
MCAH Title V Injury Prevention Learning Series: Ending Sexual Violence

August 30, 2022





Welcome!

Please check your video box
in Zoom to confirm your
identification includes your
name and affiliation. Pronouns
are always welcome.

Also, please introduce yourself
- including your name and
program/section into the chat.

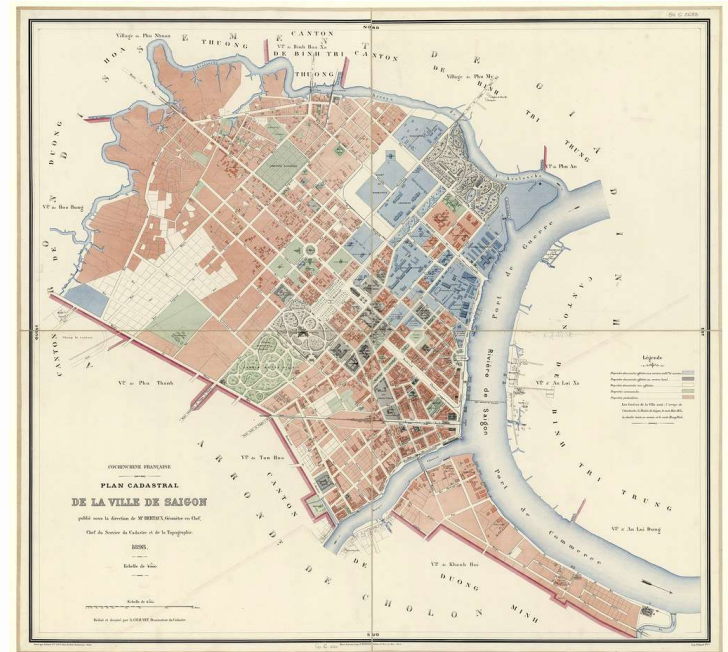
Our Plan for this Session:

Presentation about Oregon's Rape
Prevention and Education (RPE) Program –
Julie McFarlane and Shannon Rose, MCH

Questions and Discussion

Jamboard Reflection

Closing and Evaluation



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Public Health's Role in Ending Sexual Violence:

Oregon's Rape Prevention & Education (RPE) Program

Julie McFarlane

she/her

RPE Director

julie.m.mcfarlane@state.or.us

Shannon Rose

she/her

RPE Coordinator

shannon.rose2@state.or.us

Amara Sellnow

she/they

RPE Evaluator

kyrie.a.sellnow@state.or.us

Kristy Alberty

she/her

Admin Specialist

kristy.alberty@state.or.us

What (and who) is Oregon's Rape Prevention and Education Program?

RPE Program Overview

RPE encoded into federal policy via the Violence Against Women Act (VAWA).

Funded by the Centers for Disease Control (CDC), which directs funding to state health departments in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.

Key Principles:

- Focuses on Primary Prevention (preventing violence before it ever occurs)
- Looks to reduce risk factors and enhance protective factors
- Uses the best available evidence and implements comprehensive strategies based on the socio-ecological model
- Includes state and local community data when possible
- Includes evaluation components to inform future work

