



PRESERVING CHILDHOOD:

Oregon's Leading Efforts to Prevent Child Abuse and Strengthen Families

Presented by:



With support from:



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A report from:



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Children's Trust Fund of Oregon

The mission of the Children's Trust Fund of Oregon is to foster healthy child development and support efforts to protect children in Oregon. As Oregon's only statewide child abuse prevention organization and foundation exclusively committed to child well-being, CTFO strengthens families and protects vulnerable children by offering funding support to local prevention programs across the state and investing in public education, research and policy to create systemic, long-lasting change for Oregon's children and communities.

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EXECUTIVE SUMMARY

The on-going pain and trauma for tens of thousands of children in Oregon who are wounded by abuse and neglect is preventable. As a state, we have the tools to prevent child abuse and save children's lives while building stronger families in Oregon. Utilizing best practice strategies with proven outcomes and ensuring adequate public and private investments in these strategies will result in a safer and healthier childhood for children in Oregon.



The Children's Trust Fund of Oregon and the Prevent Child Abuse Oregon Advisory Committee have developed the "Preserving Childhood" report to inform funders, policymakers, and service providers on the depth and the complexity of child abuse and neglect in Oregon. In addition, the report examines the researched prevention strategies are currently being implemented in the state.

The Children's Trust Fund of Oregon is a statewide organization focused exclusively on the issue of child abuse prevention and strengthening families. Since 1985, the Children's Trust Fund has provided strategic investments in proven prevention programs across Oregon, public awareness and education campaigns related to child abuse prevention and research and policy work on emerging best practice in this field. Prevent Child Abuse Oregon (PCA OR) is a chapter of the national Prevent Child Abuse America and is an advisory committee to the Children's Trust Fund of Oregon. The PCA OR Advisory Committee is comprised of leading experts, service providers and researchers. Collectively, the advisory committee explores the latest research on strategies that work to reduce risks for child abuse and neglect and change community, family, and parenting behavior associated with child abuse and neglect.

In 2011, almost 11,600 children were confirmed victims of abuse and neglect and more than 74,000 reports of suspected abuse were received by the Oregon Department of Human Services. The Preserving Childhood report outlines the cost of child abuse, linking childhood trauma to increased expenses in special education, foster care,



juvenile delinquency, teen pregnancy, mental health issues and health issues later in life. Factoring these increased costs and the number of children confirmed as victims of abuse and neglect in 2011, the report estimates **the total cost for one year of child abuse and neglect in Oregon to be \$2.5 billion.**

In this report the Children's Trust Fund and the PCA OR Advisory Committee envision how strengthening and supporting families can reduce child abuse and neglect through the utilization of best practice programs. This report identifies and defines 12 programs currently being utilized in Oregon at various levels of implementation and evaluation (Evidence-Based, Promising and Emerging). Details on each program's features and selected research findings are highlighted in the report.

More children are impacted by abuse and neglect in Oregon than juvenile diabetes, autism and all forms of childhood cancer combined.

Based on prevention research, the "Preserving Childhood" report offers key recommendations for improving child abuse prevention efforts in Oregon. Recommendations for funders and policymakers include bringing prevention services to scale, expecting and using best practice programs, investing in evaluation and training, and using incentives for families and communities participating in these programs. Considerations for local communities and service providers include selecting best practice programs, ensuring fidelity to the model, and mapping needs and services at the local and statewide level.

INTRODUCTION

Thousands of children in Oregon grow up in homes where they are not safe from abuse and their basic needs are not met. While most of these children will survive their childhood, they are likely to carry the burden of trauma for the rest of their lives and many will pass that burden on to their own children. The suffering and lost potential of children who grow up with abuse and neglect is incalculable. The burden to our state's public systems including child welfare, public safety, education, and health care equals hundreds of millions of dollars each year. Before we can understand child abuse prevention efforts, it is critical to understand who is at risk and what is at stake.



The Preserving Childhood report was developed by the Prevent Child Abuse Oregon Advisory Committee of the Children's Trust Fund of Oregon. The Advisory Committee believes this report will be helpful in considering public and private funding and program implementation to reduce child abuse and neglect in Oregon. The Prevent Child Abuse Oregon Advisory Committee is comprised of early childhood development researchers, clinicians, leaders of social service and advocacy organizations, and others linked to child welfare systems.

Effective and proven strategies to prevent child abuse have been identified through rigorous research and evaluation. Applying this research for Oregon's children and families will reduce the incidence of abuse while building stronger and healthier families for children.



This report highlights nationally recognized prevention programs and parenting curricula that are currently serving Oregon families in select communities or statewide. In addition, a number of programs deemed to be important, including culturally-specific practices, but with limited evaluation data are also included. This is not a comprehensive listing of all child abuse prevention programs in Oregon or those recognized nationally, however, the programs presented in this report represent those judged to be important to the state of Oregon when

considering current or future child abuse prevention efforts. Future reports of evidence-based or promising programs may include additional efforts as other programs' evidence and evaluations continue to evolve.

Defining Child Abuse

Every state has their own definition of child abuse, yet each definition must comply with the federal Child Abuse Prevention and Treatment Act. CAPTA defines child abuse as "any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm" (*Child Maltreatment 2011*).

Oregon state law recognizes four leading types of child maltreatment or abuse, though instances of abuse may include one or multiple forms of maltreatment:

Physical abuse: an injury to a child that is not accidental. Most parents do not intend to hurt their children, but abuse is defined by the effect on the child, not the motivation of the parents.

Sexual abuse: when a person uses or attempts to use a child for their own sexual gratification. This includes incest, rape, sodomy, sexual penetration, fondling, voyeurism and sexual harassment.

Threat of Harm: subjecting a child to a substantial risk of harm to the child's health or welfare. Substantial harm is defined as immobilizing impairment, life-threatening damage, or significant or acute injury to a child's physical, sexual, psychological, or mental development and/or functioning. Witness to domestic violence is considered Threat of Harm.

Neglect: failing to provide adequate food, clothing, shelter, supervision or medical care. Parents must provide adequate supervision, care, guidance and protection to keep children from physical or mental harm. Parents must also provide appropriate treatment for children's problems.

Source: Oregon Department of Human Services

Child Abuse and Neglect in Oregon

In 2011, there were almost 11,600 confirmed victims of abuse and neglect in Oregon. Seventy-four thousand reports of suspected abuse were received in the same year. Among those reports, the Oregon Department of Human Services (DHS) determined there was enough cause for concern to investigate nearly half. (See appendix for local information regarding victims, investigations and reports of abuse.) Threat of Harm and Neglect are the most common forms of abuse in Oregon's confirmed cases, accounting for more than 85% of known incidents of abuse.

Half of confirmed victims of abuse in Oregon are young children under the age of seven. Younger children are often more vulnerable to abuse and neglect. Reports of suspected abuse of young children are also more likely to be investigated by DHS. Of those children who die from maltreatment, the majority are under the age of four. According to the Oregon Department of Human Services, there were 19 children who died in Oregon due to abuse or neglect in 2011.

More than 80% of confirmed cases of abuse are caused by parents. Often multiple family stressors are linked to confirmed abuse reports. Involvement with law enforcement and economic stress are risk factors in approximately a quarter of confirmed cases of abuse in Oregon. Oregon DHS reports that parental drug/alcohol abuse is a factor in nearly half of abuse cases. Domestic violence is also a significant family stressor for more than a third of families with a confirmed case of child abuse.

Children who are confirmed to be victims of abuse following DHS investigation do not automatically enter the foster care system. In state fiscal year 2011, nearly 8,700 children remained at home while their parents received services from Oregon DHS. These services may be received before or after foster care placement or may be provided in an attempt to avoid foster care placement for children. Services are intended to keep children safe in the home while supporting parents'

19 children in Oregon lost their life in 2011 due to abuse and/or neglect. We

must never forget those who pay the highest price for abuse and neglect.

Working together, we can ensure more parents have the support and resources they need to be safe and nurturing parents.



ability to care for their children and strengthen their parenting skills. Only when children cannot be kept safe in their home are they removed and placed in foster care. While children are in foster care, parents continue to receive services to help them prepare for the return of their children. Nearly 13,000 children in Oregon spent at least one day in foster care during 2011.

Children often experience multiple types of violence in their lives if they are at high risk for one type of violence. Called "polyvictimization," children can be direct victims of different forms of violence as well as experience indirect exposure to violence. Polyvictimized children are at the highest risk for negative outcomes and lifelong consequences due to the cumulative impact of their experiences (Finkelhor 2009).

The equivalent of 190 school buses full of children were confirmed victims of abuse or neglect in Oregon in 2011.



The Burden of Child Abuse

Child abuse and neglect creates a lasting wound that affects our children, our communities, and our state. Victims of child abuse and neglect experience significant pain and trauma throughout childhood and into adult life.

Calculating the economic impact of child abuse for children, families and Oregonians includes multiple layers of services including foster-care, juvenile crime and prison, child welfare, mental health, special education,



and adult healthcare. It is estimated that each confirmed case of child abuse and neglect costs our communities and our state a minimum of \$210,000 over the course of the child's lifetime. Based on this estimate, Oregon will pay nearly \$2.5 billion for the care of the state's 2011 child abuse victims alone (CDC 2012).

Childhood trauma caused by abuse impedes healthy child development. Research has shown that over 20% of abused children experience developmental delays requiring special education (English 2004). Abused and neglected children are more likely to experience psychiatric disorders including depression, anxiety, eating disorders and attempt suicide (Silverman 1996). Children who experience child abuse and neglect are also at higher risk of teen pregnancy, delinquency, drug abuse and failing in school (Kelley 1997).

Research shows a connection between early childhood trauma and health issues later in life including heart disease, various types of cancer and diabetes for adults. Children who experience more trauma or "adverse childhood experiences" are more likely to suffer from

What is The ACE Study?

The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. The study is a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego.

More than 17,000 Health Maintenance Organization (HMO) members undergoing a comprehensive physical examination chose to provide detailed information about their childhood experience of abuse, neglect, and family dysfunction. The ACE Study findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States. Progress in preventing and recovering from the nation's worst health and social problems is likely to benefit from understanding that many of these problems arise as a consequence of adverse childhood experiences.

Source: Centers for Disease Control and Prevention



Calculating the Cost

Average Annual Cost in Oregon:

Juvenile Justice Case \$78,840
 \$

Adult in Oregon prison \$31,025
 \$\$\$\$\$\$\$\$\$\$\$\$\$

Child in Foster Care \$27,920
 \$\$\$\$\$\$\$\$\$\$\$\$\$

In contrast:

Child in Relief Nursery program \$ 5,800
 \$\$\$

Family receiving home visits from Healthy Start~Healthy Families Oregon \$ 3,000
 \$\$

Parent in Parents Anonymous support group \$ 110

serious health issues as adults (Centers for Disease Control and Prevention).

Tragically, the trauma of abuse often continues into the next generation. Studies have found that one in three children will grow up to be abusers themselves (Child Welfare 2006). Parents who are not provided parenting education resources or other role models often repeat the patterns of their own upbringing.

PREVENTION WORKS

The pain and trauma of child abuse, the long-lasting effects of abuse on our children, and the increased costs to our communities – fortunately, all of it is preventable. Research shows best practice prevention programs and parenting curricula can effectively reduce risk factors for child abuse and neglect and increase protective factors and family resiliency, preventing thousands of children from experiencing the pain of abuse and saving taxpayers millions in unnecessary costs.



Child abuse prevention programs not only protect children and support parents but also compliment and bolster initiatives focused on school readiness for young children. It is often noted that a parent or caretaker is a child's first teacher. Investing in early prevention efforts in the home promote healthy child development and enhance early education efforts across the state. Children who live with trauma and/or neglect at home are rarely ready to thrive in an educational setting.

This report provides information on programs and curricula proven to prevent child abuse and strengthen families. However, for communities to make a significant difference in preventing child maltreatment it will take people, not programs. In order to build a brighter future for Oregon's children, every individual must take responsibility for preventing child abuse and neglect.

Preventing Abuse and Reducing Risks

The needs of families are as unique as the challenges they face. All parents want to be loving parents but often multiple life stressors plus the challenge of parenting take a toll that can leave kids at risk for maltreatment. The most effective child abuse prevention strategies start at home and include family engagement at various levels.



The varying needs and challenges of Oregon families require a range of supports and services. All families can benefit from information about parenting skills and child development, while other families face a multitude of life stressors requir-

ing more intensive support and assistance. Reducing family isolation and increasing positive peer support with a parent support group or one-on-one parenting assistance can help make the difference between being at risk for abuse and learning to manage stressful behaviors or other risk factors. Some families will benefit most from intensive wrap-around prevention services that include a variety of interventions and supports.

The complex social challenges of drug and alcohol abuse, domestic violence and economic stress are often significant risk factors for child abuse. Effective child abuse prevention strategies work in conjunction with service providers and multiple supports to address underlying family stress as well as parenting skills and behavior. Ensuring parents' needs are met on various levels increases the likelihood of successful child abuse prevention efforts. Parenting happens in the midst of family life and cannot be addressed in isolation from other family and community risk factors.

Best Practice Child Abuse Prevention

Many programs are nationally recognized as Evidence-Based, Research-Based, Promising or Emerging. Select public and private sources evaluate the evidence supporting individual programs and assign an evaluation level. While the language and criteria vary from resource to resource, there are similarities in the assignment of programs and curricula along a spectrum of evidence. The leading evaluation frameworks for social and behavioral programs include the California Evidence-Based Clearinghouse for Child Welfare, Substance Abuse and Mental Health Services Administration (SAMHSA) Model Programs, Office of Juvenile Justice and Delinquency Prevention (OJJDP) Model Programs Guide, Promising Practices Network and Community Based Child Abuse Prevention (CBCAP).

Elements of Child Abuse Prevention Programs

Many effective child abuse prevention and family support programs have common elements.

Home Visitation—Several best practice programs incorporate home visitation into the service model for families.



Home visits often focus on healthy child development and/or positive parenting practices. In addition, home visitation is often recognized as reducing parent isolation. The exact nature of the home visits as well as the training and qualifications of the home visitor vary from program to program.

Parenting Education—Many parenting education models rely on classroom, DVD or individual training for parents. Education elements may focus on specific parenting skills or developmental stages of children or may provide more general education about parenting.



Group Support—Some programs for parents and caregivers include a group support model to build relationships among parents and encourage peer support. Peer support can reduce isolation among parents and create an outlet for parental frustration or depression.



Case Management—A few prevention programs incorporate individualized case management to assist parents to find needed resources and support around complicated issues like economic challenges, domestic violence, drug and alcohol use and other family stressors associated with risk for child abuse and neglect.



The Practice and Science of Prevention

An increased focus over the last 20 years on research and evaluation in the social policy realm has resulted in more efforts to quantify the benefits of specific strategies and programs aimed at child and family wellbeing including child abuse prevention. Research methodologies have become more rigorous including randomized controlled trials and long-term studies that follow families for decades.



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Programs with the highest level of evaluation and re-

Strengthening Families Framework

Strengthening Families is a research-based approach to increase family strengths, enhance child development and reduce child abuse and neglect. It focuses on building five Protective Factors that also promote healthy outcomes. Research supports the notion that when these Protective Factors are well established in a family, the likelihood of child abuse and neglect diminishes.

Parental Resilience The parent's ability to manage the inevitable stress that comes with parenthood plays a large role on child development. Parents can counter stress by finding effective ways to solve problems, building and sustaining trusted relationships, and knowing how to seek help when necessary.

Social Connections A supportive network of friends, family members, neighbors, and community members can provide emotional support, help solve problems, offer parenting advice, and give concrete assistance to parents.

Concrete Support in Times of Need Meeting basic economic needs (food, shelter, clothing, and health care) is essential for families to thrive. Families experiencing crises like domestic violence, substance abuse, and mental illness require services and support. These resources provide stability and help for families in need.

Knowledge of Parenting and Child Development Accurate information regarding child development helps parents understand appropriate expectations for their child at each age. Family members, parent education classes, and various publications can provide parents with relevant and timely information.

Social and Emotional Competence of Children A child's ability to self-regulate behavior, interact positively and effectively communicate feelings contributes greatly to the development of positive relationships with family, peers and adults.

Using the Strengthening Families approach, over thirty states are shifting policy, funding and training to help programs working with children and families build Protective Factors with families. Many states and counties also use the Protective Factors Framework to align services for children and families, strengthen families in the child welfare system and work in partnership with families and communities to build Protective Factors.

Source: Center for the Study of Social Policy

sults are labeled “Evidence-Based Practices.” Evidence-Based Practices have been found to have the best research evidence as well as experience in application while also taking into account the culture and values of families served. The high standard of an Evidence-Based Practice designation requires extensive and often expensive evaluation that is difficult for many programs to achieve.

Similar to Evidence-Based Practice is “Research-Based Practice.” Programs achieving this designation generally have slightly less research or rigorous evaluation than Evidence-Based Practice but available research shows significant positive outcomes in practice. Many literature reviews use the terms “Evidence-Based” and “Research-Based” as interchangeable terms.

“Promising Practices” are programs and practices with less evaluation but still positive outcomes where evaluated. Many of these programs have been assessed and researched but have not yet been evaluated with a randomized controlled trial. These practices are generally determined to have the potential to meet the standards of an Evidence-Based or Research-Based practice with further evaluation.

Programs that are early in their evaluation and implementation history can be considered “Emerging Practice” if they show preliminary positive results and are based on related evidence. Emerging practice is also called “Evidence-Informed” practice in literature. At a minimum these programs incorporate a theory of change based on the best research literature available, ongoing evaluation, a manual or set of policies and procedures, and a commitment to continuous quality improvement.

Differential Response

Oregon has adopted a “differential response” model of child welfare engagement with the goal of preserving families, keeping kids safe and avoiding foster care entry when possible.

Oregon Department of Human Services will utilize a Differential Response for low and moderate risk cases without immediate safety concerns. All families will receive a comprehensive assessment to determine the level of risk and appropriate response and the agency will focus on connecting families to community resources. Higher risk families where child safety cannot be maintained without greater intervention will receive a more traditional response including a formal determination of child abuse or neglect as well as possible court intervention and/or placement in foster care.



The core components of Differential Response require partnerships with community service providers and options for at-risk families. Differential Response recognizes that family engagement is essential for effective intervention to keep children safe. The more response tracks available to meet the needs of families, the better the potential for productive engagement of parents.

As DHS moves towards the implementation of Differential Response, the broader community of funders, service providers, policy makers and agency leaders must address the challenges in the system of supports for parents and child abuse prevention that currently exists in Oregon. To successfully operate in a Differential Response system, Oregon’s families will mandate a differentiated system of care within communities with graduated services that meet the varying levels of family complexity. These services must be coordinated and adequately funded to ensure children and families are not left with an inadequate response to the risk of child abuse.

Stage of Evaluation	Theory of change based on research	Stated curriculum & policies	Ongoing quality improvement	Positive outcomes in practice	Some positive descriptive data	At least one study*; positive outcomes	Multiple studies*; positive outcomes
Evidence-based	✓	✓	✓	✓	✓	✓	✓
Research-based	✓	✓	✓	✓	✓	✓	
Promising	✓	✓	✓	✓	✓		
Emerging	✓	✓	✓	✓			

*Study refers to a randomized controlled trial; families receiving the program are compared on important child and family well-being outcomes to similar families who do not receive the program.

RECOMMENDATIONS

The Children's Trust Fund of Oregon with the Prevent Child Abuse Oregon Advisory Committee recommends the following considerations and actions in order to improve child abuse prevention efforts in Oregon.



Recommendations for Policy Makers and Funders:

Bring Existing Prevention Services to Scale – With more than 75,000 reports of suspected abuse in Oregon during 2011, there are simply not enough best practice parenting education and family support services to meaningfully reduce the risk of child abuse in the state. Limited programs are offered in select counties but few programs are offered statewide and no programs have capacity to meet the needs of their target population. Inadequate public and private funding limits access to these prevention services, leaving significant numbers of families without help. Best practice prevention services have proven outcomes but must be made available to families in need to create measurable change in community norms as well as individual behavior.

Expect Best Practice – Expect programs receiving funding and support to be those that have been evaluated and are considered Evidence-Based, Promising or Emerging. While there is a role for innovation, the creation of new programs is best done in conjunction with a research setting to ensure strong evaluation and a quality research design. Most programs serving children and families in Oregon would benefit from utilizing a program or curriculum that is already recognized as best practice.

Invest in Evaluation and Training – Simply adopting a best practice program is not enough to ensure positive outcomes. Staff and/or volunteer training on the implementation of the best practice program or curriculum as well as on-going evaluation of the program using standardized evaluation tools allows programs to continually monitor and improve the quality of their services and the efficacy of the program.

Consider Incentives for Families and Communities – A best practice program or curriculum is only as useful as the number of families and communities that access the services. Creative use of incentives for local communities and individuals participating in best practice programs may help increase the positive outcomes for the entire population by ensuring a wider impact and greater participation rates among families who would benefit from the services. The return on investment for best practice child abuse prevention programs would support the use of incentives to ensure parents and families benefit from these best practice programs.



Recommendations for Local Communities and Service Providers:

Select Best Practice Programs – The programs and curricula highlighted in this report are not the only recognized, best practice child abuse prevention programs but they do represent the programs that are being used in Oregon and have been recognized nationally. As service providers and local entities decide where to invest limited resources and what programs to offer to parents and families, we urge them to consider the best practice programs highlighted in this report.

Replicate, Replicate, Replicate – Adherence to recognized best practice programs requires more than simply the decision to utilize a curriculum or model program. Staff and volunteers need access to continual training and program information to encourage fidelity to the model program and programs must be held accountable for outcomes in line with expected results. Limited creative adaptations can help programs remain relevant and fresh to staff and program participants but these adaptations can also begin to veer off the established path for results. Core program or curriculum components and strategies should be recognized, reinforced and respected within the program delivery system.

Ensure a Range of Services are Available – Families in each community face a variety of needs and challenges requiring various levels of prevention and intervention services for families at risk of abuse. As individual communities and the state consider investments in prevention services, we must ensure there are best practice prevention programs available to families along the en-

tire spectrum of need and that those programs are well coordinated. Private service providers, state agencies and funders must collaborate so select groups of families are not served at the expense of other families seeking assistance.



Reduce Barriers to Parent Participation - Parents often find it difficult to access parenting education and support groups due to practical considerations such as scheduling difficulties, child care responsibilities and transportation. Reducing these barriers through the use of program elements like a shared meal, free child care, community-based program locations and a variety of offered program times can help increase participation. Creative use of new media formats such as online audio programming may also allow parents to benefit from parenting education resources even when they can't access a traditional class or group setting.

Consider Different Community Resources - The cost of prevention services is relatively inexpensive when compared to the negative outcomes for children who experience abuse and neglect. However, as communities look for ways to expand availability of prevention services, they should look for ways to engage the entire community including businesses, retired individuals and civic leaders. Child abuse prevention efforts benefit from a community-wide awareness and investment.

