

WELCOME!

Please share name, pronouns, organization (if applicable) in chat

Orientation: 8:45-9:15

Meeting: 9:30 – 12:30

December Quarterly Meeting

December 9, 2022

Agenda

9:30	Welcome, Introductions, Group Agreements, Agenda Overview, Alliance Business
9:50	Suicide and SUD: Shared Risk and Protective Factors
10:25	Oregon Child Abuse Prevalence Study
10:55	Policy and Mini-Grant Update
11:10	Break
11:20 12:05	Updated YSIPP Initiatives Equity Small Group Activity
12:30	Adjourn

• Our Vision: In Oregon all young people have hope, feel safe asking for help, can find access to the right help at the right time to prevent suicide, and live in communities that foster healing, connection, and wellness.

• Our Mission: The Alliance advocates and works to inform and strengthen Oregon's suicide prevention, intervention and postvention policies, services and supports to prevent youth and young adults from dying by suicide.

• Equity Statement: To achieve our vision, we acknowledge the impact of white supremacy, institutionalized racism, and all forms of oppression. The Alliance endeavors to make Oregon a place where suicide reduction and prevention is achieved for people of all ages, races, ethnicities, abilities, gender identities, sexual orientations, socioeconomic status, nationalities and geographic locations.

Getting to Know You: Speed Intros-4 Minutes

 Name, pronoun, organization (if applicable)

 Share one thing about yourself that might surprise someone

- 1. We value being a community of care. Reach in and reach out.
- 2. Be in the growth zone. All Teach and All Learn.
- 3. Challenge oppression and racism.
- 4. Intent does not always equal impact
- 5. Replace judgment with wonder be curious not furious
- 6. Be aware of how much you are speaking. Create space for others.
- 7. Check for understanding
- 8. Speak your truth and be aware of the ways you hold privilege
- 9. Strive for suicide-safer messaging and language

Minute Approval and Exec: Lived Experience

- The Alliance executive has two designated lived experience positions. One is held by Laura Rose Misaras. The other was recently vacated.
- Nominee: Angela Perry, Lived Experience and Chair of the American Foundation for Suicide Prevention, Oregon Chapter
- Is there a motion to approve this nomination
- Vote



Current Alliance Voting Members

Aaron Townsend		
Amy Ruona		
Angela Perry		
Cassandra Curry		
Charlette Lumby		
Christina McMahan		
Dan Foster		
Don Erickson		
Donna-Marie Drucker		
Erin Porter		
Frankie Pfister		
Galli Murray		
Gary McConahay		
Gordon Clay		
Hugo Oscar Sanchez Lopez		
Iden Campbell		
Jackie Richland		
Jacob Dilla		
Jamie Gunter		
Jesus Nunez-Pineda		
John Seeley		
Joseph Stepaneko		

Judah Largent
Julie Magers
Julie Scholz
Justin Potts
Karli Read
Kirk Wolfe
Kristin Fettig
Laura Rose Misaras
Leslie Golden
Lukas Soto
Maria Antonia Botero
Mary Massey
Mike James
Pam Pearce
Rebecca Marshall
Roger Brubaker
Rosanna Jackson
Ryan Price
Sandy Bumpus
Sara Gelser Blouin

Shane Lopez
Shane Roberts
Siche Green-Mitchell
Spencer Delbridge
Spencer Lewis
Stephanie Willard
Suzie Stadelman
Sydney Stringer
Tanya Pritt
Tia Barnes
Wren Fulner
Zev Braun

SUDS: Shared Risk and Protective Factors

Meghan Crane, Chris Sorvari, Lisa Shields, OHA Public Health Oregon Child Abuse Prevalence Study Dr. Jeff Todahl

Coalition Mini-Grants Forthcoming

- Mini-grants for coalition approved through Public Health/HSD Collaboration
- AOCMHP/Allliance will administer and Alliance/UO will partner for evaluation
- Consult Coalition Leaders Group Re Eligibility Criteria and Scope \$417,338 available to distribute to coalitions across state
- Coalition activities can occur after June

Coalition Leaders (Staff/Officers)
Invited to Meeting:

December 16, 2022

11am - 12:30 am

Policy Update: Key Focus Areas

LEAD:

 LC1237: Requires OHA to develop and/or make available training on suicide risk assessment and treatment for physical health providers for CME's

Lifespan Work: In the POP and LC2630

Collaborate:

- 988 Trustfund (NAMI)
- DATA- OHA POP re SOGI DATA and LC to Require Healthy Teens/SEEDS Surveys
- BRO-Gender Affirming Care
- Support for strengthening behavioral health system and equity related bills

Capitol Day: Feb. 13, 2023 w AFSP & Lines for Life

Meetings with Legislators

Develop Packet for coalitions

BREAK – Current Committee Priorities

Data & Evaluation Committee

A community of researchers that want to stay updated on the landscape of data in the Suicide Prevention world in Oregon with a role to provide input to OHA. Goal is to transition broadly as a committee to provide input on dashboards and data measures.

Schools Committee

Build capacity to monitor implementation of plans for Adi's Act, increase meaningful participation in Adi's Act from school districts, and increase the use of best practices in school districts. Begin by organizing infrastructure and clarifying roles and responsibilities.

Transitions of Care Committee

The Alliance will respond to OHA's HB 3090 Resurvey Project report (due Fall 2021) and develop a work plan to monitor next steps.

Workforce Committee

HB 2315 Rulemaking process will include recommendations from OHA defining continuing education opportunities that are applicable and relevant to meet the suicide prevention training requirement for relicensure.

BREAK – Current Advisory Group Priorities

Equity Advisory

The Alliance will continue focus on equity work and will continue to make recommendations to OHA.

Lethal Means Advisory

Implement workplan for Lethal Means work that includes safe storage, collaboration between stakeholders, and policy recommendations.

Coalition Leaders Network

The Alliance staff hosts a quarterly webinar to provide networking support for regional suicide prevention coalitions and other local suicide prevention champions.

The Alliance staff hosts a quarterly learning collaborative for regional suicide prevention coalition leaders.

YSIPP Update / Next Steps for FY 23-24 Initiatives

Small Group Breakout Instructions

Each group has a principle from our equity screen

 Reflecting on this morning's YSIPP update, how are we putting this principle into action?

What more could/should we do in this area to advance our work?

Please share answers on sticky notes on jamboards



Questions or Concerns? Need to connect with Staff?

Annette Marcus – <u>amarcus@aocmhp.org</u>

Jenn Fraga – jfraga@aocmhp.org

Shared Risk & Protective Factor (SRPF) Initiative



Contact: Chris Sorvari, IVPP Project Manager: chris.sorvari@dhsoha.state.or.us

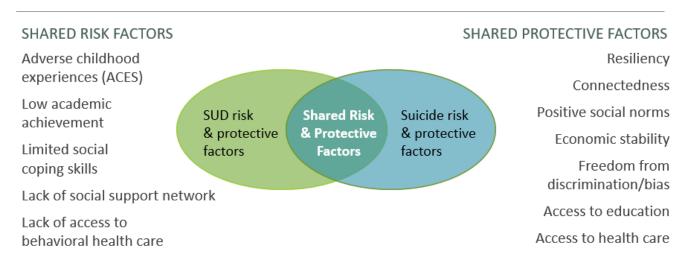
What is a shared risk & protective factor "approach?"

- When people lack access to health care, economic stability, secure housing, or quality education they are less likely to attain the best possible health and quality-of-life outcomes. These are risk factors.
- When people obtain the skills and supports necessary to avoid risks or promote resilience in the face of risks, it is more likely that they will have optimal outcomes. These are protective factors.
- Many forms of injury and violence share the same risk factors and protective factors.
- Aligning and combining our resources to equitably reduce risk factors and strengthen protective factors will improve multiple population-level health and quality-of-life outcomes.
- To impact multiple forms of injury and violence, prevention efforts should start early and continue across the lifespan.

Advantages of this approach

- Maximizes sustainable change with limited resources
- Focuses on root causes
- Connects issue-specific work
- **Expands partnerships**

Example: substance use disorders and suicide



Shared Risk and Protective Factor Initiative



Phase 1 (Started Spring 2020)

- Conducted baseline readiness assessment.
- Provided SRPF trainings for OHA staff.
- Formed a SRPF group comprised of various public health programs (PHD).
- Braided resources with six PHD programs for a funding opportunity for community partners.
- Conducted a literature review on protective factors associated with health outcomes.
- Developed graphic(s) illustrating the connection of specific protective factors to health outcomes.

Phase 2 (Starts Fall 2022)

Develop and pilot a decision-making tool to be used when applying for funding, developing requests for proposals (RFPs), and allocating resources. This tool will ensure that strengthening protective factors for communities disproportionally affected by injury/violence will be prioritized—and that decisions are based on community input, scientific literature, culturally-specific strategies, priorities from Healthier Together Oregon, population-level data, opportunities to align with other public health programs, and the operating principles (below).

Initiative's operating principles

Aims to center health equity

De-siloed collaboration, funding, and other resources Authentic community engagement: strong bidirectional relationships

Strength- based community data collection and reporting

Upstream prevention strategies to influence multiple outcomes of interest

Tailored interventions, as most evidence-based strategies are not tested with culturally diverse populations

Additional SRPF work in action

- Sexual Violence Prevention Resource Map displays shared risk and protective factors related to sexual violence prevention
- <u>Public Health Funding Opportunity for CBOS</u> prioritizes collaboration, braided funding, communitycentered partnerships, health equity, upstream prevention strategies, and culturally-appropriate interventions
- <u>PINPOINT</u>: Oregon Rural Practice-based Research Network project in 62 clinics to improve pain management, opioid prescribing, alcohol use, and suicide prevention in primary care
- 2022 <u>House Bill 4045</u> allocates funding to address risk and protective factors to decrease social
 pressure to engage in community violence

Resources

- CDC Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence
- Safe States Connections Lab: Exploring Elements of Shared Risk & Protective Factor Approaches

IFESPAN LIFESPAN LIFESPAN

OREGON HEALTH AUTHORITY: PUBLIC HEALTH DIVISION

Oregon will be a place where health and well-being are achieved across the lifespan for people of all races, ethnicities, disabilities, genders, sexual orientations, socioeconomic status, nationalities and geographic locations.

Pregnancy Early Childhood Childhood Adolescence Adulthood

Older Adults

Instititional Bias

Access to Trustworthy **Health Care**

Systems of **Education that** Support System Equity

+ Social Norms

Connectedness

Adversity, Trauma & **Toxic Stress**

Connectedness

Resiliency

Built Environment

+ Social Norms

Behavioral Health

Access to Health Care

Access to **Transportation**

> Economic Stability

+ Social Norms

Access to Education

Connectedness

Economic **Drivers of** Health

Access to Affordable **Quality Care**

Access to **Employment** that Pays a Living Wage

Access to **Transportation**

> Access to Meaningful Work

Access to Opportunities to Build Wealth

Access to **Equitable Preventive Health Care**

Access to Trustworthy Health Care

Built Environment

Access to **Transportation**

Protective factors are shown where they start in the lifespan. Arrows indicate these protective factors continue through the lifespan.

LIFESPAN

IFESPAN

FESPAN

OREGON HEALTH AUTHORITY: PUBLIC HEALTH DIVISION

The table below shows the relationship between protective factors and the OHA program focus areas that are impacted by increasing these protective factors across the lifespan.

Child Health

Adolescent Health

Maternal **Child Health**

Violence Prevention

Chronic Disease **Prevention** Unintentional Injury Prevention

Substance Misuse Prevention

Suicide Prevention













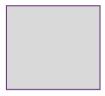


















































































































OREGON HEALTH AUTHORITY: PUBLIC HEALTH DIVISION

Child Health:	Programs or efforts focused on the physical, mental, intellectual, social and emotional well-being of children 0-9 as they develop in the context of their families, environments, and communities.
Adolescent Health:	Programs or efforts focused on the physical, mental, intellectual, social and emotional well-being of youth ages 10-19as they develop in the context of their families, environments, and communities.
Maternal Child Health:	Programs or efforts focused on the health and well-being of mothers, pregnant and parenting, children and youth.
Violence Prevention:	Programs or efforts focused on preventing child maltreatment, intimate partner violence, sexual violence, community violence, youth violence, dating violence, bullying, elder abuse and gun violence.
Chronic Disease Prevention:	Programs or efforts focused on preventing diseases like heart disease, cancer and diabetes and stroke. Also includes programs focused on healthy eating and active living while avoiding unhealthy behaviors and conditions such as smoking and obesity.
Unintentional Injury Prevention:	Programs or efforts focused on preventing injuries from traffic crashes, falls, burns, poisonings, drownings and other causes that occur without intention.
Substance Misuse Prevention:	Programs or efforts focused on preventing substance use disorder (SUD). Prevention programs focus on helping individuals to develop knowledge and skills, or changing environmental and community factors that affect a population.
Suicide Prevention:	Programs or efforts focused on reducing the risk of suicide that include learning the warning signs, promoting prevention and resilience, and committing to social change.

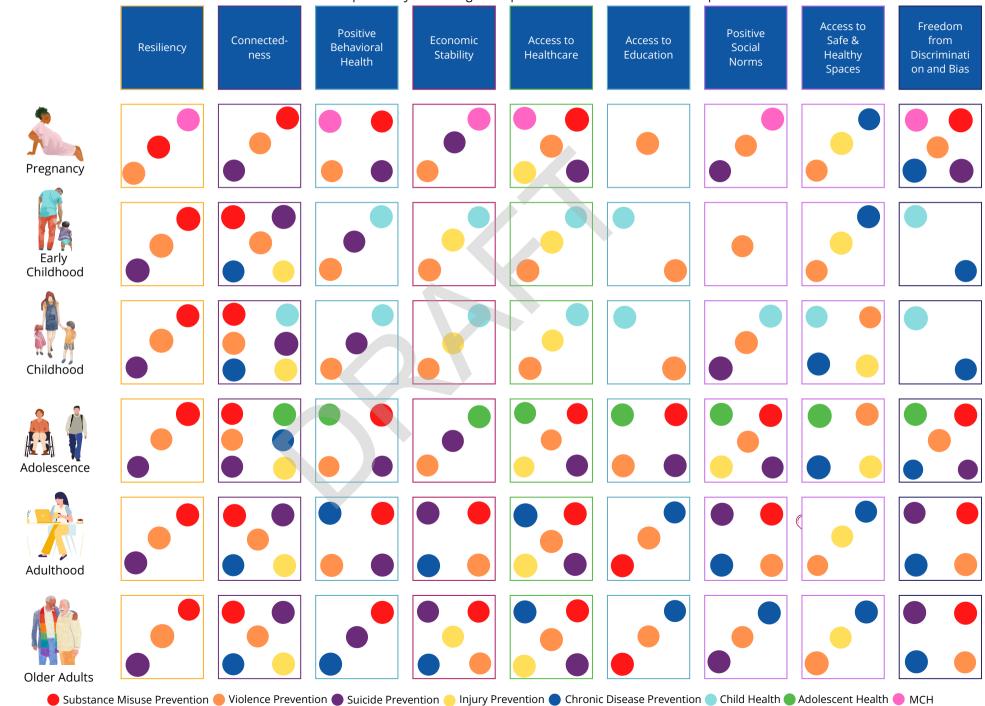
IFESPAN

LIFESPAN

IFESPAN

OREGON HEALTH AUTHORITY: PUBLIC HEALTH DIVISION

The table below shows the relationship between protective factors and the OHA program focus areas that are impacted by increasing these protective factors across the lifespan.



OREGON CHILD ABUSE PREVALENCE STUDY

N=216, 12 CLASSROOMS, 6 SCHOOLS, 5 LANE COUNTY DISTRICTS

HOW MANY OREGON CHILDREN EXPERIENCE CHILD

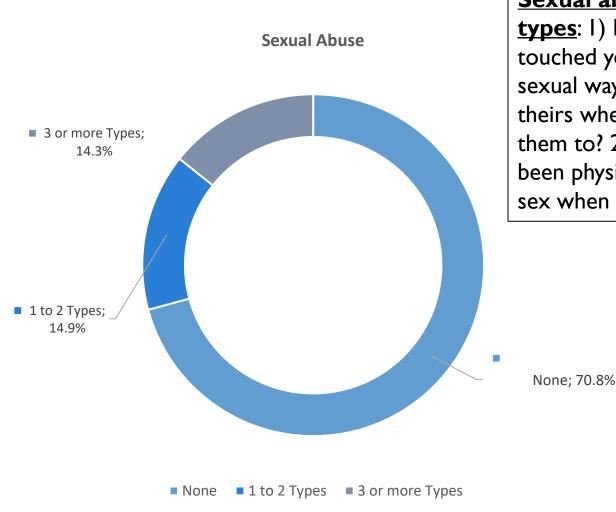
MALTREATMENT INCLUDING PHYSICAL AND SEXUAL ABUSE, NEGLECT,

EXPOSURE TO IPV and IDENTITY-BASED VIOLENCE?

HAVE WE MADE HEADWAY IN DECREASING TRAUMA IN CHILDHOOD IN THE PAST 20 YEARS?

OREGONIANS CAN NOT ACCURATELY ANSWER THESE QUESTIONS.

OCAPS PILOT DATA AT A GLANCE: CHILD SEXUAL ABUSE



Sexual abuse experience

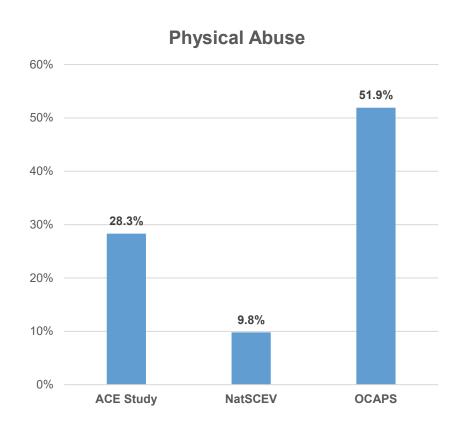
types: I) Has anyone ever touched your private parts in a sexual way, or made you touch theirs when you didn't want them to? 2) Have you ever been physically forced to have sex when you did not want to?

29.2% of students reported at least one sexual assault experience type, e.g., forced touched, forced penetration, forced viewing.

UNIVERSITY OF OREGON
College of Education

OCAPS AT A GLANCE: PHYSICAL ABUSE

<u>Physical abuse experience types</u> include questions like: I) "Has anyone ever choked you and prevented you from breathing?" and 2) "Has anyone ever hit you over and over again with an object or fist (beat-up)?" <u>NOTE: ADULT TO CHILD ONLY, EXCLUDING SPANKING</u>



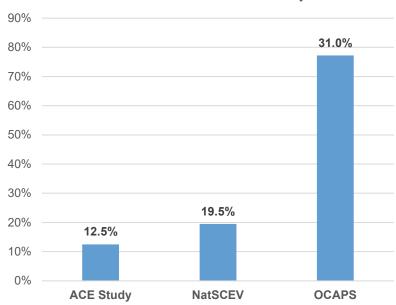
52% of students reported at least one type of physical abuse by adults; 39% experienced four or more types of physical abuse.



AT A GLANCE: INTIMATE PARTNER VIOLENCE

Intimate partner violence types include questions like: I) Did you see any of your parents or another adult in your home hit, beat, kick or physically hurt your brothers or sisters, not including spanking? and 2) was your mother or stepmother sometimes or often kicked, bitten, hit with a fist, or hit with something hard?

Intimate Partner Violence Exposure



31% of students reported seeing or hearing at least one type of intimate partner violence; 12% experienced three or more types; 8% experienced four or more types.



"At any time in your life did any of your parents or another adult in your home, because of an argument, break or ruin anything in the house, or punch the wall or throw something?"

A 'yes' response by grades:

	Mostly A's/B's	47%
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- Mostly C's 53%
- Mostly D's/F's 82%

A CULTURE OF SILENCE, DENIAL AND MINIMIZATION

Among all Lane County high school juniors/seniors with a trauma/abuse history, 47% had never shared their experience with anyone at anytime (OCAPS).

YOUTH VOICE/YOUTH ENGAGEMENT

- 1. In an earlier survey of Lane County high school students who had experienced abuse or neglect, 47% said they have never told anyone. Please describe:
 - reasons why you think children and youth often don't tell anyone.
 - what are the most useful things that can be done to change this?
- 2. What are the most useful things your school can do to make sure *all* students feel welcomed, cared about, and have the best chance for success?
- 3. What are the most useful things *people in your neighborhood* can do to prevent or reduce violence and abuse during childhood and adolescence things like child sexual abuse, domestic violence in homes, and dating violence?

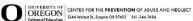
YOUTH VOICE/YOUTH ENGAGEMENT

Child abuse and neglect shouldn't be taken lightly. Since we're giving you the information, use it to your max potential. Do as much with the information as you possibly can, in every way that you can.

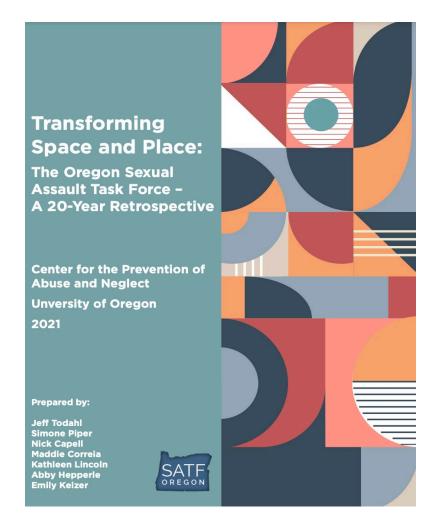
- High school student participant

VIOLENCE PREVENTION















Oregon's Shared Risk & Protective Factor Initiative

LISA SHIELDS
PUBLIC HEALTH DIVISION
INJURY AND VIOLENCE PREVENTION PROGRAM

OREGON ALLIANCE TO PREVENT SUICIDE 12/9/2022

Topics covered

Background and definition of a shared risk and protective factor "approach"

Rationale for this approach

Examples of SRPFs for substance use disorder and suicide

Oregon Health Authority's SRPF initiative

Examples of SRPF projects

Discussion – SRPF graphic



Population health & quality of life outcomes

Physical and mental health

Gainful employment and livable wages

Safe and stable homes & neighborhoods

Educational achievement

Access to high-quality goods and services

Community connectedness, engagement, and participation



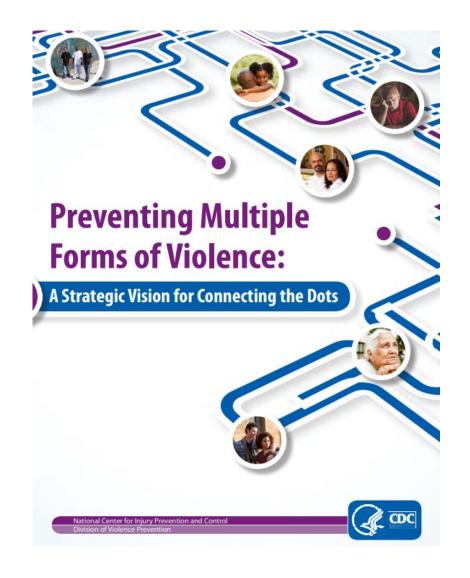
Social determinants of health

Social determinants of health: risk and protective factors

Unfortunately, many populations do not have equitable access to the social determinants of health.