Oregon RPE Team

RPE Team within Maternal & Child Health

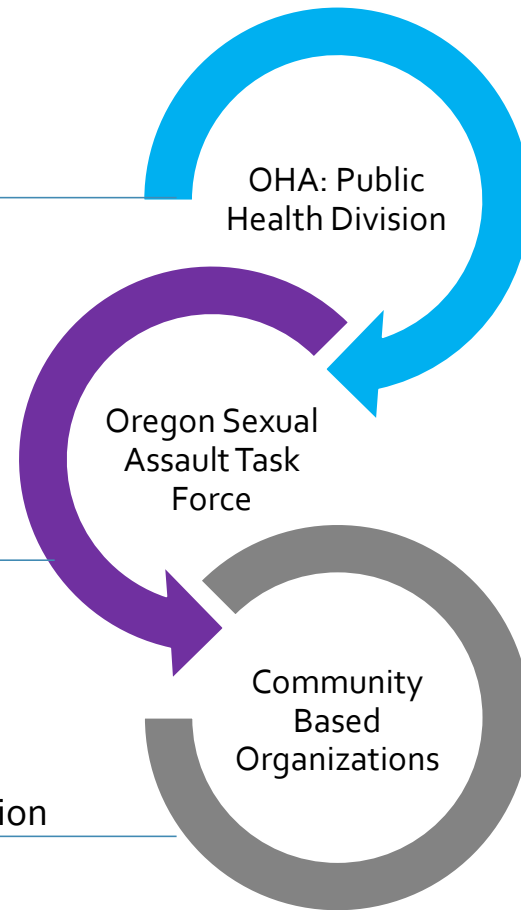
OHA: Public Health Division

Prevention Program Coordinator: Megan Foster

Oregon Sexual Assault Task Force

Directors and Prevention Specialists at each funded community-based organization

Community Based Organizations



Where else
does RPE
show up?

*Here are some
examples:*

Digital Storytelling with the Oregon Coalition
Against Domestic & Sexual Violence

Collaborations with the Oregon Department
of Education

Oregon Youth Sexual Health Partnership

Oregon Sexual Assault Task Force Statewide
Sub-Committees and Workgroups

AOD/Re-Think the Drink Input

Sexual Health Resource Mapping Project

Student Health Survey Question Guidance

Legislative Bill Analysis for OHA

Terminology:
What exactly do we mean
when we talk about
'preventing sexual violence'?

Sexual violence (SV) takes many forms. It always involves sexual contact or behavior that occurs **without the explicit, freely given consent** of at least one person involved.



Some examples of continuum of sexual violence

Comments/Harassment

Unwanted touch/contact

Rape/Sodomy

Murder

Voyeurism

Coerced sex acts

Non-consensual sharing
of images/messages

Sex as a war crime

Sexual Violence Prevention: Foundations

- Sexual violence is not inevitable, but rather preventable.
- Sexual violence is deeply intertwined with other forms of oppression, including racism, cis-heterosexism, ableism, and ageism. To end sexual violence, we must end all forms of oppression.
- Ending sexual violence is a responsibility that all of us share and have a role in.
- How can we shift focus to preventing perpetration, rather than placing responsibility on those who are victimized?




Source: <https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html>

Public Health Approach to Sexual Violence

Socio-ecological model of prevention

CDC STOP Sexual Violence Technical Package:




Prevention Strategies

		
	Strategy	Approach
S	Promote Social Norms that Protect Against Violence	<ul style="list-style-type: none"> • Bystander approaches • Mobilizing men and boys as allies
T	Teach Skills to Prevent Sexual Violence	<ul style="list-style-type: none"> • Social-emotional learning • Teaching healthy, safe dating and intimate relationship skills to adolescents • Promoting healthy sexuality • Empowerment-based training
O	Provide Opportunities to Empower and Support Girls and Women	<ul style="list-style-type: none"> • Strengthening economic supports for women and families • Strengthening leadership and opportunities for girls
P	Create Protective Environments	<ul style="list-style-type: none"> • Improving safety and monitoring in schools • Establishing and consistently applying workplace policies • Addressing community-level risks through environmental approaches
SV	Support Victims/Survivors to Lessen Harms	<ul style="list-style-type: none"> • Victim-centered services • Treatment for victims of SV • Treatment for at-risk children and families to prevent problem behavior including sex offending

**How does sexual violence prevention
intersect with other health promotion
and prevention efforts?**

RISK & PROTECTIVE FACTORS

This chart maps out risk and protective factors and social determinants of health along various points in the social ecological model. Understanding these factors and determinants at the societal, community, and individual/relationship levels can increase the effectiveness of sexual violence prevention efforts.

