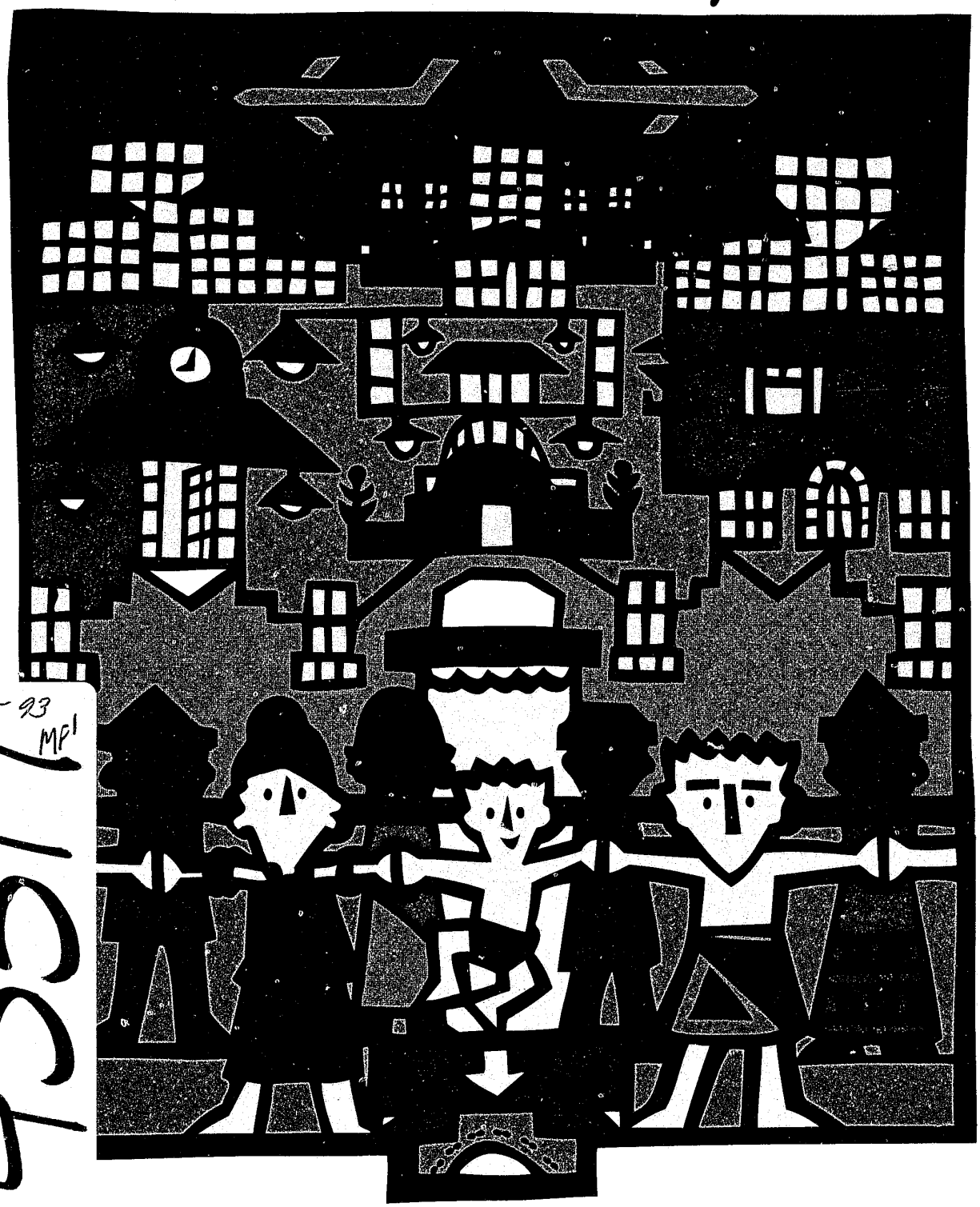
Task Force Report On Child Fatalities And Critical Injuries Due To Abuse Or Neglect



"It takes a whole village to raise a child"

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Task Force Report on Child Fatalities and Critical Injuries due to Abuse and Neglect

Children's Services Division
Oregon Department of Human Resources
June, 1993

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Oregon
DEPARTMENT OF
HUMAN RESOURCES
Human Resources Building

OFFICE OF THE
DIRECTOR

June 1, 1993

Dear Citizens of Oregon:

Nothing cries out and challenges our humanity and sense of community caring like the death of a child due to abuse or severe neglect. For Oregon as a place and a community of nearly 3 million people, we can never, nor should we ever, become resigned to the horror and tragedy of vulnerable infants and children who die at the hands of their adult caretakers.

1992 was a year that should never be forgotten for all who care about the well being of children and the basic responsibility families, communities, governments, and other institutions have for protecting children. Thirty-two Oregon children died in 1992, some due to the gross deficiencies of their families and caretakers, and some due to the pernicious effects of drug and alcohol abuse by their parents. And, by extension, some due to the inability of Oregon society -- state and local government, the courts, the police, social workers, agencies, communities, neighborhoods, health care providers, extended families, and others to provide the minimal basic protection needed to assure human life.

I invited key, informed leaders from health care, forensics, the courts, law enforcement, social services, education, and advocacy community to review again directly the records and circumstances involving the 32 Oregon child deaths.

The charge I gave to the committee was to recommend those initiatives that could be implemented without delay by any party. As well, we asked for longer term approaches and investments that will lessen considerably the terrible tragedies of childhood deaths due to abuse and neglect.

With a time limited charge, the committee has been diligent in its commitment to these issues and to its examination of not only the circumstances of these child victims, but to the range and options that government and others can pursue to lessen the risk for infants and children in Oregon.

No citizen of Oregon, connected to government or not, ought to sleep well when the lives of children are being impaired, compromised, blunted, and ended due to abuse and neglect.

I urge the readers of this report to individually or through your institutional memberships to act on these recommendations, and to make this special place we call Oregon a truly special, positive place for all of our children.

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Acknowledgements

I want to thank all who participated with us, busy people with many other responsibilities and competing time obligations. Most especially I want to thank Bill Carey, Administrator of the Children's Services Division, for his interest and responsiveness in going ahead with the project, and especially Connie Jacoby, Manager of Program Development, Children's Services Division, who took on the major responsibilities for this effort, Cathy Thomas of the Children's Services Division, and Mr. C D Hobbs, who graciously agreed to chair the process and help keep the process directed towards a product that will make a difference in Oregon.

Kevin W. Concannon
Director

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Introduction

The year of 1992 brought to the forefront the need to examine what is happening to families and children in Oregon. Failure to acknowledge the 32 children who died as a result of abuse or neglect would be as tragic as the very occurrence of these deaths. For this reason, Kevin Concannon, Director of the Department of Human Resources, and Bill Carey, Administrator of Children's Services Division, convened an ad hoc task force of 21 members to review findings and provide guidance for the direction of prevention and intervention services in the state. This report represents the work of this task force.

Over and over again the phrase "It Takes a Whole Village to Raise a Child" came up in the course of the task force meetings. It expresses perhaps the strongest value held by the task force, as well as expressing the direction in which Oregon must move if we are to reduce the number of victims and broken families, and stem the flow of criminals into our prisons.

In the course of reviewing the current prevention, intervention, and service delivery network, common themes emerged. These included:

- The need for all citizens to accept accountability for the well-being of children.
- Inconsistent values around parenting and children's rights.
- An increased awareness of child abuse. However,this awareness is narrowly focused, not recognizing the multi-problem nature of families where abuse occurs.
- Denial of the problem, which presents a significant barrier to addressing the underlying cause. The existence, consequences, and costs to individuals, businesses, and society is great.
- The need for better access to and training of good parenting skills and child development information.

- The need for procedural changes which can increase effectiveness of prevention and intervention efforts.

Within this context, recommendations from the *1989 Report on Child Fatalities Due to Abuse and Neglect* were reviewed for progress. Additional recommendations were made which were small action steps and recommendations were made for broad sweeping reform.

The following represents the culmination of these discussions with the intent being to address the broad context – from basic public awareness to intervention and service delivery. These broad recommendations are further broken down into more specific actions. These actions are not inclusive, but should be considered examples of steps individuals or agencies could take toward the broader goal.

As a conclusion to this process, each task force member was asked to make a public commitment of their contribution for improving the system. These commitments are made public so all citizens may be aware of what Oregon's leaders in the community, courts, child welfare, health, and other professions will make a priority in their efforts to help the children and families in Oregon. Every civic group, business organization, neighborhood, and individual is encouraged to also make a commitment publicly or privately to ensure a healthy environment for our children and a nurturing family in which they may live. Oregon citizens must be responsible for creating and supporting the "village" that raises our children.

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Mission Statement

To complete a retrospective review of the nature and trends of abuse/neglect related fatalities and critical injuries during 1992, providing recommendations for improving prevention and intervention efforts for families and children in Oregon.

Objectives

- To review Oregon's primary, secondary, and tertiary prevention efforts. To assess the adequacy of these efforts in light of our current knowledge regarding families, high-risk families, and families in which fatalities and critical injuries have occurred.
- To issue a report which maintains a multidisciplinary perspective in identifying specific issues and recommendations likely to reduce the number of child abuse and neglect fatalities and critical injuries, while strengthening the role of the family.
- To identify prevention and intervention strategies which may serve as models of successful efforts to prevent fatalities and may serve as models to be replicated.

Outcomes

- Private and public agencies will have better information for planning and establishing priorities.
- Both public agencies and private citizens will have clearly defined opportunities for involvement in reducing child abuse through fund-raising, volunteer activities and development of local resources.
- The public agencies will have heightened awareness of the critical issues facing children and families in Oregon.

Call to Action

I Oregonians must engage in an intensive public involvement campaign.

- Raise awareness – Join the "Blue Ribbon Campaign."
- Participate - Help in developing a local public response system for information and referrals regarding child abuse and neglect.
- Funding - Support local fundraising efforts - both public and private for needed abuse and neglect programs.

II Oregonians must put scarce dollars and resources toward prevention of abuse and neglect of children.

- Develop a statewide screening and support system for all new birth parents.
- Provide a network of intensive services for high-risk families.

