



Bridging the Gaps Resource Packet: Abuse and Violence Prevention Across the Lifespan in Oregon



The resources included in this packet are products of SATF's statewide Prevention and Education Subcommittee (PEC). They were created and informed by folks all across Oregon who represent a wide array of disciplines and programs. These include (but are not limited to) preventionists, child and family services partners, educators, domestic and sexual violence advocates and partners, state-level organizations, culturally specific programs and more.

This packet includes the following resources in this order:

- **Shared Core Prevention Values of Child Abuse and Domestic/Sexual Violence Prevention**
Highlights eight core values that are shared across all forms of violence and abuse prevention.
- **Understanding the Language We Use**
Explores overlap in language commonly used in the child abuse prevention/intervention sector as well as the D/SV sector and how that language may have the same or different meaning.
- **Connecting Prevention Strategies Across Violence and Abuse**
Looks at some overlapping prevention strategies that are recommended in the 5 technical packages from the CDC regarding intimate partner violence, suicide, youth violence, sexual violence and child abuse & neglect.
- **Navigating the Systems to Respond to Disclosures of Abuse, Neglect, Assault, and Violence to a Person Under 18**
Outlines many of the processes that may occur after a report of abuse or neglect is made, including with Title IX, with ODHS, Law enforcement and more.
- **Connecting Goals and Strategies for a Healthier and Safer Oregon for Young People**
Highlights the overlap between many goals and strategies among sexual violence prevention, sexual health promotion, child abuse prevention and suicide prevention while also considering some of the players at different levels of prevention.
- **Understanding Child Abuse and Neglect Prevention in Oregon**
Provides an overview of child abuse prevention in Oregon in the context of strategies, partners doing the work, and broader context that impacts these efforts in this state.
- **Examining / Unpacking Oppression and How It Is Present In Our Violence & Abuse Prevention and Intervention Work**
Examines experience as a CPS worker to look at oppression as a root cause of abuse, a tool to perpetuate harm and as it is reinforced by systems. This resource also includes prevention context and a worksheet to apply with other cases.

SATF is committed to strengthening the connections that exist, and are possible, among prevention efforts across the state and across the lifespan. We know that differing forms of violence and abuse share the same root causes and require that we connect the dots to address oppression and move us all closer to a safer and healthier Oregon for all. This effort is supported by our [Bridge Project](#) work and our ongoing collaborative work in PEC, especially in our DVSA/CA Prevention Work Group.



Shared Core Prevention Values of Child Abuse and Domestic/Sexual Violence Prevention

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

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

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

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

Effective prevention efforts focus on preventing perpetration.

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

This work needs to come from communities.

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

Prevention takes time.

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

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

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

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

Effective prevention efforts focus on preventing perpetration.

We focus on risk factors for perpetration, not for victimization. AGSATF believes that, while it can be useful to give individuals and communities information to help keep vulnerable members safer, the only person who can truly prevent violence/abuse is the potential perpetrator, by choosing NOT to offend.¹

This work needs to come from communities.

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

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

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

¹ [Primary Prevention of Sexual Violence Position Paper](#): AGSATF Prevention & Education Subcommittee Position Paper

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

It is not enough to tell people what not to do, we have to replace this with what is healthy. Healthy relationships and sexuality are an integral part of the human experience with physical, intellectual, social, and spiritual dimensions. Helping people to identify and create opportunities to explore their own sexuality in a positive and healthy manner is crucial to achieving a culture in which sexuality is regarded as a normal and healthy component of each of our lives.² Having access to information on healthy sexuality, supports young people in setting and respecting boundaries, recognizing and understanding consent, and fostering bodily agency and autonomy. These skills help young people to stay safe and also reduce their risk of offending as they age. A useful framework to support healthier and safer communities for all people is understanding the Social Determinants of Health, which help us understand how this work is connected to so many other efforts.

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

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

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

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

Prevention takes time.

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

² [Promoting Healthy Sexuality as Sexual Violence Prevention](#): AGSATF Prevention & Education Subcommittee Position Paper



Understanding the Language We Use

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

Child Abuse Prevention and Intervention Practitioners (CAPI)

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

Domestic and Sexual Violence Preventionists (DVSA)

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

Neglect

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

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

Neglect

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

Physical Abuse

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

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

Physical Violence

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

Sexual Abuse/Assault

Commonly used to describe sexual violence to people under 18 years of age. This is what Oregon's Child Sex Abuse Prevention Education Law (Erin's Law) is working to address. This type of abuse may include: any sexual contact with a child or any behavior that is meant to sexually arouse the abuser, like making a child pose for pictures.

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

Sexual Violence

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

Sexual Harassment

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

A pattern of unwanted sexual behavior towards someone

Sexual Harassment

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

Stalking

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

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

Stalking

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

Dating Abuse/Domestic Abuse

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

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

Dating/Interpersonal/Domestic Violence

Domestic violence can happen in all kinds of intimate relationships, including: married couples, couples who live together, people with children, same-sex or gender-nonconforming partners, ex-partners, teen dating relationships, etc. This often includes emotional, social, sexual, and financial abuse tactics to control a partner. Dating violence is what Oregon's Healthy Teen Relationships Act (HTRA) is working to address.



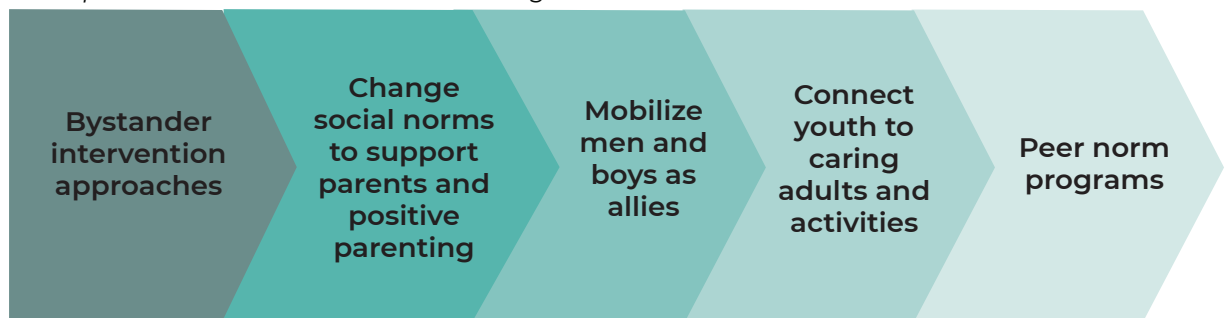
Connecting Prevention Strategies Across Violence and Abuse

