that I wanted to touch on 'is ODHS Child Welfare willing to meet and interview children at Cares with an advocate present?' And Child Welfare always meets at Cares. That's, we see them we see them for every case here and they don't have any concerns with with a Peace at Home advocate being there. So the interview can take place at cares. It often doesn't. It often happens at the school or at the home of the family. But it can happen here and we're happy to support that. So when they come, it's it's usually after child welfare is in initial contact with the family.

Erin Ritchie 1:26:28

And I'll add to that as well, since Peace at Home has a DHS co-located advocate, specifically within child welfare, if a caseworker has already identified that domestic violence is also a piece of that, what's going on with that family, they can also potentially depending on kind of what the situation is with the student or the minor, DHS will just bring an advocate with them to go to the home, to talk to the family. And so, they just, and the advocate is able to be there and support mom or kiddo or whatever that looks like.

Sarah Wickersham 1:27:08

So this is kind of a long term look at what happens when the child abuse is reported. So we talked a lot about the disclosure and the report, that advocacy can come in, that advocacy can come in at any stage in this process. The advocate is sometimes the one that the report is made to, that the original disclosure is made to, and then our wonderful partners at Child Welfare and law enforcement come in and they do the investigation. That's that's where their role is. They they interview all the parties involved, they look for, they they take the evidence that we generate at Douglas Cares because we don't make determinations about child abuse, we just generate evidence and and our providers can give a professional opinion as, especially for medical providers, as to whether the injury witnessed could be accidental harm, or if it's definitely, or it's most likely non accidental. So we give a professional opinion, But we're not the ones who make the decision about whether or not it's founded as child abuse, whether or not there's a criminal case involved or whether or not there what what actions need to be taken afterward, such as child removal. So our job is to be a partner to the family, to generate the evidence for our other partners to take and then and then use to make determinations in the case. In the court system, that's where the judge is is involved in will, child welfare or law enforcement will will present their case whether that's criminal or or custodial. So, child welfare has to go to court and and present the case as to why they think they need to take custody of a child. And then the judge makes that ruling that yes, this is is necessary in this case. That's not to say that they're not allowed to take immediate actions to protect children. They are able to take immediate action if a judge isn't available, to put children into safety. And then very soon after they have to go and present their case for the judge for the actual ruling. And then the long term care. Douglas Cares does a lot of that but you'll notice the strap across the bottom is school support. Because school support is there before anyone ever heard about a disclosure and after everything is said and done in the chat and the family has healed from the from the experience. They they are very unique in this entire process because they have to see every child more than any of the rest of us. We're a lot of us are voluntary services or court mandated

services. But schools are required to see every child in the community and and they have this very important role. So when we're talking about partnering, we also have to make sure that we're we're having good relationships with our schools and that they know they can count on us when they need us. And that we have open lines of communication.