III Oregonians must strengthen the existing network of resources for intervention

- Current service providers must receive comprehensive, on-going training to maintain the best skills and knowledge for serving families.
- Interagency coordination can improve services by improving case tracking, agency coordination, and use of a case review process.
- In the legal arena, family courts can assure better handling of cases, as can legal assistance for Children's Services Division in instances of high-risk cases.

Findings

National Findings

National data on families where critical injuries and fatalities have occurred is scarce and imprecise. Formal studies have generally been small in sample size and narrow in focus. Imprecision is related to the lack of consistency in identified risk factors, lack of common definitions and nomenclature, differing reporting procedures, investigative procedures, and data collection difficulties.

While not a formal study, the National Committee for Prevention of Child Abuse conducts an annual survey of statistics and trends by contacting child protection agencies in every state. The *1992 Fifty State Survey on Current Trends in Child Abuse Reporting and Fatalities* (April, 1993) indicates that "unique or unknown variables appear to govern changes in the number of fatalities reported in a given state."

Oregon Findings

Oregon findings are difficult to compile. The lack of a mandated, centralized data collection system means that much of the information that would be helpful in improving Oregon response and prevention efforts is simply not available. Given these limitations the following child and family characteristics have been compiled.

In many ways Oregon's child and family characteristics where fatal or critical incidents occur does not differ significantly from national findings.

Age of victims

- Using 1990 to 1992 data:
  - 87% of the children who died were under age five.
  - 46% of these were less than one year of age.
  - The rate of death by maltreatment for children less than one year of age is 14.5 per 100,000.
- Fatalities are most likely to occur to children under two years of age.
- The vast majority involved children under the age of five years, particularly under the age of two years.

Sex of victims

- There is an over representation of male victims in child fatalities.
- Oregon differs from national studies in that there is no particular trend in terms of the gender of children who are fatally abused.

National Findings

Oregon Findings

Family factors

- Substance abuse is common in families where fatalities occur. Based on data from 13 states, parental substance abuse was linked to 19% of these deaths.
- Lower socioeconomic status (including unemployment, housing, and financial difficulties) correlates with a high incidence of death of infants.
- Fatalities occur with more frequency in homes with two caretakers (including non-related males), than homes with a single parent.
- Parent(s) are not likely to be very young when a fatal abuse incident occurs; generally they are over 21 years of age.
- Age at first child bearing is a distinguishing characteristic. Parents who fatally abuse are younger at first child-bearing than in non-fatal cases.
- Financial difficulties, unemployment, and substance abuse seem to be common themes in families where fatalities occur.
- Generally these incidents are occurring in families with two caretakers rather than a single parent.
- Fatal abuse is occurring in families where the caretakers are at least in their twenties. While they are not teen parents at the time of the incident, the mothers more often than not did begin child bearing while in their teens.
- In all eight cases of critical neglect, the parents were teen parents at the time of the incident.
- Oregon differs from national studies in that the incidence of domestic violence and substance abuse in families experiencing critical injuries and fatalities is known to be high (41% and 43% respectively).

Causes of death

- Of 23 states that were able to report the type of maltreatment which caused the child's death, 37% died from neglect; 59% died from abuse; and 5% died from combined forms of maltreatment.

  These percentages differ from previous years which found that neglect resulted in more deaths than abuse. This may reflect a data collection problem, since eight states do not gather information in deaths due to neglect.
- Oregon differs from national studies in that more children died from battering/shaking than any other type of abuse.

Prior contact with CPS agency

- Nationally 35% of the children who died between 1990 and 1992 had prior or current contact with child protective services agencies.
- Approximately 43% of the families where fatal abuse occurred had prior contact with Children's Services Division. How many had contact with other human service agencies, and which ones, is information not currently available.

National Findings

Oregon Findings

Prosecution of perpetrators

- Generally there are difficulties in prosecution of child deaths. In a study of 72 cases, no perpetrator was identified and no charges were filed in 15 of the cases. The difficulty is attributed to futility of the "usual" evidence gathering techniques.

- Oregon differs from national studies in that there is a higher rate of criminal prosecution of fatal child abuse cases (approximately 68%). It is possible that Oregon's prosecution rate is higher due to a murder by abuse statute, passed in 1989 which enables prosecutors to charge an alleged offender for a crime that specifically addresses the dynamics often present in child deaths (i.e., repeated patterns of abuse) without requiring proof of intent to murder, a condition seldom provable in child abuse fatalities.

Professionals in the field are continuing to informally gather information as a result of case reviews. Efforts are being made to develop a national data collection system; however, a viable system is still some years in the future.

Task Force Findings

To fully realize the vision implied in the Task Force theme "It Takes a Whole Village to Raise a Child," all Oregonians will need to participate in local and state activities to prevent child abuse and neglect. Creative partnerships between private citizens, civic organizations, business leaders, and public officials need to be nurtured and sustained to achieve the goals of prevention of abuse and neglect in Oregon. In addition, with a closer working relationship between all aspects of the human service network – courts, medical professionals, schools, etc., Oregon has the opportunity to significantly improve our response to child abuse and neglect.

In the following section, issues of a systemwide nature raised by Task Force members and other professionals are presented. While the list is certainly not exhaustive, it does provide guidance and direction for later recommendations. The end result will be a better response to abuse and neglect by improving the system of prevention and intervention services throughout the state.

All Oregonians

- The acceptance of violence and the correlation of domestic violence and abuse of children warrants a broad educational campaign advocating alternatives to violent behavior.

- Public education efforts need to be made to increase awareness of the tremendous costs and consequences as well as wide spread incidence of child abuse in our society.

- A minimal level of knowledge and skills in the areas of parenting and child development should be provided for and required of all parents.

- There is a need to reduce the incident of untimely and inappropriate decisions regarding parenthood.

Local Communities

- Cultural values need to shift to a community sense of responsibility for the welfare of families and children, and move away from the position of children being the property of their parents.

- There is a need to elevate the priority of chronically neglectful families for community and agency services. There needs to be recognition that chronic neglect can be more detrimental to a child's development than intermittent physical abuse.

- Persons responsible for the care of children (including parents, sitters, etc.) need to be held responsible for having a clear understanding of developmental limitations of children.

- There is a need to improve reporting and response to risk situations involving preschoolers. While no one can predict a fatal incident, it is preferable to err on the side of protecting the child when circumstances involve the most vulnerable age children - infants through preschoolers.

- The examination of interpersonal dynamics and abuse including domestic violence is in its infancy, yet there is a strong correlation between domestic violence and child abuse. Communities need to continue to develop awareness, knowledge, and resources in this area.

Human Service Professionals

- There is a need for improving professional awareness of the symptoms and detrimental effects of chronic neglect. On-going lack of attention on the part of the human services field may rapidly turn a chronic neglect situation into a life-threatening neglect situation.

- The multi-problem nature of today's families make it essential that coordination and communication between providers be a top priority. Because of the magnitude of the problems facing families, there is a need to guard against a lack of sensitivity and sense of futility.

- The sharing of information for the best interest/protection of a child needs to be the highest priority in the human service field.

- There is a need for various professional groups to more actively confront and negatively sanction unethical behavior, such as non-reporting, on the part of their colleagues.

- Oregon needs a coordinated data collection source on critical injury and fatality cases.

- High-risk families need to be provided with consistent case managers/service providers for the duration of intervention services. Throughout the judicial, criminal justice and child welfare system, hearings, services, and case plans show the detrimental effects of continuous turnover of case managers, judges, etc. who are involved in major case decisions.

- Services should be specialized to individualized needs with an emphasis on seeking significant behavior change rather than mere compliance with attendance or other standards unrelated to actual behavioral change.

- There appears to be a dramatic underreporting of serious critical injuries. A survey of reported CSD cases yielded a total of 22 critically injured children (requiring hospitalization) in a one year period. A review of the primary diagnosis on hospital discharge records for substantial injuries, not motor vehicle related, yielded 373 cases for a one year period. These injuries, while not substantiated as abuse or neglect certainly deserve further study.

Multidisciplinary Teams

- Professionals responding to critical incidents seldom have the necessary breadth or depth of knowledge regarding the family to provide appropriate protection. In order to provide better protection of children and assistance to individual families,professionals responding to critical incidents need to acquire a more comprehensive knowledge regarding the functioning/dynamics/history of specific families.

- There are significant system problems in accessing the history, particularly criminal history, of household members of families with high-risk indicators. There are workload, training, and legal reasons why this appears to be a trend which, if not corrected, will continue to lead towards a faltering response/intervention system. Communication between professionals who provide service to a family needs to be more open and consistent. Whether due to confidentiality issues, time issues, coordination issues, or simply lack of awareness of the other parties' involvement, this needs to be a priority for change.

- There is a need for aggressive on-going tracking and follow through with mentally ill parents.

Child Protective Services

- Parental cooperation/attitude after an incident may receive more weight in judicial or child protection case planning than does objective weighing of risk factors.

- Children's Services Division should have legal assistance in pursing needed safeguards for high-risk cases. Families and children may readily obtain legal representation. Children's Services Division does not have either legal consultation or counsel readily available, even on the most problematic and high-risk cases. The result may be a hesitancy in advocating for a safe environment for a child.

Legal/Child Protective Services

- There is a need to look at how to better protect children when there is no clear identification of a perpetrator. As noted in national findings these cases are often fraught with difficulties in evidence gathering, including denial on the part of the caretaker. While Oregon has been working to improve prosecution efforts, there are still numerous cases where no child protection can be offered.
- There is a need to work towards better resolution of cases when conflicting information/evidence exists.

Recommendations

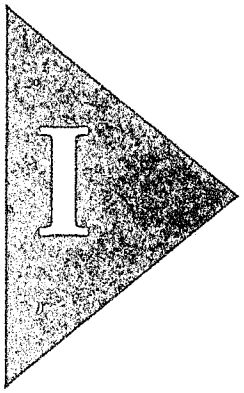
Members of the Task Force on the Study of Child Deaths and Critical Injuries Due to Abuse and Neglect engaged in many passionate discussions about the future for children in Oregon. The theme of "It Takes a Whole Village to Raise a Child" provided the basis for the development of action plans to prevent and ameliorate child abuse and neglect in Oregon. Several key concepts guided the Task Force's efforts to envision a positive end to the cycle of abuse and neglect and a beginning of the healing process for children and families in Oregon.

