

Child Abuse Prevention and Intervention Adopted Strategies, 2014- 2019

Goal for Program Area

Prevent child abuse and neglect and support vulnerable families.

Introduction and Background

Local dataⁱ indicate that in 2011, the Multnomah County Child Abuse Hotline received 17,624 reports of suspected child abuse or neglect. 7,116 of those reports were referred for assessment, confirming 2,200 victims of child abuse and/or neglect. Almost half of the victims were five years old or younger. Data reveal that Native American and African American children are overrepresented as victims of abuse as compared to their proportions in the general population.

Research has shown that child abuse and neglect can result in short-term and long-term physical, psychological and behavioral consequences for children. The extent of the impact varies widely and is affected by multiple factors, such as the child's age at time of the abuse, type of maltreatment, and frequency and severity of maltreatment. High quality, evidence-based services that focus on reducing risks and enhancing protective factors, including strengthening parental capacity and resilience and supporting the social and emotional development of children, can prevent child abuse and neglect and mitigate the risk of negative outcomes caused by adversity in childhood.ⁱⁱ

In addition, **public input in this program area** indicated the following prioritiesⁱⁱⁱ:

- Invest in intensive, comprehensive parenting education and parenting support programs; and assist parents in accessing concrete supports (e.g. financial, housing, childcare) that help them meet their basic needs.
- Invest more heavily in prevention than intervention services.
- Focus services on populations with risk factors for child abuse and neglect, especially families of color who are overrepresented in the child welfare system, those who are low income, those with a history of child abuse, those impacted by domestic violence and those with alcohol and drug issues.
- Assure that all child abuse prevention and intervention programs are either culturally responsive or culturally specific, and assure that parents are supported in developing skills and accessing services and supports that help them protect and care for their children.
- Set expectations around trauma-informed care and provide technical assistance to child abuse prevention programs to assist with implementation.

The Allocation Committee adopted the following strategies and priorities for the Child Abuse Prevention and Intervention program area.

Strategy 1. Strengthen parenting skills and resilience	
Investment Goal	Up to \$3,748,443 (60% of the funding in this program area)
Services	Parenting programs explicitly focused on reducing risks for abuse and neglect and enhancing protective factors
Eligible Population	Families with children aged 0-18 with risk factors for child abuse and neglect (e.g. low income, history of child abuse, domestic violence, drug and alcohol issues)
Priorities	<ul style="list-style-type: none"> • African American and Native American children/families because of their overrepresentation in the child welfare system • Intensive and comprehensive parenting programs • Programs that assist parents in accessing concrete supports that help them meet their basic needs
Definitions	<p><u>Comprehensive</u>: addresses the range of family risk factors and needs.</p> <p><u>Intensive</u>: a minimum of 25-40 contact hours per parent/family with a minimum of 12 sessions. For home visiting services, visits of at least one hour need to occur weekly or twice-monthly, and be offered to families for at least one year. For programs that last for at least 6 to 8 months, regular contact at least four times per week via classes, home visits and telephone calls ^{iv}</p> <p><u>Overrepresentation</u>: the percentages of children of a certain racial or ethnic group in the child welfare system are greater than the percentage of that same group in the general population. African American and Native American children are overrepresented in Oregon’s child welfare system.</p> <p><u>Protective factors</u>: help prevent children from being abused or neglected.</p> <p><u>Risk factors</u>: include a combination of individual, relational, community, and societal factors that contribute to the risk of child maltreatment. ^v</p>

Strategy 2. Address trauma through therapeutic intervention	
Investment Goal	Up to \$2,498,962 (40% of the funding in this program area)
Services	Programs that promote the social and emotional well-being of vulnerable children
Eligible Population	Children who have experienced or are at high risk for child abuse or neglect, aged 0-18
Priorities	<ul style="list-style-type: none"> African American and Native American children because of their overrepresentation in the child welfare system Evidence-based and evidence-informed interventions for the treatment of trauma
Definitions	<p><u>Child abuse (acts of commission)</u>: words or overt actions that cause harm, potential harm, or threat of harm to a child. Acts of commission are deliberate and intentional; however, harm to a child may or may not be the intended consequence. This includes physical abuse, sexual abuse and psychological abuse.</p> <p><u>Child neglect (acts of omission)</u>: failure to provide for a child’s basic physical, emotional, or educational needs or to protect a child from harm or potential harm. This includes physical neglect, emotional neglect, medical/dental neglect, educational neglect, inadequate supervision, and exposure to violent environments.^{vi}</p> <p><u>Evidence-based or evidence-informed</u>: Program models listed on the National Child Traumatic Stress Network list, and other models with similar best practice features.^{vii}</p> <p><u>Overrepresentation</u>: the percentages of children of a certain racial or ethnic group in the child welfare system are greater than the percentage of that same group in the general population. African American and Native American children are overrepresented in Oregon’s child welfare system.</p> <p><u>Promote social and emotional well-being</u>: to attend to children’s behavioral, emotional and social functioning – the skills, capacities, and characteristics that enable young people to understand and navigate their world in healthy, positive ways.^{viii}</p> <p><u>Vulnerable children</u>: children who have experienced or are at high risk for child abuse or neglect.</p>

ⁱ Portland’s Children: Overview of Key Local Data, portlandchildrenslevy.org.

ⁱⁱ Child Maltreatment Prevention: Past, Present and Future, Child Welfare Information Gateway, https://www.childwelfare.gov/pubs/issue_briefs/cm_prevention.pdf; and

See reports published at the Center for Developing Child at Harvard University, <http://developingchild.harvard.edu>

ⁱⁱⁱ See full Community Input Report, portlandchildrenslevy.org.

^{iv} Threshold based on recent research regarding effective parenting education programs, To What Extent is Your Parenting Education Program Structured to Address Risk Factors for Child Abuse/Meet Participants Needs, <http://www.performwell.org/index.php/isd/child-a-youth-development/27-questions/277-to-what-extent-is-your-parenting-education-program-structured-to-address-risk-factors-for-child-abuse-meet-participant-needs> and effective home visiting US Dept. of Health and Human Services, Administration of Children and Families, <http://homvee.acf.hhs.gov/programs.aspx>; and Child Trends, What Works for Home Visiting Programs, 2010: <http://www.childtrends.org/wp-content/uploads/2005/07/2010-17WWHomeVisit.pdf>

^v Refer to the Center for Disease Control list of risk and protective factors, <http://cdc.gov/ViolencePrevention/childmaltreatment/riskprotectivefactors.html>

^{vi} Definitions for child abuse and child neglect from the Center for Disease Control, <http://www.cdc.gov/>

^{vii} National Child Traumatic Stress Network Empirically Supported Treatments and Promising Practices, <http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices>

^{viii} Definition from U.S. Department of Health and Human Services, Administration of Children and Families, <http://www.acf.hhs.gov/sites/default/files/cb/im1204.pdf>