

# Oregon Sexual Violence Prevention Connection



## Prevention Program News

**Brie Akins**, Prevention Coordinator, Attorney General's Sexual Assault Task Force

The Prevention Program hosted its first training on October 4th. 57 individuals from sexual assault service agencies, college and university campuses, school districts, law enforcement, Oregon Department of Human Services, and the Oregon Youth Authority. The training covered prevention definitions and concepts, effective prevention strategies, and promising practices in the field. Overall response to the training was very positive.

One of the topics discussed in the training was Theories of Behavior Change. Based on the 9 Principles of Effective Prevention Programs; prevention programs should be theory driven, or should be based on a scientific justification or logical rationale. While many programs intuitively believe that their prevention efforts are creating positive change (via participant feedback and personal experience) programs should strategically think about why they believe their efforts create change and use those beliefs to guide their

program activities. These beliefs, or "theories," can then be a part of effective program evaluation. The chart on **page 3** provides a summary of behavior change theories and relates them to the levels of the ecological model, which may be useful for programs to begin putting their beliefs into the context of program activities and evaluation.

### CDC Regional Prevention Training

It's looking like the Centers for Disease Control and Prevention (CDC) will be coming to Portland! Planning is underway for the CDC's regional prevention training which is tentatively scheduled for the end of June 2006. The regional trainings are replacing the semi-annual national sexual assault prevention conference that the CDC has hosted in the past. We will pass along the latest updates about exact dates and locations as we get them!

## Prevention Lending Library

The Prevention Program is accumulating materials for its new lending library! At present, materials are available to be checked out by programs receiving Rape Prevention and Education (RPE) funds and members of the Task Force and its committees. Others who are interested in checking out materials may enquire and decisions will be made on a case-by-case basis. A list of library materials is available on-line at: [www.oregonsatf.org/prevention.html](http://www.oregonsatf.org/prevention.html)

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You must be the change you wish to see in the world.

Gandhi

# People First Language

## Language is power.

Our words have the power to inspire, motivate, and uplift people. They also have the power to hurt, isolate, and oppress individuals or entire segments of society. Often times, throughout our history, it has become necessary to change our language and the way in which we refer to individuals and groups to avoid further oppressing those members of society. The time has come to reshape our language once again so that we may refer to people with disabilities and the disability community in a respectful and inclusive manner.

Generally, in choosing words about people with disabilities, the guiding principle is to refer to the person first, not the disability. In place of saying “the disabled,” it is preferable to say “people with disabilities.” This way, the emphasis is placed on the person, not the disability.

It is only important to refer to the person’s disability if it is relevant to the conversation or situation. Disability should not be the primary, defining characteristic of an individual but merely one aspect of the whole person.

Many labels used for disabilities in our society have negative consequences or are misleading.

Using labels contributes to negative stereotypes and devalues the person they attempt to describe. Avoid them when speaking to, or about, persons with disabilities.

The following terms should be avoided when speaking to or about people with disabilities:

Invalid, wheelchair-bound, mongoloid, deaf and dumb, defective, mute, victim, crippled, special person, suffer from, handicapped, stricken with, a patient, retarded, afflicted with...

### Making the Change to People First Language

- “handicapped” or “disabled” should be replaced with “people with disabilities”
- “the handicapped” or “the disabled” should be replaced with “people who have disabilities”
- “he/she is wheelchair-bound” or “he/she is confined to a wheelchair” should be replaced with “he/she uses a wheelchair”

- “handicapped” in reference to parking, bathrooms, rooms etc. should be replaced with “accessible”
- “he/she is retarded or mentally retarded” should be replaced with “he/she has a cognitive disability”

### General Guidelines for Talking About Disability

- Do not refer to a person’s disability unless it is relevant to the conversation.
- Use the word “disability” rather than “handicap” to refer to a person’s disability.
- Avoid referring to people with disabilities as “the disabled,” “the blind,” “the epileptics,” “the retarded.” Descriptive terms should be used as adjectives, not nouns.
- Respect and acceptance is what people with disabilities prefer.
- Don’t use “normal” or “able-bodied” to describe people who do not have disabilities. It is better to say “people without disabilities,” if necessary to make comparisons.

From a presentation by Professor Daniel Close, Director of Family & Human Services, School of Education, University of Oregon, on November 8, 2005 for the Department of Justice’s Legal and Education Committee, and Diversity Committee.

## Summary of Behavior Change Theories

Level	Theory	Focus	Key Concepts
Individual	Stages of Change Model	Describes individuals' readiness to change or attempt to change toward healthy behaviors.	<ul style="list-style-type: none"> <li>• Precontemplation</li> <li>• Contemplation</li> <li>• Decision/determination</li> <li>• Action</li> <li>• Maintenance</li> </ul>
	Health Belief Model	Assess persons' perception of the threat of a health problem and appraisal of recommended behavior(s) for preventing or managing the problem.	<ul style="list-style-type: none"> <li>• Perceived susceptibility</li> <li>• Perceived severity</li> <li>• Perceived benefits of action</li> <li>• Perceived barriers to action</li> <li>• Cues to action</li> <li>• Self-efficacy</li> </ul>
Interpersonal (Relationship)	Social Learning Theory	Explains behavior via a three-way dynamic reciprocal theory in which personal factors, environmental influences, and behavior continually interact.	<ul style="list-style-type: none"> <li>• Behavioral capability</li> <li>• Reciprocal determinism</li> <li>• Expectations</li> <li>• Self-efficacy</li> <li>• Observational learning</li> <li>• Reinforcement</li> </ul>
Community (Community, Institutional, Societal)	Community Mobilization Theories	Emphasizes active participation and development of communities that can better evaluate and solve health and social problems.	<ul style="list-style-type: none"> <li>• Empowerment</li> <li>• Community competence</li> <li>• Participation and relevance</li> <li>• Issue selection</li> <li>• Critical consciousness</li> </ul>
	Organizational Change Theories	Concerns processes and strategies for increasing the chances that healthy policies and programs will be adopted and maintained in formal organizations.	<ul style="list-style-type: none"> <li>• Problem definition (awareness stage)</li> <li>• Initiation of action (adoption stage)</li> <li>• Implementation of change</li> <li>• Institutionalization of change</li> </ul>
	Diffusion of Innovations Theory	Addresses how new ideas, products, and social practices spread within a community or from one community to another.	<ul style="list-style-type: none"> <li>• Relative advantages</li> <li>• Compatibility</li> <li>• Complexity</li> <li>• Trialability</li> <li>• Observability</li> </ul>