A primary value of the Task Force is the recognition that strong families are the foundation for healthy children and communities. The emphasis on strengthening families to prevent abuse and neglect was underscored by the simple statement of one Task Force member "the better we know the family the greater the chance to build on strengths."

The importance of obtaining in-depth knowledge of a family's strengths and challenges leads to a system based on individual family needs versus more traditional "cookie cutter" approaches to services. This notion of individualizing services to build on existing strengths and resources is a clear move to empower families to better nurture and discipline their children. By establishing a consistent set of values based on: (a) empowering families, (b) individualizing services, and (c) building on family strengths and existing community resources, guidelines for positive parenting practices can provide needed supports for families undergoing stress and pain.

The following recommendations from the task force suggest three primary directions to focus efforts, both large and small, to impact abuse an neglect. These include:

I. Develop public education efforts to promote awareness and community participation in the prevention and amelioration of child abuse and neglect;
II. Develop a state-wide system that focuses on prevention of child abuse and neglect; and
III. Strengthen the existing network of resources to more effectively utilize existing resources for intervention and treatment.



I. Oregonians Must Engage In An Intensive Public Involvement Campaign

Oregon needs all citizens to accept accountability for the well-being of children. It must begin by increasing public awareness and move toward participation in and financial support for prevention and remedial services for children and families. Public awareness to date gives special attention only to narrowly focused areas, neglecting to address the complex interplay of numerous critical factors which all play into the tragic picture of child maltreatment. Public awareness must extend into the area of good parenting, child development, and even poor personal decisions regarding the timing of parenthood.

Awareness

- Bring your advocacy for child abuse and neglect prevention and good parenting to the attention of others by joining the **Blue Ribbon Campaign**! Attach the enclosed ribbon to any child/baby related item (i.e., stroller, diaper bag, etc.) and wear the ribbon during Child Abuse Prevention Month (April) or anytime!

- Emphasize, in all relevant training areas and public education efforts, the vulnerability of infants and very young children. Integrate knowledge of developmental limitations of infants and children.

- More widely disseminate booklets, pamphlets, and prevention information on child abuse and good parenting. Include "good parenting" goals as part of your organization's "Wellness Program" and agency value statements.

Participation

- Develop and implement a public education program on family violence and its impact on children, including the psychological impact and the high rate of child abuse and child sexual abuse correlated with spousal abuse.

- Pamphlets, booklets, and posters abound, but dissemination efforts need to be strengthened.

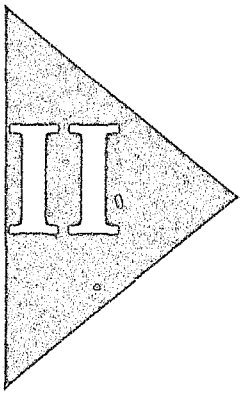
- Develop and implement additional parent training and parent education programs. A minimal level of knowledge and skills in the area of parenting and child development should be provided for and required of all parents. Require new parents to take parenting classes at the hospital or provide documentation of earlier attendance at a parenting class. Parenting should be part of the required curriculum in our schools.

- ▷ Develop a local public response system for information and referral to local services.

Funding

- ▷ Use private funds to develop more public service announcements.

- ▷ Strengthen community involvement and private business involvement in the funding of needed local programs.



II. Oregon Must Put Scarce Dollars And Resources Towards Prevention Of Abuse And Neglect Of Children

While the focus of this report is on critical injuries and fatalities, the only way to prevent these incidents is to work toward the prevention of abuse and neglect in general. Since 1989 when the State Interdisciplinary Child Fatality Review Team last looked at the issue of primary prevention, progress has been made in several areas.

Children's Services Division, in conjunction with other groups, has made public education materials available. These range from Parenting Tips to a more detailed booklet on the indicators and dynamics of abuse and neglect. In addition, each hospital in Oregon received a seven-minute video to be shown to new parents which emphasizes the hazards of shaking babies.

In 1977 Lane County established the first Crisis Relief Nursery. This program is currently being supported by numerous public/private enterprises. A second relief nursery is now open, providing much needed services to families in the Portland area. Efforts continue to find financial support to provide access to such a service for all communities.

A follow-up of legislation enacted in Florida to provide heavy negative sanctioning for adults allowing children access to loaded firearms, found that it has not had the expected desired outcome of deterring accidental shootings. The initiative to introduce similar legislation in Oregon was dropped.

Resources have not allowed for the development of other primary or secondary prevention efforts except on a small scale, single program basis. Parent education, home visitor programs and expansion of high-risk tracking systems are several concepts with proven program effectiveness, yet a stable funding base for broad scale implementation is currently lacking.

Arising from this context are two primary recommendations in the area of prevention:

- **Develop a statewide system for identification, screening, tracking, and serving at-risk families immediately upon the birth of their child.** The Oregon adaptation of Hawaii's Healthy Start Program is recommended. It includes the following components:

  - Systematic identification of at-risk families;
  - Utilization of specially trained paraprofessionals to provide community-based family support services to all at-risk families;
  - Coordination of a wide range of community services to the family;
  - Referral to intensive, preventive services for abuse and neglect for all high-risk families;
  - Follow-up with children from birth to 5 years of age.

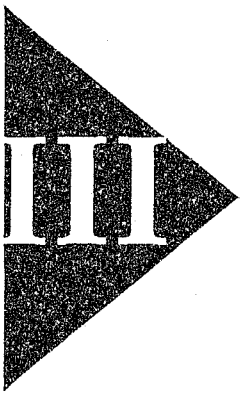
  It is important to target children at birth. Fatalities and critical injuries are greatly overrepresented in the infant and toddler ages. This model allows for a continuum of voluntary services to be made available to the general population of new parents. The use of paraprofessionals is desirable both to keep the program costs down and to emphasize the personal relationships needed in securing trust with families.

  Screening for the presence of high-risk families and subsequent delivery of community-based education, counseling, parent training, and home-based services are related to decreases in incidence of abuse and neglect.

- **Develop a statewide network of Relief Nursery Programs for high-risk families.** While society places a high value on parents adequately caring for their children, the reality is that many need short or long term assistance in order to assure adequate care. The Relief Nursery Program model serves families where the parent frequently has serious mental illness problems, history of abuse as a child, involvement in criminal justice, alcohol and drug problems, and reported abuse/neglect. In spite of the severity of risk factors, the Relief Nursery has been successful in preventing abuse and neglect. The Relief Nursery Program includes these or similar services:

  - Therapeutic classroom/playroom for children;
  - Family counseling, treatment, education;
  - Home visits to support integration of new skills and knowledge.

  To date, Oregon has two such programs. One is operating in Eugene and one in Portland. New programs are in the planning stages in Cottage Grove and Tillamook. Discussions are underway for additional programs in Portland, Grants Pass, and Klamath Falls.



III. Oregon Must Strengthen The Existing Network Of Resources For Intervention

- Oregon needs to strengthen the prevention services available to families, but not at the expense of the children who are victims of abuse and neglect today. This recommendation relates primarily to improving the professional network which serves families. Those health care providers, law enforcement agencies, child welfare staff, prosecutors, domestic violence workers, and other who meet with troubled families on a daily basis, are well aware of the weaknesses and barriers within the response system. From this extensive range of experience were drawn the top priorities for improvements. Many suggestions can be implemented locally at little or no cost. Not surprisingly, this section is the longest.

- Development of strong partnerships between higher education and child welfare needs to occur. Such partnerships can ensure a consistent cadre of professionals with essential knowledge and values conducive to good child welfare practice. It can provide on-going, specialized training opportunities for child protection personnel to maintain current, state-of-the-art knowledge in a rapidly changing field. It can also expand research and evaluation efforts of child welfare programs, to provide us with valuable information for future planning and budgetary decisions, and assure scarce resources go towards effective programs.

- Services for chronic neglect have diminished greatly, as sexual abuse, drug-affected infants, and physical abuse reports increased. Studies and case reviews continue to show that failure to attend to this population can be just as devastating to children as any other type of abuse. Professional awareness of the symptoms and detrimental effects of chronic neglect must be improved. We must elevate the priority of chronically neglectful families for public and private services in acknowledgment that on-going lack of attention on the part of the human services field may rapidly turn a chronic neglect situation into a life-threatening neglect situation. Chronic neglect can be more detrimental to a child's development than intermittent physical abuse.

- Many parts of the response system need an expanded knowledge of families and services. When is it appropriate to have courts mandate services and when is it an ineffectual gesture? Training regarding services likely to bring about desired behavioral change is needed by courts as well as child welfare, ministerial and health care professionals. Inappropriate utilization of services is both wasteful and misleading in terms of assuring that caretakers can now provide adequately for their children.

- "Err for the child" is a value held strongly by many in the child welfare field, yet it is a value which in practice, often conflicts with confidentiality, legal rights, liability concerns and many other issues. This task force believes that in all areas, and in particularly in the area of termination of parental rights, children and ultimately adults will fare better if we "err for the child."

Provider Education/Training

- Train health care staff and mental health agencies to assess for child abuse when seeing cases of suspected spouse abuse and vice versa. Following the A.W.A.R.E. intervention model in Boston, if such an assessment determines child abuse is likely then mothers are given information and support to provide for the safety of their children.

- Increase training efforts for all law enforcement agencies, all mandatory reporters, and other professionals. Focus on the identification of high-risk factors, cultural sensitivity, on-going abuse and neglect, and the mandatory nature of the reporting requirement. In all cases of unexpected child deaths every county jurisdiction should use clear, detailed, uniform crime and death scene protocols for investigation.

- Children's Services Division and Oregon State Health Division need to develop a curriculum to provide training in identifying high risk factors. It should be presented to all: mandatory reporters, housing authority employees, Children and Youth Services Commission staff, judges and prosecutors, Head Start programs, domestic violence programs, Parks and Recreation staff, Girl and Boy Scouts staff, and others upon request.

- Alcohol and drug treatment providers should be trained to assess for child abuse/neglect and domestic violence. The providers should establish protocols and assessment tools in conjunction with Children's Services Division, Oregon State Health Division, and domestic violence programs.

- Encourage physicians and health care facilities seeing pregnant women to assess for domestic violence and to provide information on domestic violence, its link with child abuse, as well as other prevention information related to infants (i.e., Shaken Baby Syndrome).