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

Shared Strategies

Examples from the 5 CDC Technical Packages

1. Promote Social Norms that Protect Against Violence



2. Teach Skills to Prevent Violence and Abuse



3. Provide Opportunities to Empower and Support



4. Create Protective Environments



5. Support Victims/Survivors to Increase Safety and Lessen Harms

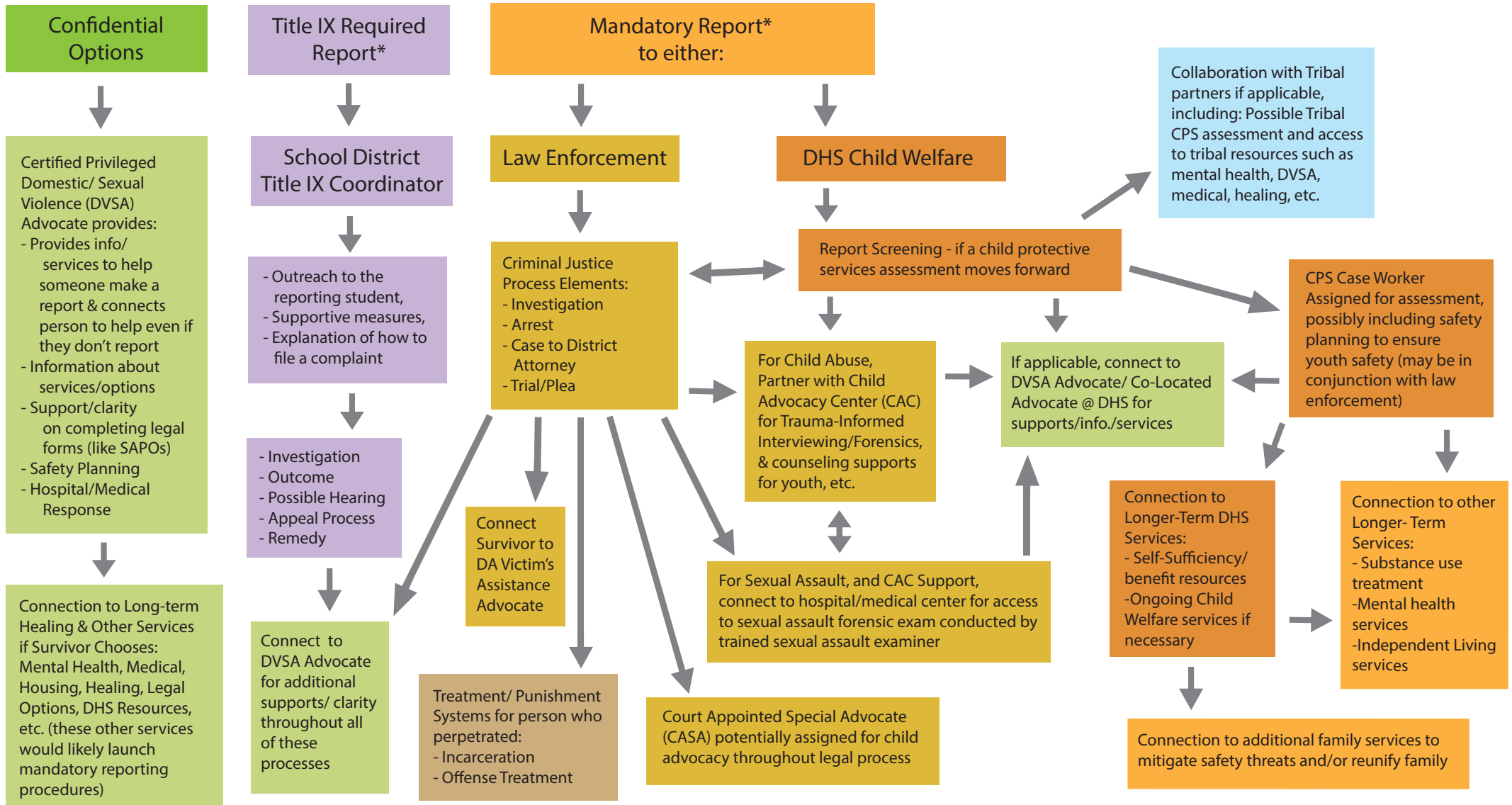


1. Basile, K.C., DeGue, S., Jones, K., Freire, K., Dills, J., Smith, S.G., Raiford, J.L. (2016). STOPS: A Technical Package to Prevent Sexual Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. 2. David-Ferdon, C., Vivolo-Kantor, A. M.,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



Navigating the Systems to Respond to Disclosures of Abuse, Neglect, Assault, and Violence to a Person Under 18

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



*All K-12 employees are responsible employees under Title IX, and mandatory reporters of abuse under state law. Some reports of sexual assault or abuse, especially if the person who perpetrated is a school employee or student, will trigger both Title IX and Mandatory Reporting responsibilities. Additionally, if "sexual conduct" is reported between a student and a staff/ admin/parent volunteer/other contractor, additional reporting responsibilities exist, including to either the Teacher Standards and Practices Commission (TSPC) or to the Oregon Department of Education (ODE).

Some Considerations to Explore While Reviewing this Flow Chart

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

This chart can be overwhelming for those of us doing this work, which means it is definitely overwhelming for those navigating it when they've experienced violence, abuse, assault or neglect.

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

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

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

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

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

Laws change, and new laws are added, regularly.

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

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

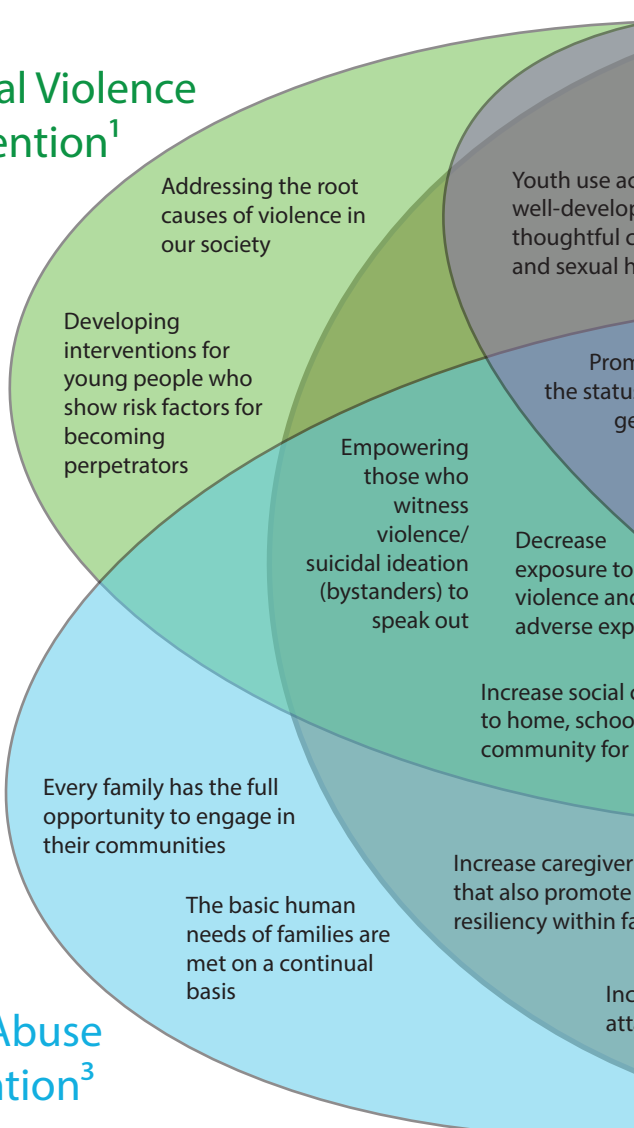
Although the players in this flow chart may have shared goals, they also serve separate purposes in order to move towards those shared goals. Consider the following: A school employee is required to make a mandatory report to child welfare or law enforcement, who will then do an initial and maybe a more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



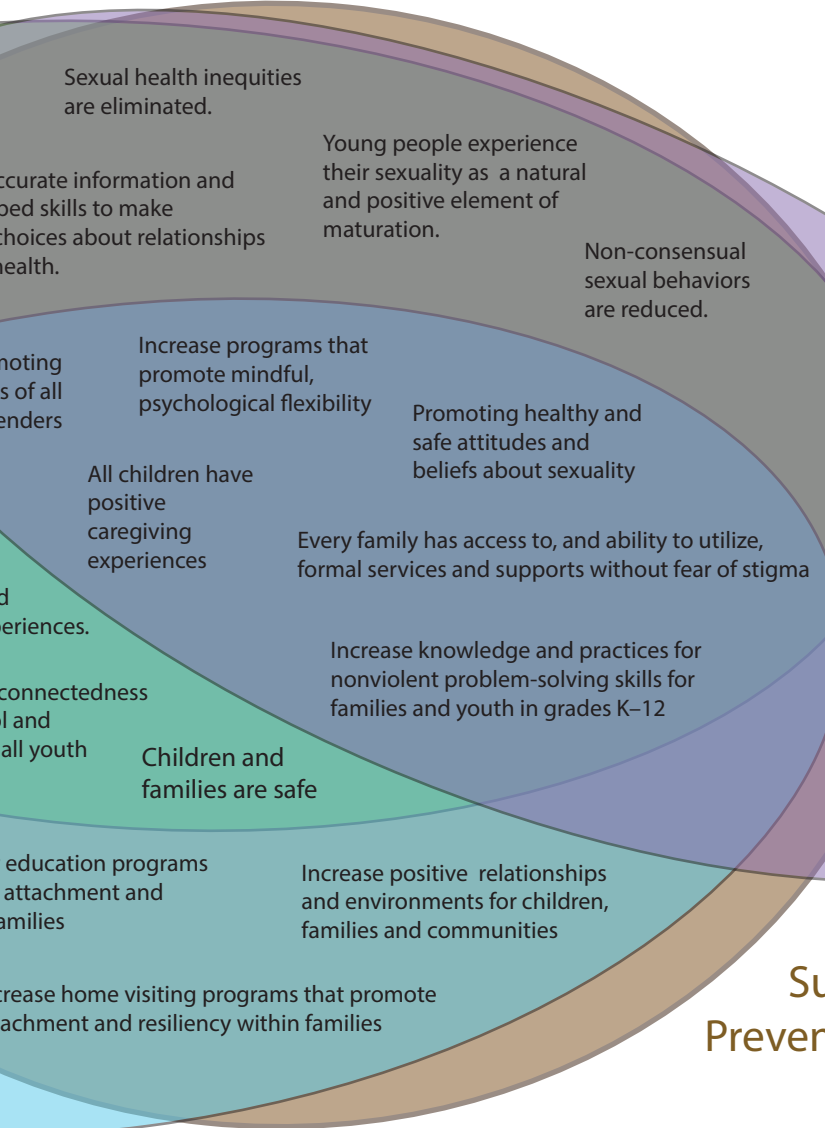
Connecting Goals and Strategies for a Healthier and Safer Oregon for Young People