When populations lack access to social determinants, like health care or economic stability, they are less likely to attain the best possible health and quality-of-life outcomes. **These are risk factors.**

When populations obtain the skills and supports necessary to avoid risks or promote resilience in the face of risks, it is more likely that they will have optimal outcomes. **These are protective factors.**



Connecting the dots

Shows connections between different forms of violence and how these connections affect communities

To impact multiple forms of violence, prevention efforts should start early and continue across the lifespan

https://www.cdc.gov/violenceprevention/about/connectingthedots.html

Shared risk factors across multiple forms of violence

		Type of Violence Perpetration									
		Child maltreat- ment	Teen Dating Violence	Intimate Partner Violence	Sexual Violence	Youth Violence	Bullying	Suicide			
Risl	k Factors										
	Cultural norms that support aggression toward others	X ^{33,76,77}	X ^{78,79}	X ₂₃	X ³¹	X ⁸⁰					
_	Media Violence				X ^{57,82}	X ₈₃	X ³⁷	X ^{84,85}			
Societal	Societal income inequity	X ¹⁰⁸		X ⁸⁶		X ^{87,88,89}	X ⁴⁷				
Soc	Weak health, educational, economic, and social policies/laws	X ⁹⁰		X ₂₃	X ³¹			X ⁹¹			
	Harmful norms around masculinity and femininity	X ⁹²	X ⁵⁴	X ₂₃	X ^{31,73,74}	X ⁹³	X ⁹⁴				
	Neighborhood poverty	X ⁴²		X ₂₃	X ³¹	X ⁴⁶		X ⁹⁵			
	High alcohol outlet density	X ⁴²		X ^{96,97}		X ⁹⁸		X ⁹⁹			
nity	Community violence	X ⁴²			X ³⁸	X ¹⁰⁰	X ³⁷				
Community	Diminished economic opportunities/high unemployment rates	X ⁴²		X ^{28,19}	Х31	X ⁴⁶		X ^{29,30}			

Shared protective factors

		Type of Violence Perpetration										
		Child maltreat- ment	Teen Da Violen	_	Intimate Partner Violence		cual ence		outh olence	В	ullying	Suicide
Pro	tective Factors											
Community	Coordination of resources and services among community agencies	X ³⁹		X ⁴⁰						X ⁴¹		X ²⁷
	Access to mental health and substance abuse services	X ⁴²									X ⁴¹	
	Community support/ connected-ness	X ⁴²		X ¹⁹	X	38,44	X ⁴³	3			X ⁴¹	X ²⁷
Relationship	Family support/ connected-ness	X ⁴²	X ⁴⁵				X ⁴⁶	i	X ⁴⁷		X ⁴¹	X ²⁷
	Connection to a caring adult		X ⁴⁵				X ⁴⁶	i			X ⁴¹	
	Association with pro- social peers		X ⁴⁵				X ⁴⁸	3	X ¹⁰⁴			
	Connection/commitment to school		X ^{45,105}		x	19,50	X ⁴⁶	5	X ^{37,47}		X ⁴¹	
Individual	Skills in solving problems non-violently	X ¹⁰⁶	X ¹⁰⁷				X ⁴⁶	i			X ⁴¹	

What is an SRPF "Approach"

Shared risk and protective factor (SRPF) approaches are efforts to improve multiple population health and quality-of-life outcomes by aligning diverse, multi-sector interventions that positively and equitably impact the social determinants of health.

- 1. An SRPF approach improves multiple population-level outcomes.
- 2. An SRPF approach impacts the social determinants of health in ways that are positive and equitable.
- 3. An SRPF approach connects issue-specific siloes and engages partners across multiple disciplines and sectors.

Safe States Connections Lab: https://www.sarestates.org/page/ConnectionsLabDefiningSRFFApproach



Collective action maximizes sustainable change with limited resources

Risk and protective factors for substance use

Risk factors

Genetic predisposition to addiction or exposure to alcohol prenatally

Adverse Childhood Experiences: ACES

Neighborhood poverty and violence

Racism and lack of economic opportunity

Poor social coping skills

Having few friends or few healthy relationships

Poor academic achievement

Protective factors

Secure attachment as a child

Supportive relationship with family

Positive self-image

Emotional self-regulation

Positive peer group

Availability of faith-based resources and afterschool activities

Academic success

Hate-crime laws

Policies limiting the availability of alcohol

Substance use disorders (SUD) and suicide—the overlap

SHARED RISK FACTORS

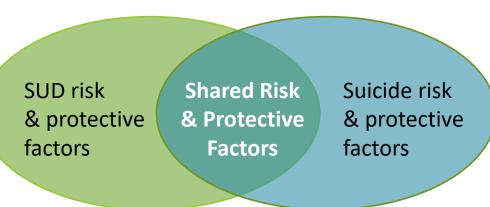
Adverse childhood experiences (ACES)

Low academic achievement

Limited social coping skills

Lack of social support network

Lack of access to behavioral health care



SHARED PROTECTIVE FACTORS

Resiliency

Connectedness

Positive social norms

Economic stability

Freedom from discrimination/bias

Access to education

Access to health care

Oregon's SRPF initiative

Aims to center health equity

De-siloed collaboration, funding, and other resources

Authentic community engagement: strong bidirectional relationships

Strength- based community data collection and reporting

Upstream prevention strategies to influence multiple outcomes of interest

Tailored interventions, as most evidence-based strategies are not tested with culturally diverse populations

SRPF in Action

<u>Supporting LGBTQ+ protective factors during COVID</u>: mini-grant opportunity by OHA, the Alliance and AOCMHP

PINPOINT/ANTECEDENT project

2022 House Bill 4045 to reduce community violence

Kansas project on sexual violence and suicide data overlap

Supporting LGBTQ2IA+ Protective **Factors During** COVID-19: The Community Resilience Collaborative

- Response to unique community stress during COVID, especially among LGBTQ2IA+ community for upstream suicide prevention
- Mini-grants to enhance community resilience, social cohesion & visibility
- Prioritized awards to groups led by and/or serving communities of color, rural, frontier, and/or disabled folks
- Low barrier application and reporting processes
 - No idea too big or too small to be considered for funding
 - Open to any kind of group
 - No need to have suicide prevention knowledge, expertise, or explicit involvement

What We Saw

Pride Circle, Klamath County

Pioneered new mentor circle model for LGBTQ+ youth and adults "All in my Head" podcast,
Multnomah County

By and for LGBTQ+
/ BIPOC teens to
discuss mental
health & social
issues

Received local and national awards

Indigenous LGBTQ
Film Festival,
Confederated Tribes
of Siletz Indians

Partnered with internationally-known artist & Drag Clown, Carla Rossi for film festival

Project DOVE, Malheur County

Saw grant program as "lifeline" for local LGBTQ+ community

Built organizational support and capacity

Friends of the Children Portland, Multnomah County

Meaningfully reengaged program alum

Received \$100k Surge Capacity Grant from Upswing Fund

+ Vast partnerships among grantee cohort; local & national attention

PINPOINT: improving pain and opioid management in primary care

QI project in 62 primary care clinics

Focus on improving pain management, opioid prescribing, unhealthy alcohol use, and suicide

PINPOINT connects clinics to regional and state overdose prevention initiatives



Oregon Rural Practice-based Research Network

House Bill 4045

OHA participated in workgroup to plan legislation on community violence

Project team developed "A Public Health Approach to Reduce Community Firearm Violence" to educate legislators

- Increased knowledge and awareness of upstream risk and protective factors
- Highlighted importance of addressing risk factors such as exposure to community violence and lack of social cohesion, and of supporting protective factors such as connecting youth to caring adults and activities

Result: 2022 House Bill 4045 2022 HB 4045 allocated \$5m to reduce community violence and expand hospital-based violence intervention programs (HVIP)

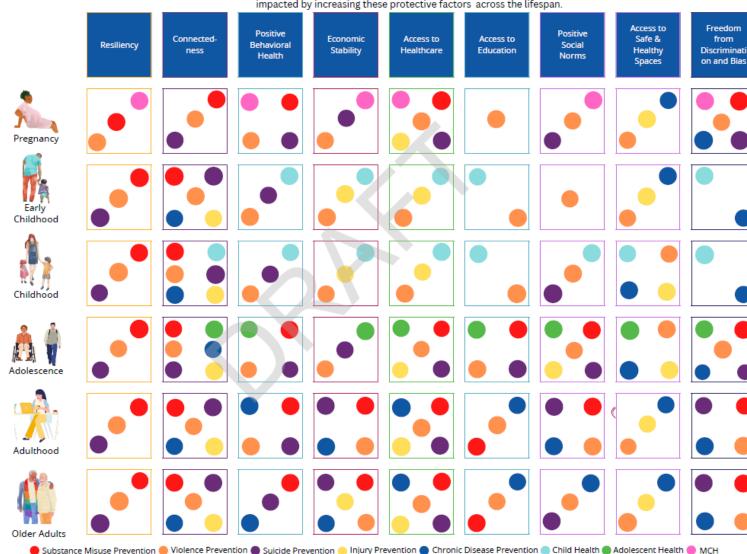
- \$1.5m to a CBO to support expansion of HVIP in Portland
- \$1m to IVPP to support HVIPs across the state and create a new full-time Community Violence Prevention Coordinator position
- \$2.5m to a CBO for community grants to address risk and protective factors to decrease social pressure to engage in community violence

Kansas project example Rape Prevention and Education Program used high school student survey data to examine the associations and shared risk and protective factors between forced sex and suicide attempts.

Used data to educate stakeholders on how multiple forms of violence are interconnected.

OREGON HEALTH AUTHORITY: PUBLIC HEALTH DIVISION

The table below shows the relationship between protective factors and the OHA program focus areas that are impacted by increasing these protective factors across the lifespan.



What are the opportunities for applying this approach in your work?





The Oregon Child Abuse Prevalence Study (OCAPS):

High School Pilot Study Summary Report February 2019

Jeff Todahl, PhD, Phyllis D. Barkhurst, MEd, & Simone Schnabler, M.S. Center for the Prevention of Abuse and Neglect

HOW MANY OREGON CHILDREN EXPERIENCE CHILD ABUSE, NEGLECT, & EXPOSURE TO DOMESTIC VIOLENCE? HAVE WE MADE HEADWAY IN DECREASING CHILD ABUSE & NEGLECT IN THE PAST 20 YEARS?

OREGONIANS CANNOT ACCURATELY ANSWER THESE QUESTIONS.

The Oregon Child Abuse Prevalence Study (OCAPS) was designed to much more accurately measure the rates of child abuse and neglect in Oregon. Until now, Oregon has relied almost exclusively on a handful of questions in surveys and on reports to child protective services to estimate abuse and neglect rates. Policymakers, funders, advocates and people working to support children and families overwhelmingly agree that the best existing measurement significantly under-reports the actual abuse and neglect experienced by Oregon children and youth. There is a need for a better, more accurate approach. The UO Center for the Prevention of Abuse and Neglect (CPAN) spent two years researching how other states and countries measure child abuse prevalence rates and then another year in developing and implementing a pilot study to determine whether a safe and more accurate method could work in Oregon. The Ford Family Foundation and Meyer Memorial Trust supported the research, development, and piloting stages of OCAPS. The CPAN research team has now completed an OCAPS pilot study and we are now before the Oregon Legislature, partnering with the Department of Human Services and Oregon Department of Education to fund OCAPS statewide. To investigate whether such a study is viable, several legislators in 2017 recommended that CPAN pilot the study and bring those results to the Legislature. This report is the result of those efforts.

This report briefly summarizes the findings of the OCAPS high school pilot. The pilot study, a collaboration with Oregon youth, Lane County schools¹, and CPAN, is the first time U.S. youth have been asked comprehensive abuse/neglect questions in a school environment. The pilot was designed to test and refine study procedures in preparation for going statewide. With legislative support, we plan to implement the firstever statewide representative survey of 1,500 -1,800 Oregon youth in the 2019-2020 school year. OCAPS will serve as a more accurate way to assess the long-term effectiveness of prevention and intervention efforts in Oregon communities than report rates are able to do.

OCAPS, a 167-question survey for students 16 years and older, measures social support, physical abuse, sexual abuse, emotional abuse, neglect, child exposure to intimate partner violence (domestic violence), adverse childhood experiences (ACE), dating violence, weapons use and exposure, and school and health outcomes. The survey is sensitive and extensive. For example, it includes 10 sexual assault questions, 19 physical abuse questions, 31 neglect questions, and many questions about domestic violence and household climate. All Adverse Childhood Experiences (ACE) study questions are included in OCAPS.

¹ This research was made possible, in part, by the support of 5 Lane County school districts. Opinions and recommendations contained in this report reflect those of the authors and do not necessarily reflect those of the participating districts.



OCAPS Premises

- $\sqrt{}$ Child abuse and neglect prevention is an urgent public health need.
- $\sqrt{}$ Current child abuse prevalence measurement underestimate actual rates.
- $\sqrt{}$ Report rates to child welfare represent a small proportion of child abuse and neglect incidence.
- $\sqrt{\ }$ Tracking rates/trends across time are vital tools for policy-making, putting decision-makers in a much better position to gauge the effectiveness of intervention and prevention programs.
- $\sqrt{}$ Local data inspire local action.

We believe asking youth directly about abuse they may have experienced can be done safely, ethically, and in a manner that youth find to be supportive and validating. This is based on our own decades of work in schools as well as several years of our own preparatory work with adults and youth that was verified with this pilot. Additionally, we believe that youth are the best source for accurate information about their own experiences.

OCAPS Addresses the Following Questions, Among Others

- How do child abuse and neglect prevalence rates compare to child welfare report rates statewide?
- How many Oregon children experience physical abuse, sexual abuse, and emotional neglect and witness or hear intimate partner violence?
- How does childhood abuse impact health among Oregon children? How does this vary for children in the foster care system and by income, gender, race, and Oregon region? What impact does social support have on health, behavior, and school performance for youth who have experienced abuse and/or neglect?
- How does childhood abuse impact school attendance, grades and behavioral choices? How do these differences vary for students in the foster care system and by household income, gender, race and Oregon region?
- What impact do intervention (e.g., Oregon's Early Learning System) and prevention efforts (e.g., Healthy Families Oregon) have on child abuse rates over time and across generations?

<u>The OCAPS Pilot – Safety and Support for Student Participants</u>

In spring and fall 2018, 216 youth from 12 classrooms in six schools and five Lane County districts participated in the OCAPS pilot. The questions are direct and sensitive, e.g., "Have you seen adults in your home hurt each other physically, such as hitting, slapping, and kicking?" and "Has anyone ever forced you to have sex when you did not want them to?" These are difficult questions. For many people, naturally, it is upsetting to respond to questions like this and can be triggering for abuse survivors. We² took many steps to reduce risk for students and to create a trauma-informed, safe and validating experience for survey participants. These steps included:

² Among CPAN lead researchers, we have 30+ years of survivor support, advocacy, high school prevention implementation, counseling and state and federal abuse prevention policy development (e.g., Phyllis Barkhurst, Co-Founder, Oregon Attorney General's Sexual Assault Task Force) and 15+ years of survey research experience with adult survivors of abuse (e.g., Todahl, Walters, & Olson, 2017).

Development of Questionnaire and Safety Protocols.

- Development of the survey and safety steps in consultation with national and international research colleagues and based on our own direct experience with conducting adult-based survivor survey research.
- Shared the first draft of the questionnaire and survey plan in feedback sessions with multiple youth leadership groups, including Juventud Faceta, Trauma Healing Project youth leaders, and youth educator workgroups.
- Piloted the survey 1st draft with 30 UO graduate students, the 2nd draft with 420 UO undergraduate students, and the 3rd draft with 205 UO undergraduate students.

School-Specific Preparation.

- The first contact with schools is in person. The CPAN research team met with principal, counselor(s), and classroom teacher(s) at each school. There the student support plan was agreed on, and school and community-specific resources for students were identified for during and after the survey.
- From this meeting, we developed, with each school, a timeline for implementation, specific roles and responsibilities for school research team, and the detailed student support plan. We then signed a Memorandum of Understanding with each school that clearly outlined all of these steps.
- The consent form is then sent to all parents/guardians 2 weeks prior to study.
- The Study description was read to students by the classroom teacher one week prior to the study including study purpose, confidentiality, optional participation, and how to opt out.
- For each school, we worked with the school to develop a school and region-tailored resource list (delivered to students and school on day of the study and posted in the school for 2 months after).

School-Specific Implementation (Day of the Survey).

- The CPAN research team introduced themselves to the class reminded students about study purpose, acknowledged its sensitivity, acknowledged that it may be upsetting and that this is natural, and reminded students that their participation is optional, they can skip questions, can stop at any time, and described privacy and limits of confidentiality.
- The Resource list was distributed to students before taking the survey. Each CPAN research team included a student support staff who, prior to distributing the survey, introduced themselves to the class, explained they were there with the sole purpose of student support, explained which private room they would be in during the study and at least one hour following class.
- There was a Post-survey debrief with the students after each class. This debrief again acknowledged the types of response and feelings that are common when thinking about abuse and neglect, reiterated available support, and led a brief discussion of students' overall experience with taking the survey, questions they may have, and their recommendations for conducting the OCAPS statewide.
- The survey is completed on an I-Pad with a security screen.

Fewer than 3% of parents/guardians opted out of the survey. And, with one school exception, fewer than 5% of students opted out.

Student Experience.

Most students expressed strong support for the study. In feedback sessions and in anonymous open-ended questions on the I-pad, students overwhelming encouraged our team to conduct the study statewide. Many students felt validated, urged us to share the findings widely, and appreciated that people were working to draw attention to child abuse. One student reflected the sentiment of many:

"Thank you. Childhood abuse and trauma will likely affect me and a lot of adolescents I know for the rest of our lives. It is nice to be validated and to know people are taking steps to help prevent this."

Students anonymously rated how they felt while taking the survey:

- 43% felt 'neutral,' which suggests they did not have a strong emotional response during the survey.
- 11% felt uncomfortable; 15% felt upset or sad, and under 2% felt discouraged and confused.
- 15% felt inspired; 26% felt hopeful, and 39% felt "supported or validated because people are learning about child abuse."

Pilot Study Participants

- 45% identified as male, 52% as female, and 3% as gender non-binary.
- 19% were 16 years old, 53% were 17 years old, and 28% were 18 years old or older.
- Most identified as white (67%); 19% identified as mixed race, and 9% as Latino. 92% spoke English as the primary language in their home.
- During the past 12 months, 44% of students missed 0-5 days of school for any reason; 19% missed 6-10 days, and 33% missed 11 days or more.
- 69% of participants indicated they receive mostly A's and B's; 20% mostly C's; and 5% mostly D's and F's.
- 29% of students' parent(s) earned a bachelor's degree or higher; 50% receive free/reduced lunch.
- 13% (n=27) of participants have ever been placed in foster care.

A SAMPLE OF PRELIMINARY FINDINGS³

Social Support, Connection and Household Climate.

Because of the importance of social connection for health and well-being, OCAPS asks several questions about neighborhood climate and overall social support. Nearly 92% of student participants reported feeling safe in their neighborhood and 65% agreed that they received the emotional support that they need from their family. Many student participants (53%) reported they never or rarely feel tense or stressed out at home, 85% believed that they are well taken care of when they are sick or injured, and 74% believed that they sometimes or often receive the comfort they need when they are upset.

Among those who had an abuse experience, 47% had never talked with anyone about their experience.

Those who had shared their experience at some point in time most often shared it with a friend, parent or sibling – and the majority of those who shared their experience reported that people were understanding and compassionate.

³ This is a convenience sample. The statewide study will include at least 1,500 stratified and randomly selected schools and school districts and will closely represent Oregon youth.

Household Climate & Fear.

Many student participants (53%) reported they never or rarely feel tense or stressed out at home, while 26% said they sometimes feel tense/stressed at home and 20% often or very often do. The vast majority of students always or usually feel safe at home. At the same time, many student participants reported they feel frightened due to adult behavior, at least some of the time:

Item	No	Yes
Has anyone in your home used alcohol and/or drugs and then behaved	65.6% (n=141)	30.2% (n=65)
in a way that frightened you?		
Have you seen adults in your home shouting and screaming in a way	50.7% (n=109)	45.1% (n=97)
that frightened you?		

Sexual Abuse.

In this report – for sexual abuse, physical abuse, and intimate partner violence exposure – we compare OCAPS pilot study findings with the well-known original ACE study findings and with the National Survey of Children's Exposure to Violence (NatSCEV). These are among the closest research comparisons to OCAPS and provide a frame of reference for prevalence rates among Lane County youth in this pilot study. For example, the original ACE study reported a child sexual abuse rate of 20.7%, while 29.2% of students in the OCAPS pilot identified at least one sexual abuse experience.

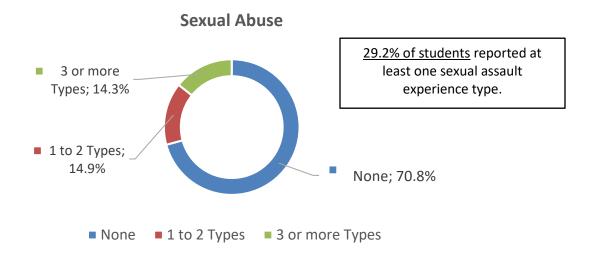
The type of sexual abuse participants experienced (e.g., forced touch, forced intercourse) varied by gender. For example, 19% of participants (71.1% female; 18.4% male) answered yes to this question: "Has anyone ever touched your private parts in a sexual way, or made you touch theirs when you didn't want them to?" Participants who ever lived in foster care reported 3 or more sexual abuse types at a rate 2 times higher than those never in foster care.

Sexual assault and sadness were highly correlated. Among participants who had no history of sexual abuse, 26% reported being profoundly and persistently sad or hopeless at some point during the past 12 months. For participants with 3 or more sexual abuse experience types, reports of sadness or hopelessness⁴ jumped to 79%.

Participants with three or more sexual abuse experience types were 2.1 times more likely to be persistently sad or hopeless then all other student participants.

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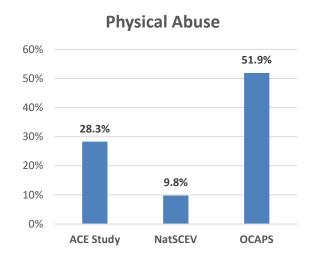
⁴ Among all participants, 37% reported feeling sad or hopeless every day for two weeks or more in the past 12 months.



Physical Abuse.

Participants were asked 19 separate physical abuse questions. The questions focused on several abuse types, including for example being choked or being "beaten up." We also ask *who* perpetrated the act, i.e., adult male or female, adolescent or peer male or female. The rates of physical abuse in this report only include abuse by adults to youth participants.

Among all participants, 52% personally experienced at least one type of physical abuse by an adult – and many experienced multiple forms of physical abuse. For example, among all participants, 18% reported they had been often or very often pushed, grabbed, slapped, or had something thrown at them – or were hit so hard it left marks or injuries by a parent or other adult in their home. Also among all participants, 19% were hit, beat, kicked, or physically hurt in some way one or more times by a parent or adult in their home. For students who ever lived in <u>foster care</u>, this rate jumped to 41%. Additionally, among all participants, 39% experienced 4 or more types of physical abuse; 56% for participants who ever lived in <u>foster care</u>. Overall rates of physical abuse reported by students in this pilot significantly exceed rates previously reported by NatSCEV⁵ and the ACE study.



Physical abuse experience types include questions like:
1) "Has anyone ever chocked you and prevented you from breathing?" and 2) "Has anyone ever hit you over and over again with an object or fist (beat-up)?"

<u>52% of students</u> reported at least one type of physical abuse by adults; <u>39% experienced four or more</u> types of physical abuse.

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⁵ National Survey of Children's Exposure to Violence.