Interagency Coordination: Tracking Issues

- Many families and children in need of help may reach the attention of human service providers, however they may "slip through the cracks" until such time as a fatal tragedy or critical injury again brings them to the attention of a provider. While no one can predict the specific family in which a fatality may occur, professionals can improve the system by: (1) consistently gathering information relevant to determining the level of risk/need of a family, and (2) providing a tracking

system to insure that families presenting a profile likely to result in high-risk will receive coordinated services from the provider community. To achieve this, the following steps are recommended:

- Expand the use by Children's Services Division of criminal record information and use of computerized criminal history checks to include all persons who are subjects of a child protective services assessment, as well as household members when a child is being returned home from substitute care. Develop guidelines, position descriptions, and protocols to enable professionals responding to critical incidents to acquire more comprehensive knowledge regarding the functioning/dynamics/history of families. Use this knowledge for an individualized intervention response which builds on family strengths.

- A pediatric critical injury registry/database should be established. Reporting to the database should not rely on a health care provider diagnosis of abuse; for example, all fractures, internal injuries, head trauma in children should be routinely reported. Some initial reports of injuries may trigger a Children's Services Division investigation, others would trigger an investigation only after repeated reports. The reporting system should be evaluated after a pilot period to assess whether or not it enables Children's Services Division to intervene in cases where the child has had contact with the health care system prior to a critical injury/death. Establish a specific case tracking system for critical injury abuse and neglect cases. This should include tracking at both the local and state level. Maintain a coordinated data collection system on these cases.

- Implement and expand statewide a "red flag" system for critical injury cases and a fast track to permanent planning. Implement consolidated case management. Centralize case information for high-risk cases. Make coordination and communication of information a priority for case managers throughout the intervention network.

- Develop a better tracking system for families with mentally ill parents who pose a risk for young children. Provide for a confidentiality waiver when the safety of young children is at risk.

▷ Interagency Agreements

Further interagency agreements need to be developed to strengthen the link between local education, community health programs, and Children's Services Division. The agreements should provide for ready access to a health care consultant in cases of medical neglect, reporting of domestic violence incidence where children are residing in the home, as well as clarify further roles and service coordination at the local level.

- **Multidisciplinary Investigative and Child Fatality Review Teams**
  Increase utilization of and effectiveness of local fatality review teams and multidisciplinary investigative teams:

  - Provide positive incentives for utilization of multidisciplinary teams and child fatality review teams. Coordinate for consistency of utilization from county to county.

  - Change ORS 418.747 to make it mandatory that local teams report back to the Interdisciplinary State Child Fatality Review Team on at least a semi-annual basis.

  - Require local fatality teams participation in advocacy and actions taken on local levels to reduce child fatalities.

  - Broaden the participation of community groups on the local fatality review teams and multidisciplinary investigative teams to include domestic violence, substance abuse, and mental health program providers.

Legal/Judicial Modifications Should Facilitate Better Services to Children and Families

- Provide Children's Services Division with legal assistance in pursuing needed safeguards for high-risk cases. Families and children may readily obtain legal representation. Children's Services Division does not have either legal consultation or counsel readily available, even on the most problematic, complex, and high-risk cases. Become more aggressive on termination of parental rights over children. Oregon should "err for the child."

- Amend ORS 418.740 to clarify that reporting of suspicious child fatalities is to include fatalities where there is no surviving sibling, and also to include drug-affected infants who die.

- Where appropriate, establish a family court in each judicial district with two or more circuit court judges. This will provide greater consistency in handling family issues and can assure a level of expertise of judicial staff. These factors are essential to deal with the increasing complexity of domestic issues.

Selected Case Histories

- **MICHAEL** was six years old when he died after being strangled by his mother. His mother reported him missing, claimed he was upset and rode off on his bicycle. His bicycle was found abandoned shortly after a search was begun. His body was found a few days later. His parents were in the process of a divorce at the time of this incident. His nine year old sister, mother, and he were living with grandparents. His father lived out of state. Mother had been involved in at least one other suspicious incident in another state when she gagged and tied her daughter, placed her in a closet and called 911 claiming to have been robbed. Mother was convicted of Murder by Abuse and sentenced to 100 months in prison.

- **LINDA** was eighteen months old when she died from multiple injuries, including a blow to the head, brain contusions, abdominal injuries and lacerated liver. The household consisted of her mother, mother's live-in boyfriend, and two surviving siblings. The adults had a history of drug abuse and domestic violence. The mother separated from the boyfriend after Linda's death but immediately reconciled. She has been beaten twice since the fatal incident. CSD is working with the biological father as a potential resource for the surviving siblings. The family was experiencing financial difficulties and had two prior protective service referrals. The live-in boyfriend was charged with Aggravated Murder.

- **STEVE** was five years old when he died in a bathtub while unattended. He suffered from cerebral palsy and had been diagnosed as a spastic quadriplegic. He was wheelchair bound, with little mobility. His mother left him in the bathtub to go look for the dog and then went on to the grocery store. When she arrived home approximately 30 minutes later, the child had drowned.

- **CHARLENE** was thirteen months old when she died in an house fire that was intentionally set by her mother. Her mother has history of chronic mental illness. Mother was four months pregnant at the time of the incident. She admits to being a patient numerous times at several mental institutions. Mother's sister also has a history of mental illness. At the time of the incident mother had been very

agressive towards her husband and threatened to kill him, this child, and herself. Police had been receiving calls daily from neighbors and professionals regarding this family. Charlene's mother was charged with Felony Murder and two counts of First Degree Arson.

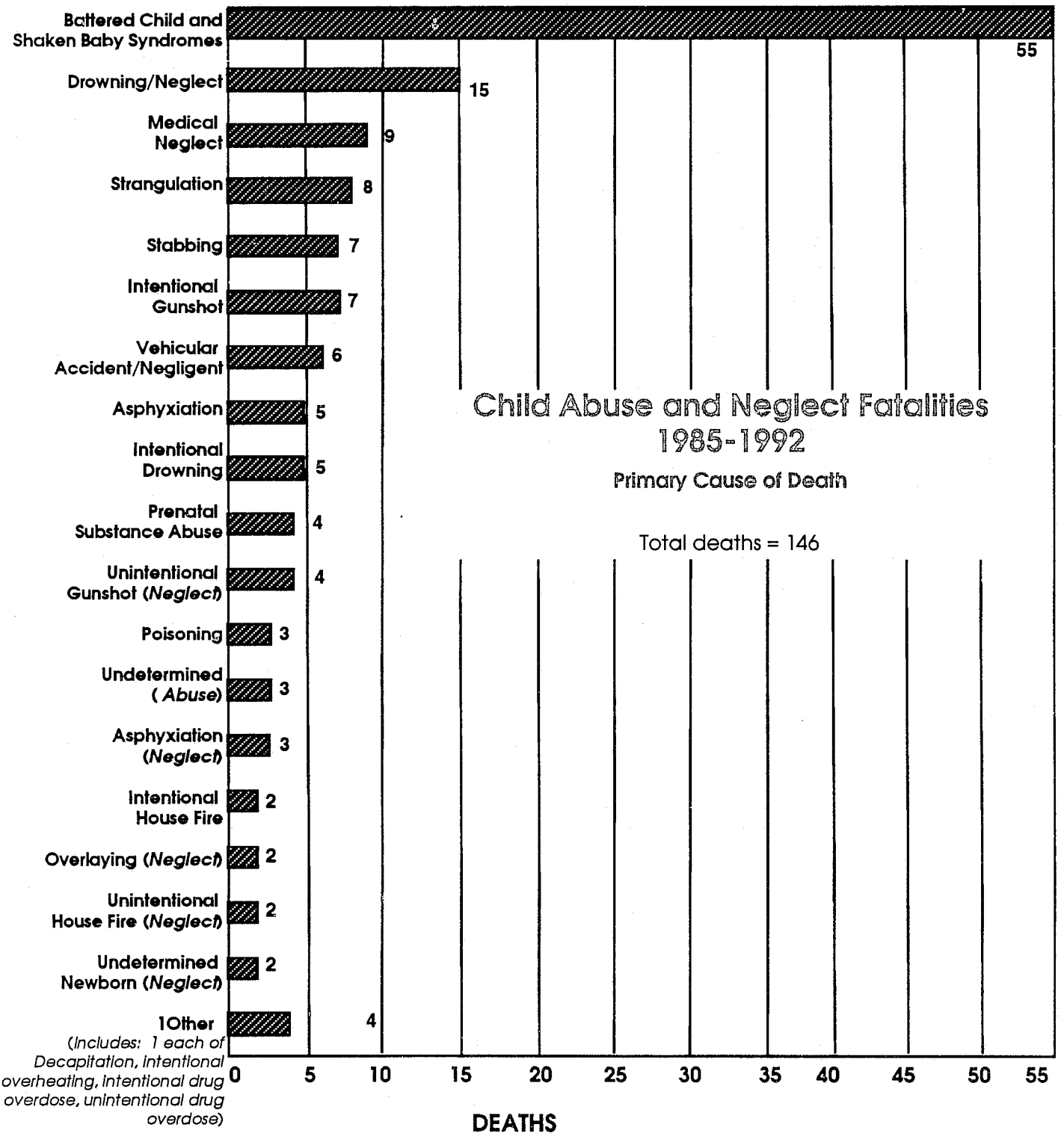
- **ANDREA** was nine months old when she died from Battered Child Syndrome. Her parents were not married or living together. Custody was shared informally. Father claims that Andrea fell from a top bunk of a camper and broke her neck. He indicated he smothered her with a pillow to put her out of her misery. She was found buried in the backyard of a residence where her father was staying. Mother had an extensive history of substance abuse including the birth of at least one drug-affected child. She also has two older children who live with their father. Andrea's father was on probation from another state. He was charged with Murder by Abuse.

- **DANIEL** was twenty-two months old when he died after being forced to swallow large quantities of chili powder by mother and mother's boyfriend. This was viewed as necessary punishment for a toilet training "accident." Daniel's mother and two other small siblings lived with two other adult caretakers, one of who was mother's boyfriend. The family had a history of protective service concerns. The family had been involved with many community programs including: homemaker training, parent training, home health nurse visits, remedial supportive daycare, Headstart, and Early Intervention. Daniel's mother and her boyfriend were both charged with Murder by Abuse, Manslaughter, and Criminal Mistreatment.