Erin Ritchie (she/her) 11:41:05

Yeah, and I think and advocacy can be at any point in this as well. I'll also add that a lot of times we're working with families, we'll have an advocate that's kind of assigned to the parent and to the child. And those are usually 2 different advocates just because confidentiality and things like that, first not releases, all of those, you know, fun components. And it just, it offers, you know, mom or parents a place to. Talk about how stressful and scary that is, regardless of whether or not they are experiencing direct harm like if domestic violence is part of the situation or not, they can still get that support. And so that's really, especially when we're doing sexual assault forensic exams and parents are there to support Kiddo, we can have an advocate there too to support the parents as well. So a lot of the just overall arching goals that we both have is that, you know, best case scenario, if we can have an advocate and the child present when making the report, we have more youth empowerment as Sarah was saying and we're just otherwise engaging the youth and family in making the report. So whether or not they are in the room or they're not or whatever feels best for them if if we're giving them options and choices so they can have that more empowerment part of the process. We know that in reality Mandatory reporters have to make the reports as soon as possible. So sometimes it's not always, you know, it's not always possible that an advocate and a child can be in the room while making their report, especially if, you know, maybe someone is just immediately making the report and not thinking about bringing in advocates or children into the, into the room to make the report. So that's where the relationships with key youth serving organizations and schools come in so that we can let them know what best practices look like, let them know that we're here to provide those services for them. And I also, I'll share that like one time I had a an high school call me to come talk to a student who had experienced physical child abuse from their parent. And so the teacher, or actually in this case it was like a counselor of sorts, had let me know they were gonna make a report but they wanted to have the teenager have some time to talk to me and kind of offer some choices there. In that conversation with the student I was able to find out that DHS was already involved with the student and so there's already that relationship of some sorts with the caseworker at DHS. So we were able to work together between DHS, the school, and the student, to offer, you know, one get a release for the the school so I can say hey the student does actually want to re-engage with DHS. This is the case worker they've already had. So if you, you know, you can call the child abuse hotline as well and fulfill your duties as well as here is that the direct caseworker that's already a part of the prop like a part of the, Family, I'm so sorry, words are so hard this morning. And so maybe we can make a report also specifically to that case worker since the child is already familiar with them and more comfortable with them. And so ultimately we were able to make sure the student had some say even though they opted out of being in the room with the mandatory report.

Sarah Wickersham 11:44:41

Thanks. I was gonna share a story also, but I just got the 10 min warning, so I'm gonna skip it. I wanted to talk about one of the other, things we were able to do in our community that was beyond just the DVSA and CAC collaboration. So as many of you know, there, there's also a court appointed advocate

with the DA's office for, for victim services. So, so there are multiple groups that might interact with a family at any stage of this process. And in our little community, our DVSA had had created a task force on family, against family violence, with the goal of preserving the lives of women of victims of domestic violence because during during the course of events, they realized how common it was for women to die at the hands of their intimate partners when there was violence involved. So they created this task force on family violence and included the DA's office, law enforcement, the court system, the judges, our child advocacy center because we're often involved in in the same cases, and some, and Cow Creek, and multiple different law enforcement. Cow Creek is our, our tribe, our local tribe, who provide their own advocates for families and victims of violence. So recently within the last year the CAC due to some grant funding shifting around took over coordination of the task force on family violence. And we feel like that's part of our mission because family violence affects adult women as well as children. And when we can impact this this very important mission of preserving the lives of women, we preserve the lives of mothers of children and, we look across the spectrum at preservation, at prevention more than anything else. And so we prevent violence against women. We often prevent violence against children as well. So the Child Advocacy Center now coordinates that group and it also includes the human trafficking task force. So the CAC, it provides advocates for children 0 to 18 with child abuse and neglect investigations. Peace at Home provides confidential advocates for, for older children. I think they're cut off as like 11 or 12. On the young side, and, and throughout the lifespan, so intimate partner or sexual violence. There's a court advocate who who takes care of children and families during the process of the court prep and proceedings. And there's a Cow Creek advocate who takes care of victims of crime if they're tribal members. And for all of these, we wanted to make sure that number one, every family or child or person, individual who needed an advocate would have one and number 2 that as we shifted from one advocate to another that we didn't, we didn't lose track of the process that nobody fell through the gap through the cracks. So we created an MOU with all of these organizations that provide advocacy, whether confidential or not, and and lined out our our stage in the process and how we share information, what what limits of confidentiality they are, what kind of releases have to be signed, and how we shift families from one of us to the other without losing anything in the way. So very proud of that work that we were able to do here and the benefit to families.

