

**Child Abuse and Neglect in Klamath County, Oregon:
A birds-eye view of service provision and community partner relationships**

by

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November 2011

Working Paper 11-02

Research presented to Klamath-Lake CARES



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An Executive Summary of Research Prepared By Misty Freeman and Emily Wornell
Presented to Klamath-Lake CARES and Community Partners
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Introduction to the project

This project was designed to get to the bottom of why child abuse and neglect rates continue to be so high in Klamath County. Community partners have a strong relationship with each other and are cooperating to address these issues; nevertheless, the numbers of children experiencing maltreatment remains well above the average for the state of Oregon.

The goal of this research is to help Klamath-Lake CARES and its community partners have a greater understanding of child maltreatment trends in Klamath County as well as identify the areas that the county is particularly strong in providing child welfare services and where potential gaps in service may exist.

The research project was completed in two parts. The first part consisted of analyzing statistics on child maltreatment from CARES, Klamath County Department of Human Services, and Klamath Falls Police Department. Part of this analysis included review of definitions used by several organizations to make a determination of "founded" child abuse. The second part of the research project consisted of community partner interviews and a focus group with the Klamath County MDT.

Literature review

The literature review focused on best practices for intervention and prevention efforts, some of which are already in place in Klamath County. These include: multidisciplinary teams, home visitation programs, school-based education programs, parent training and education programs, multimedia campaigns, and offender treatment programs. Additionally, the literature suggests that programs based on data-driven evidence and that take into account the culture of the community are most effective in treating and preventing child maltreatment.

Quantitative Data

A main theme that surfaced in our review of quantitative data regarding child abuse and neglect was that community partners differ significantly in how they keep track of outcomes. In fact, a number of organizations do not keep data, or track specific items required by agencies to which they report. We were able to compare data from three agencies that keep relatively similar data, although each is reporting different information about child maltreatment in the County.

In comparing data from CARES, DHS, and KFPD, at least some of the differences in the data can be explained by differences in each organization's definition of child maltreatment and mandates under which each agency operates. The issue of child sexual abuse, however, is an area that we suggest needs more research to determine why the rates reported by each agency are so different.

Another area for future research would be to collect and compare data from all community partners, with the ultimate goal of developing standardized measures to better track outcomes for children.

Qualitative Data

The questions that we asked community partners in interviews focused on strengths, challenges, and visions for the future. Most community partners agreed that the county's strengths lie in service providers' dedication to and passion for addressing issues of child abuse and neglect. Many partners pointed to the Multidisciplinary Team and CARES as elements of the system that are working particularly well. However, multiple partners also addressed the perception of collaboration as not as fully realized as the community believes. Other significant challenges discussed by partners included budget cuts and misperceptions of DHS' limitations and mandates by both community members and partners.

Community partners' visions for the future predominantly focused on a more cohesive delivery of services across organizations. Several partners mentioned the need for a unified vision in addressing child abuse and neglect issues in the future, which largely included an increased focus on prevention.

Recommendations

Based on the people we met and their opinions of the other partners working in the community, we see a bright future for Klamath County. Using the Communication/Coordination/Collaboration model of social service provision developed by Burt and Nightingale (2010), we have prepared the following recommendations for your consideration:

1. Engage in communication to strengthen foundation necessary to move from a coordinated to a collaborative model of service provision
2. Develop a unified focus, which we suggest should be shared equally between intervention and prevention efforts
3. Set goals as a service community
4. Develop and maintain a system for tracking measurable outcomes
5. Review programs based on goals and desired outcomes, and make adjustments to programs and use of resources based on demonstrated effectiveness

An important element of our recommendations is the concerted effort to include those groups that were identified by community partners as being at the margin of this effort, specifically the Klamath Tribes and the Hispanic community.

Finally, our report includes areas for future research that we believe would further improve outcomes for children in Klamath County. Foremost among these is research into the effectiveness of prevention programs and a more comprehensive and in depth analysis of data differences between agencies, especially around sexual abuse.