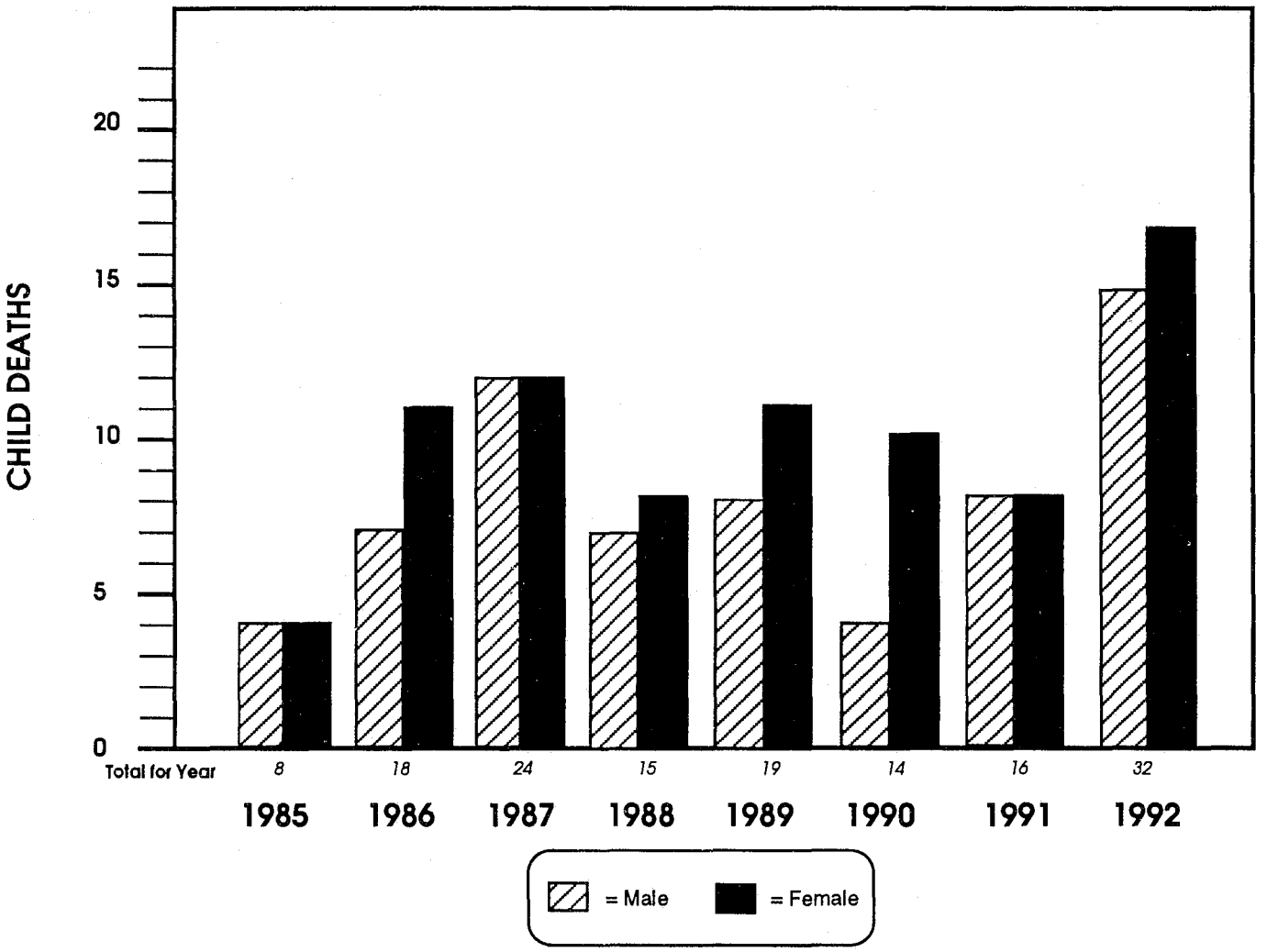
- **TAMMY** was four months old when she died from compression asphyxia due to overlaying by her mother. Father was in prison on drug related charges at the time of the incident. Her mother had four children, two of whom had been relinquished for adoption. There was also a two year old brother who lived in the home at the time of the incident. Mother had a borderline personality disorder, a low IQ, and a history of neglect. She gave birth to her first child while in residential care at the age of 15. Her poor ability to care for a young infant and consistently placing the infant in precarious situations were documented extensively. Other instances of overlaying were noted also. Efforts to change dangerous behaviors were futile.

- **BETH** was 10 minutes old when she died from complications due to prenatal drug use. She was 23 weeks gestation and her mother tested positive for cocaine at the time of her birth. Her birth was induced by her mother's ingestion of cocaine. Mother has had seven prior pregnancies with five live births. None of her children were in her custody. She left the infant at the hospital and never returned.

Fatalities Detail



Number of Abuse and Neglect Fatalities by Gender 1985-1992



Gender

The 146 children who were victims of fatal child abuse and neglect in Oregon from 1985 through 1992 were predominantly female: 81 females (55.5%), and 65 males (44.5%). However, in three of the years, 1985, 1987, and 1991 there were an equal number of male and female victims. National studies have found a slight predominance of male fatality victims.

Child Abuse and Neglect Fatalities by County 1985-1992

Statistics can be misleading, particularly when dealing with small numbers such as fatalities per county. Nevertheless it can be of interest to look at the number of child abuse and neglect fatalities that have occurred over seven years, from 1985 to 1992, and compare the rate per county with the percentage of the state population each county has that is under 18 years of age. As the following chart indicates, Jefferson and Multnomah Counties have the highest rate of fatalities per population under 18 years of age. Nine counties have no abuse or neglect related fatalities recorded for that period of time. There does not appear to be a correlation between abuse rates by county and fatality rate by county.

COUNTY	NUMBER OF DEATHS	% OF TOTAL FOR ABUSE/NEGLECT FATALITIES	% OF STATE TOTAL CHILD POPULATION 0-17
Clackamas	15	10.2%	10.3%
Clatsop	1	.6%	1.1%
Columbia	2	1.3%	1.4%
Coos	4	2.7%	2.0%
Crook	1	.6%	.5%
Deschutes	5	3.4%	2.8%
Douglas	4	2.7%	3.3%
Harney	2	1.3%	.2%
Hood River	1	.6%	.6%
Jackson	6	4.1%	5.0%
Jefferson	8	5.4%	.5%
Josephine	2	1.3%	2.0%
Klamath	4	2.7%	2.0%
Lane	13	8.9%	9.2%
Lincoln	3	2.0%	1.2%
Linn	5	3.4%	3.2%
Malheur	2	1.3%	1.0%
Marion	6	4.3%	8.4%
Morrow	2	1.3%	1.0%
Multnomah	34	23.2%	18.8%
Polk	3	2.0%	1.8%
Tillamook	2	1.3%	.7%
Umatilla	4	2.7%	2.2%
Union	3	2.0%	.8%
Washington	10	6.8%	12.0%
Yamhill	4	2.7%	2.5%
TOTAL	**146**		

Counties with no suspicous deaths: Baker, Benton, Curry, Gilliam, Grant, Lake, Sherman, Wallowa, Wasco, and Wheeler.

Child Fatality Detail 1992

TOTAL FATALITIES = 32

Abuse Related = 21 deaths

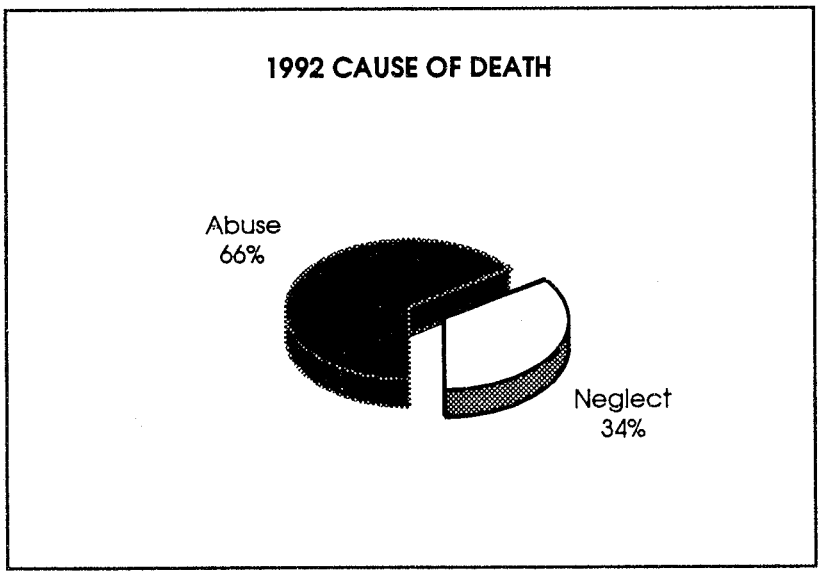
Age at Death	Sex	Nature of Death	Relationship of Perpetrator
10 minutes	Female	Prematurity Due to Prenatal Use of Cocaine	Mother
approx. 6 days	Female	Undetermined, Abandoned	Unknown
7 weeks	Female	Battered Child and Shaken Baby Syndromes	Father
2 months	Female	Battered Child Syndrome	Father
2 months	Male	Battered Child Syndrome	Father
2 months	Female	Undetermined, Clear Indication of Sexual Abuse	Father
9 months	Male	Undetermined, Clear Indication of Physical Abuse	Uncle
1 year, 1 month	Female	Intentional Arson Fire	Mother
1 year, 1 month	Male	Battered Child and Shaken Baby Syndromes	Mother's Boyfriend
1 year, 1 month	Male	Battered Child Syndrome	Father
1 year, 3 months	Female	Battered Child and Shaken Baby Syndromes	Mother's Boyfriend
1 year, 5 months	Female	Multiple Internal Injuries	Mother's Boyfriend
1 year, 7 months	Male	Shaken Baby Syndrome	Mother's Boyfriend and Mother
1 year, 10 months	Male	Aspiration of Chili Powder and Asphyxiation	Mother's Boyfriend and Mother
1 year, 11 months	Male	Battered Child Syndrome	Stepmother
2 years, 2 months	Male	Battered Child Syndrome	Father
2 years, 11 months	Male	Poisoning	Mother
4 years, 5 months	Male	Poisoning	Mother
4 years, 7 months	Female	Blunt Head Trauma, Battered Child Syndrome, Indication of Sexual Abuse	Adoptive Father and Mother
9 years, 11 months	Female	Gunshot	Father
13 years, 9 months	Female	Stabbing	Father

