

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 walkthrough of these resources as a live presentation, if you are interested in working through them with your teams and/or communities. Please contact our <u>Prevention Team</u> 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 everyones' 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.

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.)

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

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	Ableism: Discrimination or prejudice against people with physical and/or intellectual disabilities in favor of able-bodied people.
Historical Context	 Oregon's history of eugenics in response to mental health, sexuality & ability. History of the Oregon State Hospital (opened as Oregon State Insane Asylum) and multiple concerns for condition of facilities, overcrowding and poor treatment of patients/residents. Underfunding of present day public services meant to address mental health and addiction needs.

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Historical Context	Oregon's history of eugenics in response to mental health, sexuaiity & ability. History of the Oregon State Hospital (opened as Oregon State Insane Asylum) and multiple concerns for condition of faciliies, overcrowding and poor treatment of patients/residents. Underfunding of present day public services meant to address mental health and addiction needs.		
	nis form of oppression e for the parent's	How did the parent use this form of oppression to perpetrate violence, abuse &/or neglect?	How did systems reinforce oppression in this scenario?
-		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.	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.

How could prevention efforts have changed or impacted this situation?

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.

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.

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

^{*} 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?

Form of Oppression

Ageism/Adultism:

Adultism 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?

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.

How did the parent use this form of oppression to perpetrate violence, abuse &/or neglect?

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.

How did systems reinforce oppression in this scenario?

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?

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.

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.

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.

Form of Oppression	Classism: Prejudice, bias and discrimination against people belonging to a particular social and/or financial class.
Historical Context	- 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?

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.

How did the parent use this form of oppression to perpetrate violence, abuse &/or neglect?

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.

How did systems reinforce oppression in this scenario?

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.

How could prevention efforts have changed or impacted this situation?

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.

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.

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.

Form of Oppression	Racism: Prejudice, bias and discrimination against people belonging to a particular racial/ethnic group.
Historical Context	- Oregon's Bracero Program - Black Exclusion Laws in Oregon - History of red-lining in Oregon - Attempts to make English the official state language - 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?

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.

How did the parent use this form of oppression to perpetrate violence, abuse &/or neglect?

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.

How did systems reinforce oppression in this scenario?

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.

How could **prevention** efforts have changed or impacted this situation?

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.

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.

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

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





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 y	your agency?
What do you personally think of as a general goal of yo	our work with your clients, patients, etc.?
Think of a client you have worked with in your professions	nal canacity
You will want to choose a client who experienced violence a precursor to working with you. Use this space to jot dow summary of what happened and who was involved. (This resource was created with folks in the violence, abuse,	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.
harm intervention/prevention sectors in mind but can be applicately.)	pplied more

Language note: Throughout this document you will see the word "client" used to represent the person served. We encorage 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.

_			s consider some of the factors that help provided some ideas below and room for
V	Race	Ethnicity	Gender
	Sexual orientation	Religion	Primary language
	Ability	Socioeconomic Status	
	Age	Criminal justice history	y Other
	Other	Other	Other
Now, I	et's repeat this process	with what you know about the pe	erson who caused the client harm. Gender
Sexua	l orientation	Religion	Primary language
Ability	<u> </u>	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.



Reflecting on what you have outlined on page 2, what are some stereotypes and biases that exist in regard to these identity factors? Many identities put folks at risk of being targeted, discriminated against or perceived as less-than when compared with dominant culture.

People may harm others because of their attitudes, beliefs and ideas about what is right, wrong, good, bad, desirable, etc.

The experience that someone has when interacting with systems such as criminal justice, child welfare, health care, housing, education, treatment and more, may differ as a direct response to the identities that person brings with them, depending on the norms and biases that have been ingrained in our systems.

People who experience harm likely have internalized ideas about their own identity factors based on the messages they have received at home, at school, in the media, from our law makers and more (for better or worse.)

Use this space below to outline these stereotypes and biases that come to mind. Try to be as honest as you can be with yourself (or whoever you are working with) during this activity.

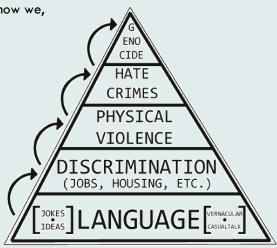
Think about the violence or abuse that was perpetrated outline the types of violence or abuse present (such as physmental, isolation etc.)	•
	Here are some links that may be helpful as you consider this question. We know that violence and abuse can look different at times and we invite you to explore 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!)



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.

2: If you knew that Jo was adopted at a young age out of the foster care system AND that Jovas raised by same-sex caregivers who were not supported by their community in their elationship- 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.

2: 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
hallenging for Avery to get a job in the professional sector for which they were trained - how vould this shift your understanding of how Avery's identities impact their experiences?



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 th 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

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." (Adultism 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.



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:	System:	
How did/could it reinforce oppression:	How did/could it reinforce oppression:	
System:	System:	
How did/could it reinforce oppression:	How did/could it reinforce oppression:	

As you reflect on this exercise and the experiences the client had with oppression in this instanted revisit the goal of your work that you identified on page 1. Write it down again here for references	
What do you personally think of as a general goal of your work with your clients, patients, et	c.?
Use the space below to brainstorm some ways that you and the other service providers involve have set up a different experience for the client in your example. Consider the prompt: What way you can work toward addressing the harm that was caused (intentionally or unintentional outlined on page 7? What could you or the other service providers have done differently? As complete this section, hold space for the goal of your work and thinking about how shifting yo moves you either closer to or further away from your goal.	is at least 1 ly) as you



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 reoccurence 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.

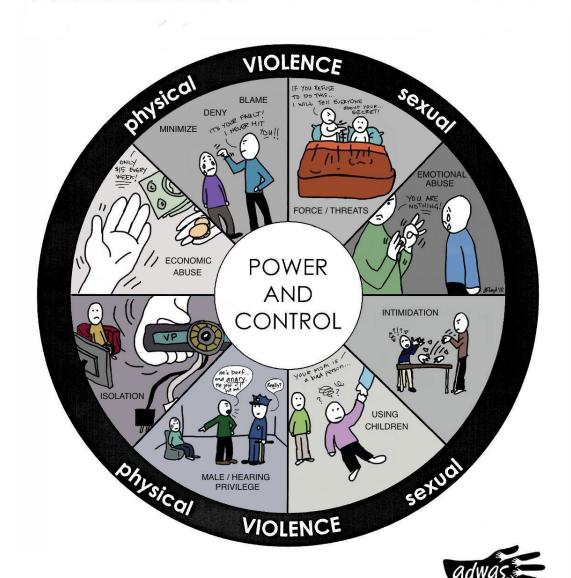
Where does your work currently tend to fall on the spectrum of prevention? How can you shift your work to include more intentional primary prevention efforts to stop violence and abuse from occurring in the fi place?	

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

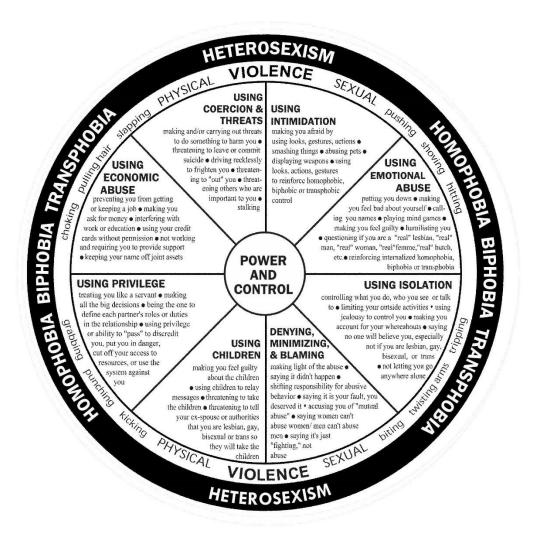


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Power and Control Wheel for Lesbian, Gay, Bisexual and Trans Relationships



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