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

Sexual Violence Prevention¹



Sexual Health Promotion²



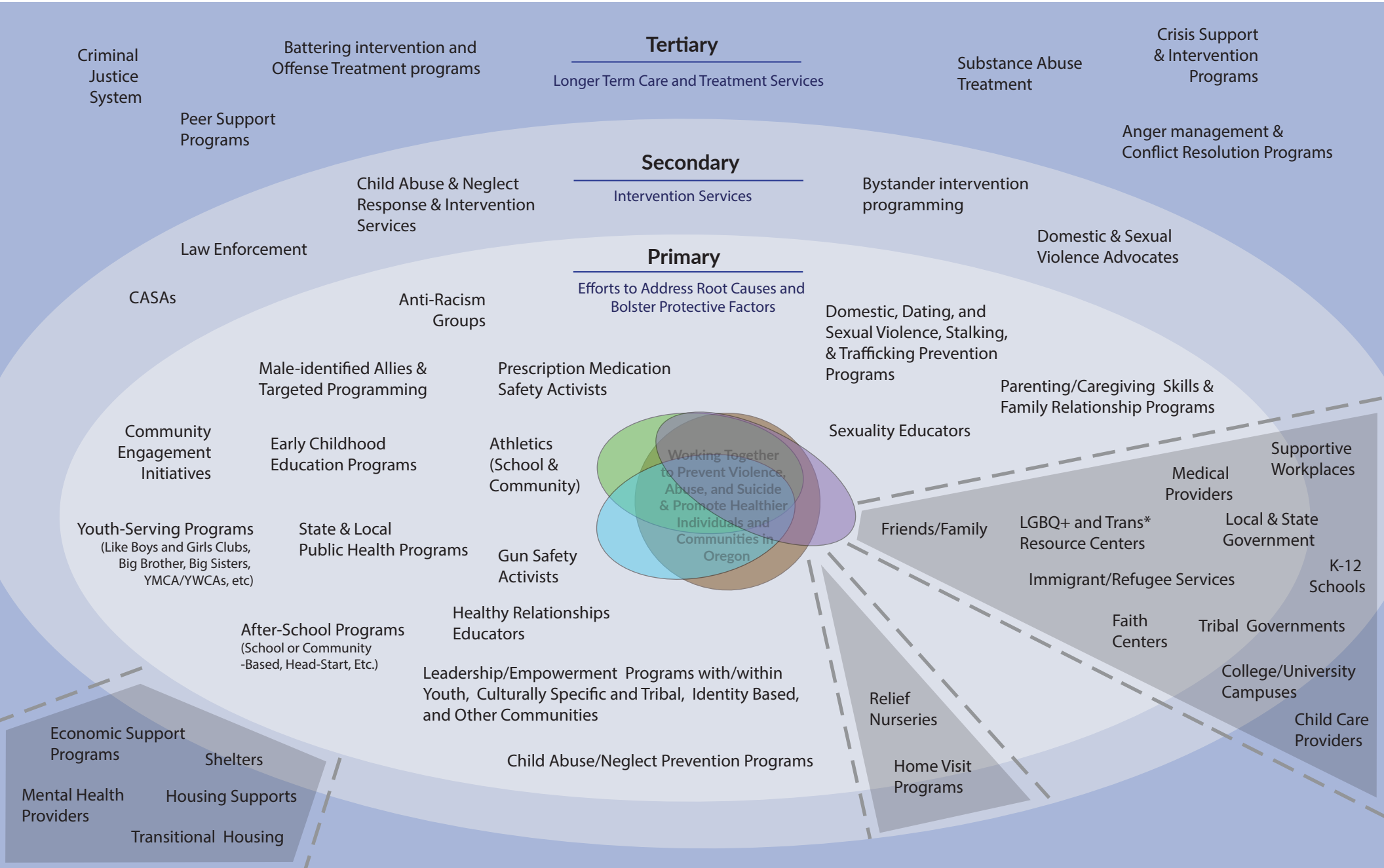
Child Abuse Prevention³

Suicide Prevention⁴

¹Oregon, The Oregon Attorney General's Sexual Assault Task Force. (2006). Recommendations to Prevent Sexual Violence in Oregon: A Plan. <http://50.116.64.16/~oregonv6/wp-content/uploads/2016/12/svpplow.pdf> ²United States, Oregon Department of Human Services, Children, Adults, and Families Division. (2007). The Oregon Youth Sexual Health Plan. <https://www.oregon.gov/DHS/CHILDREN/MFMC/Documents/Oregon%20Youth%20Sexual%20Health%20Plan.pdf> ³Oregon Elevating Prevention Initiative (Jan 4, 2016, Publication). (n.d.). [doi:http://ctfo.org/wp-content/uploads/2016/01/Elevating-Prevention-Report-FINAL.pdf](http://ctfo.org/wp-content/uploads/2016/01/Elevating-Prevention-Report-FINAL.pdf) ⁴Oregon Health Authority. Youth Suicide Intervention and Prevention Plan, 2016-2020. Salem, OR: Oregon Health Authority; 2016. <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SAFELIVING/SUICIDEPREVENTION/Documents/5-year-youth-suicide-prevention-plan.pdf>

Building Communities of Prevention

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



¹Oregon, The Oregon Attorney General's Sexual Assault Task Force. (2006). Recommendations to Prevent Sexual Violence in Oregon: A Plan. <http://50.116.64.16/~oregonv6/wp-content/uploads/2016/12/svpplow.pdf> ²United States, Oregon Department of Human Services, Children, Adults, and Families Division. (2007). The Oregon Youth Sexual Health Plan. <https://www.oregon.gov/DHS/CHILDREN/MFMC/Documents/Oregon%20Youth%20Sexual%20Health%20Plan.pdf> ³Oregon Elevating Prevention Initiative (Jan 4, 2016, Publication). (n.d.). [doi:http://ctfo.org/wp-content/uploads/2016/01/Elevating-Prevention-Report-FINAL.pdf](http://ctfo.org/wp-content/uploads/2016/01/Elevating-Prevention-Report-FINAL.pdf) ⁴Oregon Health Authority. Youth Suicide Intervention and Prevention Plan, 2016-2020. Salem, OR: Oregon Health Authority; 2016. <https://www.oregon.gov/oha/PH/PreventionWELLNESS/SAFELIVING/SUICIDEPREVENTION/Documents/5-year-youth-suicide-prevention-plan.pdf>



Understanding Child Abuse and Neglect Prevention in Oregon

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

What you will find in this resource:

[Section 1: Prevention Strategies - What does child abuse prevention look like in Oregon? \(Pages 2-3\)](#)

This section offers tangible examples of upstream, midstream, and downstream prevention in Oregon, with a particular focus on strategies with youth, parents/caregivers/families, and communities.