Child Fatality Detail 1992

Neglect Related = 11 deaths

Age at Death	Sex	Nature of Death	Relationship of Perpetrator
2 months	Female	Overlay and Compression Asphyxiation	Mother
4 months	Female	Overlay and Compression Asphyxiation	Mother
1 year, 5 months	Female	Drowning	Mother
2 years, 7 months	Male	Drowning	Mother
2 years, 9 months	Female	Overdose of Prescription Drugs	Father, Mother, Grandmother
3 years, 7 months	Female	Vehicular/Pedestrian Accident	Father and Mother
5 years, 9 months	Male	Drowning	Mother
6 years, 7 months	Male	Vehicular/Pedestrian Accident	Father and Mother
7 years, 9 months	Male	Drowning	Fosterparents
11 years, 4 months	Female	Household Fire	Unknown
13 years, 5 months	Male	Gunshot	Father

PENDING = 1 death



Child Fatality Detail 1991

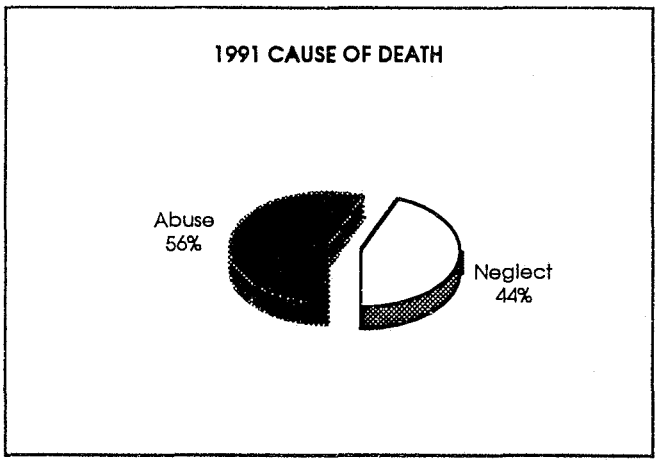
TOTAL FATALITIES = 16

Abuse Related = 9 deaths

Age at Death	Sex	Nature of Death	Relationship of Perpetrator
3 months	Male	Battered Child and Shaken Baby Syndromes	Father and Mother
8 months	Female	Battered Child Syndrome	Mother's Boyfriend and Mother
8 months	Female	Battered Child Syndrome	Father
1 year, 8 months	Male	Battered Child Syndrome and Drowning	Unknown
3 years, 4 months	Female	Battered Child Syndrome and Suffocation	Unknown
5 years, 1 month	Female	Battered Child Syndrome	Father and Mother
6 years, 2 months	Male	Strangulation	Mother
7 years, 2 months	Male	Strangulation	Mother's Boyfriend
10 years, 6 months	Female	Intentional Arson Fire	Father

Neglect Related = 7 deaths

1 month	Female	Medical Neglect	Father and Mother
2 months	Female	Malnutrition and Dehydration	Mother
9 months	Female	Drowning	Mother
1 year, 10 months	Male	Gunshot	Brother
3 years, 3 months	Female	Drowning	Mother
4 years, 3 months	Male	Infectious Disease Process and Terminal Dehydration	Mother
5 years, 10 months	Female	Vehicular and Pedestrian Accident	Mother



Child Fatality Detail 1990

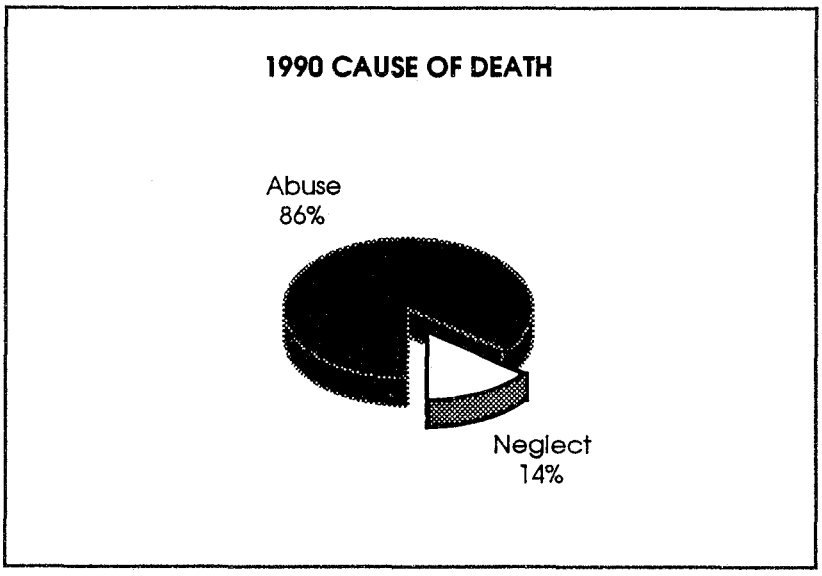
TOTAL FATALITIES = 14

Abuse Related = 12 deaths

Age at Death	Sex	Nature of Death	Relationship of Perpetrator
1 day	Female	Asphyxiation	Mother
1 day	Female	Strangulation, Battered Child Syndrome	Mother
2 months	Female	Intentional Overheating	Father
3 months	Female	Battered Child Syndrome, Sexual Abuse, Asphyxiation	Father
9 months	Male	Asphyxiation	Father
1 year, 4 months	Female	Drowning	Mother's Boyfriend
1 year, 8 months	Male	Gunshot	Mother
1 year, 11 months	Female	Battered Child Syndrome	Father and Mother
2 years, 1 month	Female	Battered Child Syndrome	Adoptive Father and Mother
3 years, 10 months	Female	Strangulation	Father
3 years, 10 months	Female	Gunshot	Father
5 years, 4 months	Female	Overdose of Prescription Drug and Alcohol	Mother

Neglect Related = 2 deaths

1 day	Male	Prenatal Substance Abuse	Mother
1 year, 8 months	Male	Drowning	Mother



Child Fatality Detail 1989

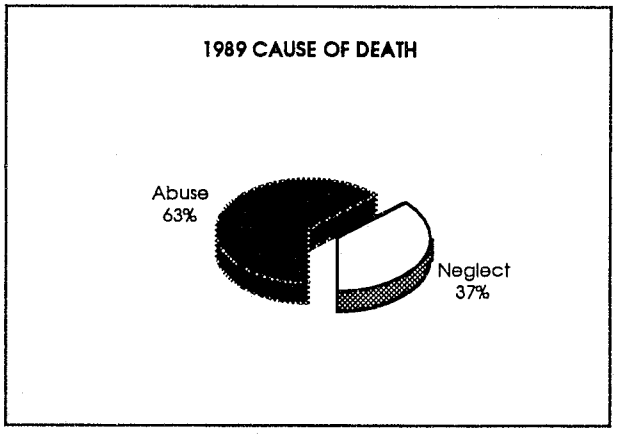
TOTAL FATALITIES = 19

Abuse Related = 12 deaths

Age at Death	Sex	Nature of Death	Relationship of Perpetrator
1 day	Female	Asphyxiation	Mother
6 months	Male	Prenatal Substance Abuse	Mother
10 months	Female	Prenatal Substance Abuse	Mother
1 year, 3 months	Male	Battered Child Syndrome	Mother's Boyfriend
2 years, 1 month	Female	Battered Child Syndrome	Roommate (Live-in Male)
2 years, 4 months	Male	Prenatal Substance Abuse	Mother
3 years, 1 month	Male	Drowning	Mother
5 years	Female	Drowning	Father
6 years, 3 months	Male	Battered Child Syndrome	Mother's Boyfriend
7 years, 9 months	Female	Gunshot	Mother
10 years, 4 months	Female	Gunshot	Mother
15 years	Male	Stabbing	Mother's Boyfriend

Neglect Related = 7 deaths

1 day	Female	Undetermined	Mother
4 years, 2 months	Male	Vehicular Accident/Drunk Driver	Mother
4 years, 9 months	Male	Drowning	Father and Mother
4 years, 9 months	Male	Gunshot	Uncle
5 years	Male	Medical Neglect	Father and Mother
5 years, 5 months	Male	Gunshot	Stepbrother
7 years	Female	Vehicular Accident/Drunk Driver	Mother



Child Fatality Detail 1988

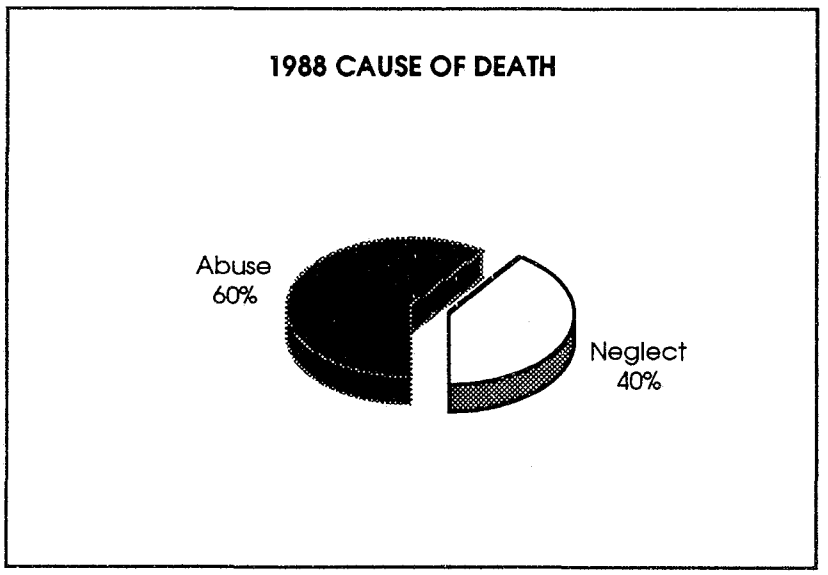
TOTAL FATALITIES = 15

Abuse Related = 9 deaths

Age at Death	Sex	Nature of Death	Relationship of Perpetrator
6 weeks	Female	Battered Child Syndrome	Unknown
7 weeks	Male	Shaken Baby Syndrome	Father
3 months	Female	Battered Child Syndrome	Unknown
9 months	Male	Battered Child Syndrome	Mother
1 year, 5 months	Male	Battered Child Syndrome	Babysitter
2 years, 1 months	Male	Battered Child Syndrome	Mother's Boyfriend and Mother
3 years, 8 months	Male	Strangulation	Roommate (Live-in Male)
5 years, 11 months	Female	Strangulation	Uncle
8 years, 11 months	Male	Battered Child Syndrome	Four caretakers (ages 28-37)