Erin and I also wanted to talk about sexual assault. And forensic exams and how how that process works in Douglas County. It is it is different here than it is, particularly in, at CARES Northwest. In Portland, there are lots of people who can respond to things like this. In in Roseburg there are 2, one's a nurse and one's a nurse practitioner who respond to adult victims of sexual violence. And there are 2 nurse practitioners who work at the CAC who respond to children victims of sexual violence. So, so that's it. That's, we're on call, 24 hours a day. The 4 of them are on call, 24 hours a day. They can kind of coordinate vacation time so that we don't have gaps in coverage, but we definitely have gaps in coverage. So, the, the adult SANE nurses who do the exams can see, they're legally allowed to see children as young as 15. Locally, they typically cap it at 16 and they call us in, for, for anybody younger than 16. But But also it's kind of it's kind of a toss up. We want to see everyone under 18 and even young adults. Who who have some special needs because we have a much more comfortable setting. You can see our our clinic in the photographs here. We we use real sheets, we use a beautiful handmade quilt as a cover-up. It's, it's, it's not in a busy emergency room with, with all the noises and just curtains separating you from other people. We want, we want our vulnerable people to be in in our clinic because it's quiet, it's intimate, you're the only person they're receiving care. And that's our

preference. But sometimes, you know, the, for whatever reason, the needs don't, don't work out that way. So often between the ages of 16 and 18, we work with peace at home and sometimes they're the first people who are called when there's the first people who are called when there's a sexual assault that reports to the hospital. And I'll let Erin talk about what happens then.

Erin Ritchie (she/her) 11:50:34

Absolutely. So, when that happens, we have, you know, really a young adult at that time who is there specifically to have a sexual assault forensic exam. Mercy, our local hospital typically call Peace at Home and a confidential advocate will respond. They'll provide options, explain what this kit will respond. They'll provide options, explain what this is going to look like, things like that. And kind of depending on where they're at in process once we get there, we'll offer them to go to Douglas Cares. Because we, know it's going to be more comfy, right? But if we're there and the SANE's already there and things like that, it might not be the best, the best option. I'll share that recently we had a response where it was an older teenager who was there to get an exam and there was no adult SANE to respond and the family had already been there for hours by the time that the advocate got there because there was a delay in calling Peace at Home. And so the advocate was able to let them know like, hey, we can call Cares and we can go over to Cares and we can get this process going a lot more quicker, a lot more friendly environment, and that's what they opted to do. So peace at home was able to hang out with the parent while Kiddo was in with one of Cares advocates and with their SANE nurse and they were able to get the kit going and support was there for everyone who was there as part of the family and that just was you know obviously a much better option and that was in the middle of the night as well. Then sitting and waiting for potentially hours more in our emergency room waiting for an adult SANE.

Sarah Wickersham

Some of the challenges that have been expressed to us, like we just do this because we're a small town and we see things and we get to change them right away. But some of the challenges that we, have heard expressed over over this collaboration, is that the myths around confidentiality. So a lot of CACs, my friends and partners, and and us before you know we were able to make this connection. We're had concerns around the privileged piece of that of that advocacy. But I wanted, to it's become very clear to me and to our partners in through our partnership that not being able to report abuse doesn't mean that they condone abuse. It they are very much involved with the family if they see there's a safety risk they're right there, they're safety planning, they're hearing the whole story where we can't always hear the whole story because of that fear of the mandated reporting or or the the law enforcement or other repercussions of sharing that story. Peace at Home gets to hear the whole story and they get to work in real time with the family on the actual challenges they're seeing. But so there's this overlap and this benefit of both of us being involved or sometimes just Peace at Home being involved. Lindsay talked about that child that never reported, but how much comfort and and control she felt over her life because she had that ability to talk to somebody about it. Whenever she needed to. It's not the ideal situation, but it's the best she could have hoped for and we weren't, we didn't just leave her alone in that situation. Another, another thought that's come up is, is where, what does the division of duties, where Peace, the child advocacy center has their own advocates. When Peace at Home advocates is there, which advocate does what? And that's, that's just a conversation to be had, you know, we can lay out the parameters of who's there to guide the process through which stage and

and that's something that we're able to do in Douglas County. Another piece that is for those of us who bill for services that could be a concern is the idea that we're double billing for the same family. It's not a concern here, and I, and I believe that's true of most DVSA, but I'm not certain of that. We, we bill insurance companies. For a, on a fee for service model for each of the services that we provide but Peace at Home is a hundred percent grant funded. So there's never any overlap or correlation between us serving the same family in the same setting, you know, on the same day or any of those challenges that 2 billing organizations would have to face. So that there's really many fewer barriers than there are benefits. Okay.