[Section 2: Examples of Partners in this Work - Who is doing child abuse prevention work in the state? \(Pages 4-7\)](#)

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

[Section 3: Broader Statewide Context - What is impacting child abuse prevention in Oregon? \(Pages 8-9\)](#)

This section explores what the contexts are for child abuse prevention work in Oregon, and how this work fits into larger efforts to promote healthier and safer communities for youth, and all people, in the state.

Some Key Concepts:

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

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

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



Section 1: What does child abuse prevention look like in OR?

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

Moving Prevention Upstream

Primary Prevention with YOUTH

School-Based Child Abuse Prevention Education, Healthy Sexuality Education, and/or Social Emotional Learning	After School Programming/Athletics	Youth Leadership (Ex. <u>Oregon Student Voice</u>)	Early Learning Programs (Ex. <u>Head Start</u>)
Graduation/Retention Programs in Schools (Ex. Youth Leadership Programs)	Empathy Building Programs (Ex. <u>Roots of Empathy</u>)	Skills Training (Ex. Babysitting and First-Aid Classes)	Peer Education Programs in Schools

Upstream Strategies with PARENTS, CAREGIVERS, and FAMILIES

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

Health Education/Resources (Ex. Access to mental health care and Healthy substance use programs)	Askable Adult/Healthy Sexuality Education (Ex. <u>Planned Parenthood Workshops</u>)
Teen Pregnancy/Parenting Programs and Supports	Supports for New Babies (Ex. <u>Welcome Baby Bundle</u>)
	Home Visiting (Ex. these diverse therapeutic, skill building, etc. <u>home visiting programs in OR</u>)

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

Upstream Prevention with COMMUNITIES

Human-centered primary prevention policy (ex: investments in community-informed programming when budgeting)	Mutual aid programs (ex. Clothing closets, and other basic-need resources in the community and/or schools)
Community Prevention Collaboratives/ Coalitions (with schools, equity advocates, restorative justice allies, etc.) (Ex. <u>90by30</u>)	Professional Development (ex. Oregon Teacher Training Institute (OHA, ODE, and DHS)
	Faith-based Community Care/ Support Programs
Environmental/Organizational Change Efforts to Protect Against Abuse (ex. <u>United Methodists' Safe Sanctuaries Program</u>)	Efforts that Increase Connectedness to Community (Exs. Community Service/Volunteer Programs and Community Mentorship Programs (like <u>Big Brothers, Big Sisters</u> , etc.)

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

Midstream Strategies

Secondary Prevention Strategies Delivered with YOUTH

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

Court Appointed
Advocates (ex. CASAs)

Suicide Intervention
Training (ex. ASIST)

Midstream Strategies with PARENTS, CAREGIVERS, and FAMILIES

Domestic/Sexual Violence Advocacy Services

Safe Sleep
Education

Child Welfare
Assessments

Secondary Strategies Delivered with COMMUNITIES

Awareness/Intervention Promotion
(Ex. Darkness to Light)

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

Downstream Strategies

Downstream Prevention Strategies Delivered with YOUTH

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

Tertiary Strategies with PARENTS, CAREGIVERS, and FAMILIES

TANF, TADVS (including
co-located DVSA
advocates)

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

Rent Relief

Family Counseling

Downstream Strategies Delivered with COMMUNITIES




















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

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

Section 2: Who is doing child abuse work in the state?

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

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

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



All organizations in State DO these activities
























Only some organizations DO these activities

Partners that Impact Individual and Family Well-Being

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

✓	All organizations in State DO these activities	•••	Only some organizations DO these activities
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Additional Examples of Partners Impacting Individual and Family Well-Being

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

Other Key Partners Not Listed



All organizations in State
DO these activities



Only some organizations
DO these activities

Community Partners (Examples Across Oregon)

Prevent Child Abuse Oregon

Oregon Association of Relief Nurseries

Relief Nurseries in 18 Counties in Oregon

Oregon Abuse Advocates and Survivors in Service (OAASIS)

Sexual Assault Task Force

Over 150 multi-disciplinary members

Oregon CASA Network

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

Parents Anonymous/Mentors Programs

OR chapter of parents anonymous through Morrison Center serving 6 counties



Oregon Coalition Against Domestic and Sexual Violence

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

Protect Our Children (TFFF)

Fund/Support 26 orgs. in 25 counties in OR

Oregon Child Abuse Solutions

20 Child Advocacy Centers serving all 36 counties

Our Children Oregon

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

Oregon Parenting Education Collaborative (OPEC)

16 Parenting Hubs serving 35 OR counties

State Government Partners and Example Programs

Education

Oregon Department of Education (ODE)

- Supports 197 K-12 School Districts
- Early Learning Division
 - Support 30 Head Starts and Pre-K Programs in partnership with the nonprofit Oregon Head Start Association
 - Early Learning Hubs in 16 regions
 - 30 Healthy Families Oregon sites
- Health/Sexual Health Education
 - Oregon Teacher Training Institute (OTTI)
 - Sex Ed. Steering Committee (SESC)

Teacher Standards and Practices Commission (TSPC)

- Sets professional standards for school staff licensing and training; implemented in partnership with higher ed./teacher training institutions across OR.

Health/Human Services

Oregon Department of Human Services (DHS)

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

Oregon Department of Justice (DOJ)

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

Oregon Health Authority (OHA) Public Health Division

- Maternal and Child Health Section, Oregon WIC Program, Injury and Violence Prevention Section, and Reproductive and Sexual Health Program

Criminal/Civil Justice

Oregon Department of Justice (DOJ)

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

Oregon Youth Authority (OYA)

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

Additional Statewide Bodies:

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

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

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

Norms, Values, and Politics:

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

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

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

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

Access:

Many communities in our state have differing levels of access to services (ex: [Oregon State Health Assessment](#),

[Oregon Women's Foundation Count Her In report](#).)

Differing access to things like mental health care providers, affordable health insurance, housing, employment, and more have differing consequences and impact more vulnerable and marginalized communities disproportionately.

National factors:

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

Some Oregon Prevention Laws:

Education:

- [Comprehensive Sexuality Education Law](#)
- [Healthy Teen Relationship Act](#)
- [Erin's Law](#)
- [Student Success Act](#)
- [Adi's Act](#)

- [Tribal History Ed. Law](#)
- [Holocaust/Genocide Ed.](#)

Support/Healing:

- [Karly's Law](#)
- [Family First Act](#)
- [Certified Advocate-Victim Privilege Law](#)

Health-Promotion as Prevention:

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

Root Causes:

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

Broader Prevention:

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





Connecting with this Work and these Efforts

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

Locally

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

- **Multi-Disciplinary Team (MDT)** - Per Oregon Revised Statute (ORS) 430.739, the district attorney in every county in the state is responsible for convening an MDT to address abuse across the lifespan (child to elderly). These groups often collaborate on response and prevention throughout the county and coordinate across cases.
- **Sexual Assault Response Team (SART)** - Per ORS 147.401, the district attorney in every county in the state will convene a SART, independent of the MDT, to address sexual violence across the lifespan within that county. These are often made up of many of the same stakeholders as MDTs and they offer a good opportunity to expand abuse prevention efforts to address other forms of violence as well. For more information on SARTs, check out all of these [SART resources from SATF](#) along with our [2009 SART Handbook](#) which offers some ideas for SARTs roles in prevention.
- **Behavioral Intervention Team (BIT)** - These are hosted on many college and university campuses. They serve in a similar role as a SART, but with a specific focus on the campus population. As many of the 50+ higher education institutions throughout Oregon serve non-traditional students, including those that are parenting or pregnant, BITs offer a unique opportunity to support campuses in their efforts to do this work. Additionally there is valuable opportunity to ensure campuses are represented in MDTs, SARTs, and other community groups, as they are key statewide stakeholders in serving families.
- **Other Community Collaboratives/Groups** - many counties and communities throughout the state have local prevention councils, community health collaboratives, prevention coalitions, etc. These are great opportunities to connect and build more collaborative and expansive efforts to ensure we are best working towards healthier and safer communities for all people. Community groups with overlapping efforts may include: substance abuse coalitions, affordable/accessible housing collaboratives, public health and sexual health cohorts, etc.