<u>Intimate Partner Violence by Adults in Household.</u>

Seventy-seven percent of youth participants experienced at least one intimate partner violence type in their household. For example, 47% of youth answered yes to this question: "At any time in your life did any of your parents or another adult in your home, because of an argument, break or ruin anything in the house, or punch the wall or throw something?" This included for many participants dangerous acts that led to injuries. For instance, 19% of participants said they have observed a parent get pushed, slapped, hit, punched, or beat up by another parent. Many participants also witnessed acts of verbal aggression. For example:

> At any time in your life, did one of your parents or another adult in your home swear at, call names, or say things that put another parent down?

To this question, 27% of participants indicated this has never occurred in their household; 40% reported this occurs sometimes, and 29% reported it occurs often or very often. Twenty-five percent of participants "feel afraid because of behavior by an adult in my home" sometimes, often, or very often.

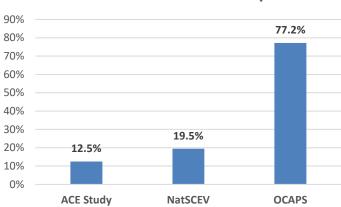
Exposure to acts of physical aggression by adults that included breaking, throwing and ruining things – experienced by many participants – was significantly correlated with sadness/hopelessness, grades, and school attendance. For example, 47% of students who earn A's and B's answered yes to this question: "At any time in your life did any of your parents or another adult in your home, because of an argument, break or ruin anything in the house, or punch the wall or throw something?" Fifty-two percent of students who earn C's answered yes to this question – and a full 82% of students earning D's and F's answered yes.

Seeing/hearing things being punched, thrown and broken was significantly correlated with school attendance. Among students who missed 0-5 days, 39% said they saw/heard these things, while a full 63% of students who missed 11 or more days experienced this type of violence exposure.

Seeing or hearing adult physical abuse at home was highly related to sadness. A full 70% of participants who observed adults hurt each other physically in their home reported being sad or hopeless in a way that stopped them from doing regular activities – compared to 29% who did not observe this type of physical aggression.

> **Intimate partner violence types** include questions like: 1) Did you see any of your parents or another adult in your home hit, beat, kick or physically hurt your brothers or sisters, not including spanking? and 2) was your mother or stepmother sometimes or often kicked, bitten, hit with a fist, or hit with something hard?

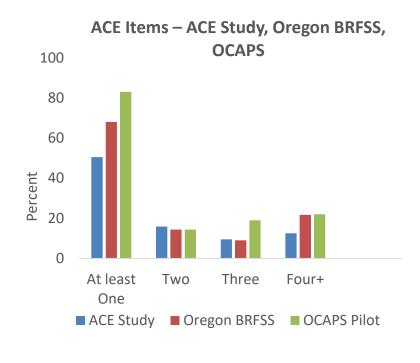




<u>77% of students</u> reported seeing or hearing at least one type of intimate partner violence; <u>47% experienced three</u> or more types; <u>35% experienced four</u> or more types.

ACE Study Questions.

The Adverse Childhood Experiences (ACE) Study is widely known; OCAPS includes all ACE Study items. Overall, among students in this pilot study, ACE scores were significantly higher than both the original ACE study and Oregon's BRFSS. For example, in the original ACE study, 51% of participants experienced at least one adverse event in childhood (ACE score of 1). Among Oregon BRFSS participants, 68% of participants reported at least one ACE. In the OCAPS pilot, 83% of Oregon youth reported experiencing at least one adverse event. High rates were also reported for participants with multiple adverse events. For example, OCAPS participants reported ACE scores of 4 or more at rates nearly 2 times larger than the original ACE study and equivalent to Oregon BRFSS.



- 83% of students reported at least one ACE.
- 41% of students had an ACE score of three or more.

A Note on Income and Rates of Abuse: Income levels did not significantly correlate with abuse types — with one exception: Students who observed some forms of intimate partner violence were more likely to live in a household with lower income, though rates of this kind of violence exposure were also high for middle and high-income households. For example, 38% of participants in high or very-high income households observed an adult, because of an argument, break, ruin, punch a wall or throw something. Forty-one percent of middle-income participants observed this; this increased to 74% for students in low or very-low income households.

BRIEF SUMMARY AND NEXT STEPS

This pilot represents the first time U.S. youth have been asked comprehensive questions about their experience with abuse/neglect and with social support in this way in a school environment. The rates reported by Lane County youth overall exceed — and often far exceed — previous reports in phone surveys with youth and in retrospective questionnaires with adults. There are many possible explanations for this, including that OCAPS used more precise questions. Another explanation may be the impact on student participants being asked very sensitive questions in a relatively safe environment and in a supportive and validating manner that engaged students as partners in a process toward better understanding and reducing child abuse and neglect. Student participants appeared to take their participation seriously. With one school exception, very few students opted out.

These findings should be interpreted in context; this pilot used a convenience sample. Although it is the first time information at this level of detail has been asked of Oregon youth and it includes 216 participants, 6 schools and 5 Lane County School Districts, it is not fully representative of Lane County or Oregon youth. A statewide random and representative selection of Oregon youth is the best way to more accurately determine child abuse prevalence rates in Oregon.

The statewide study, which we plan to do during the 2019-2020 school year (pending legislative funding support), will include at least 1,500 students randomly selected and stratified from public and private schools and will closely represent Oregon youth. With that sample we will be able to share with Oregonians more complete, valid and reliable information – and our aim is to collect this information at routine intervals in order to track trends and changes over time. We will be able to newly answer many Oregon-specific questions, such as the degree to which social support reduces negative outcomes (e.g., health, school attendance, grades) among students who have experienced abuse, regional similarities/differences across Oregon, the use of weapons, weapon types and threats, and neighborhood social connection and belongingness and their relationship to abuse, neglect, health, and school outcomes.

"I feel like child abuse and neglect shouldn't be taken lightly. Since we're giving you the information I think it would be very useful if you used it to your max potential, and do as much as you can with the information as you possibly can, in every way that you can." - Student Participant

For an electronic copy of this report, please visit: http://90by30.com/about-ocaps-pilot-data
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Mobilizing Oregon Communities to Prevent Child Sexual Abuse: A Seven-Year Impact Report

October 2022





Protect Our Children Mobilizing Oregon Communities to Prevent Child Sexual Abuse A Seven-Year Impact Report

A Developmental Evaluation Partnership

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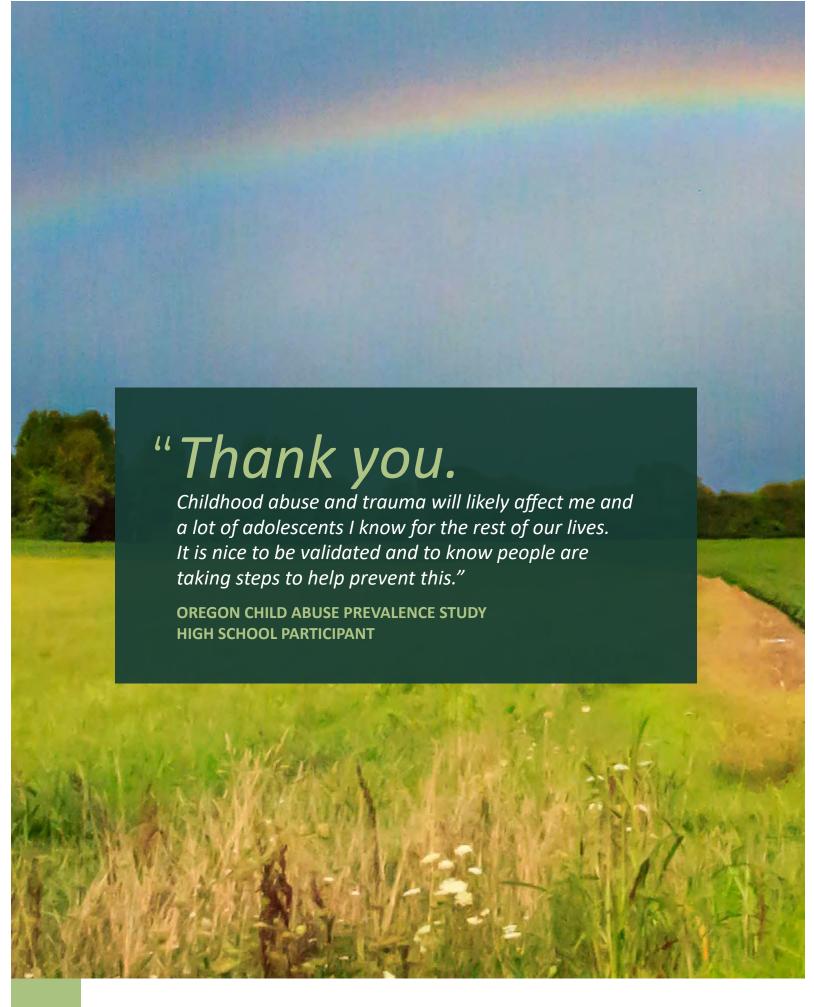
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Executive Summary

Child sexual abuse is a persistent and perplexing global public health, human rights and social justice problem. The World Health Organization estimates that over 150 million children under 18 have been sexually assaulted. By one estimate, the lifetime sexual assault prevalence for 17-year-old children in the United States is 26.6% for girls and 5.1% for boys (Finkelhor et al., 2014). These data likely underestimate actual prevalence. According to the Fourth National Incidence Study of Child Abuse and Neglect, at least three times as many children are abused and neglected than are known to Child Protective Services agencies (Sedlak et al., 2010).

Beginning in 2015, The Ford Family Foundation invested in the movement to end child sexual abuse through Protect Our Children. Protect Our Children is a community-based training program aimed at increasing knowledge about child sexual abuse and promoting pro-prevention attitudes and prevention behaviors. A statewide coordinator overseeing program implementation, 19 partner sites and a coordinated learning community have championed this effort in rural Oregon and Siskiyou County, California.

This report details the overall impact of Protect Our Children's first seven years. It includes information drawn from over 10,000 pre- and post-surveys, follow-up surveys with 425 selected participants cross-compared with 457 randomly selected Oregonians, and focus groups and surveys with partner site representatives. Data were collected between September 2015 and June 2022.



Overall findings include:

- Participants significantly increased their child sexual abuse knowledge, proprevention attitudes and prevention actions. These gains remained well above baseline levels for at least 18 months.
- Participants have much higher levels of prevention knowledge and proprevention attitudes and take many more actions to prevent child sexual abuse than randomly selected Oregonians with no Protect Our Children experience.
- Protect Our Children positively impacted training sites by increasing their profile, community awareness about their prevention efforts, and by enhancing and/ or creating new prevention partners and partnerships.
- Protect Our Children reduced stigma around conversations about child sexual abuse and sparked preventionspecific actions within and between organizations.
- Protect Our Children fostered a statewide co-learning network with multiple ripple effects, including features that position rural Oregon for long-term child sexual abuse prevention sustainability, community engagement and movement building.

This report represents the first rural-focused prepost and random-selection comparative statewide evaluation of child sexual abuse prevention programming. In addition to measuring individual level impact, the evaluation investigates systems-level changes. This adds to the child sexual abuse prevention field, providing insight into the role a coordinated, statewide learning network can play in fostering a successful and sustainable movement-building initiative.

Seven Years of Protect Our Children in Rural Oregon and Siskiyou County, Calif.

Background and History: The Early Years

Following the high-profile case of child sexual abuse that happened at Pennsylvania State University in 2012, The Ford Family Foundation's Board of Directors was, naturally, alarmed. The Board made a commitment to work toward better outcomes for children and youth in Oregon. To begin, the Foundation engaged in a process to learn about current practices in place in Oregon nonprofits to keep children safe. What safeguards should organizations have in place to prevent such a tragedy from happening locally?

The Ford Family Foundation began exploring scalable curricula that could be implemented in the Foundation's service region, rural Oregon and Siskiyou County, California. In 2015, the Board of Directors approved a \$500,000, three-year commitment to launch Protect Our Children. This led to the hiring of a statewide coordinator, Mary Ratliff, as well as the formation of a co-learning community and selection of 11 initial partner sites.

We were first thinking about the impact of Protect Our Children at the level of each individual, but quickly realized that greater awareness and tools to keep kids safe have ripples throughout the community. Like in so many areas of the Foundation's work, community partnerships are the key to impact.

The Curriculum

In 2014, following an active review process in service of child sexual abuse prevention, The Ford Family Foundation launched an Oregon-wide network of adult-based prevention education titled Protect Our Children and featuring Stewards of Children (SOC)¹. SOC is a two-hour video-based training designed for the public. The curriculum profiles survivors' stories and five action steps individuals and organizations can take to prevent child sexual abuse. Over 2 million adults in at least 76 countries have completed the training, led by more than 12,000 certified instructors and authorized facilitators.

Stewards of Children is an evidence-informed, adult-focused curriculum designed to teach individuals how to prevent, recognize and react responsibly to child sexual abuse. Through interviews with child sexual abuse survivors, experts and treatment providers, Stewards of Children teaches adults practical actions they can take to reduce instances of child sexual abuse in their organizations, families and communities. It is available in English and Spanish in three formats: 1) a group setting led by an authorized facilitator, 2) taken individually online, or 3) virtually in a group setting led by an authorized facilitator.

¹ SOC was developed and is trademarked by Darkness to Light.



The Problem of Child Sexual Abuse in Oregon

Sadly, child sexual abuse is a common problem in all Oregon communities. Among Oregon Child Abuse Prevalence Study (OCAPS) high school students, 29% experienced at least one type of child sexual abuse, and 14% experienced three or more types. In fact, among the 10,000+ Protect Our Children participants representing Oregonians from nearly every corner of our state, 33% identified as survivors of child sexual abuse.

Among the 10,000+ Protect Our Children participants representing Oregonians from nearly every corner of our state, 33% identified as survivors of child sexual abuse.

Child sexual abuse is very often correlated with other forms of trauma in childhood. For example, among OCAPS students, all but one who experienced sexual violence also experienced other forms of trauma, such as physical assault, emotional neglect and seeing/hearing intimate partner violence (domestic violence). This takes a toll. Oregon youth with three or more types of sexual abuse are 2.1 times more likely to be persistently sad or hopeless than all other Oregon students. And a full 82% of students who received grades of mostly D's and F's said they had observed an adult in their home during an argument punch a wall or throw or ruin something in their house.

Childhood sexual abuse and other forms of trauma are compounded by a culture of silence. In fact, among OCAPS youth, nearly half (47%) had not disclosed

their abuse to anyone at any time (Todahl et al., 2019). These data reflect social norms that dampen healing and foster isolation. Consequently, as it stands today, many child and adult Oregon survivors silently endure trauma and its aftermath. A culture of silence – where children receive direct and indirect messages that sex, sexuality and sexual trauma are taboo topics – blocks avenues for protection and served, for example, as a core enabler in The Second Mile tragedy at Penn State. Protect Our Children works to upend this cultural norm by directly discussing sexual trauma and its features, and by providing hopeful and practical strategies for protection and social change.

A Statewide Learning Community

Protect Our Children is a concerted effort to reduce child sexual abuse, change conditions that perpetuate it, and transform norms that thwart help-seeking. It includes an Oregon-wide prevention network, comprised of a core group of 17 rural-based delivery sites (see Appendix A) convened by The Ford Family Foundation. The Foundation serves as the Protect Our Children coordinating body and provides an array of support, including funding to participating sites, technical assistance, community-building, peer mentoring, co-learning opportunities and training. The model centers collaboration. Partner sites, facilitators and allies inform and influence ongoing program development, priorities and continuous improvement. The Foundation hosts a twice-yearly, topic-specific training aimed at enhancing site and regional Protect Our Children development and evaluation participation. These events also serve to increase connection among sites and support the evolution of the learning community.

The Protect Our Children model is a web of intentionally localized efforts, each contributing to a shared collective vision. Protect Our Children learning community infrastructure includes an annual conference, biannual regional gatherings, technical assistance, in-person and virtual mentoring, site visits, facilitator training oversight, coordination of the facilitator network, communication systems, evaluation and continuous improvement.



A Developmental Approach to Evaluation and Learning

In 2014, The Ford Family Foundation and The Center for the Prevention of Abuse and Neglect formed a Developmental Evaluation partnership (Patton, 2011) designed to measure the impact of the Protect Our Children program. A developmental approach to evaluation was chosen because it is systemic in its orientation, is designed to foster rapid learning in a collaborative and recursive partnership, and is particularly well-suited toward supporting the formation of new efforts and innovations.

Evaluation Questions

This report seeks to answer the questions: After seven years of concerted, statewide prevention efforts, what difference has Protect Our Children made? What impact has the program had and for whom?

Data collection methods were designed to answer the following evaluation questions:

- How has the Protect Our Children program impacted adult engagement in child sexual abuse prevention across Oregon and Siskiyou County, California?
- Does the Stewards of Children training as part of Protect Our Children increase child sexual abuse prevention knowledge, proprevention attitudes and prevention behaviors and, if changes occur, do they persist 18 months post-training?



- How do knowledge, behavioral and attitude changes among participants in the Stewards of Children training compare to a randomly selected group of rural Oregonians?
- What impact does Protect Our Children have on provider agencies, on communities where it is delivered, and among partner organizations?
- Do participants value the Stewards of Children training as part of Protect Our Children, i.e., would they recommend it to a friend or family member?
- What percentage of Protect Our Children attendees are themselves survivors of child sexual abuse?
- How has the multi-year investment from The Ford Family Foundation inspired systems-level change in child abuse prevention across Oregon and Siskiyou County, California?

Evaluation Methods

The Protect Our Children evaluation used a mixed-methods Developmental Evaluation design and included data collection from training attendees, program implementers, community partners and a random selection of rural Oregonians with no Protect Our Children experience. We briefly outline these methods below. Data were collected between September 2015 and June 2022.

Individual and group-based interviews. Individual and group-based qualitative interviews were held with Protect Our Children facilitators, administrators and attendees in English and Spanish. A total of 109 individuals participated in interview experiences.

Pre-post surveys. Pre-post measurement of knowledge, behaviors, and attitudes. See Appendix C for survey pre-post instruments. A total of 10,748 individuals participated in pre-post tests, representing 28 Oregon counties and 15 of the Protect Our Children sites.

6-, 12-, and 18-month random selection follow-up. The Center for the Prevention of Abuse and Neglect randomly selected 425 individuals to participate in a follow-up survey.

Random phone survey. A random digit dial survey was made of 457 rural Oregonians with no Protect Our Children experience. Survey questions included the same demographics, knowledge, behaviors and attitudes items represented on the pre-post survey.

Ripple effects mapping. Ripple effects mapping interviews designed to assess ways in which the training and project participation may have influenced communities and community networks. Five mapping interviews were carried out at five sites and included 17 total participants; 32 participants completed the ripple effect mapping survey.

For additional information about research methods and the data analysis plan, please contact Simone Piper at simones@uoregon.edu.

11,205

pre-post, random digit, and longitudinal participants

109

individual and focus group interview participants

Evaluation Participants

In total, **10,748 people** in rural Oregon and Siskiyou County, Calif., **participated in the Protect Our Children pre-post survey.**

The largest group of individuals participating identified as white, female, and between the ages of 18 and 97, representing 73% of the total participants. Seventy-eight percent of pre-post participants identified as female, 74% white, and average age of attendance was 44. Fifty-four percent of participants reported having earned a two-year college degree or higher, and 45% reported an annual income of \$50,000 or higher. The most frequently reported group or organization affiliation was K-12 (19%), followed by faith communities (13%) and social service organizations (11%).

Notably, among all pre-post participants, 33% indicated they had experienced child sexual abuse. The child sexual abuse prevalence rate among Protect Our Children participants was three times higher than the estimates purported in SOC materials. Given that child sexual abuse was vividly and comprehensively described in the Protect Our Children trainings, this percentage is likely a more accurate measure of prevalence than is commonly reported in data drawn from population-based retrospective studies and child welfare reporting.

FIGURE 1. Pre-Post Participant Race and Ethnicity

73.9% White





Latinx/ Hispanic



5.6% American Native/ Alaska Native



1.5% Asian/ More than one Pacific Islander race/ethnicity

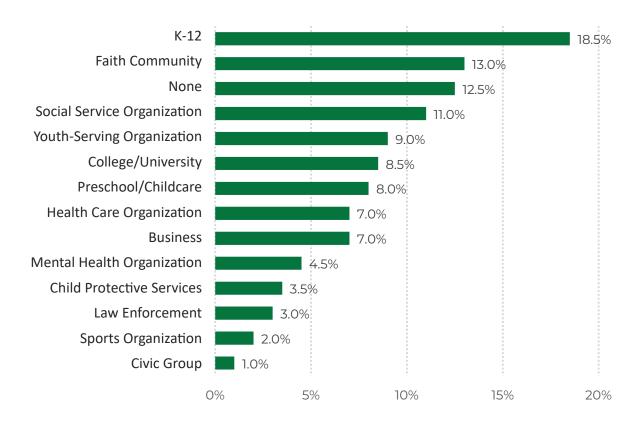


African-American



1.1% Another race/ethnicity not listed

FIGURE 2. Afflication of Participants



Evaluation Findings

This seven-year impact evaluation report overwhelmingly found that:

- participants value the Stewards of Children training as part of Protect Our Children.
- knowledge about child sexual abuse increases.
- pro-prevention attitudes are positively impacted.
- participants take many more prevention actions relative to randomly selected Oregonians with no Protect Our Children training exposure – and these impacts are generally sustained 18 months post training.
- Protect Our Children provider sites have increased their profile in their communities and, in many, the array of prevention services provided an organizational identity.
- Protect Our Children is fostering community-level norms change, including opening new conversations that counter the long-standing culture of silence.
- the Protect Our Children co-learning network, supported by intentional infrastructure support, has been instrumental in movement-building, growth and the likelihood of long-term sustainability.

99%

of Protect Our Children training attendees would recommend it to a friend or coworker

Moreover, Protect Our Children provider sites reported positive changes within their organizations, expansion of mission statements to include prevention with broad board-level support, and impact in the community – including, for example, emerging shifts in social taboos around openly discussing child sexual abuse and other forms of trauma.

Findings in this report are organized into four categories:

- 1. Knowledge and Awareness
- 2. Attitudes and Beliefs
- 3. Behavior and Action
- 4. Organization and Community Change



Knowledge and Awareness

Knowledge and child sexual abuse awareness questions centered on risk factors and perceptions of specific prevention actions that may be effective in preventing child harm, as well as beliefs about ways to talk with kids proactively about safety and how to respond in the aftermath of an abuse incident.

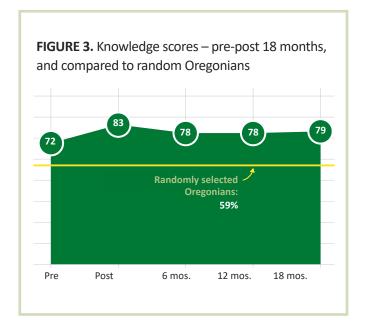
Finding 1: Protect Our Children increased trainees' knowledge and awareness of child sexual abuse and how they can prevent it, even up to 18 months after their initial training.

Knowledge was evaluated with 14 questions, given immediately prior and immediately following the training. Among all participants (n=10,748), correct responses increased by nearly 11% (71.6% correct pre, 82.3% correct post) – a statistically significant and large effect. For example, Protect Our Children participants were much more likely to know:

- very young children are at highest risk for child sexual abuse
- using correct language for body parts is a useful sexual abuse prevention tool
- specific actions and steps that one can take to prevent child sexual abuse

Child sexual abuse and prevention knowledge significantly increased overall among all pre-post participants, and these increases remained above baseline 18 months following the training. At all participating sites, participants overwhelmingly agreed that Protect Our Children has raised awareness about child sexual abuse and prevention action-taking.

These scores were much higher than randomly selected Oregonians with no Protect Our Children knowledge or exposure. Figure 3 depicts these changes and comparisons.



At post-training, Protect Our Children participants were five times more likely to report they know what to do to contribute to child abuse prevention in their community.

A Spotlight on Protect Our Children Knowledge Questions

Participants showed significant increases in knowledge and maintained those gains 18 months after the training.

FIGURE 4. Using correct

language for body parts is a useful sexual abuse prevention tool

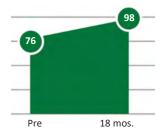


FIGURE 5.

Limiting one adult/ one child situations reduces abuse

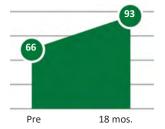


FIGURE 6. Specific actions and steps to take to prevent child sexual abuse

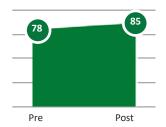
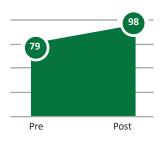


FIGURE 7.

Participants who knew that "if an adult is 'pressing the boundaries' of acceptable behavior with children, bystanders should describe the inappropriate behavior, set limits, and move on."



Protect Our Children has raised awareness about child abuse as an issue in our community that wouldn't have otherwise existed. This issue has been shrouded... the training has changed a lot of perceptions.

PROTECT OUR CHILDREN RESEARCH PARTICIPANT

You think it is something rare. Yet the reality is that it does happen; it can be your neighbor, your nephew. This is very real, even if we don't want this to be our reality, it exists.

PASTOR AND PROTECT OUR CHILDREN PARTICIPANT



Attitudes and Beliefs

Attitudes and beliefs inquired about participants' ways of thinking and feeling about child sexual abuse prevention. Questions centered around personal responsibility for child safety, a sense of self-efficacy or confidence around personally knowing what to do, and beliefs about whether child sexual abuse can be prevented when communities work together toward change.

Finding 2: Protect Our Children participants are not only more aware of child sexual abuse, they are more hopeful about the possibility that it can be prevented.

Attitudes and prevention beliefs were evaluated with five specific questions. Protect Our Children participants were much more likely to agree or strongly agree that child sexual abuse is preventable and that they can personally contribute to its prevention. After attending the training, participants were far more likely to:

- strongly agree that child sexual abuse can be reduced and believe that they know what to do to contribute to prevention efforts in their community
- strongly agree that their community is working together to reduce child sexual abuse in a planned manner
- strongly believe that it is their responsibility to protect children

These changes from pre- to post-training were significant, included large differences and seem to reflect, for many participants, a sense of optimism and shared action simply from attending the training. Moreover, nearly all participants agreed or strongly agreed that child sexual abuse can be significantly reduced and that they have a responsibility to help protect children. This represents a belief in personal responsibility for child protection among all study participants.

Finding 3: Changes in attitudes were persistent, enduring for at least 18 months following the training.

Changes in attitudes and beliefs largely held for participants, even 18 months after the training. People remained hopeful that child sexual abuse can be prevented and accepted personal responsibility, at very high rates, for themselves contributing to prevention efforts. At 18 months, the "strongly agree" response to "I personally know what to do to prevent sexual abuse in my community" increased by 10 percent from the original post-test numbers. This suggests that many people felt even more confident about their personal ability to reduce sexual abuse 18 months after the training.

Raising awareness about childhood trauma is often associated with discouragement, and can overwhelm people and thwart action-taking. Among Protect Our Children participants, however, an increase in awareness about child sexual abuse was associated with an increase in hopefulness and action-taking optimism.

Hopefulness

that child sexual abuse can be reduced increased by more than two times.

Belief

that child abuse is preventable increased by three times.

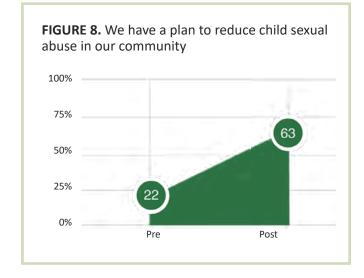
Finding 4: Participants believe their community has a plan in place to prevent child sexual abuse

Although the Protect Our Children training does not discuss local community-based plans for working together to prevent child sexual abuse, simply attending the training stirred a belief that this is in fact occurring. This may be another indication of hopefulness and the power of shared experience, i.e., we are doing something about this long-standing problem. Immediately after the training, and compared with pre-training scores, participants were three times more likely to believe their community "has a plan to reduce child sexual abuse."

Participants were **three times more likely** to believe their community "has a plan to reduce child sexual abuse."

Protect Our Children provides hope; it offers solutions and gives people an opportunity to say, 'I can do this.'

PROTECT OUR CHILDREN FACILITATOR





Finding 5: Protect Our Children Participants Reported Increased Confidence for Action-Taking

A sense of self-efficacy, including a belief that *I know what to do* to reduce child sexual abuse, increased by more than five times among participants. This suggests that participants felt much more equipped to take practical steps – steps and actions that they could see themselves doing. Many participants also suggested that since they have a much better sense of what to do, they are more willing and able to face this painful social problem and act.

Knowing what to do to prevent child sexual abuse increased by more than five times.

[Protect Our Children] is like propellant for starting conversations. I have seen empowerment, people more willing to face this problem and try to help.

PROTECT OUR CHILDREN FACILITATOR

Finding 6: Both Protect Our Children participants and randomly selected Oregonians feel a person has a responsibility to contribute to solutions.

Figures 9 through 12 detail pre- and post-training scores for the attitudes and beliefs questions. Notably, many Oregonians at baseline – prior to the training – believe that protecting children from child sexual abuse is a basic responsibilty of adulthood. Protect Our Children may give that belief legs by offering practical action-taking strategies to embolden a core belief of child protection.

While randomly selected Oregonians also held this core value of child protection, Protect Our Children participants were much more likely to report knowing what to do to prevent child sexual abuse than random Oregonians with no Protect Our Children exposure.

It's a hard topic, a dark subject. But it has been brought to a new level of understanding. A lot of people want to get involved . . . figure out what they can do to keep children safe.

PROTECT OUR CHILDREN FACILITATOR

I feel like child abuse and neglect shouldn't be taken lightly. Use the information to your max potential. Do as much as you possibly can, in every way that you can.

OREGON CHILD ABUSE PREVALENCE STUDY HIGH SCHOOL PARTICIPANT

FIGURE 9. Child sexual abuse can be very significantly reduced in my commuity

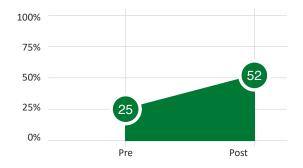


FIGURE 11. It is my responsibility to help protect all children from sexual abuse

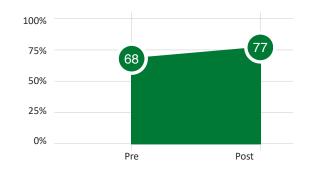


FIGURE 10. I know what I can do to prevent child sexual abuse in my community

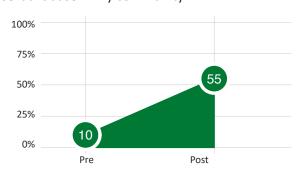
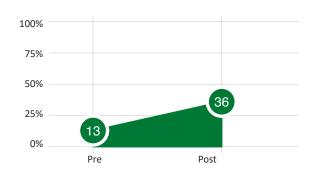


FIGURE 12. Our community is working together to reduce child abuse



Behavior and Action

Behavior and action-taking asked participants to examine the extent to which they take proprevention actions on a routine or periodic basis. All training participants were asked about this prior to the training, and a randomly selected group was asked this same set of questions at 6, 12 and 18 months post-training.

Finding 7: Participants were much more likely to look for signs of child sexual abuse and many additional protective behaviors – and these changes persisted for at least 18 months following the training.

Immediately prior to the training, all participants were asked whether they had engaged in 16 different kinds of child sexual abuse prevention behaviors over the previous six months. Questions included, for example, "Did you discuss the issue of sexual abuse with a child or teenager?" The 16 behaviors were all discussed and encouraged in the training. These same 16 questions were asked of all longitudinal participants at six, 12 and 18 months post-training and all randomly selected Oregonians.

Participants reported many behavioral actions – and these actions persisted over time. At 18 months post-training, participants reported engaging in many more of the 16 behaviors and with much more overall frequency than immediately before the training. For example, at baseline, 50% of all participants reported that they "looked for signs of sexual abuse in children in my life." When asked 18 months later, this increased to 84%. This finding suggests that SOC influences sexual abuse prevention action-taking and that these actions persist across time.

At least 66,000

new child sexual abuse prevention actions were taken in 12 months.

Among the 16 abuse prevention actions included in the study, all remained well above pre-training percentages. Five action types increased over and above the six-month increase, and at 18 months, 10 actions remained equal to the six-month post-training increase. A few highlights:

- At 18 months post-training, nearly 50% of participants had offered support or advice to someone about child sexual abuse (in the previous six months). This is 21 points higher than pre-test participants.
- Immediately before Protect Our Children, 50% of all participants reported that they "looked for signs of sexual abuse in children in my life." Eighteen months later, this had increased to 84%.
- At 18 months post-training, participants
 were more than twice as likely to "ask a staff
 member at a school, church, after-school or
 other community-based program about the
 organization's child sexual abuse prevention
 policies" than pre-test participants.

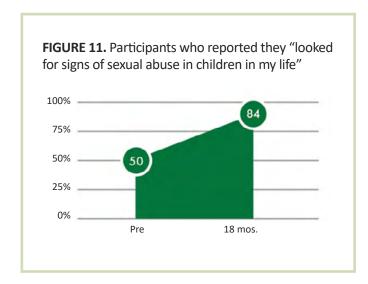
Prevention behaviors increased dramatically – and overall continued to increase 18 months after the training. POC participants performed these actions at a much higher rate than randomly phoned rural Oregonians. Behaviors included:

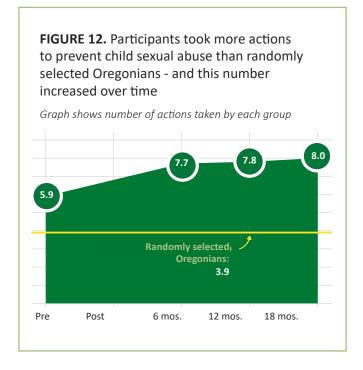
- Talking to kids about sexual abuse
- Making policy changes at churches and schools
- Talking with neighbors and friends about prevention
- Offering advice and support to someone about child sexual abuse

Finding 8: Protect Our Children participants take many more prevention actions than randomly selected Oregonians.

Protect Our Children participants take many more child protection actions in comparison to Oregonians who have no Protect Our Children knowledge or exposure:

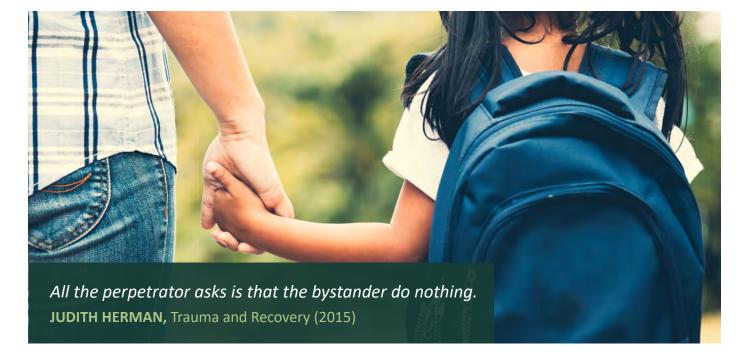
- Protect Our Children participants were 2.9 times more likely to take action to learn about reducing or preventing child sexual abuse than randomly selected Oregonians.
- Protect Our Children participants were 2.5 times more likely to "look for signs of sexual abuse in children" than randomly selected Oregonians.
- 18 months following the training, participants were four times more likely to ask about sexual abuse prevention policies than randomly selected Oregonians with no Protect Our Children experience.





Finding 9: Participants in qualitative interviews overwhelmingly encourage parents and community members to open up channels of conversation about sexual abuse and its prevention with kids.

Child sexual abuse and other forms of childhood trauma are perpetuated by a deeply embedded culture of silence, including a sense of shame and fear of unwanted consequences that may follow disclosure. Protect Our Children participants seemed to echo this assumption – and broadly urged community members to simply talk with kids about safety, their bodies, personal boundaries, safe touch and more. Many participants urged that talking with kids, and increased acceptance of conversation about trauma and healing overall, is a cornerstone of prevention. This recommendation from study participants has high promise for changing the culture of silence that has historically perpetuated child sexual abuse and other forms of childhood trauma.



Protect Our Children focus group participants described at length the importance of creating an open and trusting relationship with kids so that they are more likely to share hardships, including child abuse: "Give them trust, so they can always come to us. Or, if I am not here, you can go to any adult and tell them what is happening." Many others emphasized the importance of open discussion: "Talk openly about it – it's not a secret; it (sexuality) is normal, not something we shouldn't talk about." And "I think the reason it doesn't end is because we keep creating it ourselves; we remain silent and (in so doing), we ourselves perpetuate it."

"Talk directly with kids to prevent abuse – sometimes we're ashamed, but it is important to talk directly... without taboos, talking openly about it. Treasure it when they (children and youth) come to us."

"One of the most important things is taking the risk to talk... Talk, talk – always talk to our children. As they grow, be aware that in each step, different situations arise. Be in communication with them."

Participants spoke of the importance of educating kids about what is and is not appropriate:

"It's about talking with children when they are little; let them know the signs if someone is not respecting their personal bubble — no one should go through that bubble . . . These are your private parts, and nobody can touch you if you don't want. Not your father, not even me. No one."

"We must educate our kids, so they have more ways to protect themselves... This should be our priority, to put this into practice – telling them no one should touch their parts and telling them names (of private body parts). We must be very clear."

One participant emphasized that answering questions is crucial no matter the child's age:

"When they ask questions (about bodies, sex, etc.), instead of saying 'you're too little to know that,' go there. If they are asking, it is because they have heard something (or are curious). I'll answer their questions."

Talking – and listening well – have high promise for prevention and trauma healing. Based on the "survivor voices" survey of Oregon adults, if a person felt that people *listened to their experience with compassion*, they were 2.9 times more likely to report that they were mostly or completely healed (Todahl et al., 2020; Todahl et al., 2017). The simple act of opening conversation and listening compassionately – behaviors encouraged as a part of the Protect Our Children movement – is impactful.

Organization and Community Change

Organization and community change questions centered around the extent to which Protect Our Children may have impacted provider agencies, provider agency-community relationships, and overall community impact. Questions also inquired about the net effect of an intentional and statewide systematic effort to prevent child sexual abuse in Oregon, i.e., what difference has this made toward building a system of prevention?

Finding 10: Protect Our Children bolsters rural organizational reputation, networks and opportunities

Focus group interviews and "ripple effect mapping" conversations investigated the impact of Protect Our Children on the community at large, provider organizations and community partners. Participants were asked 1) how their organization has been impacted by Protect Our Children, 2) whether their relationships with other organizations had been impacted, and 3) whether they attributed community-level change to Protect Our Children delivery. Participants uniformly agreed that Protect Our Children has impacted their organization, relationships with partners and new-partner organizations and contributed to an increased awareness about a) the problem of child sexual abuse overall, b) their organization, and c) the services they provide.

Participants were in broad agreement that Protect Our Children helped to expand the identity and perceptions of provider sites, e.g., "It [Protect Our Children] has gone from being a new initiative to being a question about who we are as an organization." Several participants suggested that their organization is providing a fuller array of services and that Protect Our Children assisted in their expansion: "This gives us an opportunity to really grow our adult training offerings. We've been able to grow exponentially."

Every day I'm inspired and encouraged by the commitment, compassion, and determination of Protect Our Children partners. They're relentless.

MARY RATLIFF

Protect Our Children Project Director

Participants also uniformly agreed that Protect Our Children productively impacted their relationship with other organizations and sparked new and deeper collaboration about child sexual abuse and abuse prevention between many community groups:

"Protect Our Children is like propellant for starting conversations . . . this hadn't happened prior to this, the [degree of] communication across agencies . . . It allows us to build bridges to other players in the community who are working in the prevention areas."

"I would say we are now intentionally reaching out to organizations with much more focus. It's given us a purpose to do that — and we get feedback from people saying, 'I didn't know you do that, too.' It's expanding understanding of who we are and what we do.'"

Protect Our Children, one participant said, "has helped open new networks, new places for us . . . This is something we're all going to work toward together."

Finding 11: Protect Our Children is impacting long-held community norms, including the "culture of silence."

Participants also broadly agreed that Protect Our Children sparked changes in the community at large, e.g., "we've been able to reach people that had no idea... I do feel like people are thinking about it – including recognizing that it's the adult's responsibility, not the child."

I'm looking around the community and seeing changes – youth sports are changing their protocols; they're being trained, and schools are rethinking how they do things.

A GRANDMOTHER AND RETIRED TEACHER

Finding 12: Community building among partner sites resulted in a stronger statewide network of advocates and also positions Protect Our Children for growth and long-term sustainability.

Many participants attributed the success of the Protect Our Children statewide effort to a) a sense of community and co-learning as part of a larger effort, b) talent and deep commitment by individuals and participating sites, and c) infrastructure and support provided by The Ford Family Foundation.

Throughout the first seven years of the Protect Our Children initiative, many participants pointed to a central role for shared learning and community building with providers across Oregon and Siskiyou County: "Our learning community is the 'secret sauce.'" The shared learning, continuous feedback provided by the evaluation, and strategic planning generated "hope and connection — peer-to-peer learning and discussion forged bonds and confirmed that individuals (and sites) are not alone in this work."

Virtually Facilitated Protect Our Children Trainings



During COVID-19, many
Oregon Protect Our Children
sites modified the training to be virtually
delivered and facilitated. Participants were
asked about their experience with the
virtual training overall, whether the virtually
delivered training was useful, and a series
of questions about their prevention-specific
post-training commitments.

Overall, participants found the virtually facilitated training to be useful and appreciated its accessibility. Findings included:

- Of the 111 participants who responded, 91% agreed or strongly agreed that the virtual facilitated training was a valuable use of time.
- 91% of participants agreed or strongly agreed that the facilitator effectively helped virtual training attendees learn from each other.
- Over half of participants (52.3%) stated they would prefer future trainings be held virtually.

"It's such a great feeling to be with like-minded people doing the same job ... just a great group of people all working toward the same goal. Many more people will benefit if we do this ... if we're all knowledgeable."

And, overwhelmingly, participants described the importance of the statewide structure, leadership, accessibility, and emotional and technical support provided by Mary Ratliff, Keavy Cook and The Ford Family Foundation: "It's been very helpful to have such a supportive, flexible funder who's willing to learn and try new things."

As detailed in the Movement Building for Child Sexual Abuse Prevention report, participants overwhelmingly agree that prevention is most useful when broad sectors of the community are engaged in a concerted effort. They described increased collective and cooperative work among agencies, schools, religious institutions and more. One participant marked the change in this way:

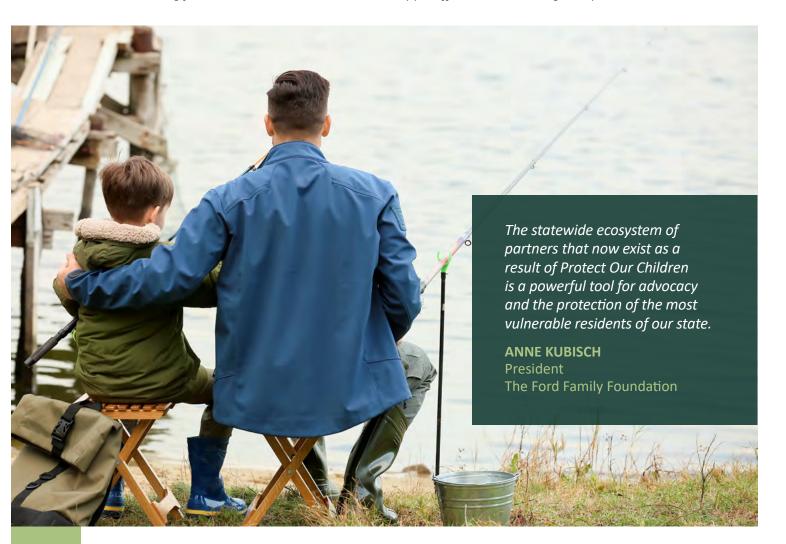
"I'd never even considered it initially – the (establishment of) a network, an evolving communication system to protect kids more comprehensively. This is specific to this movement. I can tell you, being in this career since 1999, we've never had conversations with other entities like this until the last three or four years. It's a huge byproduct of this high-level communication."

Others emphasized systemic capacity-building and a hopeful foundation for growth:

"We've built topic-area (child sexual abuse prevention) experts throughout Oregon; in this way, even if a parent is attending a parent education program, they often now have access to rich conversations about prevention because of expanded expertise."

"This is a huge systems effort; we are creating ripple effects in linkages to other services and supports ... because we are working together, hand in hand, and including the strengths of each one of the participating organizations."

For more information about the systemic impact of Protect Our Children, please see the Movement-Building for Child Sexual Abuse Prevention: Ripple Effects in Rural Oregon report.



Celebrating Seven Years of Movement Building

The issue of child sexual abuse prevention is so much bigger than The Ford Family Foundation or one individual community — this is a statewide movement to advocate for the most vulnerable children.

KEAVY COOK

Director, Children, Youth and Families, The Ford Family Foundation

Protect Our Children's first seven years also demonstrated the effectiveness of the unique infrastructure and support system developed by The Ford Family Foundation in the service of this ambitious and aspirational initiative. This has included, for example, deep support from The Ford Family Foundation Board of Directors, Mary Ratliff and Keavy Cook's instrumental leadership, a continuous improvement and co-learning training system, the developmental evaluation, and a scalable curriculum.

It can be reasonably assumed that the state of child sexual abuse prevention in Oregon has substantively evolved since 2014 directly due to The Ford Family Foundation's leadership, the Protect Our Children system of prevention, and distributed site-level implementation. Taken together, this work has generated a new level of enthusiasm and optimism for child abuse prevention across Oregon, a large body of community members eager to support its growth, new layers of infrastructure that allow for expansion, and evidence that child abuse prevention is effective.



The need for this shift in community norms is a widely held belief among prevention providers and is supported by research grounded in Oregon communities. According to the "survivor voices" survey comprised of Oregon abuse survivors, nearly half the sample (48%) indicated that when they first experienced abuse in childhood they were never helped or protected. Nineteen percent of participants reported they were rarely helped or protected (Todahl et al., 2017). As described by survivors in this study: "It would be helpful if someone actually reaches out and initiates the conversation—just kind of allow a space for a discussion about it." And "Trauma is associated with shame; we need to dismantle shame. If we weren't ashamed [of what happened to us], then we wouldn't worry about being judged, because there'd be nothing to be ashamed about."

"Out of any training I've ever taken, this is one of the most crucial for our community and our kids. What better movement than preventing child abuse?"

Nearly 40,00 Oregonians have been trained through Protect Our Children. The results in this evaluation show a combination of knowledge and beliefs — 1) I have a responsibility to protect children, 2) I know what to do, and 3) I am one part of a community network working to promote prevention — that may be core ingredients for action-taking and sustained change to prevent child sexual abuse.

As described by Sybil Hebb in the Oregon Attorney General's Sexual Assault Task Force 20-Year Retrospective Report:

"Our neighbors, friends and communities have a huge role to play in allowing people to express the reality of their experiences – to be seen, supported, and heard. We need to make it more concrete for people and give hope that what they do is impactful."

