MICHIGAN TECHNOLOGICAL UNIVERSITY
ADVANCED PREVENTION TRAINING

Lisa Winchell-Caldwell
Oppression is the primary root cause of domestic and sexual violence.

Oppression can be defined as socially-sanctioned or socially-tolerated abuse of power over others.

Additionally, community-oriented efforts focus on social oppression which describes relationships between groups or categories of people in which a dominate group benefits from systematic abuse, injustice, or exploitation of a subordinate group. All individuals, regardless of their personal behavior and choices, participate in social oppression due to their unalterable membership in one group or the other.
ALL OPPRESSION IS CONNECTED!
THE REALITY OF INTERSECTIONALITY

Published on Canadian Research Institute for the Advancement of Women (http://criaw-icref.ca)
“PRIVILEGE IS WHEN YOU THINK SOMETHING IS NOT A PROBLEM BECAUSE IT’S NOT A PROBLEM TO YOU PERSONALLY.”

Privilege does not mean you’re rich, a bad person, have had everything handed to you or have never had challenges or struggles.

Privilege just means there are some challenges and struggles you won’t experience because of who you are.

— “Why Does Privilege Make People So Angry?” @cheescaleigh

Becoming aware of privilege should not be viewed as a burden or source of guilt, but rather, an opportunity to learn and be responsible so that we may work toward a more just and inclusive world.

CHECK YOUR PRIVILEGE:

- WHITE
- MALE
- CLASS
- CHRISTIAN
- CISGENDER
- ABLE-BODIED
- HETEROSEXUAL

*CISGENDER: a description for a person whose gender identity, gender expression and biological sex all align

Presented by Dr. Walker (Psychology Dept.), Dr. Poole (School of Management, Marketing Dept.), Professor Murray (Design Programs), and Student Life. Poster designs by Camille Lagueta, Ray Cho, Veronica Cabanay and Ciel Bagg
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Risk Factors for Sexual Assault Peretration

Adapted from: http://www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html
Prevention efforts, including engaging boys and men, should predominately focus on risk and protective factors regarding perpetration, not victimization, for maximum effectiveness.

Risk factors for perpetration do not identify individuals who will perpetrate, but rather individuals who may be more likely to choose to perpetrate. Similarly protective factors do not identify individuals who will not perpetrate, but rather individuals who are less likely to choose to perpetrate.

By addressing and reducing the factors that may support that choice, we reduce the likelihood of individuals choosing to perpetrate. By identifying and increasing protective factors that discourage that choice, we increase the likelihood of individuals choosing not to perpetrate.
What are some social norm misperceptions that you’ve experienced? Particularly assumptions people may have made about you and/or your peers?

Did you do anything to address these norms misperceptions? Why didn’t you do something or what did you do?

If you acted or spoke up, how did it feel doing it and what was the outcome of what you did?
Social norms theory describes situations in which individuals or groups incorrectly perceive the attitudes, beliefs, and/or behaviors of their peers and other community members and assumes this misperceived behavior to be normative/the prevailing norm.

These misperceptions are most likely to occur in relation to the overestimation of problematic or risky behaviors and in the underestimation of positive or protective behaviors.

Social norms theory predicts that interventions which correct these misperceptions by focusing on the actual adherence to the positive or protective norms will have a beneficial effect on both individuals and the broader community.
Oppressions result in unequal access to fundamental resources which produces disparities. These disparities are tied to increases in risk factors that are shared across multiple forms of violence and negative health impacts.

Combining an anti-oppression framework with a prevention-focused public health approach, we can strive for equity, where everyone has equal access to the necessary resources and opportunities that support safe and healthy lives.

The scope of this problem, its impact, and its ties to other social and health problems mean that challenging problematic attitudes and behaviors at the individual level alone cannot create sustainable and meaningful change. It requires engagement of all individuals to impact and sustain changes at the community and societal levels.
Efforts to promote anti-violence, inclusion, equity, and social justice must be reinforced and reflected by the community in which individuals live, and by the society and institutions that create the policies and laws that shape and control their environment.

When society and instructions reflect gender, race, sexual orientation, ability, and cultural equity individuals will find much less tolerance for perpetration and the underlying attitudes and behaviors that lead to perpetration.

This supports a comprehensive approach, which holds offenders solely and fully accountable, supports individual survivors, and challenges the community and social norms that condone or tolerate violence and the institutional policies that reflect or reinforce those norms.
Engagement leads to organized efforts which produces impact on something much bigger than our individual selves.
What does leadership look like on your campus?

How many of you believe that you are leaders?

Where do you provide leadership? What does it look like?

Are the ways and spaces where you provide leadership ones that match traditional or normative models of leadership? How are they different?

How many of you believe your leadership can prevent sexual violence?

What does leadership, in this specific way, look like on your campus?
Bystanders are individuals who witness emergencies, criminal events or situations that could lead to criminal events and by their presence may have the opportunity to provide assistance, do nothing, or contribute to the negative behavior.

A positive bystander model calls for prevention efforts that take a wider community approach rather than simply targeting individuals as potential perpetrators or victims.

Upstanders are individuals, groups, or institutions that choose to take a positive stand and act on behalf of themselves and others. They intervene when they see behaviors that support or condone inequality, violence or injustice and promote a culture of empathy, peace and equality. Other terms commonly used include pro-social or proactive bystanders.
Ken Brown at TEDxUIowa

*Much of What You Know About the “Bystander Effect” Is Wrong*

https://youtu.be/Ufs8cKyzLvg
1. Notice that something is happening.

2. Decide that what is happening is a problem/is unacceptable.
3. Determine that the problem/unacceptable situation requires intervention to be resolved.

4. Take responsibility for acting to address the problem/situation.
5. Have the knowledge and ability to effectively and safely act to address the problem/situation.

6. Believe that taking action will be supported by peers and the broader community/environment.
Homicide
Suicide

Physical Expression
- Sexual Assault

Verbal Expression
- Sexual Harassment
- Making Sexual Jokes
- Bragging

Attitudes & Beliefs
- Racism
- Sexism
- Ableism
- Homophobia
Review the scenarios you’re given and determine where your scenario might fall on the pyramid.

Review the bystander steps and walk through each piece.
• How do we encourage people to notice something is happening?
• How do we make sure they identify what’s happening is a problem?
• How do we help people know that the problem requires intervention?
• What needs to happen for people to take responsibility to intervene in this scenario?

Identify some ways that you and/or your peers could authentically intervene – if you can’t think of any identify what you think you need to intervene – is it a lack of knowledge, does it not feel safe, or do you not think it will be effective.

Lastly, if you have time, identify some ways that you and your campus can make sure people know that doing the interventions you’ve suggested would be supported and feel safe.
Please email me with any questions...

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