Neglect Related = 6 deaths

4 weeks	Female	Asphyxiation	Mother
6 weeks	Male	Medical Neglect Drug-Affected	Mother
2 months	Female	Medical Neglect Drug-Affected	Mother
1 year, 5 months	Female	Drowning	Babysitter
1 year, 7 months	Male	Drowning	Mother
1 year, 11 months	Male	Drowning	Mother



Child Fatality Detail 1987

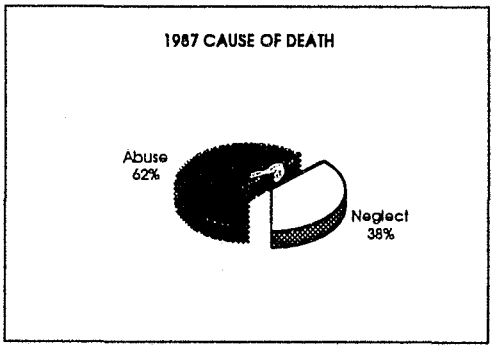
TOTAL FATALITIES = 24

Abuse Related = 15 deaths

Age at Death	Sex	Nature of Death	Relationship of Perpetrator
4 weeks	Female	Stabbing	Father
6 weeks	Female	Battered Child Syndrome	Father
4 months	Male	Shaken Baby Syndrome	Father
5 months	Male	Battered Child Syndrome	Mother's Boyfriend
1 year, 3 months	Female	Drowning	Mother
1 year, 7 months	Female	Battered Child Syndrome	Mother's Boyfriend
2 years, 3 months	Male	Battered Child Syndrome	Mother's Boyfriend
2 years, 5 months	Female	Battered Child Syndrome	Mother's Boyfriend
4 years	Female	Poisoning	Father
4 years, 4 months	Male	Gunshot	Father
6 years, 2 months	Female	Stabbing	Brother
7 years, 5 months	Male	Stabbing	Brother
10 years, 11 months	Female	Gunshot	Brother
14 years, 4 months	Female	Battered Child Syndrome	Brother
17 years, 11 months	Female	Stabbing	Cousin

Neglect Related = 9 deaths

1 day	Male	Undetermined	Mother
1 day	Female	Asphyxiation	Mother
3 months	Male	Drowning	Father and Mother
6 months	Female	Asphyxiation	Father
7 months	Male	Dehydration	Mother
8 months	Male	Drowning	Father
2 years, 9 months	Male	House Fire	Father and Mother
6 years, 4 months	Male	Drowning	Mother
9 years, 9 months	Male	Vehicular Accident	Father



Child Fatality Detail 1986

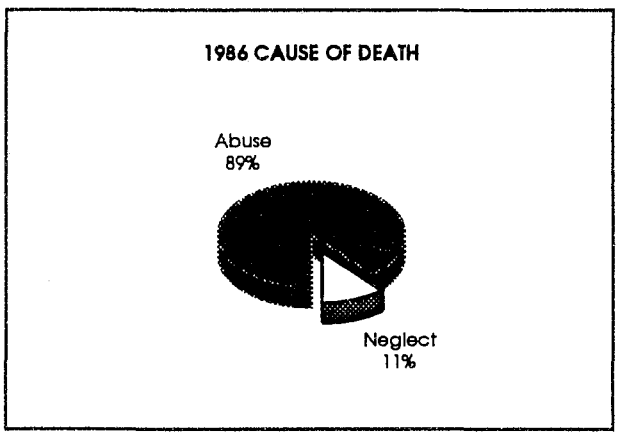
TOTAL FATALITIES = 18

Abuse Related = 16 deaths

Age at Death	Sex	Nature of Death	Relationship of Perpetrator
1 day	Male	Strangulation	Mother
1 day	Female	Decapitation	Unknown
11 weeks	Female	Shaken Baby and Battered Child Syndromes	Mother
3 months	Female	Shaken Baby and Battered Child Syndromes	Father
4 months	Male	Shaken Baby Syndrome	Mother's Boyfriend
6 months	Female	Shaken Baby and Battered Child Syndromes	Father
11 months	Male	Shaken Baby and Battered Child Syndromes	Unknown
1 year, 3 months	Male	Battered Child Syndrome	Mother's Boyfriend
1 year, 9 months	Male	Battered Child Syndrome	Babysitter
1 year, 10 months	Male	Shaken Baby Syndrome	Mother's Boyfriend
2 years, 7 months	Female	Battered Child Syndrome	Mother's Boyfriend and Mother
3 years, 8 months	Female	Battered Child Syndrome	Mother's Boyfriend
4 years, 3 months	Male	Battered Child Syndrome	Mother's Boyfriend
4 years, 4 months	Male	Battered Child Syndrome	Babysitter
4 years, 11 months	Male	Battered Child Syndrome	Mother's Boyfriend
14 years, 11 months	Female	Battered Child Syndrome	Mother's Boyfriend and Mother

Neglect Related = 2 deaths

11 months	Male	Drowning	Father and Mother
13 years, 9 months	Female	Medical Neglect	Camp Staff



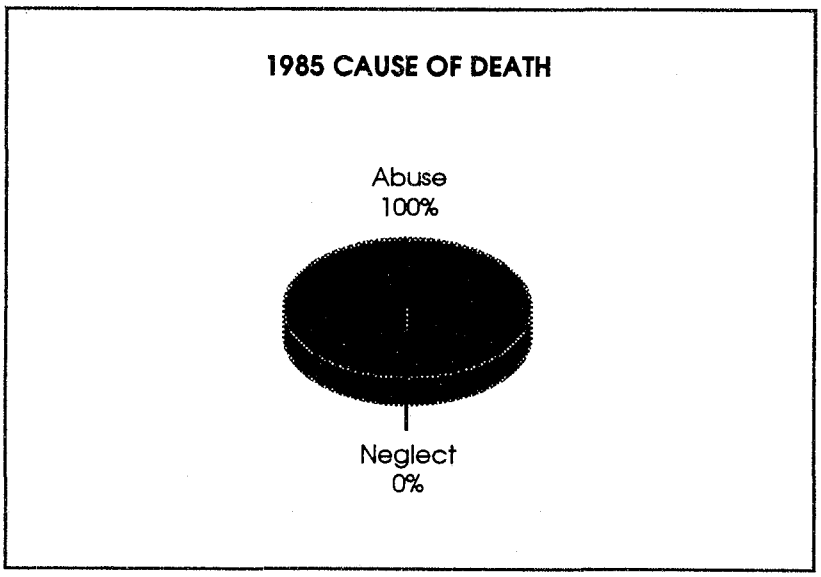
Child Fatality Detail 1985

TOTAL FATALITIES = 8

Abuse Related = 8 deaths

Age at Death	Sex	Nature of Death	Relationship of Perpetrator
3 months	Male	Head Injuries, Skull Fracture	Mother's Boyfriend
7 months	Female	Shaken Baby Syndrome	Unknown
1 year, 1 month	Male	Battered Child Syndrome	Father
1 year, 5 months	Female	Battered Child Syndrome	Mother's Boyfriend
1 year, 6 months	Female	Battered Child Syndrome	Mother's Boyfriend and Mother
1 year, 10 months	Female	Stabbing	Father
3 years, 8 months	Male	Battered Child Syndrome	Babysitter
9 years, 7 months	Female	Strangulation, Sexual Abuse	Unknown

Neglect Related = none reported



Heroes

Heroes are those individuals and groups that have taken the initiative to be leaders in accepting responsibility for demonstrating that they value kids and families. Many, many exceptional people and programs exist to help children and families. This section is included to let readers know that whether you are an individual with no connection whatsoever to human services or an organization whose sole mission is focused on prevention of child abuse, there are opportunities for you to be part of the "village" that raises our children, and produces our future.

Citizens

- The citizens who were suspicious of the "policeman" who approached the 10-year old child, and attempted to abduct the child. Their prompt intervention prevented a tragedy.

- Senator Frank Roberts selected the development of regional assessment centers for child abuse victims as his choice for donation of funds resulting from an event honoring his years of service in the Oregon State Legislature.

- The "anonymous" financial contributors to Deschutes Multidisciplinary Intervention Center.

- Ruth Burkett, a volunteer who is providing much needed training to dozens of emergency medical technicians and fire departments in the area of child abuse reporting and identification and sexual abuse.

- A coastal county medical examiner and his wife who agreed to become foster parents to care for a battered infant with critical head injuries. Not only have they assumed responsibility for this child, but have since taken another critically injured child and sibling. They have refused reimbursements for the special needs of these children, believing that, as the children's present caretakers, this is their responsibility.

- Ann Jones, a volunteer who has been a court appointed special advocate for abused and neglected children for several years. In addition, she developed a special interest in the families residing in a low rent section of Portland, Columbia Villa. Ann developed a family needs survey and distributed it to all residents. Responding to one of the most frequently mentioned needs in the 150 responses she received, Ann began a parent education class. The class is open to all residents and addresses their specific needs. Working entirely on her own, Ann is making a difference in the lives of dozens of families.

- John Shepard for chairing a Capital Campaign that raised over two million dollars to build a facility for the Eugene Relief Nursery.

Public Organizations/Community Groups

- The communities in Deschutes, Josephine, Klamath, Lake, Jackson, and Malheur, who have successfully organized and raised funds to develop Advocacy/Assessment Centers for child victims in their communities.

- The Multnomah County network of child protection professionals who have implemented a "red flag" system for high-risk critical injury cases to insure better follow through, communication and coordination of services.

- The Portland Police Bureau and surrounding metropolitan law enforcement agencies for cooperating in the development of a specialized investigative unit for child abuse.

- The actions of Harvey-Scott School clearly say "We value kids and families!" A Southeast Asian family was experiencing difficulties while proceeding with a divorce. Not only were the children exhibiting behavioral and learning problems, but one parent was in jail, while the other struggled to maintain from day-to-day and was extremely isolated. The staff of Harvey-Scott School brought the family together for a meeting. Utilizing the family strengths Family Unity Model, community and school staff helped the family resolve the issues of concern.

Private Agencies and Organizations

- KINK radio in Portland, which donated proceeds of their album sale ("Lights Out") for operating costs of C.A.R.E.S., a child abuse assessment center.

- The Kiwanis, Lions, and Rotarians who made "children at risk" their priority for 1992.

- Les Schwab and community business leaders who sponsored the purchase of a colposcope for use sex abuse cases in Crook County.

- Oregon Exchange Club a nationally affilated service organization whose broad mission has included development of child abuse prevention programs. Since 1979, the Oregon Exchange Club has raised hundreds of thousands of dollars for Salem and Portland Centers for the Prevention of Child Abuse, as well as supporting many other programs which support children and families.

Public and Private Partnerships

- Fred Meyer Memorial Trust for contributing to the local public/ private partnerships in Klamath Falls to establish a child abuse assessment center.

- Capelli, Miles, Wiltz, and Kelly Ltd., a Portland public relations firm, which has donated costly staff time for the development of billboards, posters, and public service announcements for the Children's Trust Fund of Oregon.

- The Salem Stake Relief Society which has furnished and decorated numerous family visitation and treatment rooms for Children's Services. They have also donated 34 "quillos," a combination quilt and pillow to be given to children and teens to ease the stress of difficult transitions.

Task Force Commitments

The Honorable Ann Aiken, Lane County Circuit Court

- I am committed to working with Dan Close on the draft report and attending any media event related to the publication of this report.
- I will continue to lobby this session regarding the prevention model.
- I will advocate for more services for all children. In other words, not allow one group of children to be sacrificed for the benefit of another.
- I will make Relief Nursery service training and replication assistance available when and where asked.
- I will work within the Judicial Conference and Judicial Education Committee to implement the proposed training of judges in the areas of children, domestic violence, juvenile services, and related issues, etc.
- I will do whatever requested to break the cycle of abuse and neglect.

Judith Armatta, Attorney, Oregon Coalition Against Domestic and Sexual Violence

- I am more than happy to be involved in development of protocol, assessment tools, developing and providing training.
- I will get the Domestic Violence Network to support local efforts and be involved in public awareness campaigns. They can also do cross-training.
- I will work with the Oregon Medical Association to develop and implement assessment in hospitals with OB/GYN's regarding domestic violence and child abuse/neglect.
- I will work on developing brochures and public information on domestic violence and child abuse/neglect.

Professor Daniel Close, Ph.D., University of Oregon

- I will assist with editing and writing of the report.
- I am committed to promoting the prevention model in the Oregon Legislature and with official boards or commissions.
- I will attend the press conference releasing the report.
- I will work through higher education to assist in training and technical assistance.

Caroline Cruz, State Office of Alcohol and Drug Abuse Programs

- I am committed to the media campaign. I will assist with providing access to resource groups to aid with the campaign once it has been developed. I would also consider being on a committee to assist with developing the media campaign.
- I am committed to assisting with editing and writing of the report.

Katrina Hedberg, M.D., Epidemiology, Oregon State Health Division

- I will attend the press conference releasing the report and the **Blue Ribbon Campaign.**
- I am committed to medical community education and awareness.
- I am willing to assist with the development of the assessment tool for medical providers.
- I am willing to work on interagency cooperation between the Oregon State Health Division and other agencies on the injury database.

Lt. Mariane Heisler, Portland Police Bureau
- I will attend the education and training/cross-training of providers as offered.
- I will participate in interagency cooperation.
- I will work with the legislative people to revise statutes and OARs to clarify the mandate.
- I will attend the press conference releasing the report and the **Blue Ribbon Campaign.**

Grant Higginson, M.D., MD Program Consultant, Maternal and Child Health, Oregon Health Division
- I am committed to the prevention model and linking it with the Baby First Program and public health nurses.
- I am committed to assisting with the provider training.
- I am committed to assisting with the interagency coordination.
- I am committed to strengthening the role of multidisciplinary teams.

C D Hobbs, Consultant and Chairman, Children's Trust Fund of Oregon
- I am committed to continue, through the Children's Trust Fund of Oregon, expanding the funding base for research and implementation of programs aimed at prevention of child abuse and neglect.
- I will work to gain support of the business community around the state for funding and manpower to implement the recommendations of the task force.
- I will become more directly involved in programs which serve minorities in the Portland area.
- I will enthusiastically support the **Blue Ribbon Campaign** and represent the Task Force at the press conference releasing the report.

Ted Kulongoski, Attorney General, Department of Justice
- I will advocate for the Recommendations of the Task Force within the criminal justice system in Oregon.
- I will commit to ensure that the Report, the Findings and Recommendations are supported within the budget levels of state government.
- I will attend the press conference.

Lynne LaFountaine, Private Citizen
- I am committed to the CCYSC needs assessment for my community.
- I am committed to local education programs and would be willing to visit other counties and to be of any help necessary.
- I am committed to volunteer associated work.

Larry Lewman, M.D., State Medical Examiner, Oregon State Health Division
- I will work with county district attorneys to develop and improve multidisciplinary teams.
- I am available to provide training to circuit court and district court judges in the area of child abuse.
- I will attend the press conference releasing the report and the **Blue Ribbon Campaign.**
- I am available for legislative testimony if necessary.
- I have no experience in participating in media type campaigns. If those directing the campaign feel I could serve as reminder of what can happen if something is not done, I would be willing to do so. An example would be some sort of public service television spot such as the one I did on cocaine at the request of Blue Cross.

Art Lutz, Board of Trustees, Boys and Girls Aid Society

- I am committed to the major public awareness campaign to make every community aware of child abuse and neglect. I want every community to understand what their responsibility is to the children of Oregon. I want to promote the concept of "It Takes a Village to Raise a Child" to every community and every citizen in Oregon.
- I will attend the press conference releasing the report and the **Blue Ribbon Campaign**. I want to do for child abuse and neglect what M.A.D.D. has done for public awareness regarding drunk driving.

The Honorable Gerald Neufeld, Josephine County Juvenile Court

- I am committed to taking responsibility for introducing into the Southern Oregon area the final report through the media.
- I will be available to testify to the Oregon State Legislature.
- I will provide introduction to interested parties.
- I will continue to advocate for kids.

Sherianne Okawa, L.C.S.W., Pediatric Social Work, Oregon Health Sciences University

- I will assist with editing and writing of the report.
- I will work closely with graduate students (MSW) at Oregon Health Sciences University on child welfare issues which includes the entire family and the family life cycle.

Don Perkins, Student Services, Department of Education

- I will work to mobilize the education community to provide increasingly effective parent, pre-parent, and youth education programs/training.
- I will help involve young people in the media awareness campaign.

Professor Joan Shireman, Ph.D., School of Social Work, Portland State University

- I will continue to work to build a partnership between Children's Services Division and the Graduate School of Social Work to enhance the professional education of those delivering services to children and their families.
- I will continue to work with Children's Services Division to involve other partners in providing enhanced education for those working in service delivery.
- I will continue to encourage the development of research projects to evaluate prevention and intervention efforts, and will facilitate this development when possible.
- I will continue in my own research to attempt to identify those children in Oregon at greatest risk for abuse or neglect, and to evaluate programs which attempt to prevent abuse and neglect.
- I will continue to work to build curriculum at the Graduate School of Social Work to teach our students the newest and most effective ways of working with children and families.

Helen Smith, Deputy District Attorney, Multnomah County

- I am committed to working with district attorneys to improve multidisciplinary teams and child fatality review teams – take the leadership role set out in statute.
- I am committed to providing consistency in handling of child abuse/neglect cases.
- I am committed to working closely with agencies to assure effective handling of "red flag" cases and development of protocols for "red flag" cases.

Merri Souther Wyatt, Oregon Community Children and Youth Services Commission

- I am committed to the major public awareness campaign to make every community aware of child abuse and neglect.
- I am committed to linking with and coordinating with DHR Volunteer Program and the interagency coordination for a wide area network database.
- I am committed to supporting the legal communities (juvenile and family courts) continued education regarding abuse and neglect skills.
- I will attend the press conference releasing the report and kicking off the public involvement campaign.
- I will assist with editing and writing the report.
- I am committed to working with the 32 local commissions which have identified child and abuse and neglect as a top priority for the next biennium.

Mary Steinberg, M.D., Pediatrics, Oregon Health Sciences University

- I will continue to serve on the Children's Trust Fund of Oregon Advisory Board, integrating data and information from the Task Force as we develop and evaluate child abuse prevention programs throughout the state.
- I will continue to give lectures and seminars on the medical aspects of child abuse to professionals and lay groups.
- I will continue to serve on the Multnomah County Multidisciplinary Team.
- I will continue to provide direct service to child victims/families in my capacity as Medical Director of the Rosenfeld Center for the Study and Treatment of Child Abuse at Oregon Health Sciences University.
- I will explore and attempt to develop communication systems that improve and simplify information sharing between agencies and services involved with the area of child abuse and neglect.

Peggi Timm, State Director, Department of Human Resources, Volunteer Program

- I will commit to mobilizing a volunteer group in each county to kick-off the media/awareness/education effort.
- I will commit to contacting staff at the county level to possibly develop a volunteer program to break the cycle of abuse and neglect.
- I will commit to assist with editing and writing the final report.
- I will commit to attend the press conference releasing the report and the **Blue Ribbon Campaign**.
- I will commit to assist the businesses community in the development of a high-level campaign to make sure every community in Oregon is aware of child abuse and neglect.

Kay Toran, Children's Services Division, Metro Region

- I am committed to help with the writing or editing of the final report of the task force.
- I am committed to continue to advocate for a Continuum of Care System for children in the State of Oregon.
- I am committed to continue to work with the Portland State University Graduate School of Social Work to develop Child Welfare professionals for the field.

Betty Uchytil, Children's Services Division

- I will support the prevention model.
- I will support the team approach to child abuse intervention including sharing of all relevant information.
- I will advocate for CSD to have criminal history information on family or household members so we know if children are living with dangerous or violent individuals.
- I will support the Portland State School Graduate School of Social Work in further developing its child welfare curricula.