This project was designed to get to the bottom of why child abuse and neglect rates continue to be so high in Klamath County. Community partners have a strong relationship with each other and are cooperating to address these issues; nevertheless, the numbers of children experiencing maltreatment remains well above the average for the state of Oregon.

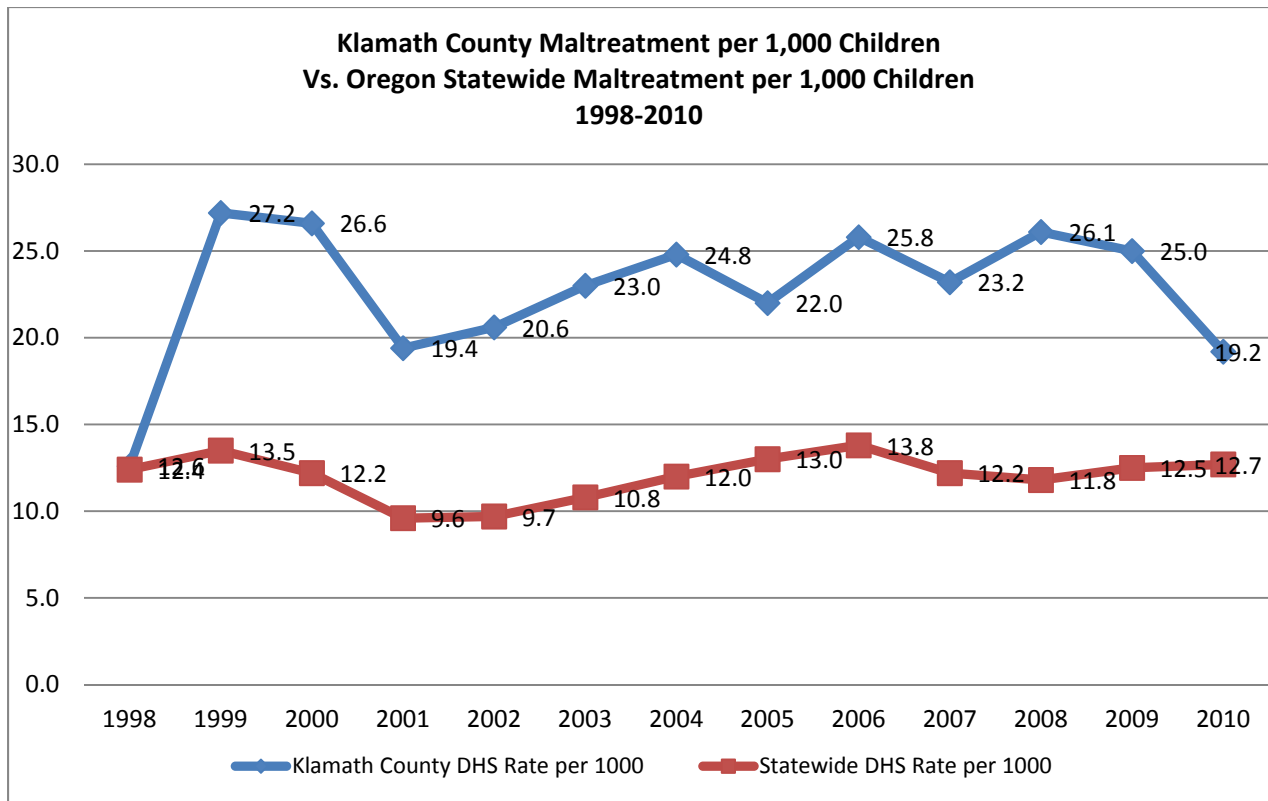
The goal of this research is to help Klamath-Lake CARES and its community partners have a greater understanding of child maltreatment trends in Klamath County as well as identify the areas that the county is particularly strong in providing child welfare services and where potential gaps in service may exist.