Statewide

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

- SATF hosts a statewide **Prevention and Education Committee (PEC)** and **Men's Engagement Committee (MEC)** both of which meet 5-8 times per year to work on improving the response to and prevention of violence and abuse statewide. We create resources, collaborate across sectors, and bring together people from local communities, state government, legislators, and others to ensure the work statewide is informed by diverse, multi-disciplinary stakeholders. Learn more/join one of these or other SATF groups by contacting [SATF's Prevention Team](#).
- The statewide **Child Abuse Prevention (CAP) Collaborative** is hosted by Prevent Child Abuse Oregon, and brings together stakeholders from around the state to better collaborate on child abuse intervention and prevention. This group began convening in 2019, and a community advisory body of local experts was first convened in early 2020.
- The **Oregon Youth Sexual Health Partnership (OYSHP)** brings together public and private partners from across the state to collaborate, address current events, and support efforts to promote healthier and safer lives for Oregon youth.

THANK YOU!

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



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

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

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

This packet includes two complementary resources:

- **Examining Oppression in Child Abuse: Unpacking Oppression as a Root Cause of Abuse, Neglect and Violence**

This includes a case example to explore the ways oppression is present in child abuse intervention and prevention efforts in Oregon. This case example is rooted in real experience as a Child Protective Services caseworker. This resource is designed to help people think about oppression in a real-world context as well as how prevention efforts could make a difference in the scenario and the work more broadly.

- **Unpacking Oppression and How it Shows up in our Work**

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

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

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

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



Examining Oppression in Child Abuse:

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

Conscientious Intro

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

This document includes examples of child sexual abuse and domestic violence. Please do what you need to take care of yourself while utilizing this resource, access some of the included support resources, and reach out to us if there is anything we can do to be supportive of you and your communities as we navigate prevention.

This resource is meant to serve as a tool of exploration and is only one piece of a larger conversation. Oppression is present in a wide array of places in our society and it influences many of the ways that we interact as individuals, communities, organizations and with/within systemic structures.

What to Expect

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

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

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

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

Historical context resources

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

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

How to Use This Resource

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

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

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

Case Example Vignette

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

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

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

During the assessment process with child welfare, Alex reported that Joe had been providing drugs and alcohol to them as a means of control to prevent Alex from reporting the sexual abuse. Alex also reported ongoing emotional abuse by Joe, stating that Joe told them that no one would believe them and that reporting would tear the family apart or force Joe to commit suicide.

Drew, Alex's younger sibling, was raised in the same home but denied knowledge of the abuse experienced by Alex. Drew denied having experienced sexual abuse and reported a strong bond with Joe and Alex (prior to LE and CW involvement.)

Joe and Mary were in a domestically violent relationship historically. Joe was the primary perpetrator of this violence and utilized sexual violence, physical violence, mental/emotional abuse and social isolation among other tools. Mary was not in the home for much of the youth's lives as a result of the violence. Mary had visitation with Alex and Drew on weekends.

Joe displayed ongoing substance misuse and mental health concerns. Mary also displayed substance misuse struggles and mental health concerns. Mary displayed these in a more overt manner than Joe, including multiple episodes of erratic behavior that resulted in law enforcement contact. The relationship between Mary and Alex and Drew suffered as a result of Mary's behaviors, keeping them largely reliant on Joe.

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

Who is in this scenario?

Joe (father)- male, cisgender, heterosexual, Caucasian/Latinx

Mary (mother)- female, cisgender, heterosexual, Latinx

Alex- female, nonbinary, queer, mixed race

Drew- male, cisgender, heterosexual, mixed race

Additional factors impacting the family:

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

*Language caveat- why did we use certain words in this example instead of others?

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

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

Sexual

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

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

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

Neglect

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

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

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

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

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

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

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

Form of Oppression	<p>Ableism: Discrimination or prejudice against people with physical and/or intellectual disabilities in favor of able-bodied people.</p>		
Historical Context	<ul style="list-style-type: none"> - Oregon's history of eugenics in response to mental health, sexualiity & ability. - History of the Oregon State Hospital (opened as Oregon State Insane Asylum) and multiple concerns for condition of faciilies, overcrowding and poor treatment of patients/residents. - Underfunding of present day public services meant to address mental health and addiction needs. 		
How was this form of oppression a root cause for the parent's behavior?	How did the parent use this form of oppression to perpetrate violence, abuse &/or neglect?	How did systems reinforce oppression in this scenario?	
<p>Ableism was ingrained in Joe who had his own health & mental health conditions. Joe stated that he did not feel that he could reach out for help and was taught growing up not to burden others with mental health needs. Joe reported feeling that his culture was not supportive of discussing mental health needs and as such he felt shame in seeking support. Joe and Mary both struggled wih substance misuse. It was reported by both that they struggled to access help for their addictions and that they did not have supports in their recovery attempts. Both parents reported feeling ashamed of their addictions and feeling that they could not easily access services without facing stigma.</p>	<p>Joe utilized the mental health needs of both Alex and Mary against them to maintain control. Joe accomplished this via gaslighting tactics, belittling and linking mental health to self-worth and value in society. Joe would also use his own mental health needs to manipulate and guilt Alex and Mary when confronted regarding the abusive behaviors. This family has strong latinx roots and reported that the father is oftenthe head of the household. This cultural idea was helpful in keeping control over both Alex and Mary as they did not feel that they could seek support that went around Joe.</p>	<p>Child welfare and law enforcement believed (or were unable to dispel) many of Joe's attempts to paint Alex as mentally ill, impulsive, troubled and untrustworthy. As such, Alex experienced a lack of faith in the systems as they did not receive the needed support and were repeatedly told that they would not be believed by these authority figures. The societal norms which lead us to believe that addiction and mental health concerns make individuals less credible, likely impacted how these systems responded to this youth when presented with conflicting reports regarding the truth at the time the youth first reported while intoxicated.</p>	
How could prevention efforts have changed or impacted this situation?	<p>Primary: Early and ongoing parenting skills and family relationship programming could have altered familial power dynamics and reinforced pro-social, safe, effective parenting. School based social-emotional learning efforts could help normalize mental health challenges and accessing services could have helped mitigate abuse based on mental health concerns and increase access. Community based and culturally inclusive social norms campaigns could have supported a shift away from societal norms regarding addiction and mental health as a private family matter, towards norms reducing stigma to empower these parents to ask for help before things got out of control.</p> <p>Secondary: Both parents could have benefitted from access to culturally inclusive and affordable mental health care to address existing needs. Increased access and visibility to inclusive and varying mental health supports and education in school and community regarding mental health and substance abuse could have helped prevent this youth's experience and empowered them to seek support and help.</p> <p>Tertiary: Ensuring access to a culturally inclusive community of support and recovery, free of stigma, would likely benefit both parents. Increased culturally and linguistically inclusive mental health services that are affordable, and accessible via various means could increase the likelihood that people can and will access services</p>		
<p>* Many prevention efforts may overlap or intersect with more than one level (primary, secondary or tertiary.) For the purposes of discussion, we have outlined specific efforts that would fall into each category. These examples are not exhaustive, what else would you add to these prevention strategies?</p>			

Form of Oppression	Ageism/Adulthood: Adulthood refers to bias or discrimination adults and social institutions demonstrate against young people on account of their youth. Ageism refers to prejudice or discrimination on the grounds of a person's age.	
Historical Context	- Age of consent laws to access varying services such as mental health, sexual/reproductive health, medical services, etc. - Privacy rights in schools - Voting rights only being allowed to those over the age of 18	
How was this form of oppression a root cause for the parent's behavior?	How did the parent use this form of oppression to perpetrate violence, abuse &/or neglect?	How did systems reinforce oppression in this scenario?
Societal norms regarding the value of adult voices over youth voices illuminated for this parent the notion that he would be able to use his status as "the adult" to maintain control.	Societal norms regarding the value of adult voices over the voices of young people made Alex think that they would not be believed and supported if they reported. Joe used his position of power as an adult to restrict socialization for the youths. For Drew this was less strict, allowing for hobbies and extracurricular activities with friends. Alex was told that they were not allowed to socialize in the same way as Drew because they were not able to be trusted. Specifically the context of Drew being "more grown up/mature" was used as justification. This created an additional layer of alliance between Drew and Joe which contributed to Alex feeling isolated.	Joe was routinely contacted and consulted even beyond the point of Alex being able to make their own decisions about mental health and substance misuse treatment (age 14 and beyond.) Alex was not informed that disclosing the sexual abuse would have negated the provider's expectation to involve parents before the end of treatment. Joe requested to have access to all information and presented as a "concerned parent." Putting the power in the parent's hands, without equalizing that power by providing info to the youth, limited the likelihood that Alex would feel comfortable reporting in that space despite efforts to create a safe space for the youth. Child welfare (CW) & law enforcement (LE) were also impacted by Joe's assertion that they knew better than Alex. Even with efforts to engage the youth being made by CW and LE, the societal notion that adults hold more power than young people was not lost on this youth.
How could prevention efforts have changed or impacted this situation?	<p>Primary: Access to youth leadership/empowerment support in school or community may have helped Alex to understand their ability to advocate for themselves in regard to their treatment. If Alex had been exposed to healthy sexuality education that is inclusive of all genders and sexualities they may have seen themselves represented in their educational community and felt connected to a community of support which could have empowered them. Early and ongoing parenting skills and family relationship programs could have helped Joe to understand the ways that he could support and empower his children while helping to dissect power and relationship dynamics in the home. These initiatives could be supported by social norming campaigns to empower youth while challenging the notion that adults hold all the decision making power. Culturally inclusive community centers and organization could be funded to offer increased community engagement activities – offering leadership opportunities and community to more families, youth, and individuals.</p> <p>Secondary: Treatment providers could help facilitate youth autonomy by working to design a space where youth are informed of their ability to make decisions on their own behalf, when possible. Increased access to diverse supports for youth, including confidential options, could have increased Alex's knowledge of their rights and options, thus increasing the likelihood that they would be empowered to make informed decisions and advocate for supports.</p> <p>Tertiary: Connection to diverse supports, including peer supports, after the first report to CW and LE could have helped empower this youth. Case loads could be reduced for child welfare workers, in order to allocate more time and space to ensuring young people's voices are centered in the child-welfare process. Young people and foster youth could be included in advisory panels for each county to inform child welfare processes and family services.</p>	

Form of Oppression	Classism: Prejudice, bias and discrimination against people belonging to a particular social and/or financial class.		
Historical Context	<ul style="list-style-type: none"> - Oregon's Bracero program - History of red-lining in Oregon - Gentrification of major cities in Oregon such as Portland 		
How was this form of oppression a root cause for the parent's behavior?	How did the parent use this form of oppression to perpetrate violence, abuse &/or neglect?	How did systems reinforce oppression in this scenario?	
<p>Both parents have struggled with on and off employment and financial instability for all of the youth's lives. Access to only low wage employment based on educational requirements and transportation barriers facilitated a cyclical pattern of unstable employment and inability to maintain a steady, sufficient income. This family did not have adequate resources to meet their basic needs on some occasions, resulting in food insecurity, concern for bills and heightened stress levels. This was exacerbated by substance misuse struggles as funds often went to alcohol and other substances. Joe & Mary reported that they did not always have insurance (not always provided by employers and too expensive for all to be covered without employment.) As such they reported that they could not access services such as parenting supports, mental health services, or relationship supports when they were struggling.</p>	<p>It was reported that the parents frequently prioritized alcohol and there were times that the family did not have the ability to meet their basic needs. The youths reported knowledge of how to access food resources but also shame in having to do so due to ideas around economic status. As mentioned previously, Joe utilized isolation tactics which limited any outside friend and family support that the youths could have sought.</p>	<p>The family was not always able to access health insurance as a result of difficulty with finding and maintaining stable employment with benefits. Not only did this mean that there was a lack of access to mental health and substance use treatment for the parents, but there was also a lack of regular medical & mental health care and access for the youths.</p>	
How could prevention efforts have changed or impacted this situation?	<p>Primary: Access to affordable and stable health insurance regardless of employment status could have assisted with management of existing health, mental health and substance misuse concerns before they escalated. Health insurance for all would help mitigate challenges accessing supports for basic mental and physical health concerns. Awareness campaigns in schools and communities about available health resources for youth, would likely increase access to regular and consistent health care by youth, thus maintaining a network of trusted adults who could have helped to empower them in this scenario. Community engagement for the parents may have supported an increase in pro-social behaviors and a decrease in likelihood of perpetrating violence. Social norm campaigns promoting a shift in cultural norms that value the individual over the collective may have helped to facilitate greater community attachment and access to support. More organizations/companies, with potential investment from the state, could offer educational credits and compensation to employees to further their personal education reinforcing the notion that when we support and invest in our employees, they invest in our organizations.</p> <p>Secondary: Ongoing financial stress contributed to a toxic environment which facilitated violence as these parents had limited coping skills to process. Access to financial and job supports, including career training programs, etc. could have helped ease some of this burden (the family made too much to qualify for assistance but not enough to make ends meet). Increased culturally inclusive, affordable, community support groups – to support parents (like parent cafés), people navigating substance misuse, and others, could have helped increase connectedness to community, and promote improved individual and familial coping skills.</p> <p>Tertiary: Peer support programs could have assisted both the parents and the youth to be able to find support in addressing the stigma attached to financial and employment instability. Ensuring that meeting basic human needs is a critical component of all of our systems designed to navigate violence and abuse could help mitigate longer term impacts of systemic trauma, and help build a culture where people are more likely to access services when they need them.</p>		

Form of Oppression	Racism: Prejudice, bias and discrimination against people belonging to a particular racial/ethnic group.	
Historical Context	<ul style="list-style-type: none"> - Oregon's Bracero Program - Black Exclusion Laws in Oregon - History of red-lining in Oregon - Attempts to make English the official state language <ul style="list-style-type: none"> - Increased hate crimes in recent years - Treaty dynamics with Native Americans - Japanese internment - Density of white supremacist groups in PDX 	
How was this form of oppression a root cause for the parent's behavior?	How did the parent use this form of oppression to perpetrate violence, abuse &/or neglect?	How did systems reinforce oppression in this scenario?
<p>Joe is mixed race (Latinx and white) but is white-passing and identifies as white. Mary is Latinx and is not white-passing. Joe utilized this white-passing privilege to de-value Mary with racist and derogatory comments. Joe utilized the threat of calling law enforcement against Mary at times to keep Mary under control as she was fearful of law enforcement. Oregon is a state with many roots in racism, hate crimes and discrimination. It's likely that this history and resulting systemic racism emboldened Joe in this approach on some level.</p>	<p>Alex and Drew reported that Joe would make little negative comments about Mary in regard to her being Latinx. This insidious use of language contributed to negative thoughts and impact on self-worth as the youths are mixed race themselves and often felt conflicted in their identities.</p>	<p>Law enforcement systems have historically not been safe for people of color to engage with. As a result, there are still many negative perceptions of and experiences with law enforcement within these communities. Mary had a deeply ingrained mistrust of law enforcement which limited her perceived (and in turn actual) ability to seek support while navigating domestic and sexual violence at the hand of Joe, prior to the escalation to child sexual abuse. Mary reported feeling that law enforcement did not believe her when she called for assistance and instead focused heavily on her having substance misuse issues and mental health needs. Joe (who is white passing) did not report feeling this same level of systems mistrust despite struggling with his own mental health and substance misuse. Both parents reported that police had been called at times when they were both intoxicated and Joe denied that police ever focused on his substance misuse.</p>
How could prevention efforts have changed or impacted this situation?	<p>Primary: Anti-racism education in school could have helped to change the impact that racist and degrading comments had on the youths and empower them to seek supports. Culturally inclusive parenting supports and healthy relationships programming may have empowered these parents to navigate these dynamics in non-violent ways. Active efforts by the state and systems to acknowledge Oregon's history and work to shift structures that uphold oppressive history could make it more likely that hate, violence and discrimination are not tolerated in the future. Anti-racist policies, cultural norms, workplaces, education settings and more could help improve BIPOC representation in systems and institutions. Access to service providers from communities of color could help reduce stigma and resistance to accessing services.</p> <p>Secondary: Knowledge of and access to a confidential DV/SA advocate could have empowered Mary to feel confident in seeking assistance outside of the criminal justice system. Systems like law enforcement and DHS providing culturally and linguistically inclusive resources and referrals could have improved the likelihood parents would engage with additional needed supports and communities.</p> <p>Tertiary: Anti-discrimination legislation could have assisted in helping to create a safer space for Mary while interacting with law enforcement. Culturally relevant peer supports may have empowered Mary and the youths to advocate for themselves. Connections to culturally relevant community may have increased pro-social behavior for Joe, fostered supports and allies for Mary and helped to build resiliency and internal well-being for the youths</p>	

Resources and Tools for Next Steps and Continuing the Conversation

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

Anti-Racism

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

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

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

My White Friend Asked Me on Facebook to Explain White Privilege. I Decided to Be Honest by Lori Hutcherson

Resources from **KidsandRace.org**

75 Things White People Can Do for Racial Justice from Medium

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

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

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

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

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

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

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

The Hate We Live In from Oregon Humanities

Understanding Homelessness in PDX from Portland Homeless Family Solutions

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

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

Why Every Environmentalist Should Be Anti-Racist from Vogue

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

Exploring Historical Context

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

2 sides of Oregon's history: Exhibit juxtaposes discrimination, resistance from Street Roots

Oregon History Wayfinder

- Interactive Map of Oregon History from The Oregon Historical Society

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

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

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

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

Reproductive Justice Timeline from Western States Center

Immigrant Rights, Racial Justice and LGBT Equality Timeline from Western States Center

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

Gay & Lesbian Archives of the Pacific Northwest (GLAPN) Timelines

Oregon LGBTQ Timeline **Starting in 1970**

Oregon Gay History Timeline **1806-1969**

Oregon **Trans Timeline**

Oregon **LGBTQ Youth Resources Timeline**

Additional tools from SATF

The Bridge Project of SATF

Intersections of Oppression and Sexual Violence Paper

Communities of Prevention resource

SATF Comprehensive Prevention Toolkit

Exploring Prevention Audio Library

Safety and Wellbeing

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

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

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

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

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

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

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

Oregon Child Abuse Hotline to report child abuse (855) 503-7233

Find a **Child Abuse Intervention Center** in Oregon

Local Community Resources



UNPACKING OPPRESSION AND HOW IT SHOWS UP IN OUR WORK



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

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

What is your specific role?

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

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

Think of a client you have worked with in your professional capacity. You will want to choose a client who experienced violence or abuse as a precursor to working with you. Use this space to jot down a brief summary of what happened and who was involved.
(This resource was created with folks in the violence, abuse, or other harm intervention/prevention sectors in mind but can be applied more broadly.)

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

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

UNPACKING OPPRESSION AND HOW IT SHOWS UP IN OUR WORK

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



Race

Ethnicity

Gender

Sexual orientation

Religion

Primary language

Ability

Socioeconomic Status

Immigration status

Age

Criminal justice history

Other

Other

Other

Other

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

Race

Ethnicity

Gender

Sexual orientation

Religion

Primary language

Ability

Socioeconomic Status

Immigration status

Age

Criminal justice history

Other

Other

Other

Other



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

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

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

UNPACKING OPPRESSION AND HOW IT SHOWS UP IN OUR WORK

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

Here are some links that may be helpful as you consider this question. We know that violence and abuse can look different at times and we invite you to explore these resources as you're thinking about your client or patient and their experiences. (We have included two of these wheels at the end of this resource for easy access.)

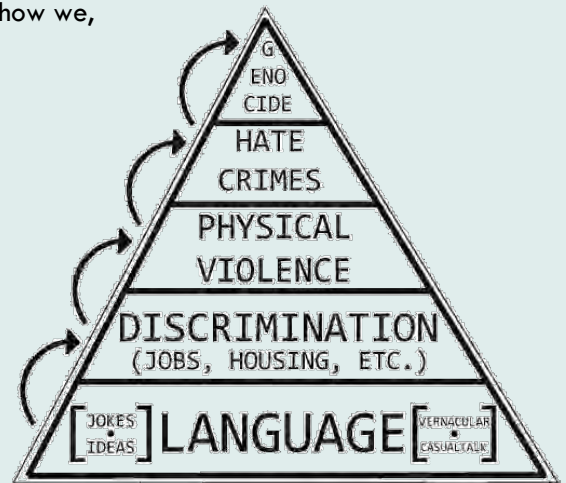
- [LGBTQQIA+ Power and Control Wheel](#)
- [Abuse of Children Power and Control Wheel](#)
- [Elder Abuse Power and Control Wheel](#)
- [Unhealthy relationships Wheel](#)



Let's think back to the stereotypes and biases that you thought about on page 3. When we as individuals, communities and societies accept harmful ideas and norms related to certain identities, we pave the way for violence and abuse to occur against the people in those identity communities and for that violence and abuse to be accepted and normalized. The roots of violence lie in how we think and talk about differences in our identities and how we, as a result, assign worth or value to those pieces.

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

Oppression is the systematic and pervasive mistreatment of individuals on the basis of their membership in a disadvantaged group. It involves an imbalance in power, and one group benefiting from the systemic exploitation of other groups.

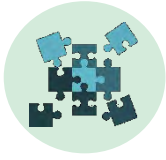


Oppression manifests in many forms such as racism, sexism, homophobia, transphobia, classism, ageism, ableism, adultism, ethnocentrism, xenophobia, and more. Oppression can be present at any level of the socioecological model which means that it can be experienced as an individual, in relationships, out in the community, within institutions and in the very fabric of our society. The socioecological model (SEM) shows us that we can impact and work to not only prevent violence and abuse at all of these levels, but also prevent oppression as a root cause at all of these levels.



(Check out our Comprehensive Prevention Toolkit, linked to the SEM graphic, for more on this!)

UNPACKING OPPRESSION AND HOW IT SHOWS UP IN OUR WORK



Let's make some connections!

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

Ableism
→
emotional
abuse

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

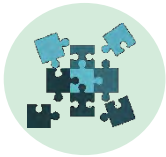
Q: If you knew that Jo was adopted at a young age out of the foster care system AND that Jo was raised by same-sex caregivers who were not supported by their community in their relationship- how would this shift your understanding of how Jo's identities impact their experiences?

Racism &
classism
→
police
violence

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

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

UNPACKING OPPRESSION AND HOW IT SHOWS UP IN OUR WORK



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

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

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

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

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



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

"She is crazy, I don't listen to anything she says because she is nuts." (Ableism re: mental health.)

"He is just a kid, I know what is best for him regardless of what he says." (Adulthood re: youth voices.)

"They are on welfare, probably too lazy to get a job." (Classism re: employment and public benefits.)

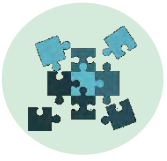
"The problem is all these illegal immigrants who do not belong here, do not speak English and bring all their problems with them." (Racism, ethnocentrism and xenophobia re: immigration and assimilation.)

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

Refer back to the resource links provided on page 3 (and the power and control wheels at the end of this document) for ideas about how violence, abuse and harm are perpetrated in different ways toward different groups.

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

UNPACKING OPPRESSION AND HOW IT SHOWS UP IN OUR WORK



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

- Police are called to a domestic disturbance and find that the victim is high and has an addiction to methamphetamine. The abuser is able to frame the victim for the violence that occurred. The victim is arrested for possession of a controlled substance and assault. As such the victim's housing, employment, access to health care and ability to see their children is impacted, worsening the victim's addiction crisis.
- A gender-nonconforming person is seeking to establish a primary care provider in a new town. When they begin to fill out paperwork they are asked to choose male or female and there is not an option for another choice. The resources at the doctor's office all use gendered pronouns. When the doctor speaks to them they misgender them based on their appearance and do not ask what pronouns they use. The person does not return for regular medical care because they do not feel safe or valued in the space.

Use the space below to think about the ways that the systems your client interacted with did, or could have, reinforced oppression. When we are thinking of systems, we are thinking of things like law enforcement, health care, addiction treatment, educational settings, child abuse response/intervention, housing, etc. Some prompts to consider: What was one way the client's voice was not and/or could not be centered in the process? What do the system responses tell you about who was believed in the scenario, and why? Consider things like service provision, service coordination, cultural responsiveness, and capacity to give adequate time and resources to meet the client's needs.

Your System: _____

How did/could it reinforce oppression:

System: _____

How did/could it reinforce oppression:

System: _____

How did/could it reinforce oppression:

System: _____

How did/could it reinforce oppression:

UNPACKING OPPRESSION AND HOW IT SHOWS UP IN OUR WORK



As we wrap up...

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

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

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

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

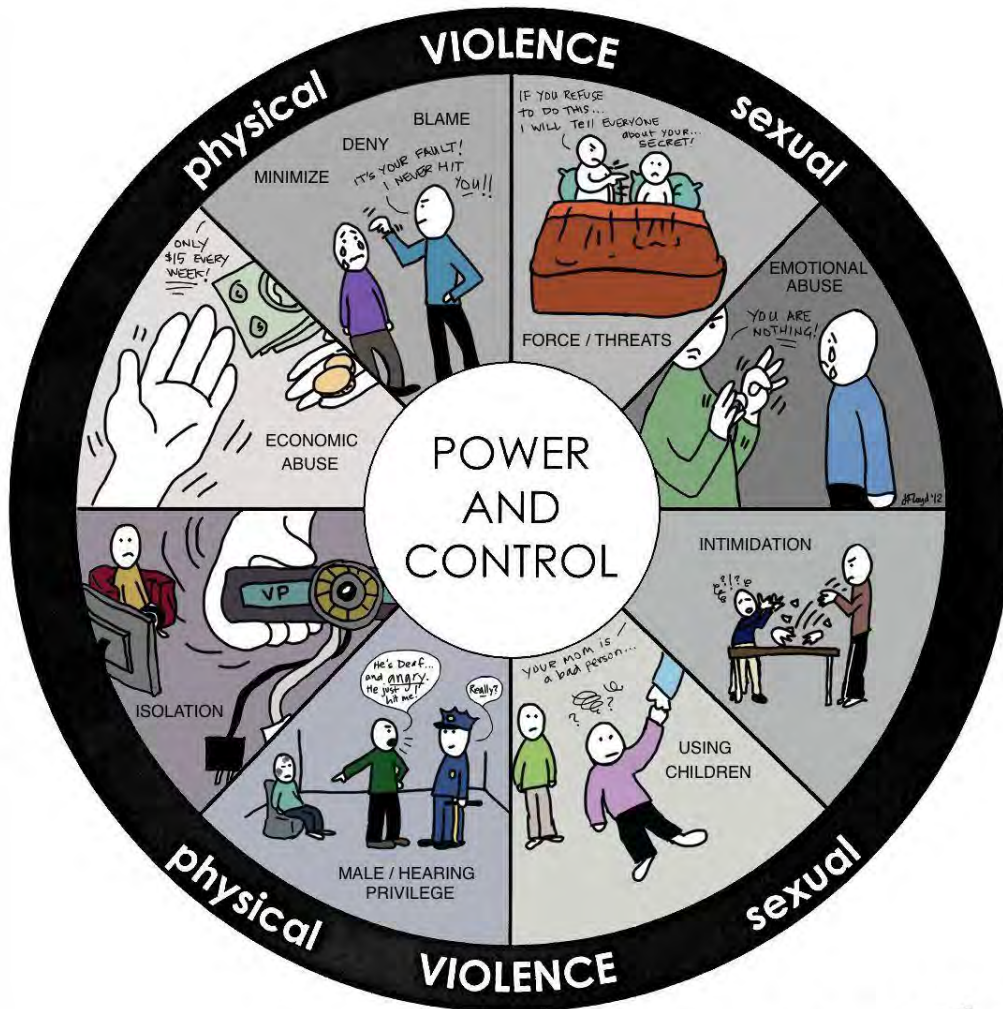
Where does your work currently tend to fall on the spectrum of prevention? How can you shift your work to include more intentional primary prevention efforts to stop violence and abuse from occurring in the first place?

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

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

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

UNHEALTHY RELATIONSHIPS



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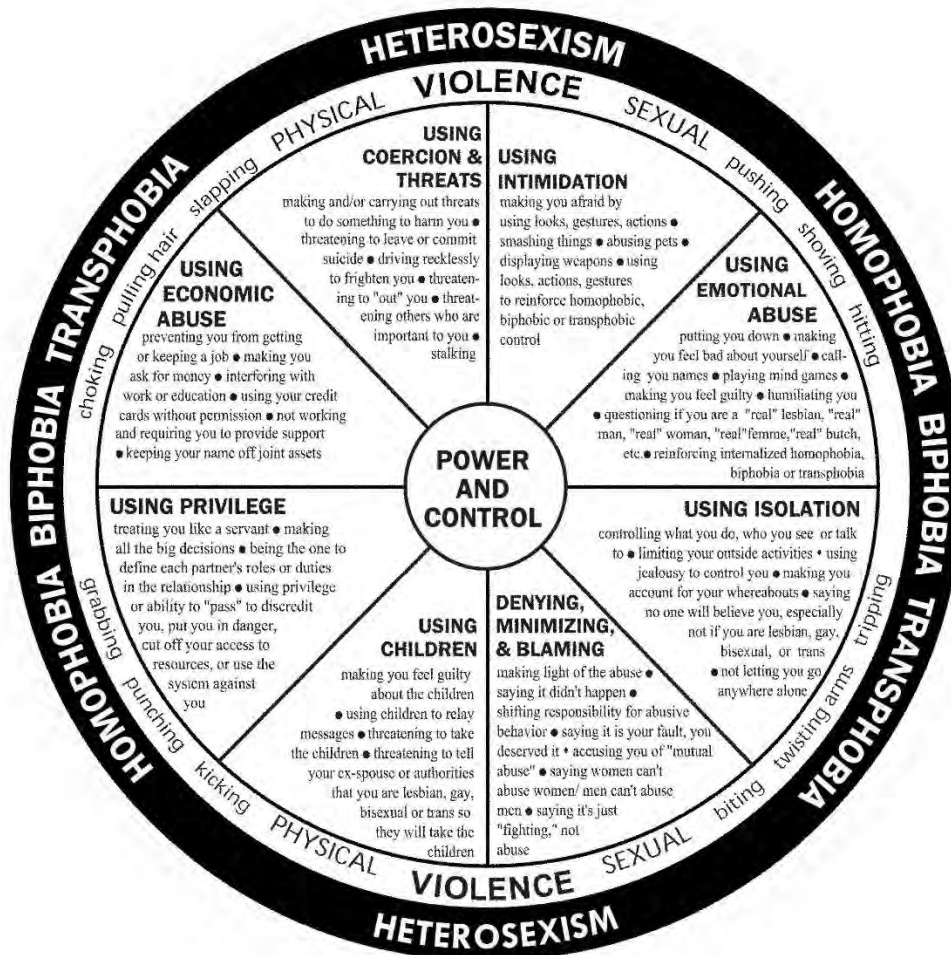
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UNPACKING OPPRESSION AND HOW IT SHOWS UP IN OUR WORK

Power and Control Wheel for Lesbian, Gay, Bisexual and Trans Relationships



Developed by Roe & Jagodinsky

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