Erin Ritchie (she/her) 11:55:09

Absolutely. I think we have. Come up to the 5 min mark. So.

Sarah Wickersham 11:55:14

Very little time.

Erin Ritchie (she/her) 11:55:17

That is all we have to say.

Sarah Wickersham 11:55:21

Yes. So thank you very much. It's, it's an honor to work with our, DVSA here locally and, we look forward to much more comprehensive partnering and we would love to be the model for the rest of the state. Happy always to answer questions, provide coaching. We, there'll be some contact questions at the end of the email. But we really appreciate all of you being here. And I will, and I will hand control back to Eli.

Erin Ritchie (she/her) 11:55:50

Yes. Thank you.

Eli Cox (he/him) 11:55:55

Okay. Hey, and Erin, thank you so much for sharing that and especially the way that you spoke to when we're finding these spaces to actually connect someone and to have this, you know, recognition and this ability for someone not to be alone and that sharing and especially Lindsey you made the mention earlier on around the ways that so often so many of our organizations we are doing all this because of you know the care and like what we're hoping to support our communities with. And it's like those weights alone are so much to carry. And so when we can share, we can shift when we can connect with others. That opportunity to like have those further streams that are individualized to every survivor's unique needs while they may be similar types of violence, every person will be totally different. So that's a huge, huge aspect of the combination, collaboration and I really appreciate you both sharing those, some of that partnership and what that's looked like. And, and I can imagine to the amount of time for building that. To right like it's It takes time, it takes moments.

And so as we come back and wind down here with our last couple of moments. Today I apologize if there's something that popped up in the chat I can't see chat so if there is say hey you all let me know if there's something I needed to be brought up but just coming back in and tying in with these shared

goals again, where all kids and adults have access to safety, health, and wellness where we can fill the gaps in our current system that is responding to violence. And then also serving our communities in the best way possible, which means connecting through with other service providers, even through those differences like you named Sarah like, you know, sometimes it's like these differences that may pop up are actually a lot less than our similarities in our overlaps, which is really key.

And we hope again, this is just a small piece of the puzzle. There are so many conversations, lenses, perspectives, voices that are also adding and informing these conversations going forward. Right? So we're excited for that work to come. But as we, you know, go up into our own communities, we can be thinking where are those opportunities that we can set to actually get to know and partner with folks that we work with. Outside of large meetings, right? It's one thing to come together in a big space, but when we can get that time for coffee or just that like, you know, learn more about the people we're working with that strengthens our relationships and our organizations. Where are those aspects where we can share and boost each other's efforts, collaborate, for example, April is sexual assault action month and child abuse prevention month. Where are those overlapping efforts that we can show our community, how we're united and work together? And then as well any resources to keep and continue exploring in these conversations.

And so with that just sending a reminder again, for the partnership guide, to always refer back to. And again, this is version one you see. There will be at some point in the future. There's going to be shifts, things get added, but for now this is something that we're really excited about for helping to support people.

And then also I wanted to bring up to the OHA Rape Prevention and Education Resource Map. Meg, thanks so much for dropping that in the chat. This is an amazing tool that gets a space for us to look at Oregon and to a county level, on multiple lenses around the balance, harm, abuse, and neglect and also ways for like prevention and other pieces too. So there's some great data there.

And then again, next week, webinar 2, mandatory reporting and confidential advocacy partnerships in youth serving settings. We're really excited for our presenters that are gonna be there with us then too.

A few citations.

I just wanted to give a big thank you to everyone for joining us today, the work that you're doing in our communities and to our presenters, thank you so much for your time and expertise. And if you have any further follow-up questions, please reach out to us at taskforce@oregonsat.org and we can do any connecting emails from there also. So. Thank you all and take care.