Publicly available data from social service organizations appear to report different child welfare outcomes in Klamath County. For example, recent data from Klamath-Lake CARES indicate that overall child abuse and neglect rates are on the rise in the county, while similar reports from the Department of Human Services are showing the opposite trend. Because Klamath-Lake CARES, Department of Human Services, law enforcement agencies, and other community partners work together very closely on child welfare issues, this research was intended to shed light on the trends in child welfare outcomes and why organizations may be reporting different outcomes, based on different definitions of child abuse and neglect. An area for future research would be to providing an in depth analysis into these different definitions, along with the differences in protocol leading to a determination of founded, unfounded, or unable to determine with respect to child abuse and neglect.

The qualitative portion of the research project sought to discover the strengths and areas for improvement that exist in Klamath County with respect to providing social services. The information gleaned from this part of the study is included in this report to help CARES and its community partners set goals for the future.

Background for the project

The community of Klamath County has high rates of child abuse and neglect compared to the state as a whole, and this has been the trend for a number of years. For example, in 2010 11,188 children were victims of child maltreatment in the state of Oregon, and 302 children were victims of child maltreatment in Klamath County. These numbers can be compared in that the 2010 statewide rate of victims per 1,000 children was 12.7, while the rate for Klamath County was 19.2 victims per 1,000 children. The number of victims in Klamath County per 1,000 children has exceeded the Oregon statewide rate every year since 1998.



There are a number of community partners working hard to address issues of child maltreatment in Klamath County, passionate and dedicated to the cause. While Department of Human Services statistics demonstrate that over the last three years, child maltreatment rates have been decreasing, Klamath-Lake CARES is seeing increasing cases of severe abuse, especially sexual abuse, indicating that there is additional work to be done in the County. The importance of this project is twofold: first, to give the community a better understanding of the different trends shown by statistics collected by various agencies; and second, to help community partners solidify their vision for the future.

There is a general sense from community partners that while organizations are working hard and collaborating well with one another, child maltreatment rates seem to remain elevated. In the words of one community partner:

What’s amazing to me [is that] virtually everybody’s working on it, but we’re not making a difference.

The themes that came out of the interviews with the community partners are a foundation upon which we have formed policy recommendations, identified areas needing further research, and offer the community the tools to develop goals for the coming years.

See Appendix A for a comparison of Klamath County and Oregon data.

Literature Review

Effectively implementing primary prevention programs of child abuse and neglect is the subject of much debate and research. Stopping abuse before it ever starts is not only extremely difficult to measure, but largely depends on altering structural issues in society that are much bigger and insidious than child abuse and neglect prevention or intervention agencies could begin to tackle on their own. High poverty, unemployment, crime and drug and alcohol abuse rates as well as low educational attainment all contribute to abuse and neglect rates in a community (Betha, 1999; Brown, Cohen, Johnson and Salzinger, 1998; Ruffolo, Evans and Lukens, 2003; Weissman, Jogerst and Dawson, 2003). These societal issues are even more pronounced in rural areas, often making child abuse and neglect rates higher than in urban centers and rural residents less likely to report abuse (Manning and Cheers, 1995; Mattingly and Walsh, 2010; Menard and Ruback, 2003; Weissman, Jogerst and Dawson, 2003). Some primary prevention measures are slightly more attainable as they are related to family structure, parental education of childhood development and access to social services (Brown, Cohen, Johnson and Salzinger, 1998; Duggan, Caldera, Rodriguez, Burrell, Rohde and Crowne, 2007; Howard and Brooks-Gunn, 2009; MacMillan, Wathen, Barlow, Fergusson, Leventhal and Taussig, 2009; Silovsky, et al, 2011; Weissman, Jogerst and Dawson, 2003). Finally, new research regarding co-morbidity of child maltreatment, domestic violence and animal abuse also provides insights into the overlapping nature of violence in a community, and suggests that these issues should likely be addressed in tandem, or – at the very least – with the recognition of their connection (Becker and Lesley, 2004; Flynn, 2011; Humphreys, Mullender, Lowe, Hague, Abrahams and Hester, 2001; McPhedran, 2008; Renner and Shook Slack, 2004).