Elaine M. Murphy, "Promoting Healthy Behavior," *Health Bulletin 2* (Washington, DC: Population Reference Bureau, 2005). available online at: [www.EndSexualViolenceOregon.org/resources.htm](http://www.EndSexualViolenceOregon.org/resources.htm) (under "Prevention Literature and Research")

# Project Illumination sheds light on sexual abuse of people with developmental disabilities in Portland

By Bill West

Adult Case Coordinator, The Arc of Multnomah/Clackamas

A team led by The Arc of Multnomah/Clackamas attended a training session in August in Aurora, Colorado on how to advocate and develop strategies to eliminate the sexual abuse of people with developmental disabilities. This training, funded through a grant from the U.S. Department of Justice, is a collaborative process involving specialists in the field of developmental disabilities, mental health, university research programs and law enforcement.

The purpose of the training is to develop community responses that will both enhance awareness of the significant levels of sexual abuse of people with developmental disabilities and develop strategies that will benefit victims of that abuse.

Recent research, conducted in a number of affiliated universities including the Regional Research Center at Portland State University, indicates high levels of sexual abuse of people with developmental disabilities. The research corroborates the incidences of documented and anecdotal historical evidence of abuse of people with developmental disabilities in both community and institutional settings.

People with developmental disabilities are vulnerable, yet protective assistance has not been comprehensively established. Research indicates that the perpetrators of this abuse are people most closely involved with the person who is developmentally disabled—that is, caregivers, family members and other people with developmental disabilities. The high abuse rates involve both genders.

The team from Portland was headed by Robert Shook, Executive Director [of The Arc of Multnomah/Clackamas] and included myself [Bill West], two representatives from the Portland Police Bureau, Kelly Ball and Susan Fachini, and Sandra Potter of the county DD protective services program. This team will involve a number of other representatives from the community and we will work on both developing and implementing strategies that will impact these issues in positive and significant ways.

Bill West is also participating on the Advisory Committee for the statewide initiative to prevent sexual violence against people with developmental disabilities sponsored by the Attorney General's Sexual Assault Task Force.

For more information about the statewide initiative or if you are interested in participating, contact:  
Brie Akins at (541) 284-8275 or [brieakins@oregonsatf.org](mailto:brieakins@oregonsatf.org)

For more information about Project Illumination, contact Bill West at (503) 223-1488.

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The opinions expressed in this newsletter are not necessarily those of the Attorney General's Sexual Assault Task Force.

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## History

Seeing a lack of improvement in sexual assault response as a concern, a group of victim advocates organized a 1999 statewide multidisciplinary gathering to assess how Oregon addresses adolescent and adult sexual assault. In May of 1999, 130 people spent two days at the Sexual Assault Summit assessing needs and identifying strategies for meeting them.

## Mission

The mission of the Task Force is to develop and support an effective, consistent and collaborative approach to the response to and reduction of adult and adolescent sexual assault in Oregon. (For its purposes, the Task Force defines "sexual assault" of adolescents as acts of forced or coerced sexual conduct by perpetrators over 14 years of age against victims over 14 years of age.)

The Attorney General's Sexual Assault Task Force is a non-profit organization.

[www.EndSexualViolenceOregon.org](http://www.EndSexualViolenceOregon.org)

The following resources are available on the Oregon Sexual Violence Prevention Website at [www.EndSexualViolenceOregon.org/resources.html](http://www.EndSexualViolenceOregon.org/resources.html)



### New Prevention Resources

#### Adults as Allies

This informative workbook from the W.K. Kellogg Foundation's website is for adults who are, or who want to become, allies of young people creating community change. The assumption is that adults can benefit from information. It is intended to increase inter-generational interaction and mutual support in the common cause of creating change.

#### Discovering Community Power: A Guide to Mobilizing Local Assets and Your Organization's Capacity

This workbook, published by the ABCD Institute, in conjunction with the Foundation's Social and Economic Development team, is a useful tool for helping to assess readiness and capacity in communities and organizations, and can be customized to meet the needs of specific program areas.

#### Handbook for Participatory Community Assessments

This handbook is organized into nine steps and is intended to be a guide to the process. Step 1: Building partnerships for community assessment. Step 2: Initial planning activities; Step 3: Setting the direction of the community assessment; Step 4: Developing indicators; Step 5: Choosing your data collection methods; Step 6: Collecting the data; Step 7: Sharing the results; Step 8: Writing a community action plan; Step 9: Evaluating the community assessment

#### Health Bulletin, No. 2

Titled "Promoting Healthy Behavior," this Health Bulletin explains the research-based frameworks behavioral scientists use to understand and influence health-related behaviors and outlines a variety of effective tools that health promotion programs use.

#### School-Based Violence Prevention Programs

This website identifies school-based programs that prevent violence against girls and young women, the primary targets of much abuse including dating violence, sexual assault and sexual harassment. The manual provides practical research- and expert-based information on school-based programs to prevent interpersonal violence.