This occurs at a time when the prevention field more fully recognizes the value of integrated abuse prevention efforts, as reflected, for example, in the report referenced above. Integrating and aligning abuse prevention initiatives is a promising practice at local, state and national levels. This trend matches youth recommendations, is a call to action for Oregonians and is commensurate with the Protect Our Children movement. As described by a high school student participant in the Oregon Child Abuse Prevalence Study: "Normalize talking about child abuse. Don't have it be a taboo topic."

Protect Our Children is normalizing that conversation, is building individual prevention knowledge and skills, and is building a system of primary prevention education and response. Many reported being inspired by these efforts. Among ripple effect mapping survey participants, a full 100% agreed or strongly agreed that they are "inspired by the Oregon-wide effort to prevention child sexual abuse." One participant – reflecting the view of many – suggested, additionally, that Protect Our Children is fostering healing:

100%

agreed or strongly agreed that they are "inspired by the Oregon-wide effort to prevention child sexual abuse."



"(Since) organizations are taking a stand and making a commitment to do everything in our power to stop this (child sexual abuse) moving forward, it is tremendously affirming ... and from a community healing perspective that's important."

One Oregon youth participant in the Prevalence Study and Youth Voice Project urged Oregonians to take action to prevent trauma in childhood: "Since we're giving you the information, do everything you can in every way that you can." Protect Our Children is a hopeful and statewide response to that call — and evidence that Oregon has high capacity for prevention and reason for optimism.

"It has been incredibly enlightening. We're seeing that you can shift the problem, that it's possible to do it. (We are) moving from a nihilistic view and understanding of the situation (child sexual abuse) – a void of hope type of thinking – to seeing the great potential; we can and are doing something. Like rafting, you navigate obstacles by pointing positive."

PROTECT OUR CHILDREN SITE LEADER

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- Comprehensive Prevention Toolkit. http://oregonsatf.org/satf-comprehensive-prevention-toolkit/

Appendix A: Protect Our Children Sites

ABC House Albany, Oregon

abchouse.org

Trainings for Linn and Benton counties

Phone: (541) 926-2203

Email: rsimmons@abchouse.org

ADAPT Integrated Healthcare Roseburg, Oregon

adaptoregon.org

Trainings for Douglas County Phone: (541) 492-0145

Email: mckenzyg@adaptoregon.org

Bay Area Hospital/Kids' HOPE Center Coos Bay, Oregon

bayareahospital.org/

family-medicine-services/kids-hope-center/

Trainings for Coos County and connection to

trainings in Curry County Phone: (541) 266-8806

Email: sarah.bright@bayareahospital.org

Building Healthy Families Enterprise, Oregon

oregonbhf.org

Trainings for Wallowa, Baker, and Malheur counties

Phone: (541) 426-9411.

Email: mdalton@oregonbhf.org

Treasure Valley Children's Relief Nursery Ontario, Oregon

tvcrn.org

Trainings for Malheur County

Phone: (541) 823-2526

Email: Kimberly_looney@tvcrn.org

CARES NW Portland, Oregon

caresnw.org

Trainings for Multnomah & Washington counties

(non-D2L trainings)
Phone: (503) 276-9000
Email: SBlackwo@lhs.org

CASA for Children of Klamath County

klamathfallscasa.org

Trainings for Klamath County.

Phone: (541) 885-6017

Email: karri.mirande@klamathfallscasa.org

Children's Advocacy Center of Jackson County Medford, Oregon

cacic.org

Trainings for Jackson County and connection to

trainings in Josephine County

Phone: (541) 734-5437 Email: lelliot@cacjc.org

Children's Advocacy Center of Lincoln County Newport, Oregon

caclincoln-or.org

Trainings for Lincoln County Phone: (541) 574-0841

Email: prevention@lccac.com

Children's Center of Clackamas County Oregon City, Oregon

childrenscenter.cc

Trainings for Clackamas County

Phone: (503) 655-7725

Email: liliana@childrenscenter.cc

Grant and Harney counties

Email: traceyblood2019@gmail.com

Protect Our Children Sites (Cont'd

Juliette's House McMinnville, Oregon

julietteshouse.org

Trainings for Yamhill and Polk counties

Phone: (503) 435-1550

Email: carole@julietteshouse.org

KIDS Center Bend, Oregon

kidscenter.org

Trainings for Crook, Jefferson, and Deschutes

counties

Phone: (541) 383-5958

Email: rvisser@kidscenter.org

Liberty House Salem, Oregon

<u>libertyhousecenter.org</u>

Trainings for Marion and Polk counties

Phone: (503) 540-0288

Email: ktarr@libertyhousecenter.org

SafeSpace

Hood River, Oregon

Safespacecac.org

Trainings for Hood River, Wasco, Gilliam, and Wheeler counties (and Klickitat County, WA)

Phone: (541) 436-2960

Email: aholste@safespacecac.org

Siskiyou Family YMCA Yreka, Calif.

siskiyouymca.org

Trainings for Siskiyou County, Calif.

Phone: (530) 842-9622

Email: noelle@siskiyou-ymca.org

First 5 Siskiyou Mt. Shasta, Calif.

First5siskiyou.org

Trainings for Siskiyou County, Calif.

Phone: (530) 918-7222

Email: karenpautz@first5siskiyou.org

Appendix B: Social Media Tool Kit

A Spotlight on Communicating Protect Our Children Findings

A social media strategy for sharing findings in your community.

This section profiles a "Prevention Works" marketing series that is designed for general use by all participating Protect Our Children sites. Each post includes suggested accompanying language.

The posts profile Protect Our Children evaluation data, translated in a manner to:

- a. communicate Protect Our Children effectiveness broadly to diverse audiences
- b. promote Protect Our Children participating sites
- c. expand child sexual abuse prevention throughout Oregon

The best way to support children and reduce negative experiences is to educate people and provide adults with resources to identify signs [of abuse], and who can approach a child showing these signs.

OREGON CHILD ABUSE PREVALENCE STUDY HIGH SCHOOL PARTICIPANT

Prevention education makes a difference. After the #ProtectOurChildren training, participants took twice as many actions to prevent child sexual abuse – things like asking about an organization's sexual abuse prevention policies or giving support to someone on the topic - as randomly selected Oregonians. That's 66,000 prevention actions in one year! To learn more about an upcoming training, visit [organization website].

PREVENTION WORKS

After the training, participants were twice as likely to agree:
"Yes, child sexual abuse can be significantly reduced in my community."

#ProtectOurChildren child sexual abuse prevention trainings make a lasting impact. After the training, participants know more about what they can do to protect kids from child sexual abuse and are ready to take action in their communities. Ready to get inspired? Find an upcoming training at [organization website.]



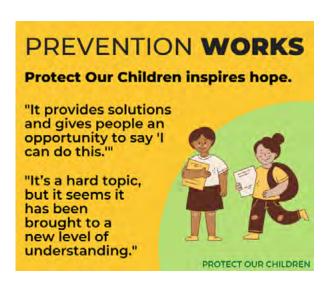
It can be hard to imagine child sexual abuse happening in your community, but as one #ProtectOurChildren participant said, "the reality is that it does happen; it can be your neighbor, your nephew." In fact, one in three POC participants were sexually abused during childhood. 35,000 people across Oregon and Siskiyou County, CA, have participated in Protect Our Children trainings, bringing us one step closer to making abuse as rare as we all want it to be. To learn more about an upcoming training, visit [organization website].



#ProtectOurChildren child sexual abuse prevention trainings inspire conversations with kids that promote safety. "Talk directly to prevent abuse," says one participant. "Treasure it when they come to us." If you're interested in becoming one of the Protect Our Children changemakers, visit [organization website] to find an upcoming training.



When we take action to prevent child sexual abuse, we make a real impact. Participants in #ProtectOurChildren trainings leave with a renewed sense of hope, ready to make a difference. POC gives community members the tools to keep kids safe and break the silence on issues we're too often silent about. To sign up for an upcoming training and be a part of the change, visit [organization website].



Prevention programs like #ProtectOurChildren work. They stop child sexual abuse before it happens and create safer communities for all kids. After a Protect Our Children training, participants are prepared to take action. For example, before the training, 50% of participants reported that they looked for signs of sexual abuse in the children in their lives. That number jumped to 84% after the training! To learn more about an upcoming POC session, visit [organization website].



#ProtectOurChildren trainings inspire hope. Participants come away more confident that child sexual abuse can be significantly reduced in their communities, more confident that there's a plan in their communities to reduce abuse, and more confident that they personally know what to do to help reduce abuse. Want to be inspired? To learn more about an upcoming POC training, visit [organization website].

PREVENTION WORKS

After the training, participants were twice as likely to agree:
"Yes, child sexual abuse can be significantly reduced in my community."

100

52

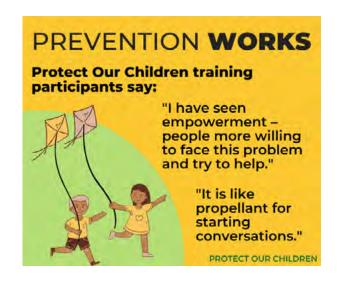
Pre-Training

PROTECT OUR CHILDREN

#ProtectOurChildren child sexual abuse prevention trainings are making a difference in your community. More than 35,000 people now know more about how to prevent child sexual abuse in their daily lives and how to inspire action in others. It starts with having conversations, asking questions and changing preconceptions. If you're interested in becoming one of the Protect Our Children changemakers, visit [organization website] to find an upcoming training.



How do you start a conversation about a topic as difficult as child sexual abuse? Start with a #ProtectOurChildren training. The training "raised awareness of child abuse as an issue in our community that I'm not sure would have existed otherwise," said one participant. "This issue has been shrouded," said another — and now it's out in the open. Find out more about an upcoming POC training at [organization website].



Appendix C: Additional Resources

The following reports and publications are available upon request:

2015, August – Protect Our Children Pilot Report

2016, February – Quarterly Report

2016, May - Protect Our Children Evaluation Summary

2016, May – Quarterly Report

2016, August – Quarterly Report

2016, November – Quarterly Report

2017, February – Quarterly Report

2017, May – Quarterly Report

2017, August – Quarterly Report

2017, November – Quarterly Report

2017, December – The Impact of Oregon's Stewards of Children on Provider Programs, Community Partners, and the Public at Large, Full Report

2017, December – The Impact of Oregon's Stewards of Children on Provider Programs, Community Partners, and the Public at Large, Executive Summary

2018, February – Quarterly Report

2018, April – Stewards of Children 1.0 Aggregate Report

2018, July – The Executive Summary: A Comprehensive Evaluation of Stewards of Children in Rural Oregon

2019, March – Protect Our Children: Impact on Provider Programs, Communities, and Strategies to Reach New Groups and Populations, Full Report

2019, March – Protect Our Children: Impact on Provider Programs, Communities, and Strategies to Reach New Groups and Populations, Executive Summary

2019, March – Protect Our Children Semi-Annual Report

2019, March – Protect Our Children Site-Specific Reports

2019, August – Protect Our Children Semi-Annual Report

2019, August – Protect Our Children Site-Specific Reports

2019, October – Protect Our Children: Impact on Male Participants in Siskiyou County, CA, Full Report

- 2019, October Protect Our Children: Impact on Male Participants in Siskiyou County, CA, Executive Summary
- 2019, October Protect Our Children: Community Leaders in Siskiyou County, CA, Full Report
- 2019, October Protect Our Children: Community Leaders in Siskiyou County, CA, Executive Summary
- 2020, January Evaluating Stewards of Children, Key Findings
- 2020, March Protect Our Children Semi-Annual Report
- 2020, March Protect Our Children Site-Specific Reports
- 2020, May The Impact of Stewards of Children: The Views of Spanish-Speaking Participants, Full Report
- 2020, May The Impact of Stewards of Children: The Views of Spanish-Speaking Participants, Executive Summary
- 2020, November Protect Our Children 2.0 Interim Report
- 2021, December Protect Our Children 3.0 Virtual Facilitator Survey Report
- 2022, February Protect Our Children 3.0 Virtual Facilitated Training Participant Survey Report
- Todahl, J., Piper, S., Barkhurst, P., Cook, K., Ratliff, M., & Gau, J. (in submission). Stewards of Children and child sexual abuse prevention: How do survivor and mandatory reporter status correlate with program outcomes? *Journal of Child Sexual Abuse*.
- Todahl, J., Barkhurst, P., Piper, S., Cook, K., Ratliff, M., Trevino, S., Franz, D., Bitgood, G., & Gau, J. (in submission). Child sexual abuse prevention: A longitudinal evaluation of Stewards of Children in the rural western United States. *Child Maltreatment*.
- Todahl, J., Barkhurst, P., & Piper, S., Cook, K., Ratliff, M., Hinchcliffe, B., & Gau, J. (in submission). Stewards of Children child sexual abuse prevention: A statewide evaluation of program impact in the rural western United States. *Sexual Abuse*.
- Todahl, J., Piper, S., Barkhurst, P., Cook, K., Ratliff, M., Franz, D., Schwartz, S., Shen, F., Trevino, S. (2021).

 A qualitative investigation of Stewards of Children community and organization impact. *Journal of Child Sexual Abuse*.

Transforming Space and Place:

The Oregon Sexual
Assault Task Force A 20-Year Retrospective

Center for the Prevention of Abuse and Neglect University of Oregon 2021

Prepared by:

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INTRODUCTION

This report summarizes key findings of the <u>Oregon Attorney General's Sexual Assault Task Force</u> (SATF) 20-Year Retrospective Project, an effort to document the history and impact of the Task Force since its formative Summit in 1999. The SATF is a non-profit statewide agency whose mission is to "facilitate and support a collaborative, survivor-centered approach to the prevention of and response to sexual abuse, harassment, and violence in Oregon." SATF membership carries out this mission by promoting primary prevention, providing training and technical assistance to Oregon statewide and national responders, and coordinating over 150 multi-disciplinary members who compose the Task Force Advisory Committee and multiple subcommittees ranging from Advocacy Response to Medical Forensics and Legislative and Public Policy advocacy. The SATF organizational structure is shown in Appendix A.

The Bridge Project

The SATF 20-Year Retrospective occurred within the context of the Bridge Project, funded by The Ford Family Foundation and described by the Task Force in this way:

The Bridge Project was created by the SATF with the aim to connect the primary prevention goals of child abuse prevention with other types of violence prevention (e.g., intimate partner violence, sexual violence) across Oregon. The Bridge Project is working to support coordinated and effective abuse prevention programming for Oregonians across their lifespans. The Bridge Project team believes that "preventing violence and abuse across the lifespan requires collaboration, coordination, and cross-sector support." Strategic efforts to link prevention programs can reduce siloing and inefficient use of resources. The Bridge Project brings multiple abuse and violence prevention efforts in Oregon together in order to work in concert as a collective group with shared goals.

Methodology

This review was conducted by the <u>Center for the Prevention of Abuse and Neglect</u>³ at the University of Oregon. Data collection included key informant interviews and thorough reviews of SATF training offerings, primary prevention programming, the Sexual Assault Nurse Examiner (SANE) Program, and a multitude of Oregon legislative achievements. Twenty-seven key informants were interviewed via phone, Zoom, and Microsoft Teams between June 2020 and October 2020. Interview participants were nominated primarily by SATF Executive Director Michele Roland-Schwartz and Founding Executive Director Phyllis Barkhurst. Additionally, interviewees were asked to identify anyone they believed may be well positioned to respond to interview questions. Interviews ranged between 14 minutes and 1 hour and 26 minutes, with an average completion time of 49 minutes. Phyllis Barkhurst was interviewed twice.

We would like to acknowledge and thank the following individuals for their time and participation in these interviews (listed alphabetically by last name): Kristy Alberty, Phyllis Barkhurst, Steve Bellshaw, BB Beltran, Nicole Broder, Nicole Cunningham, Krista Evans, Meg Foster, Brie Franklin Akins, Erin Greenawald, Nancy Greenman, Sybil Hebb, Heather Huhtanen, Erin Kevin, Renee Kim, Megan Kovacs, Kim Larson, Warren Light, Lisa Norton, Cheryl O'Neill, Mel Phillips, May Pomegran-

¹ oregonsatf.org/about

² oregonsatf.org/abuse-prevention-across-the-lifespan



ate, Michele Roland-Schwartz, Sarah Sabri, Cynthia Stinson, Nadia Telsey, and Elaine Walters. This list of key informants, their roles, and years of involvement with the Task Force is included in Appendix B. Key informant interviews included the following questions, with additional time allotted for questions 5 and 7, given their complexity:

- 1. What is/was your involvement and role with the Task Force (TF)? What work did you do? What are you most proud about/feel best about in your TF work? (Note: for those on Legislative & Public Policy Committee [LPPC], ask about major legislative accomplishments)
- 2. Key challenges you and the TF face/faced in achieving TF aims?
- 3. Key lessons learned in your work with the TF? Surprises?
- 4. This next question was designed to be a bit more personal than what we've talked about so far; please feel free to share as much or as little as you feel comfortable. What are/were all of your motivations for participation?
- 5. What difference has the TF made? Who has benefited? How have attitudes and behaviors changed? Do you have anyone who has benefited from the TF that you would recommend that we speak with?
- 6. Please describe a task force memory something that occurred that was meaningful and/or influential for you.
- 7. What is left undone? Next frontier, i.e. most important key next steps in abuse prevention. What is/are the most important thing(s) to achieve in the next 20 years?

Key informants who were involved in the first 5-7 years of the Task Force were asked three additional questions:

- 1. Describe the historical context at the time of the formation of the TF.
- 2. How have the aims of the TF changed over time?
- 3. Which groups/entities were the most vital early partnerships? In the formative years, what was the relationship between the TF and regional, national, and international efforts?

Interviews were audio recorded and transcribed in preparation for thematic analysis. Six analysis team members carefully reviewed the interview transcripts and identified a coding structure. Several topics and ideas came up consistently across the interviews, which led to the identification of the following themes:

- Historical context
- Task Force formation
- Leadership
- Task Force structure, process and culture
- Task Force function
- Task Force impact
- Next step priorities

³ The Center for the Prevention of Abuse and Neglect (CPAN) is a pro-prevention research and outreach unit at the University of Oregon. CPAN includes the 90by30 Initiative, a community-campus partnership dedicated to child abuse prevention in Lane County, Oregon. This report was funded by The Ford Family Foundation in partnership with the SATF.



Early on we had to constantly say "domestic violence and sexual violence."

Sexual violence was just not a part of the equation. – Nadia Telsey

What were the prevailing attitudes, policies, and practices in the years immediately preceding the Task Force's formation? What did Oregon's early advocates encounter as they elevated sexual violence as a public health, social justice, and human rights issue? At that time, intimate partner violence (IPV, domestic violence) had gained significant traction – an Oregon-wide coalition was actively influencing policy and public attitudes, shelters and crisis lines were available in many regions, and national efforts bolstered local initiatives. While IPV captured vital attention, sexual violence remained marginalized; predominant sexual assault attitudes and policies centered on stranger rape, and the "marital rape exemption" had only recently been rescinded in Oregon. Oregonians who sexually assaulted their married partner (acquaintance rape) were very rarely prosecuted. As described by Cynthia Stinson:

Sexual assault was the sneaker wave of violence in intimate partner relationships – it does so much damage, but it received less focus because it wasn't perceived as acute enough in IPV.

The dismissal and minimization of sexual violence was pervasive across and within systems, including Legal Aid. Sybil Hebb, employed at that time with the Law Center in a support role to lawyers prosecuting IPV, shared: "Frankly, we had not identified as an organization that survivors of sexual assault also had several legal needs – which now sounds ludicrous. But, for a variety of reasons, the Legal Aid landscape had not yet come to know that. Our institutional brain was relegated to think that sexual violence is (exclusively) a criminal issue and we didn't have experience there; it's wasn't our bailiwick. I don't think anyone meant to deny people service, but that is what happened. The need (in civil law) was not recognized."

At that time no group was charged with training attorneys, law enforcement, or any segment of the criminal justice system around sexual violence response best practice.

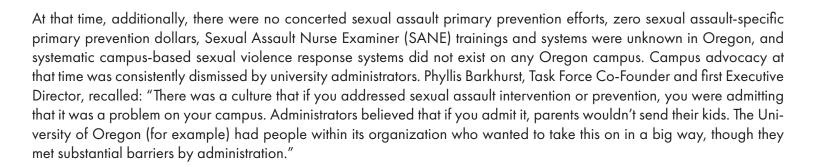
Advocates faced strong pushback, antagonism, and the "rape culture" frame was, as described by Megan Kovacs, controversial: "It was contentious to say that rape culture exists and that we live in a community that perpetuates rape culture. The idea that oppression was a root cause of sexual violence was super controversial." Advocates often were themselves dismissed. Nadia Telsey, involved with the Task Force during its

If you were to walk into a Legal Aid office at that time and say that you had been sexually assaulted and family law issues weren't involved, there wasn't a housing issue, etc., I don't know that there would have even been a slot in our intake form for that kind of concern. I don't think that we had even identified it at that time.

- Sybil Hebb

formation, stated: "We were marginalized and seen as way out 'man-haters.' If you mentioned rape, you were seen as a troublemaker lacking credibility."

⁴ This is not an exhaustive historical review. It is designed to provide a glimpse of the climate at the time of the Task Force's formation.





TASK FORCE FORMATION

In the contours of that context, Phyllis Barkhurst – at the time Director of Eugene-based Sexual Assault Support Services – sought out avenues to elevate sexual assault awareness, primary prevention, and statewide systems change. She reflected: "There was a shared frustration with how non-stranger sexual assault cases were being handled across the board. And so, we were putting a voice to things that we knew were happening around the state. We were looking for an avenue or a champion."

The "Summit" was born of this need. Set in Central Oregon in 1999, Phyllis and colleagues organized a 2-day event designed to shine a light on sexual assault and systems response in Oregon. The Summit, she said, was "strategic": "We needed a champion. We didn't have the power." Hardy Myers, Oregon's Attorney General, and several of his senior deputies attended. As described by Phyllis:

Hardy and his deputies sat there for two days while county after county discussed the issues in their community; 30 or 31 Oregon counties participated. We invited spokespersons from each county representing many sectors; sometimes a prosecutor, sometimes a nurse, sometimes an advocate. They each discussed how they felt their county's law enforcement and prosecution were doing in responding to sexual assault survivors. At that time there was almost no non-stranger sexual assault cases being prosecuted in Oregon. If the victim knew the perpetrator, it wasn't prosecuted (this point was made repeatedly during the Summit). Prosecutors at the Summit would say, "I'm sorry, we only prosecute stranger cases."

Hardy, Phyllis recalled, was absorbed in the conversation: "It was at that time I realized Hardy was authentic. He was taking in everything being said. He was so respectful. Later, we walked together. I asked him what he thought... He said, 'We've got to do this. We've got to take this on.' I had no idea. It was a grand slam."

The whole purpose of the Summit was to convince Hardy that we needed to take this statewide. We weren't sure if it would be a bust or a success.

- Phyllis Barkhurst

The Summit sharpened the need to center action around sexual assault policy, practice, and statewide primary prevention. For Phyllis, the fact that county delegations paid for all staff costs – hotel, travel, meals – was "the first indication we were on the right track; there was a groundswell of readiness."

POST-SUMMIT ACTIVITY

An organizing committee met following the Summit. Shortly thereafter, the Task Force formed as a special project of the Attorney General's office. In July of 2001 Phyllis Barkhurst was appointed as the first Oregon Attorney General's Sexual Assault Task Force Department of Justice employee: "I was part time and the only staff... I first hired interns until I had enough money for an additional half-time position, and then later enough for me to go full time – and grow and grow and grow." The newly established Task Force met every six weeks for many years in order to foster "exponential growth and county participation... including consistently 33 of Oregon's 36 counties."