HIGHLIGHTED PROGRAMS

The Children’s Trust Fund of Oregon with the Prevent Child Abuse Oregon Advisory Committee has identified 12 leading child abuse prevention programs and/or parenting curricula operating in Oregon. These programs are recognized as Evidence-Based, Promising or Emerging programs from at least one national source and are being implemented in Oregon. This list is not inclusive of all good child abuse prevention programs and/or parenting curricula in the state but they are recognized by the Children’s Trust Fund of Oregon and the Prevent Child Abuse Oregon Advisory Committee as worthy of support, expansion and/or further study.



Highlighted Child Abuse Prevention Programs and/or Parenting Curriculum:

- Circle of Security (parenting curriculum)
- Effective Black Parenting Program (parenting curriculum)
- Healthy Start~Healthy Families Oregon (home visitation program)
- Incredible Years (parenting curriculum)
- Making Parenting A Pleasure (parenting curriculum)
- Nurse Family Partnership of Oregon (home visitation program)
- Nurturing Parenting Programs (parenting curriculum)
- Parents Anonymous (parenting support program)
- Parents as Teachers (parenting curriculum)
- Period of PURPLE Crying (parenting curriculum)
- Positive Indian Parenting Programs (parenting curriculum)
- Relief Nursery—Oregon (comprehensive parenting support program)

While innovation and on-going improvement have an important role in the field of child abuse prevention, the programs and curricula presented in this report can be utilized with confidence of positive outcomes if the program is applied with attention to the program design, curriculum, on-going evaluation and training of staff. Research and program innovations should generally only be undertaken in cooperation with a strong research partner to provide program implementation guidance and ensure the best fit for a quality research design, documentation of program features and training, and monitoring important program outcomes.

Circle of Security

SUMMARY:

The Circle of Security (COS) early intervention program helps mothers form lasting bonds with their infant by helping parents better understand the needs of their children and creating secure attachments. The program takes a visually based approach using both graphics and video clips. The focus of the teaching is how mothers and babies form strong bonds, and learning how to look closely at parent/child interactions to recognize and sensitively respond to children's needs. An example is showing mothers how children use their caregiver as a secure base from which to explore their environment and then as a safe place to go to in times of distress (procedure called the 'Strange Situation' attachment assessment). The program usually lasts about 4 months and includes a two-hour video session, followed by individualized mother/child video-taped review sessions. Individualized sessions are mothers and infants interacting. Typically the sessions are done in the home or at another facility depending on circumstances.

STRATEGIES USED:

Parenting Education 

OREGON IMPLEMENTATION:

This parenting curriculum is utilized in Multnomah, Washington, Marion and Lane Counties.



POPULATIONS SERVED: Families with stressful life circumstances, including children enrolled in Early Head Start or Head Start programs, incarcerated women; women with an irritable baby.

OUTCOMES:

Families and their infants participating in the COS-home visiting intervention viewed a video presentation of the 'Strange Situation' attachment assessment in a research office and then received four home visits. These families showed improvements in mothers' maternal attachment style (Cassidy 2011). After receiving the COS program, another study reported that Early Head Start and Head Start children showed an increase in security of attachment (Hoffman 2006). High risk women in a jail diversion program receiving COS showed greater maternal sensitivity and improved maternal depression scores (Cassidy 2010).



EVIDENCE LEVEL: Promising Program

More information: www.circleofsecurity.net

Effective Black Parenting Programs

SUMMARY:

Effective Black Parenting Programs (EBPP) is a parent skill-building program created specifically for parents of African American children. Focus is placed on culturally specific parenting strategies including achievement orientation, discipline, and cultural pride. General parenting practice lessons include child development knowledge, effective praise, and other positive discipline strategies. All skills are taught in a culturally-sensitive manner. Parents participate for 15, 3-hour weekly sessions in small groups or in a 6.5 hour abbreviated seminar. The program has been disseminated via instructor training workshops conducted nationwide for over two decades in 40 states.

STRATEGIES USED:

Parenting Education 
Group Meetings 

OREGON IMPLEMENTATION:

This parenting curriculum is currently utilized in Multnomah County.



POPULATIONS SERVED: African-American families living in high-risk situations that can lead to child maltreatment.

OUTCOMES:

African American families participating in the program showed selected improvements in a number of parental behaviors including improvement in the quality of family relationships and use of specific positive parenting behaviors. Some positive change was also seen in child behavior outcomes and continued into one year follow-up, including improvement in hyperactive and withdrawn behavior in boys and sexual problem behaviors in girls (Meyers 1992).



EVIDENCE LEVEL: Promising Program

More information: www.ciccparenting.org

Healthy Start~ Healthy Families Oregon

SUMMARY:

Healthy Start~Healthy Families Oregon (HS~HF OR) is based on Healthy Families America, a nationally recognized home visiting program model designed to work with families who are at-risk for adverse childhood experiences, including child maltreatment. HS~HF OR services begin prenatally or right after the birth of a baby. Home visits are individualized to address the unique service and cultural needs of each family. The goals of the program include helping families build a strong bond between parent and child, teaching families about what infants and children normally do at different ages, and modeling positive parenting behavior. The program also aims to help families succeed at moving out of high risk and stressful situations. The overarching goal is to foster child and family well-being and prevent child abuse and neglect. Families are offered weekly 1-hour home visits from birth to six months. Visit frequency is reduced and services lessen over time as families achieve healthy functioning. The program varies in length depending on the family needs, typically birth to 3 years (up to 5 years if needed).

OREGON IMPLEMENTATION:

Healthy Start~Healthy Families Oregon was created in 1993 with a mandate from the Oregon Legislature to provide services to all first-time parents in the state of Oregon. It is the largest child abuse prevention program in the state, screening first births and providing services to a portion of high risk families in all Oregon counties, except Lake. In June 2007, Oregon's multi-site program was the 6th state in U.S. to receive accreditation by Healthy Families America.

POPULATIONS SERVED: First time mothers with children ages 0-3 years; services start before birth or within 3 months of birth. Families may have additional stressful life circumstances including teen-age status, single parent status, low-income, less than high-school education, social isolation, unstable housing, substance abuse, depression or mental illness, parental history of abuse in childhood and others.

OUTCOMES:

Mothers in the program had less low birth weight infants, with African-American and Latina

STRATEGIES USED:

Home
Visitation



Parenting



mothers doing particularly well in this area (Lee 2009). At four follow-up points through the child's 7th birthday, parents receiving services reported committing fewer acts of harsh parenting, were less aggressive toward their children, and used more positive parenting practices (Rodriguez 2010). At age 7, children in the program did better on language skills and were in more gifted school programs (DuMont 2010).

Maltreatment data for HS~HF OR families showed children under 3 served by HS~HF OR have less maltreatment compared with similar-age non-served children (NPC Research). Reports from Oregon show that HS~HF OR families report feeling better about parenting skills, family stress, and providing school readiness activities for their children.



EVIDENCE LEVEL: Evidence-Based Program

More information: www.healthyfamiliesamerica.org

Incredible Years

SUMMARY:

The Incredible Years is a parent training, teacher training, and child social skills training system

STRATEGIES USED:

Parenting
Education



noted as a "Model" program by the Center for Substance Abuse Prevention (CSAP) and endorsed by the American Psychological Division 12 Taskforce as a viable treatment for children with conduct problems. The Incredible Years is a set of training modules for children ages 2 to 10 years old and their parents and teachers. The lessons are designed to increase healthy communication with the goal of helping children and parents to prevent, reduce, and treat children's behavioral and emotional problems. The BASIC Parent-Training Program includes 12 to 14 two-hour weekly trainings using videotaped scenes to get parents talking about problem-solving and sharing of ideas. The lessons emphasize parenting skills and teaching parents how to play with children, help children to learn, give effective praise and incentives, use limit-setting, and handle misbehavior. Different versions of the program are available for classroom teachers and therapists, and can be geared toward children with special behavioral and emotional needs.



