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April 24, 2023

Sen. Elizabeth Steiner, Co-Chair
Rep. Tawna Sanchez, Co-Chair
Joint Committee on Ways & Means
Oregon Legislative Assembly
Oregon State Capitol
Salem OR 97301

Re: **SUPPORT – HB 2732 and \$ 6 Million for Oregon’s Children’s Advocacy Center**

Dear Co-Chairs Sen. Steiner and Rep. Sanchez and Members of the Way and Means Committee:

Liberty House requests your support for funding Oregon’s Children’s Advocacy Centers (CACs) for \$6 million as proposed in HB 2732, presently in JWM. This proposal provides much-needed funding that will help Oregon’s CACs continue their essential work to help children impacted by abuse, neglect, trauma, and grief.

Liberty House is the Children’s Advocacy Center (CAC) serving Marion and Polk Counties, in which an average of 10,500 calls regarding child abuse are made each year to DHS. We serve between 800 and 950 children in our clinic in any given year, and yet the demand for our services outpaces our capacity. This funding is desperately needed to support existing operations and **allow us to provide additional services to children from rural areas in Woodburn, North Marion County, and Polk County.**

The funds in HB 2732 will maintain the investment for Oregon’s CACs of \$6 million appropriated through HB 5006 in the 2021 Legislative Session. We are very thankful for that funding; it made a huge impact! Nearly every CAC in Oregon used that funding to increase staff or increase hours of existing staff to meet the needs of children in our respective communities. **Liberty House used the funds we received to support three staff medical providers, our clinic director, our bilingual clinic services specialist, and our bilingual medical interpreter. These staff persons along with the rest of the Liberty House team help make a difference in the lives of children and families of our area when they are at a very vulnerable and traumatic moment in their lives.** The funding in HB 2732 will bring necessary continued financial support to Oregon’s CACs as we work in our respective regions around the state to help respond to an unprecedented post-pandemic surge in violence against children.

Child abuse is the most critical and deadly public health emergency facing the State of Oregon. We will not be able to reverse the trend until sufficient funding is made available. Child maltreatment results in trauma that directly exacerbates costly issues of substance abuse and homelessness. In order to effectively address these issues, we urge the State of Oregon to invest in the root causes of trauma, addiction and homelessness: child maltreatment. Children who are seen in CACs and provided the necessary follow-up therapeutic interventions have better life outcomes.

CACs employ experts who provide neutral and trauma-informed assessments of children referred for concerns of abuse or neglect. **The services provided by Oregon’s CACs (most of which are non-profit organizations) are largely mandated by existing public policy and law – yet state funding accounts for only 27% of the costs [prior to the one-time funding approved in 2021, Oregon’s CACs were at 17% - which underscores the importance of**

the continued funding in HB 2732]. This funding gap leaves an enormous challenge in paying for these essential services. Our partners at the Oregon Department of Human Services need our specialized medical assessments and forensic interviewing services in order to do their jobs effectively. Supporting the modest request in HB 2732 will increase the likelihood that the hardworking DHS Child Protective Services workers will have the support they need to make the best possible decisions for the children and families with whom they work.

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 418.782, the medical assessment includes family support, care coordination, and a forensic interview. That interview must be conducted by a professional who has had special training in the Oregon Forensic Interviewing Guidelines¹ 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 because child abuse medicine is the only medical discipline that has **causation** as a key component of the medical diagnosis.

CACs provide a central child-friendly environment where a forensic interviewer offers an opportunity for the child to engage in a dialogue about the child’s experience with respect to the condition that was the subject of the referral. **This model is designed to be objective and neutral and involves only open-ended, non-leading questions when questions are asked.** The interview under the CAC model is not an interrogation. During the interview, the interviewer will invite the child to “tell me about . . .” and follow the child’s lead. The most seasoned forensic interviewers will honor the child’s emotional process. This is especially effective for deeply traumatized children.

For children who have been subjected to abuse, neglect, or trauma, there can be many barriers to describing abuse that may be occurring, including guilt, shame, and fear of negative consequences such as retaliation, getting kicked out, seeing Mom cry, or getting raped yet again. The professionals involved in the medical assessment must have the skills, training, experience and temperament to be present to the child in the right way if those types of feelings are part of the child’s emotional fabric. Part of working with the child’s emotional fabric, and that of the family or non-offending caregivers, is to allow sufficient time for an assessment so that the child does not feel rushed. In contrast to a regular pediatric visit, the medical assessment can take two to four hours or longer if a set of siblings is involved.

Because of the widespread scale of childhood neglect, physical and sexual abuse, a fully funded, effective intervention system is critical to ensure the success of Oregon’s children and all of Oregon’s other educational and economic objectives.

We appreciate your consideration and support of HB 2732 and continuing to fund Oregon’s Children’s Advocacy Centers.

Respectfully submitted,

Alison S. Kelley, JD, CEO

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Chief Executive Officer

Liberty House

¹ http://www.doi.state.or.us/victims/pdf/oregon_interviewing_guidelines.pdf