Core Values and Beliefs

The first conversations we had about the Task Force were about wanting to make sure survivor voices were very clearly front and center.

- Phyllis Barkhurst

Task Force participants established core values and beliefs – centering survivors, ensuring a welcoming environment, and grounding the work in an anti-oppression framework. Phyllis recalled: "We worked to make the Task Force a welcoming place so that new people quickly felt heard and included as a part of decision making. And, In the very fabric of the Task Force formation was seeing sexual violence as a social justice issue. This attracted a lot of like-minded people who agreed that taking on sexual violence is also taking on oppression."

Nancy Greenman, an early and long-time Task Force leader, summarized the relationship between anti-oppression and prevention: "If we look through an equity lens that is informed by a deep understanding of oppression, we can find our way to solutions that work for everyone." Nadia Telsey recalled a rationale for rooting the Task Force in primary prevention and anti-oppression activism: "As you pile on oppression, you pile on vulnerabilities, lack of accessibility, and a lack of credibility, all of which make someone more susceptible to assault."

The Task Force, under Phyllis's guidance, looked at what sexual assault does, how it functions in society, how it works with oppression, and its relationship to intersectionality.

- Nadia Telsey

First Wave Activities

The Task Force moved quickly, establishing its organizational structure, policies, and procedures and rapidly launched programming. The Sexual Assault Nurse Examiners (SANE) program started during the Task Force's first year, and Oregon established its national footprint as an innovator and training leader. Regarding SANE's launch, Phyllis recalled: "Nurses were saying, 'We're here. We want this now. We can't wait any longer.'" It was a challenge (to move that quickly). It was about readiness; people were eager. Early on, we brought in national consultants and hosted the national conference in Portland."

The SANE body of work and thoughtfulness built into the 40-hour training was unique to Oregon. It exceeded all national standards. The heart, collaboration, and structure of it was astounding. It was beautiful. People were so bonded and moved.

- Elaine Walters

Early activities also included shifting expectations for prevention funding priorities, educating multiple sectors about *primary* prevention, and engagement with legislators. During this period, Brie Franklin Akins was hired as the first Prevention Coordinator and Nancy Greenman and Warren Light Co-Chaired the Prevention and Education Subcommittee where emphasis was placed on moving from a primarily punitive response to centering anti-oppression advocacy and the public health model.

Early efforts centered on engagement with legislators, education, explaining victim impact, system response, and prevention. As described by Sybil Hebb: "We started to build a presence in the capital; if a legislative issue related to domestic violence and sexual assault emerged, eventually legislators would think to call us. We were getting in the mix; helping legislators understand that we have opinions and voices Over time, we were perceived as experts with a valid opinion."



Sybil also outlined her own evolution – and the role of the Task Force: "In doing legal work, I was becoming aware that the Task Force was making these points, which were slowly finding their way into my consciousness and the consciousness of others. Later, I started doing legislative work for the Law Center. The Task Force had a presence there; we began collaborating on several of their bills. So, I was in conversation with Phyllis and Heather Huhtanen about needs and structural change. It was a transition – we began to realize that sexual assault was compelling, an important issue for our clients."

We were sort of learning on the fly, and eventually it became clear that we shared a common goal of helping legislators understand that this is not a partisan issue; this is a public health issue. We worked hard to move sexual assault from its perception as a purely public safety issue – from "Am I only safe on the streets" to "Are kids safe in their homes?"

-Sybil Hebb

Additionally, in the formative years, concentrated attention was given to recasting prevention and generating and redirecting funding streams. Brie Franklin Akins recalled that of the few dollars that were dedicated to 'prevention,' most went to secondary and tertiary efforts and administrative costs. Phyllis prioritized funding shifts: "It took us over four years, bringing together people like Kate Brown, Kitty Piercy and other high players, to force decision makers to release rape prevention and education dollars to programs who were doing the work."

One of the first goals was to use our political mind, with Hardy at the forefront, to get that money to the Task Force.

- Phyllis Barkhurst



TASK FORCE LEADERSHIP

The individuals interviewed for this report overwhelmingly agreed that Task Force leadership, with emphasis on Phyllis Barkhurst, Hardy Myers, and Michele Roland-Schwartz, has been instrumental in the Task Force's formation and ongoing success. Certainly, the Task Force has additionally benefited from countless advocates and individuals across multiple sectors, all in their own right leaders in this work. For the purposes of this report, participants highlighted formal Task Force-specific roles and, in particular, the two longest-serving Executive Directors (Phyllis, Michele).

Phyllis also acknowledged the vital contributions of many individuals during the early stages of the Task Force: "We weren't the only ones. Advocates knew we were failing sexual assault victims. We moved very quickly. We had a lot of momentum; momentum because the readiness was there. People were hungry for change."

Michele commented with gratitude on the legacy of former directors:

I am reminded, on a regular basis, of the major investments in Oregon given by directors before me. Gifts they left behind that current staff and partners get to grow and carry forward. For instance, we wouldn't have a Sexual Abuse Protective Order in Oregon if it were not for Christine Herrman and Cynthia Stinson. Phyllis and Heather put the idea out there. Christine laid the technical groundwork, and Cynthia took it to the finish line. It's humbling to be part of that history and I feel a great sense of responsibility to carry it forward.

Participants frequently referred to Phyllis and Hardy's synergy. Heather Huhtanen pointed to their combined unique skill set: "You always have a coalition, and you always have systems people, but there isn't very often the thing that sits between. That was their absolute brilliance, recognizing the utility of both." Elaine Walters recalled: "You wanted to be part of the Attorney General's Sexual Task Force. It wasn't just because it was the Attorney General – it was because it was that Attorney General. And Phyllis had a lot of charisma around this issue. She could see systems really well – their minds formed an exceptional partnership, including Task Force structure."

Phyllis also emphasized Hardy's pivotal role and the crucial role of leadership in their groundbreaking advocacy: "Hardy was the right champion at the right time. Even with the groundswell of interest, without Hardy's influence and funding advocacy, we could not have moved forward. It was that combination; the groundswell – many sectors knew we were failing victims – and Hardy as champion." Renee Kim remembered Hardy in this way:

What I will say about Hardy is that he came to every Task Force meeting and went to almost every subcommittee meeting. He was extremely supportive in a way that you don't see very often from government leaders. He actually did the work. It modeled for others in upper government positions.

Phyllis Barkhurst Leadership Contributions

People interviewed as a part of this 20-year retrospective frequently described Phyllis as brilliant, bold, and visionary. Elaine Walters referenced Phyllis's skill in forming effective teams: "Phyllis was a master at identifying and bringing talent together. The caliber of people that she was interested in working and surrounding herself with was amazing. Not just in their intelligence, but also in the way we fit together. She was a great matchmaker; she did that with our staff and with the Task Force. She thought strategically about the Task Force, but I don't think she was less strategic about the staff."



Regarding Phyllis's ability to collaborate with skilled and effective leaders:

Phyllis and Heather Huhtanen were just so brilliant and on the cutting edge; they had their fingers in the mix of everything, including conversations about best practices – and chased them down.

- Cynthia Stinson

And Sybil Hebb referenced Phyllis's tenacity and shared Task Force advocacy:

Phyllis, Heather Huhtanen and Renee Kim were brilliant. Once they got space, they shared their expertise and built credibility. They were there (at legislative sessions) all the time – dogging it, in the hallways, everywhere. Eventually, the conversation did change.

Michele Roland-Schwartz Leadership Contributions

In the context of asking interviewees about current Task Force strengths, participants overwhelmingly highlighted Michele. She was described as wonderful, amazing, bright, affirming, survivor-centered, and someone who deeply understands and continues to champion anti-oppression and intersectionality. Nicole Broder referred to Michele's stabilizing influence and empowering leadership style:

We're stable, well-developed, and have the most supportive Executive Director and board that you could ask for. Under Michele's leadership, we are a model and example for the country Under her leadership I feel like we get to work to our full potential.

- Nicole Broder

Lisa Norton nodded to Michele's strategic thinking around Task Force development and partnerships: "Michele is intentional about who she brings into the Task Force. It seems we keep hitting the jackpot every time we hire someone. I think that speaks to her leadership and the way she has nurtured our culture and grown the organization." Warren Light, a long-time Task Force member, referenced Michele's ability to foster meaningful conversation:

When Michele came on some of those conversations were in a very dry place; we needed somebody who was a healing presence. Due to Michele's leadership, people are more open to share their points of view. There's a creative tension in this work; you have to have openness to these conversations. Michele's presence has helped generate those conversations. She's just been just amazing. I hope she continues this work for a long time.

Kristy Alberty also commented on Michele's empowering leadership style: "I really appreciate being at a place that says, 'If this is a passion that you have, I'm going to give you the resources that you need to do this.'"

Of Michele's leadership, Nancy Greenman said, "Michele puts community before a personal agenda. There's the short term, there's the long term, and you have to weigh this all the time. I think she's done a great job of weighing it and keeping people at the table.

TASK FORCE LEADERSHIP (FIG. 1)

Phyllis Barkhurst	Co-Founder, 2001
Hardy Myers	Co-Founder, 2001
Phyllis Barkhurst	Executive Director, 2001-2007
Christine Herrman	Executive Director, 2007-2012
Cynthia Stinson	Interim Executive Director, Jan 2013-Aug 2013
Michele Roland-Schwartz	Executive Director, Aug 2013-present



TASK FORCE STRUCTURE, PROCESS, and CULTURE

In hindsight, with people getting together every six weeks, we had the opportunity to take on a tremendous amount of policy work. It was an amazing opportunity to take on all sorts of ancillary issues. Change happened much quicker than I had ever seen at that time – and since, actually. – Phyllis Barkhurst

The Task Force was designed as 50 members appointed by the Attorney General across multiple sectors and composed of committees and active subcommittees (see Appendix A). Elaine Walters described the Task Force early-days structure, process, and staff support in this way:

It was no joke. People were deeply engaged in the work. And that had everything to do with the staff support and guidance that was available to those groups. As you know, committees can come together for many years and not do a lot of work. The structure, intention, staffing and intentional focus on relationships was the basis for everything that was happening.

Heather Huhtanen also reflected the views of many, emphasizing a vital role for the committees, subcommittees, and meeting structure:

Our every six weeks meetings, committees and subcommittees... I realize now it was just our vehicle, the mechanism to move change forward. This exceptional vehicle improved understanding, awareness, attitudes, values, and practices. I saw people have absolute changes in how they thought about these topics – moving to and fully endorsing a much more open, innovative approach to sexual violence prevention. The process drove change. I don't think we really appreciated that at the time.

Additionally, Task Force committee appointments evolved over time, responding to emerging needs. As described by Steve Bellshaw:

I talked with Hardy off and on for probably three years – and Phyllis was in that conversation. Finally, right before he left he said, "That's going to be my parting gift." With that, he created the Attorney General's Domestic Violence Resource Prosecutor position, currently filled by Sarah Sabri. That was huge... (and led to) a much closer relationship between domestic violence and sexual assault. It's not such a rift between DV programs and sexual assault programs – those attitudes have changed a lot over the years.

Task Force Culture

Making space for process is important. It's relationship building. I really appreciate that we center the voices of the people doing the work in communities in all that we do.



Participants repeatedly described current Task Force culture as instrumental in its success. Krista Evans reflected the sentiment of many: "You can approach any one of the Task Force members and they will validate what you're feeling... and provide gracious, encouraging, clear and supportive feedback." Kim Larson credited Task Force climate with participant longevity: "They've created a culture that respects and allows for all opinions . . . the fact that partners continue to stay at the table for multiple years speaks to their ability to foster that culture."

Heather Huhtanen mapped the importance of Task Force climate to process and outcomes: "The goal is not the tangible thing at the end. The goal is the process. The whole point of the process is to think, expand, become more compassionate and caring; to be able to do better in our work, awareness, and in our communities." Others highlighted relationships as central, including Nicole Broder: "You have to lean into relationships; it isn't important, it's central."

The Task Force is a microcosm of all the good things that we want in a community.

To be able to shift in a collective way . . . or pivot to make change for everyone.

It happens at those tables

- Mel Phillips

I feel very grateful to be involved in what is not only an effective institution, but also these really inspiring and amazing people

- May Pomegranate



We are a systems change organization We work with and within systems.

– Meg Foster

What purpose or function has the Task Force served since its inception? What do Task Force leaders and contributors believe is its most vital purpose? How has this changed over time, if at all? The Task Force, certainly, has served multiple purposes – and the following areas surfaced among participants as the most instrumental: a) a statewide convener to promote systems change and alignment, b) prevention leadership, and c) to elevate survivors within an empowerment and anti-oppression framework.

Convener and Systems Change

Bringing people together for a common good is among the most important functions of the Task Force.

- Michele Roland-Schwartz

The Task Force was widely described as a "convener," "platform for conversations that are not happening in other spaces," and, as summarized by Erin Greenawald, a vehicle for vital collaboration: "I'd look into the audience and think, I need to contact that person... oh, and that person... an amazing resource for me every time." Mel Phillips described the Task Force as an effective interdisciplinary and resource-rich network: "I love the Task Force because we know we can't end what we want to end in a Petri dish... this community is able to use their networks. It's a complete consolidation of energy; it gives me access to many diverse avenues and people in order to do the things that I do best."

Many others indicated that the Task Force lends a kind of vitality to their work.

I feel reinvigorated (when meeting with the Task Force and attending trainings). I felt like we (our local efforts) were sinking back, losing ground. Then, when I meet with the Task Force I'm invigorated – toward our mission and finding unique ways to address other challenges.

- Krista Evans

The Task Force also provides a vehicle for addressing challenging issues, conflicting roles, and emerging trends. Sarah Sabri emphasized that the Task Force serves as a facilitator among sectors that, at least on the surface, may have conflicting roles:

It can sometimes be a challenge to navigate conflicting roles or perspectives – even when the overarching goal is the

same, which is to hold offenders accountable and to keep victims safe and to give them a voice. What it means to accomplish those goals from the perspective of a particular discipline – whether it is a prosecutor, law enforcement, advocate, or medical professional, for example – may be different. Similarly, the question of how to accomplish that – for example, is it treatment, incarceration, or being placed on a registry or a sex offender list – aren't always going to be the same. So, there are sometimes inherent struggles about how to approach a problem or respond to a particular practice.

The Task Force and its members create an incredible benefit in allowing for all the different disciplines to have these conversations with each other, even when it might be easier within a particular discipline to say, "Well, I'm not concerned about the advocacy piece of it right now. I'm concerned about the medical side of things. Or I'm concerned about the gathering of evidence, etc." In a way, the structure of the Task Force both allows for, and perhaps compels, that the conversation around how we accomplish goals and objectives includes a comprehensive approach so as to address concerns from various perspectives and representations.

The Task Force, including early in its formation and through its entire history, has provided an avenue for turning toward controversial and emerging issues. For example, Cynthia Stinson recalled a conversation with Phyllis around working with people who offend. Cynthia asked Phyllis: "Why do we want to work with those people? I don't want to talk about offenders. I want to talk about survivors."

As described by Cynthia, Phyllis responded: "Cynthia, they are in our communities. If you think we lock them up, throw them away, you're mistaken. We need to be in the conversation about what is and is not happening – the standards and how we're dealing with this."

In this regard, Phyllis herself said: "What creates somebody who commits these acts? A lot of people plugged their nose at that part of the work and found it offensive to have people working in the offender field as part of the Task Force. This has changed so that many people wonder why anybody would be against that. So that's been a huge shift."

Promoting Prevention Best Practice

The Task Force championed *primary* prevention and systems-level change – and continues to do so today. This has included advocating for upstream strategies, education, and anti-oppression work *alongside* systems response change. As described by Heather Huhtanen, systems response change and primary prevention advocacy were original central Task Force functions:

We were working to improve systems response to sexual violence...In that niche (response reform), I believe we made real improvements in how people thought about and approached sexual violence so that when they did meet survivors entering the system, the response was vastly improved.

While the Task Force worked to recast sexual violence prevention as upstream norms change, they also established their position as promoting innovative and best practice response and prevention training.



This has included, for example, leadership around SANE trainings, the Sexual Assault Training Institute, and a more recent launch of a very well-received primary prevention training series and the Prevention Toolkit (at right).

The Task Force also works to foster and lead the expansion and integration of multiple forms of violence prevention – "connecting the dots," as described by Meg Foster:

My predecessors started this work around connecting the dots between sexual health promotion and sexual violence prevention and we carry that on. We hosted a statewide summit – which led to a 2016 collaboration with the Oregon Department of Education to update the health education standards and performance indicators. That's where a lot of the child abuse prevention connections emerged; three years ago was the first time someone from the child abuse prevention sector served on the prevention committee. This shift is happening.



Many others indicated that the Task Force, due to its credibility and high quality and evidence-based programming, creates leverage in their own local work. BB Beltran put it this way:

From my perspective as a service provider, the Task Force has had an impact on our credibility. It's useful to be able to refer to an agency with a lot of credibility – when I'm talking about best practices, it's not coming from me only as an advocate, it is also coming from this Technical Assistance state agency that does a lot of research and outreach.

Centering Survivors and Anti-Oppression

I am most proud of the fact that the Task Force is so deeply rooted in prevention work that addresses oppression as the root cause of violence and abuse

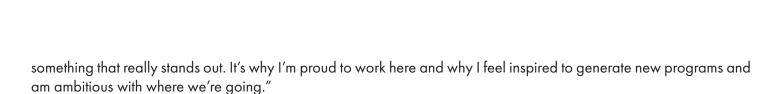
Mel Phillips

Since its inception, the Task Force has elevated survivor voices and advocated nesting prevention in an anti-oppression framework. These two efforts were overwhelmingly mentioned by participants as central Task Force functions. Task Force programming continuously works to embed survivor perspectives and strategies to dismantle oppression – and works to apply these values and beliefs in their own policies and practices.

Nicole Cunningham framed it this way: We're having intentional and meaningful conversations within our staff about what it looks like to work through oppression and come into our work with an anti-oppression lens. What matters for me in those conversations is the honest and authentic way of being who we are, how we do the work, how we want to do the work, and why it matters.

Nicole Broder offered a similar sentiment:

Knowing that I am in a place where anti-oppression is not only recognized but actively supported is so meaningful;



I love what the Task Force stands for – their values are embedded in their work; it's not an afterthought. It makes me proud to be an employee.

- Lisa Norton



TASK FORCE IMPACT

During this time of reflection – 20 years since the Task Force's formation – what has changed? What difference have these concerted efforts made? Who has benefited, and how? Participants pointed to multiple impacts and positive outcomes, including vastly improved sexual assault response systems, sweeping legislative changes, and innovative and highly regarded prevention education. Many believed that the Task Force has fostered transformational change, from recasting primary prevention and prevention education to groundbreaking legal standards, such as campus advocate privilege, now adopted throughout the United States.

Four areas of impact, in particular, emerged as central: 1) statewide systems change and alignment, 2) legislation and policy, 3) attitudes and beliefs, and 4) prevention education and training. Participants also overwhelmingly agreed that these areas of impact have directly benefited each of the following groups, in descending order: 1) survivors of sexual assault, 2) response systems and systems-based providers, and 3) the public at large.

Statewide Systems Change and Alignment

It's incredible. I don't think that you will see an organization that has literally changed the way multiple systems rooted deeply in entrenched racism, white supremacy and sexism so effectively moved those systems and made them significantly better.

- Megan Kovacs

Elaine Walters, who was involved with the Task Force in its early days, described her observations of systems-level changes over time:

It went from a tiny group of champion law enforcement folks to a wide-ranging influence across the state – and occurred in every discipline that participated. And, the nature of the collaborations between those disciplines really was cemented. I don't think anybody pretends anymore that there isn't a need and a set of standards to meet among advocates, healthcare providers, law enforcement, the justice system and others. Because of the status of the effort and the status of Task Force members, there were people from all over the state clamoring to be part of it. It changed the norm across the state in a significant way, from being siloed – law enforcement, nurses, social workers, and advocates – to intentionally focusing on those relationships across Oregon.

These collaborations have translated to very specific and meaningful improvements for survivors as they navigate systems in the immediate aftermath of their assault, even at the granular level of transportation. As described by Sarah Sabri: "The Task Force has done amazing work to develop best practices for required transportation protocols between hospitals for sexual assault examinations to provide for better services to victims and survivors."

They have their finger on the pulse of who is providing services, so they can connect people to that resource, whether they're systems folks, advocates or community members.

They have a huge reach.

-Renee Kim



Participants pointed to many additional direct benefits for survivors due to statewide systems change and alignment efforts, including on Oregon college and university campuses. Cheryl O'Neill described her view of this area of the Task Force's impact: "Night and day. Students had ended their college careers because they just couldn't be on campus – and there was no one to talk to. The fact that now there are privileged advocates on Oregon campuses is huge – this is directly attributable to the Task Force."

The Task Force has significantly changed what happens on college campuses. Previously, there wasn't even information about campus reporting. Now there's a whole website, staffing, and full policies and protocols. So that's pretty incredible.

- BB Beltran

Legislation and Policy

Changes in legislation, policy and practice were enthusiastically heralded by participants – many described their involvement in this area of the Task Force's work as "life changing," "deeply personally meaningful," and Elaine Walters reflected the sentiment of many: "I feel really honored to have been part of that body of work." BB Beltran emphasized the relationship between legislative changes and their direct impact on survivors: "There have been so many victories. We're directly impacting survivors every day, not just in this nebulous way; we're making a better system."

Participants pointed to multiple and impactful legal and policy changes directly attributable to Task Force advocacy (outlined in Legislative Milestones, Figure 3). This includes, for instance, the sexual assault protection order, housing protections,

the Healthy Teen Relationship Act, youth legal rights for their own medical decision making, SAFE Kit legislation, personal representation, and advocate privilege. The personal representative law, allowing sexual assault victims to have a chosen representative (such as an advocate or family member) during interviews took three legislative sessions of persistent advocacy to pass (six years), and garnered national attention as a groundbreaking victory for survivors.

Cheryl O'Neill reflected on her personal experience during the Advocate Privilege testimony process: "I sat through testimony in tears. It was so moving to hear what survivors were saying and to hear legislators respond. Survivors were being heard by individuals in positions of power. This directly relates to the impact of the Task Force... where people in positions of power listen to survivors."

Said Phyllis Barkhurst: We made policy changes that directly improved victims' medical experience in the immediate aftermath and extended the statute of limitations for many sexual assault offenses so that when ev-

2003: SB752 2005: SB198 Created the Sexual Allows adult survivors to **Assault Victims** choose to have someone **Emergency Medical** accompany them for all Response (SAVE) Fund proceedings **Major Legislative Milestones** Key pieces of legislation passed with the involvement and support of the Sexual Assault Task Force 2011: SB557 2013: HB2779 Requires every Oregon Allows survivors to county to have a Sexual obtain a protective order Assault Response Team through the courts (not previously possible)

Fig. 2



Many also suggested that these legislative advances, alongside the prevention and systems-level education and training, positively influenced law enforcement and prosecution practices.

As described by Kim Larson: "I think that law enforcement talks differently to survivors; law enforcement has taken a look at how they interview and interact with survivors. I would say this is the same for prosecution. The TF has been instrumental in shaping a huge shift in approach in those fields."

SPOTLIGHT ON: HB3476 (2015) Campus Privileged Communication | Providing National Leadership

House Bill 3476 was a coordinated effort by the Domestic Violence and Sexual Assault community, including the Oregon Department of Justice, the Oregon Coalition Against Domestic and Sexual Violence, the Oregon Law Center, the Oregon Sexual Assault Task Force, and the Oregon Alliance to End Violence Against Women, to address confidentiality and privilege for survivors. With HB3476, Oregon was the first in the U.S. to establish privileged communications for student survivors seeking support from advocates on Oregon campuses. As described by Michele Roland-Schwartz, "HB3476, along with efforts to bridge Title IX compliance with trauma-informed best practices, set into motion the robust campus program we see today."

Michele Roland-Schwartz said: "In the first year of implementing HB3476, we saw a 138% increase in campus reporting and a 122% increase in access to student support services on Oregon campuses. The Campus Program has helped colleges and universities implement key federal and state sexual harassment and violence legislation on our campuses. Bridging compliance, advocacy and prevention initiatives with trauma-informed practices wouldn't be possible without the leadership of Jackie Sandmeyer, Kate Hildebrandt, Carli Rohner, and Dr. Aislinn Addington - to name a few. We didn't have a dedicated Campus Coordinator prior to 2014; now we have 2 FTE to support the three prongs of our campus program: compliance, advocacy, and prevention."

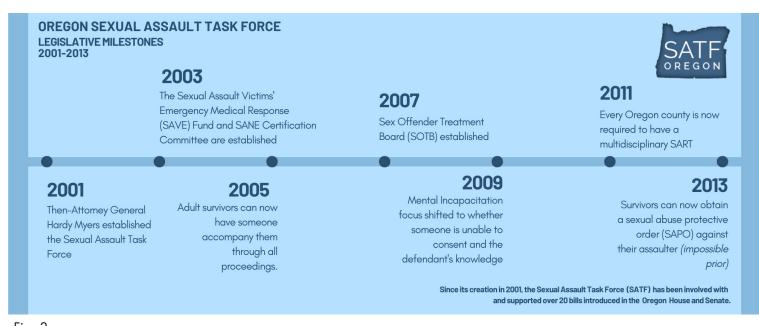


Fig. 3



Attitudes and Beliefs

I'm seeing baseline knowledge and awareness creeping out further and further. – Nicole Broder

Many attribute the Task Force and additional cultural forces to changing attitudes and beliefs about sexual violence and creating a 'new baseline' among a cross sector of providers. In that regard, Erin Greenawald remarked: "The newer generation of prosecutors, you don't have to persuade them. They come in with an understanding of what rape culture is and what consent is. Prior to this, you had to spend more time working with people on these basics. The baseline is much different."

Others identified a relationship between the Task Force's efforts to elevate the conversation about sexual violence and norms change. "The more time we spent with each other, the more you could sort of stretch the limits of this conversation," Heather Huhtanen said. Megan Kovacs put it this way:

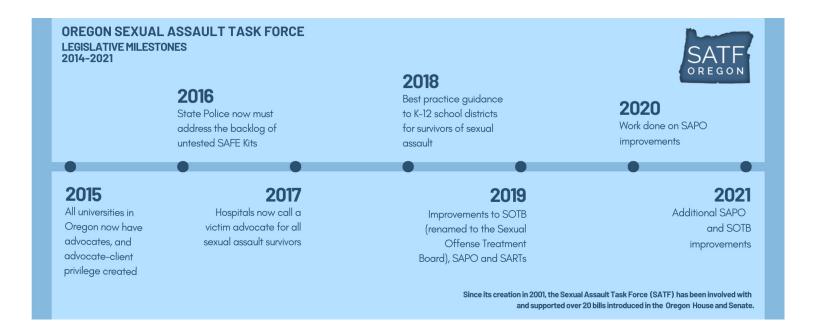
It is now much more clear that taking advantage of someone is not OK – regardless. You don't get a pass if you manage to get someone drunk or find somebody drunk.

- Cheryl O'Neill

The Task Force has been instrumental in opening up and broadening the conversation; the idea that sexual violence prevention is possible and it's about empowering people to understand their own sexual health, to have bodily autonomy, to understand consent, and to understand that sexual violence prevention is about sexual health promotion.

Steve Bellshaw, among several others, also identified an increased awareness about male-identified sexual assault survivors: "We now have the men's engagement committee... and we have a better realization about men as victims."

Said Sarah Sabri: "The Task Force has made significant strides in influencing community conversations, the way information is presented to the public, and provides credibility to the information and best practice recommendations. This has significantly benefited victims, family members, teachers, counselors and others coming into contact with victims of sexual violence."





Education and Training

The work done on the Oregon Department of Education standards and benchmarks was fundamentally important because you can refer to it as you work to select and implement curriculum.

- Nancy Greenman

Participants described substantial impact due to the Task Force's prevention education and training leadership – and believe that this has impacted multiple systems and benefited survivors. BB Beltran, who has been involved with the Task Force at multiple levels for nearly its entire history, remarked that the Task Force has been instrumental in redefining primary prevention and made strides by broadly introducing primary prevention, i.e., "Prevention isn't a huge mystery anymore."

The Task Force education and training efforts have touched multiple sectors, reached many thousands of Oregonians, and have been lauded by national organizations as standards-setting. Training programming and resources have included, for example, Sexual Assault Nurse Examiners, the Sexual Assault Response Team Handbook, the Sexual Assault Training Institute, the Campus Climate Survey Toolkit, the Prevention Training Institute, the Prevention Toolkit, and more recently a 20-hour self-guided training targeting anti-racism titled Addressing the Root Causes of Violence and Abuse.

Erin Greenawald, directly involved as a trainer, reflected on the impact of the Training Institute: "The Task Force's ability to provide trainings across the state has been so impactful. The trainings have been delivered to law enforcement and prosecutors, tailored specifically for Oregon, and responsive. The ability and willingness of the Task Force Program Coordinators to work with and listen to us (instructors) has been really, really important in creating an effective curriculum."

Many others spoke about the quality of Task Force trainings, staff commitment, and survivor impact. As described by Kristy Alberty: "Not only do we have fantastic and very dedicated staff, we have allies and trainers who are committed and that really shines in the trainings. People who attend our trainings remark that our trainers are so dedicated and inspiring." And, Task Force trainings have benefited residents across the United States. As described by Steve Bellshaw: "I have been part of the Task Force since 2003. I'm most proud that we've done trainings not only across the state, but across the country. Our outreach to officers and investigators about the importance of their investigations, listening, victim interviewing techniques, and the trauma informed aspect of it, have now reached thousands of police officers across the country. That's a big accomplishment."

In 2018 we launched comprehensive prevention training and intentionally opened it to anyone engaging in prevention. We've had representatives from campus efforts, child abuse prevention, sexual health, domestic violence, batterer intervention, culturally specific groups, tribal community members, elder abuse and more. We weren't sure how it would go. It went so well. It has grown from there.

Meg Foster

EDUCATION SPOTLIGHT



Prevention Toolkit

Designed for anyone in Oregon interested in violence prevention, the Prevention Toolkit aims to support effective, collaborative efforts that address violence and abuse prevention across the lifespan. The Toolkit merges public health theory, best practices, and suggestions from state and national partners.

oregonsatf.org/satf-comprehensive-prevention-toolkit/



SANE Program

The SANE Program offers technical assistance, support, and information on best standards of care to SANE/SAEs, clinics, and hospitals statewide. The Task Force regularly provides a 40-hour adult/adolescent basic SANE/SAE training and advanced training including mock exams, expert witness training, and other in-person and virtual training on a variety of topics. SATF staff administer the Oregon SAE/SANE Certification Commission and provide guidance to SANE/SAEs applying for certification and recertification.

oregonsatf.org/programs/sane-program/



Campus Climate Survey Toolkit

Campus climate surveys are a powerful tool to help inform prevention strategies that create healthy & safe campus communities, free of violence. This toolkit has been designed to be both a resource and a guide for colleges and universities in Oregon. Informed by professionals across the state, the goal of this toolkit is to establish campus climate surveys that move beyond compliance to creating best practice through creating mechanisms to improve both evaluation and prevention programming on campuses.



Sexual Assault Training Institute (SATI)

The SATI provides ongoing, high-quality, professional training designed to increase knowledge, skills, and sensitivity to survivors. Both discipline-specific and multidisciplinary trainings are offered for advocates, campus practitioners, law enforcement, prosecutors, SANEs, sexual assault response teams (SARTs), and prevention staff.

oregonsatf.org/programs/sexual-assault-training-institute/



SART Technical Assistance and Training

SATF offers technical assistance, training, and guidance for SARTs across the state, including support with protocol development, goal setting, establishing benchmarks and tracking trends, developing a community presence, seeking peer support from other SARTs, and more. SART Development & Sustainability Workshops are available through SATI for communities who want to develop and/or strengthen their SART efforts.

oregonsatf.org/wp-content/uploads/2016/07/SART-Handbook-FINAL-July-09.pdf



EDUCATION SPOTLIGHT (Cont'd)



Dismantling White Supremacy Culture and Anti-Oppression Trainings

In partnership with the Oregon Coalition Against Domestic and Sexual Violence (OCADSV), SATF co-hosts the Dismantling White Supremacy Culture In and as a Part of Prevention workshop series. This two-day workshop encourages attendees, aimed at those with privilege who benefit from racism, to consider the impact of white supremacy culture on their prevention work and the extent to which our organizations engage in/disrupt white supremacy culture. Attendees build skills for dismantling white supremacy culture and identify primary prevention strategies that actively work toward transforming structures that uphold white supremacy culture across Oregon communities.

One of SATF's newest releases, Addressing the Root Causes of Violence and Abuse is a 20-hour self-paced online anti-oppression course designed for anyone interested in responding to and/or preventing any form of violence or abuse across the lifespan. The training provides attendees with resources, strategies, and skills from leaders around the world, including activists, artists, allies, and change-agents.

oregonsatf.org/training/addressing-the-root-causes-of-violence-and-abuse-online/



Communities of Prevention: Collaborative Toolkit

This toolkit offers strategies to bridge broad prevention efforts and provides support for any community collaborative group working towards a healthier and safer community. Included are tangible strategies to implement, facilitate, and sustain local cross-discipline, cross-sector collaboratives.

http://oregonsatf.org/collaborative-toolkit/

SPOTLIGHT ON: SURVIVOR EXPERIENCE

Because of the change spurred by the work of the Task Force, survivors of sexual assault are much more likely to:

- (In relative terms) have a pervasive sense that I am more likely to be believed.
- (In relative terms) have a pervasive sense that some accountability may occur if I disclose
- Have somebody with me all the way through the process and anytime I want to talk to anybody about your sexual
 assault.
- Find somebody at my school who has had some education and information about sexual violence
- Find many more people willing to listen and not respond with victim blaming.
- Experience bigger, broader cultural receptivity to emerging shifts, like the Me Too Movement.
- Receive an exam from a well-trained and sensitive nurse and other health care providers
- Encounter attorneys and policymakers who believe that sexual assault happens inside of committed relationships
- Encounter law enforcement and college campus staff that will respond from a survivor-centered place
- Encounter people in many sectors who understand that prevention is effective.



NEXT STEP PRIORITIES

Participants were invited to imagine the Task Force's next 20 years, which generated rich recommendations and aspirations. Specifically, participants were asked What is left undone – what are the most important next steps in abuse prevention? To this, participants' responses fell along five specific categories:

- 1. Ongoing systems engagement, alignment and training
- 2. More deeply embedded and comprehensive pre-K through 12 abuse prevention education and child-centered systems
- 3. Broader public engagement
- 4. Ongoing primary prevention advocacy and connections between IPV, sexual violence, and child abuse and neglect.
- 5. Ongoing and enhanced anti-oppression, equity, and anti-racism advocacy

Ongoing Systems Engagement, Alignment and Training: Which Investments, For Whom?

Participants overwhelmingly urged ongoing systems improvements, alignment, and systems-specific training. Many, for example, endorsed continuous law enforcement training. One participant put it this way: "I think law enforcement training always has to be the priority of the Task Force. The bottom line – if victims don't trust law enforcement, they won't come forward. So, training law enforcement is an underlying ongoing need."

Others urged more overt and embedded anti-racism work as a standard for all systems-level training. As described by Heather Huhtanen:

There's a real utility in that middle place between advocacy, activism, and systems. The social justice and Black Lives Matter work, while sensitive for the criminal justice system, needs to be discussed and thoughtfully integrated into the work of the Task Force. I hope the Task Force is in a position to more explicitly talk about the context of this kind of violence and to link it to systems.

Brie Franklin Akins offered a similar perspective and urged future efforts to examine which investments are likely to lead to the most benefit for more Oregonians: "How much of our resources – time, money and talent – do we put into the criminal justice system to improve its response when the majority of victims don't access the criminal justice system? Is transforming that system so more people access it really the answer? When we think about anti-oppression and who is accessing that system right now, it's primarily white middle class survivors. For whom are we creating systems?"

Several other participants urged increased alignment and collaboration with offense-specific systems. In short, those who spoke to this issue argued that there is an important role for the Task Force in both fostering offense-related systems change and championing attitude changes about people who offend. In this regard, Cheryl O'Neill stated "We have to have a larger conversation. Demonizing people isn't a path to social change." Elaine Walters urged concerted efforts to nest restorative practices in the context of offender accountability:

There has been a lot of focus on accountability and compliance... What I don't know is whether healing and restorative practice has ever gotten a foothold, which I believe is critical to reducing sexual assault and reintegrating the people who have sexually offended. People that sexually offend need to be held accountable, certainly – which occurs with the registries and other responses. But, how do you ever get off of a registry? How do you ever deconstruct and re-



construct your sense of humanity so that you are not a sex offender anymore – once a sex offender, always a sex offender, really?

Brie Franklin Akins offered a similar perspective: "I think there needs to be an overall shift in perspective. So, someone commits a crime [and we think] they are a bad person. Yes, they made a choice. But what led them to that choice where maybe somebody else made a different choice? What are the norms, education, and the resources that are available to each person so that they could make a different choice?"

Moving forward, the partnerships that we've developed around primary prevention with the International Association for the Treatment of Sexual Abusers, the Oregon Adolescent Treatment Network, and other related spaces is interesting and promising.

- Meg Foster

Pre-K Through 12 Comprehensive Abuse Prevention Education and Child-Centric Systems Advocacy

Participants urged systematic and developmentally appropriate pre-K through high school **abuse prevention education** across Oregon. Several current Task Force members indicated that although the Task Force is a long-time partner with the Oregon Department of Education, "we have not historically

... help kids get a sense of themselves without needing to stand on top of somebody else.

Nadia Telsey

had strong relationships with schools." Looking ahead, one participant stated "Education is first. Comprehensive sex education – how to communicate, consent, healthy relationships – all of that."

Others urged the Task Force to lend its leadership, expertise and credibility toward a new educational norm – comprehensive prevention in Oregon's schools covering all forms of abuse. Nicole Broder urged instructional strategies that integrate sexual health, violence prevention, and health disparities: "Sexual health and violence prevention are about holistic health and decreased health disparities. When these conversations are normalized – healthy sexuality, boundaries, consent – then we'll see this [prevention impact] take off."

Brie Franklin Akins remarked that this aim – comprehensive, effective and developmentally appropriate pre-K through 12 education – is far from common practice in Oregon and in states with which she is familiar: "If we can't talk about healthy sexuality, how are we going to prevent sexual violence? There's just still not even good curricula. You have to piecemeal things together."

Michele Roland-Schwartz extended this discussion to additional child-centered systems, including health care:

Our goal is to build an understanding that the medical-forensic exam is more than just a kit. It is actually access to comprehensive health care services for survivors. We're broadening this access to pediatric populations by investing in Forensic Nursing as an overall practice. This alone will be a huge shift; we're investing in broadening Forensic Nursing practices across the state in order to reach more survivors – especially children.



Broader Public Engagement

We must have buy-in from people everywhere. It can't just be a few service providers; it must be an expanding partnership

- Nicole Broder

Many participants highlighted a need for broader and deeper **engagement**, **ownership**, **and clear and actionable pathways for abuse prevention** among members of the general public. This, they urged, is a vital next-step area of priority for the Task Force.

Sexual violence, domestic violence, child abuse and neglect all remain a public health crisis. We need to build a greater sense of collective responsibility and support communities to understand their responsibility and their role. It is a public health crisis when there is a significant threat to significant numbers.

- Nancy Greenman

Our neighbors, friends and communities have a huge role to play in allowing people to express the reality of their experiences – to be seen, supported and heard. We need to make it more concrete for people and give hope that what they do is impactful.

- Sybil Hebb

One pathway toward broader public engagement, as described by multiple Task Force advocates, included a call for intentional efforts to increase knowledge and awareness. One participant put it this way: We need to foster "greater public understanding of the myriad of impacts that violence can have on individuals, their families, and the ripple effects."

Rape and other forms of violence are tools used in warfare... and in relationships. We need a better understanding of all the ways they are used to express and maintain power and control.

- Nadia Telsey

Many others also pointed to a priority for public engagement norms change campaigning, to continue to raise awareness of hopeful solutions, reducing stigma, and creating clear and broad avenues for safe and productive child disclosure: "Remove stigma so that people are able to come forward and get the help that they need when they need it." As described by Sybil Hebb: "[We need to] create a situation that ensures kids have some way to speak confidentially – because they don't understand what the landscape is, what the ramifications may be, and they don't feel safe telling anybody. Kids need to have an opportunity to speak confidentially."

If we adored our children, child abuse would end. If we, as a society, said we were crushed when harm comes to one child, think of how we would change.

- Nancy Greenman



Ongoing Primary Prevention Advocacy and Connections Between IPV, Sexual Violence, and Child Abuse and Neglect.

Many participants also emphasized an ongoing need to continue to elevate and promote the value and long-term benefits of primary prevention, including among key constituents and the general public – and called for increased and reliable prevention funding streams. Many also urged statewide collaboration and alignment and strategic planning between IPV, sexual violence, and child abuse and neglect sectors.

We need to sink way more dollars into prevention. Listening to advocates across the state in my current role and in working closely with our preventionists at the coalition, it's just so important.

- Renee Kim

As described by BB Beltran: "Prevention is the antidote The field has much information about prevention and its effectiveness, though there are few funds to actually implement those changes. Frustration is there, for sure, when we're still not able to fund quality prevention programs."

Meg Foster, among several others, urged "blending funding streams":

[As it is now,] there's a funding stream for child abuse prevention, a funding stream for domestic violence prevention, a funding stream for sexual violence prevention and we end up fostering an environment that competes for funding while not addressing the intersecting root causes; addressing sexual violence also addresses child abuse and neglect, and addresses youth suicide, etc. Why not make our resources more impactful; why not work together, even with funding?

Meg Foster reflected the sentiment of many when she mapped prevention funding to an ongoing need to change perceptions about what prevention entails:

I would love to shift how we're funding prevention, including promoting a vision of doing training for funders. There is a need to shift what we're calling prevention and help people understand a long-term vision for primary prevention – those longer term impacts, like reduction in child abuse, violence, and healthier and safer communities for all.

Finally, many others argued for a **statewide and integrated abuse prevention plan**, including investments in evidence-based prevention practices. As described by Elaine Walters, "[we need to] investigate and vet practices to build the evidence-base that prevention reduces incidence and vulnerabilities." And Meg Foster urged revisiting a prevention plan that was previously developed in partnership with the Oregon Health Authority.

The prevention plan that was created towards the end of my tenure was really good. It provided a roadmap. But, what's been done with that plan? Who sees it? Who buys into it? How much common knowledge is there about prevention?

- Nadia Telsey

Many Task Force advocates also urged deeper and strategic statewide alignment and collaboration across the lifespan and among IPV, sexual violence, and child abuse and neglect prevention efforts. Participants called for identifying shared



goals, sharing resources, and championed a "better together" core assumption. This widely urged recommendation has gained some traction, including with the Task Force's Bridge Project.

The Bridge Project, created in partnership with The Ford Family Foundation, is designed to create and bolster connections between child abuse and other abuse prevention efforts throughout Oregon. We're creating stronger networks and prevention opportunities across the lifespan.

- Nicole Cunningham

Sybil Hebb also urged collaboration among these prevention sectors and questioned the efficiency, viability, and effectiveness of siloed statewide efforts: "They're not siloed issues, they're connected," she said. "We will all do our jobs better if we understand the larger landscape – and survivors will receive better services."

Nicole Broder looked to the future:

I feel like we've embraced our potential, that we're dreaming bigger, making more connections, and getting more ambitious about our offerings and our projects. Moving ahead, I see knowledge and understanding of sexual assault and how it overlaps with other issues like domestic violence and human trafficking is an area where more education is needed.

Prioritize Ongoing Anti-Oppression, Increase Anti-Racism Advocacy

In order for us to change we'll have to heal cellular trauma. And we must focus our work on people disproportionately impacted.

- Mel Phillips

Participants strongly believed that the Task Force should continue its anti-oppression leadership and overwhelmingly called for **deeper and more targeted racial justice and anti-racism advocacy**. This included appeals for a) more diverse representation among Task Force membership, b) expanding ways of thinking about anti-oppression and more direct attention to anti-racism, and c) trauma healing. One participant stated that, to date, "we've only tiptoed" into these issues.

Megan Kovacs articulated the perspective of many participants:

We need to do deep racial justice and anti-racism work. It's critically important. In Oregon, a huge part of the sexual violence movement is centered in white feminism. Yet, we know that people of color, Indigenous people, Black people, and trans women experience this – but

Who has not benefited? That's who we need to invite to the table.

- Lisa Norton

they're not centered in our work or our movement... There needs to be some deeply intentional work to atone for this. The work won't move forward without those most impacted by barriers, those most marginalized because of white supremacy, racism, and institutional racism being directly involved. They're not at the table, let alone being amplified and centered.



Mel Phillips and others highlighted a need to **acknowledge Oregon's racist origins**. Many believed that the Task Force is very well positioned to leverage their credibility, leadership and statewide influence for this purpose. Mel Phillips said:

Dominant culture in Oregon can come together to look at the state's history. So many people deny it. They deny the history, no black folks, no selling your house to blacks... This dominant cultural ignorance prevents us from progressing. Once many more understand, more will see it. It's not up to black people to teach white people their history. There's a need for basic and truthful education. We are our history.

Michele Roland-Schwartz urged a similar next steps direction:

The women's movement was very centered on white women. I think policy work in Oregon has definitely been that, too. And it has to shift. It has to change. That's a huge piece to our work – focusing our policy work, training, and organizing on centering Black, Indigenous, Latinx, and LGBTQ community members' experiences.

Finally, BB Beltran, and a few additional participants, expressed concern about the **location of Task Force meetings**: "I would be remiss in my role as an advocate if I didn't say that the fact that the meetings are held at the police academy is inherently alienating to many. Holding our meetings there creates an unsafe space for people of color and people from other marginalized communities who do not have a great history with law enforcement."

It comes down to empowerment of populations. Changing the status of women, people of color, people with disabilities, sexual minorities, and other marginalized people is essential to decreasing sexual assault.

- Nadia Telsey



CONCLUSION

It [the 20-year retrospective interview] brought back joys, surprises, and realizations that we accomplished so much. And, it's just a thrill that they are still going strong. – Phyllis Barkhurst

Phyllis succinctly summarized the central motivation of the Task Force's formation in this way: "We agreed that across the state, and across disciplines, belief systems, and cultures, that adolescent and adult victims of non-stranger sexual assault had no access to justice. We wanted to provide access to justice for victims no matter where they lived in Oregon." Since the time of that initial and clear vision, sweeping Oregon-wide changes directly related to Task Force activities have occurred and remain underway.