OREGON IMPLEMENTATION:

Many organizations in Oregon use the Incredible Years curriculum. The Morrison Center in Portland is currently funded for this program. Mid-Valley Behavioral Care Network is funding Incredible Years in Linn, Polk and Marion Counties. Other areas in Oregon operating the program include Umatilla, Linn, Benton, Hood River, Lane, Lincoln, Deschutes, Yamhill and Washington Counties.



POPULATIONS SERVED: The Incredible Years series targets children ages 2 to 10 years who are at risk for, or who are exhibiting, conduct problems. Parents may be self-referred or referred to the program.

OUTCOMES:

Multiple studies have shown positive changes for families participating in various levels of this program, looking at the parent component alone, and also including child and teacher components. Families who went through the parent training – early childhood component – compared to non-program families, program participants reported fewer problem behaviors such as whining, crying, and noncompliance, antisocial behavior, hyperactivity, and daily reports of total problems (*Scott 2011*). Another group of parents who completed the Incredible Years program reported their children's willingness to help others increased and parental use of spanking decreased (*Webster-Stratton 1992*). In addition, six months after the program ended, conduct problems were decreased in youth that participated. Teachers also reported better behavior in the classroom for previously troubled toddlers in the program (*Patterson 2002*).



EVIDENCE LEVEL: Evidence-Based Program

More information: www.incredibleyears.com

Make Parenting A Pleasure

SUMMARY:

Make Parenting A Pleasure (MPAP) was created by Parenting Now!, a parenting support organization located in Eugene, Oregon. The parenting curriculum was designed to reduce isolation while increasing parenting information and social support for stressed parents. Emphasis is given on supporting parents by creating peer-to-peer relationships and then builds the focus on parent and child relationships and interactions. Parents learn the importance of taking care of themselves with practical stress management skills while also learning to understand the needs of their children and ways to meet those needs. Make Parenting A Pleasure curriculum can be used over several months or adapted to a year-long program depending on the needs of a group.

STRATEGIES USED:



OREGON IMPLEMENTATION:

Make Parenting a Pleasure is offered in Hood River, Coos, Curry, Douglas, Linn, Benton, Wallowa, Baker, Lane, Lincoln, Marion, Crook, Deschutes, Jefferson, Multnomah, Polk and Yamhill counties.



POPULATION SERVED: Make Parenting a Pleasure is intended for parents with children 0-6 years of age who are experiencing stress. MPAP was designed for a wide spectrum of socioeconomic, educational, cultural, ethnic, religious and geographic conditions.

OUTCOMES:

MPAP was named as a national family-strengthening model by the Federal Office of Juvenile Justice and Delinquency Prevention. Two empirically designed evaluations of MPAP showed significant increases in parents' self-esteem and positive feelings about parenting and decreases in parents' inappropriate discipline practices. Those who scored in the clinical range of having problems with their children at pretest reported a significant reduction in over-reactivity, verbosity, and laxness when interacting with their children after completing the class. Another evaluation showed significant results in less parental stress and less stress between partners as well as a decrease in abuse potential, parenting rigidity and an increase in happiness.



EVIDENCE LEVEL: Promising Program

More information: www.parentingnow.net

Nurse Family Partnership of Oregon

SUMMARY:

The Nurse Family Partnership (NFP) of Oregon is based on an internationally recognized, Evidence-Based community health program currently being implemented in 42 states in the United States. The program pairs mothers pregnant with their first child and a registered nurse from early pregnancy to the child's second birthday. Program-trained registered nurses work with moms in their homes every one to two weeks to teach and role model healthy ways to play with, comfort and care for their infants and toddlers. These interactions help form a strong bond between parent and child as well as healthy development for the child. Families also learn about choosing healthy diets, quitting smoking, preparing for their future regarding supporting their families, having additional children, and how to strive toward continuing their education and work lives. Key to this program is the development of a close relationship between the nurse and mother.

OREGON IMPLEMENTATION:

The Nurse-Family Partnership currently serves clients in Crook, Deschutes, Douglas, Jefferson, Lane, Lincoln, Multnomah and Umatilla/Morrow Counties.

POPULATIONS SERVED: First time pregnant mothers, many with additional risk factors including being teen moms, low-income, single parents, and less than a high-school education. Services are provided through the child's second birthday.

OUTCOMES:

Multiple randomized trials nationally have shown positive results for families participating in NFP. Moms in the program smoked less cigarettes and had more planned pregnancies vs. unplanned pregnancies. They also had homes that were safer for their children and less problems adjusting to motherhood (*Olds 1994*). Also, program moms had less emergency department visits for injuries during the child's first two years of life. Mothers reported not believing physical or harsh punishment was a good idea, and also had an accurate understanding of what kinds of things were

STRATEGIES USED:

Home Visitation



Parenting



normal for a child to be doing at their child's age (*Kitzman 1997*). Children who had been in NFP showed higher reading and math skills at age six and nine (*Olds 2004*) and also showed less problems with police arrests and troubled behavior as teenagers (*Olds 1998*). Long term follow-up of families showed that program children were less likely to die from preventable causes than those in the non-program group (*Olds 2007*).



EVIDENCE LEVEL: Evidence-Based Program

More information: www.nursefamilypartnership.org

Nurturing Parenting Programs

SUMMARY:

The Nurturing Parenting Programs are family-based programs offered in group-based and home-based settings for the treatment and prevention of child abuse and neglect. The program designed for birth to 5 years old focuses on teaching parents about recognizing and understanding feelings, on track/age appropriate infant and child development, nurturing parenting routines, examples of alternatives to hitting and effective non-violent discipline. The program also shows parents ways to foster child self-confidence, healthy choice making and communications, and building caring relationships. Programs are also designed for parents with school-aged children 5 to 11 years old and teens 12 to 18 years old. Program formats range from 12 to 48 sessions (4 sessions per month). Programs are varied and can be tailored toward the needs of families and organizations including age and cultural considerations.

STRATEGIES USED:

Home Visitation



Parenting



OREGON IMPLEMENTATION:

Nurturing Parenting Programs are being implemented in Clackamas, Lane and Washington counties.



POPULATIONS SERVED: Parents who are at high-risk for, or have substantiated reports of, child maltreatment.

OUTCOMES:

One study in Louisiana used statewide administrative data on caregivers of young children referred to NPP for suspected abuse and neglect. Six months after completing the program, those caregivers who attended more sessions had less child maltreatment reports. Two years after being involved in NPP, caregivers attending more sessions were less likely to have a substantiated maltreatment report as well (*Maier 2011*). Another study of predominantly non-white families at risk for maltreatment showed that those taking NPP classes had positive changes in some of their parenting behaviors including more appropriate expectations of their child's behavior, more empathy, and more reports of nurturing behavior (*Devall 2004*).



OREGON IMPLEMENTATION:

Parents Anonymous of Oregon is offered in Multnomah and Marion counties.



POPULATIONS SERVED: General population; can be geared toward specific populations including parents impacted by substance abuse, teen parents or parents of children with special needs.

OUTCOMES:

A recent national study, funded by the US Department of Justice, examined diverse caregivers participating in Parents Anonymous mutual support groups in 19 states. The study showed improvements in child maltreatment outcomes and some risk factors and protective factors. Overall, parents who attended group continuously for six months showed statistically significant improvement on seven measures including parenting distress, parenting rigidity, psychological aggression toward children, life stress, intimate partner violence, alcohol use and drug use. Parents starting out with particularly serious needs showed even greater improvement on every measure (*Polinsky 2010*). Another study of caregivers from Wisconsin (*Post-Kammer 1998*) with self-disclosed abusive history showed that PA attenders reported greater ability to cope with stress and a less reported verbal and physical abuse. A qualitative study of Latino families in Parents Anonymous confirmed these outcomes and affirmed other results regarding economic prosperity and family stability.



