EVERYONE DESERVES TO BE SAFE

No one deserves to be abused.

Using emotional, physical, or sexual abuse or threats of abuse to control and intimidate another person is domestic violence.

Does someone you care about:

- Grab, shove, slap, or hit you?
- Control who you see or what you do?
- Scare or threaten you? "If you do that again, I'll..."

Whether it is a partner, boyfriend/ girlfriend, spouse, or acquaintance who does this - it is abuse and it is not okav.

Does someone you care about:

- Force you to have sex?
- Force you to touch or be touched when you don't want to?

No one deserves to be sexually assaulted.

Any unwanted or forced sexual attention or contact is sexual assault. Being forced to have sex without giving your consent is rape.



Our Mission

The mission of the Center Against Rape and Domestic Violence is two-fold:

- To provide services and support to those affected by sexual and domestic violence;
- To provide education and leadership within the community to change the societal conditions that cultivate these forms of violence.

You are not alone.

Domestic violence and sexual assault can happen to anyone.



CONTACT US

Advocacy Center:

2208 SW 3rd Street, Corvallis 541-738-8319 (phone) 541-738-8323 (fax)

Administrative Office:

4786 SW Philomath Boulevard, Corvallis 541-758-0219 (phone) 541-758-8458 (fax)

Mailing Address:

PO Box 914 Corvallis, OR 97339

Web Site:

www.cardv.org

CARDV can provide services to you regardless of your race, gender identity,

sexual orientation, ability, religion, class, ethnicity, age or immigration status.

CARDV te puede ofrecer sus servicios sin importar tu raza, género, orientación sexual, habilidad, religión, clase, etnicidad, edad, o estatus migratorio.

If you need help immediately or just want to talk, call our 24-Hour Crisis and Support Line:

> 541-754-0110 800-927-0197



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Center Against

Rape and **Domestic Violence**









CARDV Serving Linn and **Benton Counties**

Support Line:

541-754-0110

800-927-0197

Se habla español

www.cardv.org

TOGETHER WE CAN END ABUSE

CARDV is dedicated to helping adult, teen, and child survivors of abuse stay safe. Our services are **free** and **confidential**.

24-Hour Crisis and Support Line:

541-754-0110 or **800-927-0197**

- For all survivors of domestic violence and sexual assault
- Call any time, day or night, for support or immediate help
- Information about options and resources
- For help with a plan to be safe
- Call to learn how to support a survivor





CARDV protects the identity and confidentiality of all its clients. All photos in this publication are reenactments.

24-Hour Emergency Shelter

- Safe, home-like shelters for adult and child survivors of domestic and sexual violence
- Confidential location for those at risk of continued violence
- Serving Linn and Benton counties

Support Groups

 Weekly support groups for survivors of abuse



Support at the Hospital

 24-hour emergency response and in-person sup



in-person support at Corvallis, Albany, and Lebanon hospitals

Advocacy

- Peer counseling
- Safety planning for you and your family
- Long-term support

Navigating the Legal System

- Support when working with law enforcement
- Accompaniment to court hearings
- Assistance with protective orders

EDUCATING TO END VIOLENCE IN LINN AND BENTON COUNTIES

Presentations and trainings available for:

- Community groups
- Parent groups
- Educators
- Students
- Professional development

For more information, call 541-738-8319.

YES! I want to join CARDV in ending sexual and domestic violence.

	Ц		ould like to become a CARDV Sustainer make:	
			a monthly donation of \$	
R 97339			an annual pledge of \$ a year for the next year(s).	
			Please send me information on automated credit card/bank draft giving.	
		Enclosed is my donation of \$		
		This	s donation is in ☐ Memory ☐ Honor of:	
s, OF		NAME		
Corvalli		Please send an acknowledgment to:		
× 914 •		NAME	<u> </u>	
0 Bo		ADDRESS		
Cut along dotted line and send to CARDV • PO Box 914 • Corvallis, OR 97339		CITY/STATE/ZIP		
		PHONE/EMAIL		
		I wish to remain anonymous. Please do not recognize me publicly.		
		Please send me information about including CARDV in my trust, will or insurance policy.		
		My company will match my gift (Form enclosed).		
	I w	want to volunteer		
			ould like to volunteer to help CARDV. Please d me information.	
		NAME		
		ADDRESS		
		CITY	STATE/ZIP	
		PHONE/EMAIL		
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