Overwhelmingly, among all participants interviewed as a part of this retrospective – and in light of additional extensive document reviews – there was wide agreement that the Task Force has established itself as an innovative and bold leader, a highly-regarded convener, a model for statewide systems response renovation, skillful in legislative process and outcomes, and on the forefront of anti-oppression-centered primary prevention education. Participants attributed this success to multiple factors, though centering on 1) exceptional leadership, 2) organizational structure and process, and 3) Task Force culture.

Without exception, participants shared that their involvement with the Task Force was deeply personally meaningful, both at the level of direct support for survivors and a broader sense of participating in a cultural movement. As described by Kim Larson: "I wanted to be a part of a bigger picture and impact for all victims throughout the state. The Task Force creates that opportunity, including changing institutions." Steve Bellshaw put it this way: "It became more of a calling than a job.

It was a wonderful lesson – and for me as an emerging leader at that time – [to see leadership's] tenacity and to observe how to message things, how to keep moving forward in spite of opposition, and to be laser-focused on mission."

Cynthia Stinson

This is also a tale of the power of leadership development. Many participants shared that their involvement with the Task Force, and in working alongside exceptional leaders and advocates, shaped the entire trajectory of their careers. BB Beltran, involved with the Task Force early in her career and now the Executive Director of Lane County's Sexual Assault Support Services, described it this way:

The Task Force helped give me words to experiences, a framework, and also a community which still influences me today. I owe a lot to the Task Force... Such valuable lessons for me as a young professional, learning how women could get along – because society pits us against each other. It was an incredible experience.

Many other Task Force members carried their experiences into related arenas across the U.S. and beyond. As described by Heather Huhtanen:



Now, in retrospect, it was such a huge learning curve for me. And, I have applied it in my international work. I spent five years working in Bosnia and Herzegovina with the judiciary and I worked on a whole variety of topics including domestic and sexual violence, implicit bias, and sexual and gender based harassment. I used so many of the things that I learned with the Task Force there – and in many international locations including Ukraine, Palestine, Jordan, Iraq, Armenia, Azerbaijan, Ghana, Zambia and others. It has been effective and very well received in every location. I use the same methodology, drawn from my early career work with the Task Force, all the time.

This 20-year retrospective shines light on a bold vision, perseverance, a prolonged commitment to anti-oppression values, and multiple challenges, successes, and victories. In that regard, this reflection by Megan Kovacs is telling:

I remember one meeting, in particular. I was chairing the Prevention Committee at the time, and it was the first meeting that we ever had with the Legislative and Public Policy committee. Our agenda was to talk about the role of policy in supporting dating and sexual violence prevention. So, we walked into the room and, literally – not a metaphor – there were not enough chairs at the table for us. The committee just didn't make room for us at the table. They weren't interested in our ideas. They only wanted to discuss how to punish perpetrators; they didn't want to take a step back and consider that a punitive view of sexual violence isn't helping anyone. Punishment is just what they were used to – there was no other strategy except to put people in prison. It was a really, really challenging environment to try to elevate a conversation about prevention.

So, fast forward to one of my last meetings with the Prevention and Education Committee, maybe two or three years ago. I walked into the main meeting hall. There were legislators there with the entire Public Policy Committee and the entire Prevention Committee. There were youth at the table; both committees had come together to celebrate the work that had been done with lawmakers. It was a really beautiful moment – one of those very few moments in life where you can actually see in real time the work that you put in.

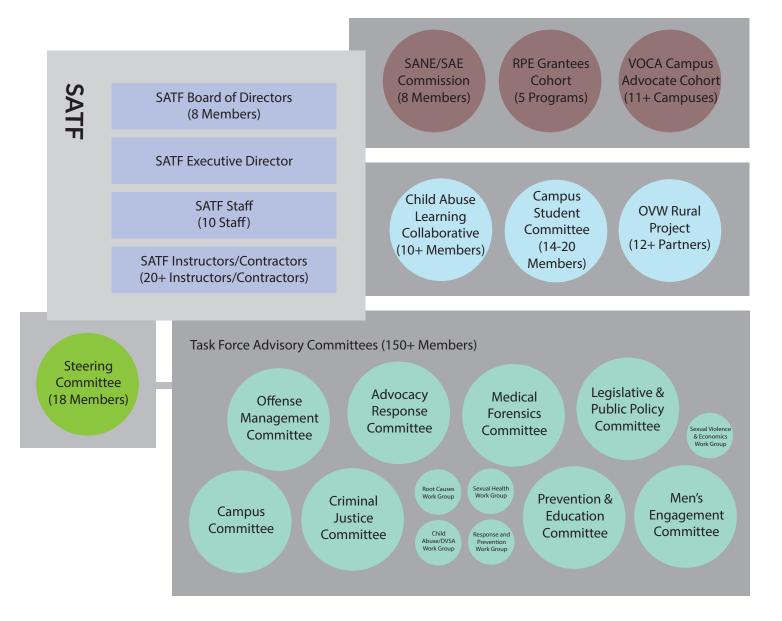
Finally, participants looked ahead. All participants highlighted the Task Force's systems response accomplishments – and urged this work to continue. And, nearly all advocated for a deeper and more concentrated turn to primary prevention, anti-racism, and statewide collaboration with abuse prevention peers and peer systems (e.g., IPV, child abuse and neglect).

Michele Roland-Schwartz, reflecting on her own process, recalled her earlier years and the discomfort of being in the legislative "space:"

[The Capitol] and other dominant culture spaces are not easy to be in. I recall meeting our policy intern in the rotunda at the Capitol – we were waiting to meet with a legislator. I noticed she was looking at her attire - and I knew immediately what she was thinking. We had a conversation about impostor syndrome and checking the internal conversation; having confidence that you know what you're talking about and that you are enough. So, I just named it. She said, "Oh my gosh, yes! I was just looking down at my shoe laces and I thought that they looked ratty." That's what the space will do to you. That still happens to me when I'm in that space and other spaces like it. Growing up poor and from a working class background, I still have those "ratty shoelace" (self doubt) moments. But, in general, I feel more confident and comfortable in that space. It is a personal source of pride.

This personifies the Task Force's legacy – moving bravely into an unwelcoming space, and transforming it.





APPENDIX B: KEY INFORMANTS

With special thanks to all participants for your commitment to sexual violence prevention and response across Oregon.

Key Informant	Role	Years of Involvement with the Task Force
Kristy Alberty	SATF Membership & Communications Coordinator	2018-Present
Phyllis Barkhurst	Founding Member	1999-2007
Steve Bellshaw	Instructor & Steering Committee Member	2003-Present
BB Beltran	Instructor, Legislative & Public Policy Subcommittee (LPPC) Member	2004-Present
Nicole Broder	SANE Program Coordinator	2016-Present
Nicole Cunningham	Abuse Prevention Coordinator	2019-Present
Krista Evans	Rural Grant MOU Partner, Advocacy Response Subcommittee Member	2016-Present
Meg Foster	Prevention Program Coordinator	2015-Present
Brie Franklin Akins	Former Assistant Director & Prevention Program Coordinator	2005-2009
Erin Greenawald	Instructor, Former Domestic Violence Resource Prosecutor	2006-Present
Nancy Greenman	Former Prevention Program Coordinator	2002-2015
Sybil Hebb	Former LPPC Member	2003-2015
Heather Huhtanen	Founding Member	2002-2008
Erin Kevin	Steering Committee Member	2013-Present
Renee Kim	Founding Member	1999-2005
Megan Kovacs	LPPC Member, Former Co-Chair of Prevention & Education Subcommittee	2010-Present
Kim Larson	Instructor, LPPC Member	2005-Present
Warren Light	Steering Committee Member	2008-Present
Lisa Norton	Former Sexual Assault Response Coordinator and Instructor	1999-2021
Cheryl O'Neill	Advocacy Response Subcommittee Member	1999-Present
Mel Phillips	Steering Committee Member	2012-Present
May Pomegranate	Instructor, Medical Forensic Subcommittee Member	2019-Present
Michele Roland-Schwartz	Executive Director	2013-Present
Sarah Sabri	Current Domestic Violence Resource Prosecutor	2018-Present
Cynthia Stinson	Founding Member	2000-2013
Nadia Telsey	Instructor, Prevention & Education Subcommittee, plus additional roles	2002-2010
Elaine Walters	Former SANE Program Coordinator	2004-2007

^{*}Note: Years of involvement encompass all forms of participation in the Task Force, including formal and informal involvement, employment, and volunteerism, if applicable. All dates under review.

OHA Suicide Prevention Policy Option Package POP446

Alliance requests:

- Support development of infrastructure for continuing education training for HB2315 similar to the way that OHA supports cultural competency training
- ▶ Provide low barrier grants to suicide prevention coalitions across the state with coordination and support. In addition to grants available to coalitions, recommend funding one FTE to support the work of suicide prevention coalitions.

Alliance requests:

► Fully fund a lifespan approach for suicide prevention, intervention, and postvention including funding for the YSIPP and ASIPP, including funds to specifically address social determinants of health and culturally specific supports to populations with high rates of suicide

► Provide robust funding to mobile response and crisis stabilization services and for 988 implementation

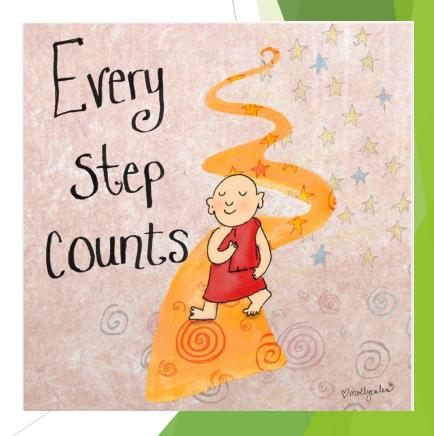
What's in this POP?

- **▶** Full funding for YSIPP
- Launch the ASIPP
- Funds ASIPP advisory staffing
- Creates an OHA suicide prevention unit (manager, data person, workforce training person, 2nd adult coordinator)
- Puts local coordinators throughout Oregon
- ► Funds specific equity work & Equity focused throughout
- **\$22,115,940**

Where can I see this POP?

 \rightarrow All the OHA POPs can be seen here \rightarrow

https://www.oregon.gov/oha/ERD/SiteAssets/Pages/Government-Relations/2023-25%20OHA%20POPs%20print-ready_rev%208-23-22.pdf



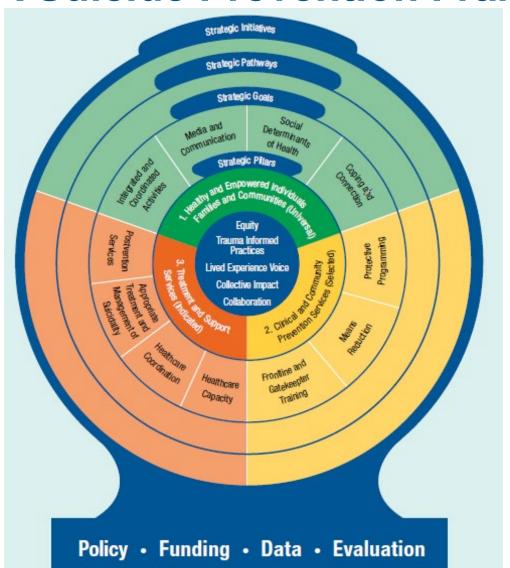
Youth Suicide Intervention and Prevention Plan: 2023 Initiatives

Presented to
Alliance to Prevent Suicide – December 9, 2022

Jill Baker, OHA Youth Suicide Prevention Policy Coordinator jill.baker@dhsoha.state.or.us



OHA Suicide Prevention Framework



Some tools:

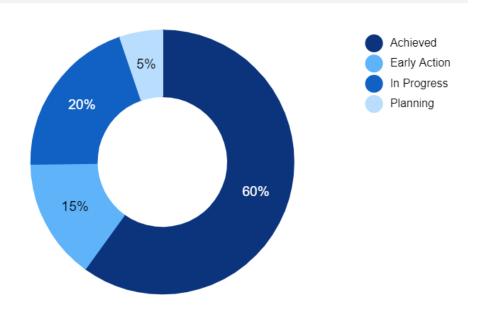
- 1. Interactive <u>PDF</u> with Pathways
- 2. 10 min video describing OHA's youth suicide prevention tools



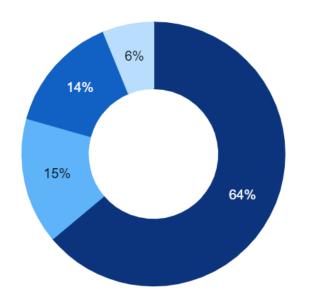
YSIPP Initiatives in 2021-2022

- 2021-2022 we collectively listed 117 projects/initiatives
- Link to initiatives <u>tracker</u>

YSIPP 21-22 Status of All Initiatives (117 count)



OHA 21-22 Initiatives Status (97 count)





How did we do in 21-22?

93 total

79%

All deadlines are being met. Sustained work is on track.

20 total

17%

We are not meeting all deadlines. Sustained work is mostly on track.

4 total

3%

We are behind in most/all deadlines. Work is stalled indefinitely. Previously sustained work is no longer happening.

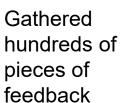


How we got here



2020

Assessed the YSIPP 2016-2020



Built the Oregon Suicide Prevention Framework

Ease/impact process to prioritize initiatives



Published 21-25 <u>YSIPP</u>

Named 117 priority initiatives for 21-22

Began work on YSIPP initiatives

2022

Work continued on 117 initiatives

Focused on organization, tools for project management

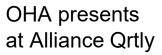


YSIPP Annual Update Roadmap



September

Leads update progress on 2022 initiatives

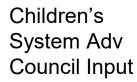


SPIP x3 being "start, stop, continue"



October

Alliance committees begin "start, stop, continue"



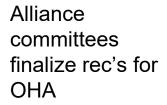
Oregon
Consumer
Advisory
Council input

Tribal prevention meeting input



November

Youth Think Tanks/Focus Groups



SPIP x 3 finalize rec's for OHA



Purpose of annual adjustments

- Maintain a current list of priorities
- What we think we have bandwidth to accomplish
- Not to create a comprehensive list of what we COULD do
- Regular cadence of checking in with system partners



Summary of what you will see in 2023:

Removed: 13

Reworded: 44

Same: **51**

New: 60

Total: 159



What we did better at this year:

- Process for feedback from Alliance committees and workgroups
- Including lifespan impacts of ZeroSuicide
- Lifespan impacts of CDC grant activities
 - Including suicide prevention specific initiatives from state agency partners
 - Including suicide prevention specific initiatives from other OHA work



Highlights of what was added to priorities list:

- THW 3hr training
- Latinx Considerations
- OCUSPP support
- CISM work
- Coalitions Mini Grants
- 988
- Mobile Response (lifespan)
- Stabilization Services (ages 0-20)
- SPIP State Agency Partnerships
- SPIP OHA Youth Focused



YSIPP 2023 SmartSheet tour

- Added "population focus" column
- Will add metric, baseline and benchmark (ready to show folks in Jan 2023)
 - Updated twice per year
 - August status check, Jan update for annual report



Questions?



Principle 1: Forms of oppression and exclusion exist, impacting how programming and human and financial resources are distributed, how people are treated, and how suicide is viewed in communities. An equity and liberation focus requires assessing the "common sense assumptions" and institutional barriers in the field and changing the status quo of how decisions are made and resources are allocated.

Please choos a group facilitator.

Reflecting on this morning's YSIPP's update -- how are we putting this principle into action? What more could/should we do in this area to advance our work? Please share answers on sticky notes on jamboards.

CULTURALLY

(1 of 2)

COMPETENCE IS NOT

AN AFTERTHOUGHT.

More actual learning

about various cultural

practices rather than

IT SHOULD BE THE

STARTING POINT!

Not further causing harm through forcing changes that communities aren't ready for, we don't have structure and capacity for

Acknowledges that oppression and inequities expect, we have to move beyond the single story, the common narrative and that certain voices have mattered more than others

How to align YSIPP strategies/equity lens with local coalition efforts, ensuring diversity of voice in determining local coalition efforts and decentering common narrative voices

Supporting work that isn't explicitly suicide prevention that addresses shared risk and protective factors with an understanding of how that can be an equity tool

Using the equity toolkit with local efforts to align with statewide approaches to address white supremacy and racism

(This may already exist) decentering common narrative with Alliance leadership

(2 of 2) just telling folx

humility/competency*,

culture to educate us.

to 'be aware of

responsibility of

people from that

we need to learn!

cultural

it's not the

Workforce developmentstepping back and building capacity before mandating requirements for professionals

Equity committee providing a space to examine practices, procedures, etc.

LGBTQ+ committee UPRISE internal Alliance work

BIPOC (not sure if this is the name they are using!) caucus Low barrier opportunities to access resources is equity in action

Making sure that the training for providers is relevant and targeted rather than too broad (age specific, community specific) Principle 1: Forms of oppression and exclusion exist, impacting how programming and human and financial resources are distributed, how people are treated, and how suicide is viewed in communities. An equity and liberation focus requires assessing the "common sense assumptions" and institutional barriers in the field and changing the status quo of how decisions are made and resources are allocated.

Please choose a group facilitator.

Reflecting on this morning's YSIPP's update -- how are we putting this principle into action? What more could/should we do in this area to

advance our work? Please share answers on sticky notes on jamboards.

What are these common sense assumptions on the view of suicide?

what are institutional barriers for BIPOC/QUEER ppl?

are decisions and resource allocation transparent to ppl who work within this field? also the students/youth that it affects?

how do we create a community that advocates for themselves? we hear and see it everywhere, "ppl don't wanna work" "people are suffering" well we are barely making it by

this is a big, complex topic. let it be complex, know its perimeters and how it connects with everything else and don't simplify its needs to come up with one answer

big change, big
footsteps - educators
are there to liberate.
rewriting an entire US
system rooted in
racism and policing.
Gender, race, history,
and joy. These are big
ideas not adjustments

also sounds simple but how does professionalism get in the way of our success? pt.1: how can schools advocate for themselves? if staff are undervalued/paid, schools underfunded equates to students/staff experiencing more hardship...

p1.2: education system then adds to suffering, even with its positive qualities. we must have more funding, not adjust the funds, we need more more Principle 2: Suicide risk factors are not treated strictly as individual traits and shortcomings, but rather are understood in the context of social determinants, oppression, and community cultural assets based on social identities. Cultural assets like knowledge, skills, abilities, and contacts possessed by oppressed groups are protective factors against suicide. Effective suicide prevention requires understanding the norms, strengths, and local contexts of communities developed over time as a response to oppression.

Please choose a group facilitator.

(Action) postvention work - focus on community healing in culturally appropriate and empowered ways

Prevention does this well by focusing on culturebuilding and supporting community. How are we putting this principle into action? What more could/should we do in this area to advance our work?

intervention is where this seems to fall away, is more individual focused.

being done in the 9 tribes really well

making space for work to be community led

do more: equity trainings for BH professionals, crisis responders, folks doing follow-up care

ex. doing well
- tribal healing
practices
covered under
OR Medicaid

do more: broaden
healthcare access.
need flexibility for
prevention/interventi
on to be outside of
the medical model
and supported
financially

Principle 2: Suicide risk factors are not treated strictly as individual traits and shortcomings, but rather are understood in the context of social determinants, oppression, and community cultural assets based on social identities. Cultural assets like knowledge, skills, abilities, and contacts possessed by oppressed groups are protective factors against suicide. Effective suicide prevention requires understanding the norms, strengths, and local contexts of communities developed over time as a response to oppression.

Please choose a group facilitator.

Reflecting on this morning's YSIPP's update -- how are we putting this principle into action? What more could/should we do in this area to advance our work? Please share answers on sticky notes on jamboards.

More peer support and resources in rural areas (ie veterans)

Centering community voices -especially youth voices to the table early.

Principle 3: Intersections are important. Understanding how social identities overlap with each other, individual lived experiences, and social group characteristics impacts individuals' ability to access appropriate resources and interventions is imperative to equity. The harm and lack of access to help that occurs is not about one social identity, but how an individual has multiple social identities. This is important because prevention and intervention based on one social identity may not address the barriers experienced by an individual at their intersections. This does not mean that small groups must account for all intersections, but rather, think about what social identities are prevalent in their groups that deserve attention.

Please choos a group facilitator.

Reflecting on this morning's YSIPP's update -- how are we putting this principle into action? What more could/should we do in this area to advance our work? Please share answers on sticky notes on jamboards.

Layers, increase or decrease risk? Relationship between Suicide and Substance Use is always important to consider Look at shared risk and protective factors among gambling, substance abuse etc. Look at and resolve gaps in services -Gap Analysis looking at Substance Use Continuum of Care -Prevention -Recovery (OHSU/PSU) Principle 3: Intersections are important. Understanding how social identities overlap with each other, individual lived experiences, and social group characteristics impacts individuals' ability to access appropriate resources and interventions is imperative to equity. The harm and lack of access to help that occurs is not about one social identity, but how an individual has multiple social identities. This is important because prevention and intervention based on one social identity may not address the barriers experienced by an individual at their intersections. This does not mean that small groups must account for all intersections, but rather, think about what social identities are prevalent in their groups that deserve attention.

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Principle 4: Preventing suicide requires working across individual, interpersonal, institutional, and societal levels. A lens towards equity is defined by evaluating the harm and lack of access at each of these levels. Addressing inequities in suicide prevention needs to focus on contexts of systematic power and social identities rather than individual characteristics alone.

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shared risk and protective factors (SUD and gambling prevention) SRPF work allows more folks to "find a door" to suicide prevention by sharing resources and strategies - we increase folks' safety net against suicide (and other forms of violence) Mini-grants that allow individual communities to explore projects most appropriate for them.

funding attached to local communities listed in the POP

What we are doing and can do bettercentering youth voice and involvement in the work

Root cause analysis of disparities Social determinants of health-specifically understanding trauma/violence/sexu al violence youth are reporting and how to move forward with this knowledge for tangible prevention

A lot of issues we see today stem from inequities that were written into civil rights laws that focused on assimilation starting in the 60's.

If we can center our focus in improving equity related to housing, health care etc we will see change in death by suicide Principle 4: Preventing suicide requires working across individual, interpersonal, institutional, and societal levels. A lens towards equity is defined by evaluating the harm and lack of access at each of these levels. Addressing inequities in suicide prevention needs to focus on contexts of systematic power and social identities rather than individual characteristics alone.

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We need more time for this activity.

This is important work, however, in order to do this justice, an activity like this one would be best directly following the YSIPP information shared.

Principle 5: Holding institutions accountable for the harm they cause is essential to promote positive outcomes and prevent suicide for historically marginalized individuals and communities. The language, communication, and polices of institutions often create confusion and disempowerment, and it takes active work for bureaucracies to communicate in a way that benefits those they are supposed to serve. It's important to acknowledge that negative impacts of institutions can occur despite positive intent of individuals working within systems.

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Need metrics to have measurable changes to track

Need more focus groups represented Need to track what we're doing and how we're doing it to know.

How do we have representation on the teams? Without tokenism?

Principle 5: Holding institutions accountable for the harm they cause is essential to promote positive outcomes and prevent suicide for historically marginalized individuals and communities. The language, communication, and polices of institutions often create confusion and disempowerment, and it takes active work for bureaucracies to communicate in a way that benefits those they are supposed to serve. It's important to acknowledge that negative impacts of institutions can occur despite positive intent of individuals working within systems.

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Multiple languages available in all publicity, forms, etc. Translators available at no cost.

Use of media, are people above the law, wrongfully charged, etc. How school systems are handling bullying and hate crimes