EVIDENCE LEVEL: Promising Program

More information: www.nurturingparenting.com

Parents Anonymous

SUMMARY:

Parents Anonymous is a family-strengthening program where parents and facilitators meet at community-based weekly support groups. The program is designed to be open to any parent or caregiver seeking support and positive parenting strategies regardless of the age or special challenges of their children. The four main principles are mutual support, parent leadership, shared leadership, and personal growth. National standards of group practice are published and monitored. Groups are co-facilitated by a trained Facilitator and Parent Group Leader to address any issue the group participants want to discuss, including topics such as child development, age appropriate expectations, communication strategies, positive discipline, effective parenting strategies, anger management techniques and self-care. While caregivers are meeting, children participate in sessions working to build self-esteem, teach emotional management, change behavior and strengthen family relationships to improve the overall wellbeing of children. Caregivers play a role in planning all aspects of both the caregiver and child elements of the program.

STRATEGIES USED:

Group Meetings



EVIDENCE LEVEL: Promising Program

More information: www.parentsanonymous.org

Parents as Teachers

SUMMARY:

Parents as Teachers (PAT) is a national and international early childhood parent education program, with more than 3,000 sites operating nationwide. The program aims to improve parenting skills, prevent child abuse and neglect and give children the skills they need to be successful in school. Educators provide home visits to support families from pregnancy to the time children enter kindergarten with the main goals of increasing parent knowledge of what children should be doing at different ages and knowing when a child is off track with their development. During the personal one hour home visits, parent educators help caregivers learn to observe their children, address their parenting concerns, and engage the family in activities that provide meaningful parent-child interaction. Frequency of visits are scheduled depending on family need and program funding. PAT program services also include child medical health screenings, parent group meetings, and a resource network that links families with needed community resources.

STRATEGIES USED:



OREGON IMPLEMENTATION:

Versions of this program are widely implemented in counties across Oregon, including Coos, Multnomah, Linn, Marion, Benton, Lane, Yamhill, Morrow, Lincoln and Hood River.



POPULATIONS SERVED: Families with an expectant mother; parents of children up to kindergarten entry (usually 5 years).

OUTCOMES:

In a number of studies, PAT has shown to improve the amount of time families read to their children and children's readiness for kindergarten (Pfannenstiel 2002). Parents report feeling happier about taking care of their children and possess greater acceptance of their children's behaviors (Wagner 2002). School readiness and achievement in later grades was also associated with participation in the program (Zigler 2008).



 **EVIDENCE LEVEL: Promising Program**

More information: www.parentsasteachers.org

Period of PURPLE Crying

SUMMARY:

Period of PURPLE Crying is a parent education curriculum used to teach new parents about normal infant crying, the most common trigger for shaking an infant. Shaking an infant too hard can cause permanent brain damage and death. This program is a shaken baby syndrome prevention program with the letters 'PURPLE' to stand for the common things parents should expect from crying infants, including crying that will not respond to any soothing efforts, during the first few months. Parents are often provided information while in the hospital for the birth of a child. The program includes a DVD and 11-page booklet to take home to review and share with others.

STRATEGIES USED:



OREGON IMPLEMENTATION:

This curriculum is being offered at hospitals, advocacy centers and community centers throughout Oregon including the following counties: Yamhill, Washington, Multnomah, Douglas, Clackamas, Josephine, Klamath, Lincoln, Marion, Linn, Malheur, Coos, Jackson, Benton, Union, Deschutes and Lake.



POPULATIONS SERVED: All mothers of new infants to understand early infant crying and shaken baby syndrome.

OUTCOMES:

One study gave half the moms the 'PURPLE Crying' materials and usual care materials (infant safety and safe sleep) while the other half received only usual care materials. At two months following birth, those moms receiving the PURPLE intervention showed higher knowledge scores about crying and shaking the baby, more minutes of contact during crying and were more likely to share information with others about the dangers of shaking your baby (Barr 2009). Another study gave materials to mothers at a home visit two weeks after birth. Six weeks after receiving materials mothers who received the program materials reported sharing information about infant safety more and also walked away during intense crying more often (Canadian Medical Association 2009).



 **EVIDENCE LEVEL: Promising Program**

More information: www.dontshake.org

Positive Indian Parenting Programs

SUMMARY:

Positive Indian Parenting was written and developed by the National Indian Child Welfare Association (NICWA) to help parents regain a connection with their culture and learn a mixture of old parenting patterns and new parenting strategies and skills. NICWA functions as the only Native American organization focused specifically on issues of child maltreatment and tribal capacity to prevent and respond effectively to these issues. NICWA provides workshops and training programs, using culturally appropriate NICWA developed resources, including training materials. The old teachings, values, and family systems are still at the core of child maltreatment prevention in Indian country, but more formal community responses are also in place. The Positive Indian Parenting program offers training for Indian parents using a culturally-specific approach. Historical parenting strategies such as storytelling, cradleboards, harmony, lessons of nature, behavior management, and the use of praise are included in the curriculum.

STRATEGIES USED:

Parenting Education 

OREGON IMPLEMENTATION:

Polk, Klamath, Lincoln, Multnomah, Jefferson, Umatilla counties currently have a Positive Indian Parenting Program in operation.



POPULATIONS SERVED: Native American families with children ages 0-18.

OUTCOMES:

Initial NICWA qualitative evaluation data shows promising outcomes for parent engagement and education. Substance Abuse and Mental Health Services Administration has recognized Positive Indian Parenting as a cultural best practice and the program was also named a best practice by the First Nations Behavioral Health Association.



 **EVIDENCE LEVEL: Emerging Program**

More information: www.nicwa.org

Relief Nursery-Oregon

SUMMARY:

The Relief Nursery provides a blend of comprehensive family support and therapeutic early childhood services designed to address the needs of low-income families with young children at risk for child abuse and neglect. The model includes therapeutic early childhood education in classroom settings, home visits, parent education, support groups, respite care, case management, and assistance accessing other community services. Other services are available depending on the program. These programs are often geared toward families at high risk of involvement with the child welfare system and/or who have current or previous child welfare involvement. Relief Nursery programs aim to improve family functioning and positive parent-child interactions. Programs ultimately work to reduce family risk factors linked to maltreatment, stabilizing families so that children can live safely with their parents and minimize child welfare contact.

STRATEGIES USED:

Home Visitation 
Parenting Education 
Case Management 

OREGON IMPLEMENTATION:

Relief Nurseries are currently operating in 15 sites in the following counties:

Lane, Multnomah, Marion, Clackamas, Deschutes, Malheur, Jefferson, Umatilla, Polk, Linn, Benton, Douglas and Jackson.



POPULATIONS SERVED: Families with young children at risk for maltreatment. Most families have multiple risk factors for abuse including but not limited to: extreme low income, prior involvement in child protective services, high stress, substance abuse, unemployment, lack of personal support system and domestic violence.

OUTCOMES:

Evaluation of Relief Nursery programs in Oregon shows increased positive family functioning, reduced risk factors, increased early literacy, and decreased child welfare contact. Parents enrolled in the Relief Nursery also had increased employment and reduced emergency room services for their children (*Burrus 2009*).



 **EVIDENCE LEVEL Promising Program**

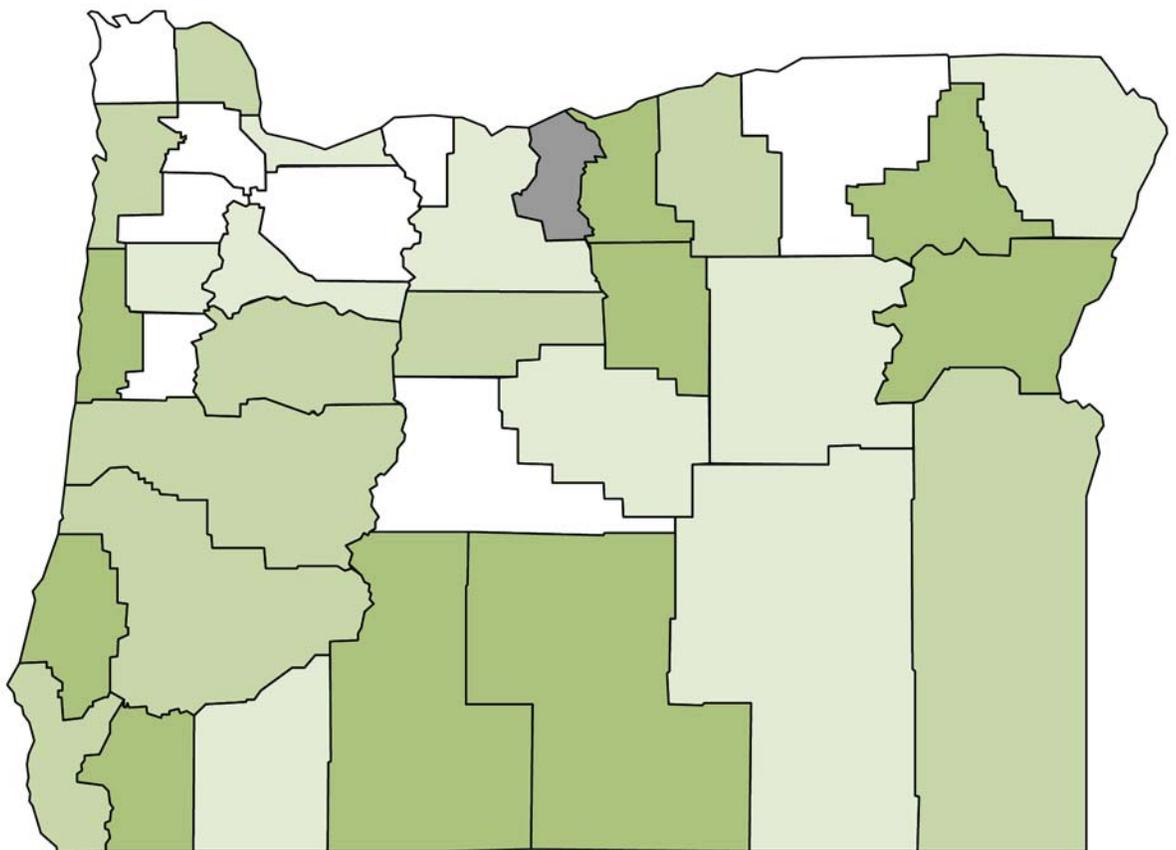
More information: www.reliefnursery.org

APPENDIX

Child Abuse Victims per 1000 Children

Baker	24.1
Benton	9.2
Clackamas	9
Clatsop	10.6
Columbia	17.6
Coos	24.3
Crook	13.1
Curry	17.9
Deschutes	8.4
Douglas	18.5
Gilliam	60
Grant	11.4
Harney	12.3
Hood River	7.4
Jackson	14.7
Jefferson	17.2
Josephine	23.5
Klamath	25.4
Lake	25.4
Lane	15.4
Lincoln	22
Linn	19.8
Malheur	19.4
Marion	13
Morrow	16.5
Multnomah	14.6
Polk	11
Sherman	NA
Tillamook	18
Umatilla	9.3
Union	22.5
Wallowa	14.9
Wasco	11.2
Washington	9.4
Wheeler	53
Yamhill	9.1

0 - 10.8
 10.9 - 15.1
 15.2 - 20.3
 20.4 - 59.9



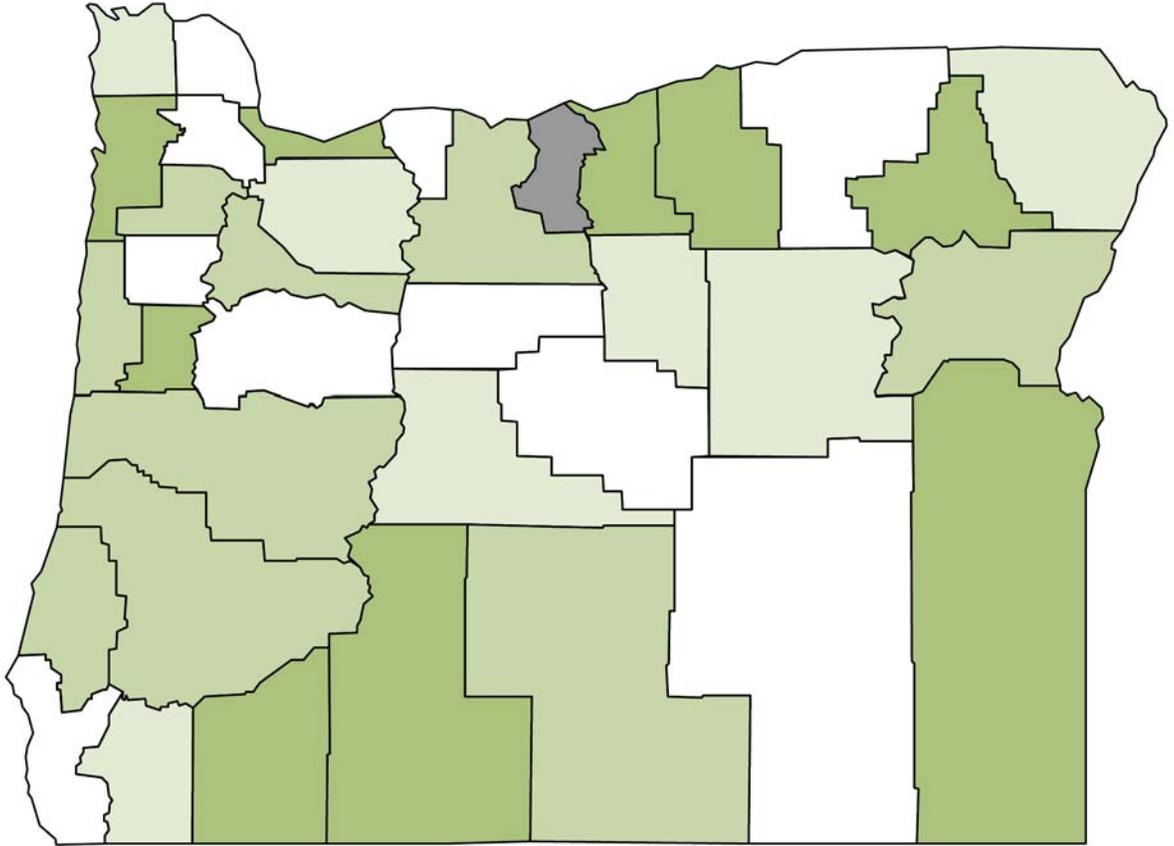
Source: Children First for Oregon 2012 County Data Book

Design: Matthew Quince

Child Abuse Reports per 100 Children

Baker	8.9
Benton	17.2
Clackamas	5.7
Clatsop	5.4
Columbia	4.5
Coos	11
Crook	3.9
Curry	4.6
Deschutes	5.6
Douglas	9.4
Gilliam	14
Grant	6.1
Harney	5
Hood River	4.3
Jackson	12.4
Jefferson	4.4
Josephine	5.2
Klamath	15
Lake	9.2
Lane	8.3
Lincoln	6.5
Linn	4.9
Malheur	11.6
Marion	10.5
Morrow	36.6
Multnomah	11.7
Polk	3.6
Sherman	NA
Tillamook	41.8
Umatilla	3.8
Union	12.1
Wallowa	6
Wasco	7.8
Washington	5
Wheeler	5.3
Yamhill	6.6