The Social Ecological Model	Risk Factors	Protective Factors	Social Determinants	Putting it all Together
illustrates how factors influence each other at different levels ¹	are a set of behaviors or conditions that increase the risk for sexual violence perpetration	are behaviors or conditions that reduce or buffer against the risk for sexual violence perpetration	of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age ⁴	to increase effectiveness of prevention efforts
 Societal¹ (e.g. laws, systems, the media, and widespread social norms)	<ul style="list-style-type: none"> • Societal norms that: <ul style="list-style-type: none"> - support sexual violence - support male superiority and sexual entitlement - maintain women's inferiority and sexual submissiveness • Weak health, economic, gender, educational, and social policies • High levels of crime and other forms of violence 	(At this time there are no evidence-based findings on societal-level protective factors for sexual violence; additional research can help fill this gap)	<ul style="list-style-type: none"> • Social norms and attitudes (racism, sexism, ableism, and other forms of oppression) • Socioeconomic conditions • Cultural attitudes, norms, and expectations • Governmental, corporate, and non-governmental policies • Social institutions (e.g. law enforcement) 	Sexual violence is inextricably tied to oppression. Focusing on risk and protective factors and social determinants of health can help clarify how anti-oppression efforts can be part of prevention.
 Community¹ (e.g. neighborhoods, schools, faith communities, and local organizations)	<ul style="list-style-type: none"> • Poverty • Lack of employment opportunities • Lack of institutional support from police and judicial system • General tolerance of sexual violence within the community • Weak community sanctions against sexual violence perpetrators 	<ul style="list-style-type: none"> • Community support/connectedness • Coordination of resources and services among community agencies • Access to mental health and substance abuse services 	<ul style="list-style-type: none"> • Equitable access to educational, economic, and job opportunities • Community engagement • Social support and integration, support systems • Built environment, such as buildings, sidewalks, bike lanes, and roads • Physical barriers, especially for people with disabilities 	Working in collaboration with communities around shared risk and protective factors can be an effective way to stretch limited funding, strengthen partnerships, and increase reach.
 Individual² (e.g. a person's attitudes, values, and beliefs) and Relationship² (e.g. relationships with family, partners, friends, and peers)	<ul style="list-style-type: none"> • Family environment characterized by physical violence and conflict • Emotionally unsupportive family environment • Poor parent-child relationships • Association with sexually aggressive, hypermasculine, and delinquent peers • General aggressiveness and acceptance of violence • Adherence to traditional gender role norms • Hypermasculinity and lack of empathy 	<ul style="list-style-type: none"> • Connection/commitment to school • Connection with a caring adult • Affiliation with pro-social peers • Emotional health and connectedness • Empathy and concern for how one's actions affect others 	<ul style="list-style-type: none"> • Having resources to meet daily needs like healthy foods & warm clothing • Social support and social interactions • Equitable access to quality schools and transportation • Equitable access to information and services in various languages • Equitable access to health insurance and health care 	Every individual exists within larger communities and our shared society. It is vital to link individual and relationship-level risk and protective factors to those at the community and society level, as well as related social determinants of health. Making these connections can create more effective change.

Sexual Violence Prevention *IS* Injury Prevention

Survivors of sexual violence not only may incur injuries directly from the assault, but also have elevated rates of longer term physical and mental health impacts (even when controlling for other economic and social factors), including but not limited to:



Physical

- Chronic pain
- Asthma
- Heart disease and stroke
- GI upset
- Sexual dysfunction
- Diabetes



Psychological

- PTSD
- Depression
- Anxiety
- Suicidal ideation
- Eating disorders



Social

- Diminished social functions
- Decreased quality of life
- Difficulty with maintaining employment

Discussion



- Any questions about the RPE work or approach?
- How do you imagine sexual violence intersects with other forms of violence...or health conditions?
- How do you see this work intersecting with MCAH? With other work across the Center?
- Where do you see opportunities to collaborate with the RPE Program or sexual violence prevention in your work?

Jamboard Reflection

Is there one action that you want to take in the next week based on today's presentation and discussion?

https://jamboard.google.com/d/1FHJE6Jjwbwa2Qp4W1tPg9STivm_53dBtY2mW4lIfElk/edit?usp=sharing



Thank you for joining today!



- ☐ The Jamboard will remain open until the end of the week. Please continue to add your ideas!
- ☐ Participate in the brief evaluation
- ☐ Join us for the next MCAH Title V Injury Prevention Learning Series session:
 - ☐ Thurs Sept 29th, 11AM –
Injury prevention and children/youth with special health care needs (CYSHN)
- ☐ Do you have a topic idea for a future session?
Let us know!