The literature on specific child abuse and neglect prevention and intervention programs, however, is rather limited and, at times, contradictory; this is even truer when it comes to literature regarding child maltreatment programs in rural areas. The majority of the literature reviews the effectiveness of particular programs, namely: multidisciplinary teams (MDTs), home visitation programs which often include elements of education and positive parenting skills, and educational programs aimed at children and based in schools. Other programs evaluated, however, include: offender treatment programs and multimedia campaigns. As Klamath County has similar programs or elements of these programs, they will all be reviewed here.

Multidisciplinary Teams

The literature widely accepts the idea of MDTs as largely beneficial when implemented correctly (Baumann, Kolko, Collins and Herschell, 2006; Crocker, 1996; Doyle, 2008; Harder, 2005; Kistin, Tien, Bauchner, Parker and Leventhal, 2010). Benefits cited include: improved service provision and standards of care, lower levels of stress for parents and greater job satisfaction for employees, better communication between service providers, pooling resources, greater support for families and agencies and encouraging community responsibility for child abuse and neglect (Borrill, 2002; Crocker, 1996; Doyle, 2008). Working in team or group settings can be difficult under the best of circumstances, but when dealing with such overwhelming issues such as child maltreatment, MDTs face additional challenges to providing consistent levels of service to clients, including “turfism” and issues around

confidentiality and accountability (Crocker, 1996, 207). Programs that have dealt with these issues effectively, however, typically rely on co-location of services, key workers to administer services, appreciation of other agencies, strong communication, information sharing, team congeniality, and joint trainings (Crocker, 1996; Doyle, 2008; Kistin, Tien, Bauchner, Parker and Leventhal, 2010). As one might expect, co-location of services and key workers diminish barriers to families seeking these services, which may be especially important in rural areas, as access to transportation can be a major barrier. Additional benefits include increasing convenience and ease of use for families, streamlining time effectiveness and resource allocation and bettering communication and information sharing between agencies (Doyle, 2008). Relying on key workers to act as a single point of contact for families can ensure families receive consistent information across agencies and are exposed to additional services in the community, both of which ultimately decrease the likelihood of duplicated services or gaps in services to families (Doyle, 2008). Often agencies and partners have fundamentally different missions under the larger child services umbrella. Because of this, understanding and appreciating other agency's responsibilities, protocols and restrictions can be difficult or non-existent, which leads to less effective collaboration. Joint professional development and team building are important components to addressing this issue (Baumann, Kolko, Collins and Herschell, 2006; Crocker, 1996, Doyle, 2008). Closely associated with interagency understanding is communication and information sharing. Communication needs not be limited to agencies within the MDT, however, but between MDT agencies and other community partners, and between MDT agencies and the families in care (Doyle, 2008). Perhaps of greatest importance for MDT, however, is the frequent and consistent evaluation of the MDT's work as it relates to the goal and mission of the agencies as one unified team (Baumann, Kolko, Collins and Herschell, 2006; Crocker, 1996; Doyle, 2008). Monitoring the effectiveness in this way, therefore, requires a clear and shared mission between the MDT agencies. These goals should be based on the specific characteristics and concerns of the community served by the MDT.

Home Visitation Programs

Unlike MDTs, there is very little agreement in the literature regarding the universal effectiveness of home visitation programs on reducing instances of child maltreatment. One of the few points of agreement regarding these programs is that they are particularly ineffectual at reducing reoccurrence of child abuse and neglect. However, there does appear to be success with two specific programs, Nurse-Family Partnerships and Early Start, when working with high-risk families, specifically young, first-time adolescent mothers with low educational attainment and socioeconomic status (Howard and Brooks-Gunn, 2009; Macmillan, Wathen, Barlow, Fergusson, Leventhal and Taussig, 2009; