



Oregon Child Abuse Solutions

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April 5, 2021

Oregon Legislative Assembly
900 Court Street NE
Salem, OR 97301

Co-Chairs Sen. Gorsek and Rep. Sollman
Joint Committee on Ways and Means Sub-Committee on Public Safety

RE: HB 5014, Introduced

Dear Co-Chair Sen. Gorsek, Co-Chair Rep. Sollman and Members of the Sub-Committee:

Oregon Child Abuse Solutions is the statewide network of Children's Advocacy Centers (CACs), the entities that perform forensic interviews, medical exams, family advocacy and offer other services to children and families when child abuse is suspected. There are over 20 OCAS members that offer these services to children in every county, working in partnership with community partners like law enforcement, schools, DHS caseworkers, prosecutors, and others. CACs receive state funding through the Oregon Department of Justice (DOJ) and Crime Victims and Survivors Services Division (CVSSD), through the Child Abuse Multidisciplinary Intervention (CAMI) fund. Today, we offer supportive testimony about the CVSSD team, and request fuller funding from the Legislature for services provided that are funded through these programs.

The allocation of Child Abuse Multidisciplinary Intervention (CAMI) funds pursuant to ORS 418.746 provides funding for Oregon's child abuse multidisciplinary teams, a significant portion of which is passed through to Children's Advocacy Centers. In addition, federal VOCA funds are made available to centers through the hard work of CVSSD, and these funds provide significant assistance, helping CACs provide care to child victims of crime or witnesses to crime.

From the vantage point of our statewide Network, OCAS can speak to the outstanding leadership of DOJ and CVSSD. We want to publicly thank Oregon's Attorney General, Ellen Rosenblum for her ongoing advocacy on behalf of children impacted by child abuse and other crimes. We are also extremely fortunate to work with CVSSD Director Shannon Sivell and her outstanding team, the members of which have taken their time to develop strong, longstanding relationships with our CACs, and whose passion for our joint vision is clear and felt by our CACs. Our Network consistently strives to provide excellent care and to fill gaps in services and improve child abuse response practices and policies, and it is only with the partnership of DOJ and CVSSD that we are able to continue to build our list of successes. On behalf of the nearly 300 CAC staff across our state, we are grateful for the partnership, grants administration, and technical assistance that DOJ and CVSSD continuously provide despite extremely limited resources.



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In our opinion, CVSSD is a highly functioning and effective division, continuously deserving of increased investment because of its provision and improvement of services that support better outcomes for all Oregonians. We want to encourage you to support increased investments in CVSSD whenever possible. In this session, funding the POP #311, and preventing the elimination of positions and good programs is absolutely critical for crime victims.

Currently, children’s advocacy centers are seeing some of the most complex and severe cases we’ve ever seen and we’re sure that this unfortunate reality is realized across Oregon in survivor and victim serving agencies. If you ask any of the essential service providers what’s most important right now, we’re likely to sound very similar. The needs are dire, and programs absolutely cannot be cut, particularly programs and supports that serve children and families at their most vulnerable time. This is the time to invest in the services that are specialized to handle such difficult issues: child abuse, human trafficking, and victims’ rights.

We believe expanding investments for crime victims and survivors is the key to preventing long-term and heartbreaking challenges like low job and educational attainment, mental health and physical health symptoms, houselessness, additions, and poverty. Investments in ODOJ, DVSSD, and all of our partner programs must be protected at all costs and bolstered to ensure safety services are available immediately during this difficult time.

This year, Oregon Child Abuse Solutions is seeking fuller state funding for our 20+ CACs, through DOJ, with HB 2826.

Currently, State funding for CACs is only at 18%. HB 2826 increases funding by \$6M – up to 28%, to increase access for kids. In 2020, only 55% of children that were referred to a CAC were then seen at the CAC. This means that nearly 1 in 2 were not seen in-person after referral to their local CAC, often due to lack of capacity. Access to CACs are essential for children with concerns of abuse. Statewide 45% of children we see have allegations of sexual abuse, 36% physical abuse, 10% witness to violence, 9% neglect, and 7% drug endangerment.

By way of background, a **child abuse medical assessment** is one of the key components of an effective, multidisciplinary response to allegations of abuse or neglect. Defined in ORS 418.782¹, the medical assessment includes the taking of a “thorough medical history,” which

¹ORS 418.782(2) "Child abuse medical assessment" means an assessment by or under the direction of a licensed physician or other licensed health care professional trained in the evaluation, diagnosis and treatment of child abuse. "Child abuse medical assessment" includes the taking of a thorough medical history, a complete physical examination and an interview for the purpose of making a medical diagnosis, determining whether or not the child has been abused and identifying the appropriate treatment or referral for follow-up for the child.

is commonly called a forensic interview. That interview must be conducted by a professional who has had special training in the Oregon Forensic Interviewing Guidelines² and who regularly participates in professional peer review in order to ensure fidelity to best practices.

The forensic interview is essentially an **extended social history of the medical condition** or allegation which led to the referral. It is critical to the diagnosis that the medical provider makes. Child abuse medicine is one of the only medical disciplines that includes **causation** as a key component of the medical diagnosis.

The forensic interview occurs in a child-friendly space, unlike most spaces in police stations or emergency rooms. The interviewer is trained in child development, how trauma impacts memory, cultural responsiveness, disabilities, and how to ask legally sound open-ended questions. The interview helps a child feel safe to discuss their experiences with respect to the condition that was the subject of the referral. Forensic interviewers honor each child's emotional process which is especially effective for children who have experienced complex, severe, or repeated traumas.

For children many children there are barriers to discussing their abuse experiences. A child may feel guilt, shame, or fear of negative consequences such as retaliation, seeing Mom cry, or being harmed again. The professionals involved in the medical assessment must have the skills, training, experience and temperament to remain present, patient, and trauma-informed when these strong feelings pop up. In contrast to a regular pediatric or emergency room visit, a trauma-informed medical assessment can take hours or more if there are multiple siblings involved.

The model is, and should be, neutral and objective, and as such, it is just as important for our medical provider and forensic interviewer to be clear when their findings do not support a diagnosis of abuse. The expertise our CAC teams must have is extraordinarily high and it makes access to our CACs incredibly important as we continue to partner with law enforcement and child welfare to provide expertise that can inform their life-altering safety decisions.

It is critically important for you to understand the complexities inherent in diagnosing child abuse, and it's important for me to share as a way of showing respect for our CAC staff across the state, multidisciplinary team partners, and the team at the ODOJ and CVSSD, all of

(3) "Community assessment center" means a neutral, child-sensitive community-based facility or service provider to which a child from the community may be referred to receive a thorough child abuse medical assessment for the purpose of determining whether the child has been abused or neglected.

² http://www.doj.state.or.us/victims/pdf/oregon_interviewing_guidelines.pdf



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which have been working long stressful hours and making personal sacrifices to keep kids safe.

Through HB 2826 we are asking for a 6M biennial investment to bring state investment from 18% to close to nearly 29%. The number of children who need a CAC has continued to rise every year even before the pandemic. Though this funding will not fully fund CACs it will mean about 1,200 more children will be seen in person and for these children that would make all the difference.

Thank you for listening to our strong support of CVSSD and the POP #311 and for letting us share about HB 2826.

Sincerely,

Becky Jones
Oregon Child Abuse Solutions