0 - 4.9
 5 - 6.2
 6.3 - 11.1
 11.2 - 41.7



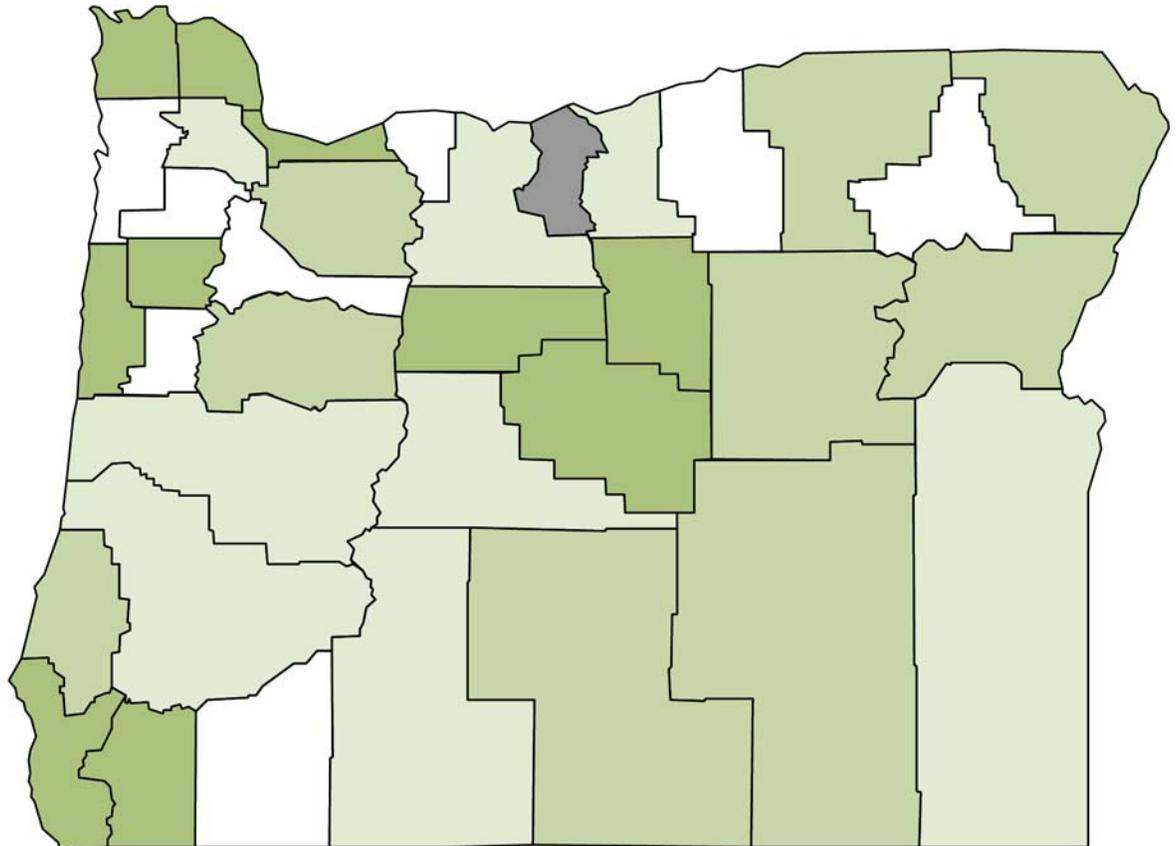
Source: Children First for Oregon 2012 County Data Book

Design: Matthew Quince

Percent of Reported Abuse Cases Assessed

Baker	72.3
Benton	11.1
Clackamas	52.3
Clatsop	92.9
Columbia	92.8
Coos	57.6
Crook	94.9
Curry	96.2
Deschutes	46.8
Douglas	46.4
Gilliam	40.8
Grant	84.7
Harney	81.7
Hood River	31.1
Jackson	30.1
Jefferson	94.6
Josephine	89.4
Klamath	46.3
Lake	68.8
Lane	48
Lincoln	91
Linn	85.7
Malheur	48.1
Marion	35.5
Morrow	6.1
Multnomah	40.4
Polk	91.5
Sherman	NA
Tillamook	18.3
Umatilla	80.1
Union	39.3
Wallowa	58
Wasco	40.9
Washington	51.5
Wheeler	100
Yamhill	30.4

0 - 40
 40.1 - 51.8
 51.9 - 86.5
 86.6 - 99.9



Source: Children First for Oregon 2012 County Data Book

Design: Matthew Quince

ENDNOTES

Child Abuse and Neglect in Oregon:

Child Maltreatment 2011: <http://www.acf.hhs.gov/sites/default/files/cb/cm11.pdf>

Oregon DHS maltreatment definitions: http://www.oregon.gov/dhs/children/pages/abuse/abuse_neglect.aspx

Oregon Department of Human Services: 2011 Child Welfare Data Book. <http://www.oregon.gov/dhs/abuse/publications/children/2011-cw-data-book.pdf>

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Pathways to poly-victimization. *Child Maltreatment* 14(4):316-329.

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English, D.J., Widom, C.S., & Brandford, C. (2004). Another look at the effects of child abuse. *NIJ journal*, 251, 23-24.

Silverman, A.B., Reinherz, H.Z., & Giaconia, R.M. (1996). The long-term consequences of child and adolescent abuse: A longitudinal community study. *Child Abuse and Neglect*, 20(8), 709-723.

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Child Welfare Information Gateway (2006). Long-term consequences of child abuse and neglect. <http://www.childwelfare.gov/can/impact/longterm/abuse.cfm>

Prevention Works:

Center for the Study of Social Policy: <http://www.cssp.org/reform/strengthening-families>

Where available, categories adapted from promising practices program descriptions or California Evidence-Based Clearing House for Child Welfare; at www.promisingpractices.net or www.cebc4cw.org; accessed 1/13/13

Circle of Security

Program description/studies <http://www.cebc4cw.org/program/circle-of-security/detailed>

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Cassidy, J., Ziv, Y., Stupica, B., Sherman, L. J., Butler, H., Karfgin, A., ... Powell, B. (2010). Enhancing maternal sensitivity and attachment security in the infants of women in a jail-diversion program. In J. Cassidy, J. Poehlmann, & P. R. Shaver (Eds.), *Incarcerated individuals and their children viewed from the perspective of attachment theory*. Special issue of *Attachment and Human Development*, 12, 333-353.

Effective Black Parenting Program

Program description <http://www.cebc4cw.org/program/effective-black-parenting-program/detailed>

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Healthy Families America / Healthy Start Oregon

Program description www.cebc4cw.org/program/healthy-families-america-home-visiting-for-child-well-being/

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Executive Summary 2007 http://www.npcresearch.com/Files/Healthy_Start_Status_Report_Executive_Summary_2007-08.pdf; accessed 1/19/13

Incredible Years

Program description www.incredibleyears.com/;

Outcomes for families participating in different levels/components of the program, www.promisingpractices.net/program.asp?programid=134

Scott, Stephen, Quentin Spender, Moira Doolan, Brian Jacobs, and Helen Aspland, "Multicentre Controlled Trial of Parenting Groups for Childhood Antisocial Behaviour in Clinical Practice," *British Medical Journal*, Vol. 323, 2001, pp. 1-7.

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Program studies summarized from www.promisingpractices.net/program.asp?programid=16;

Olds, D., et al., "Does Prenatal and Infancy Nurse Home Visitation Have Enduring Effects on Qualities of Parental Caregiving and Child Health at 25-50 Months of Life?" *Pediatrics*, Vol. 93, 1994, pp. 89-98.

Kitzman, H., et al., "Effect of Prenatal and Infancy Home Visitation by Nurses on Pregnancy Outcomes, Childhood Injuries, and Repeated Childbearing: A Randomized Controlled Trial," *Journal of the American Medical Association*, Vol. 278, No. 8, 1997, pp. 644-652.

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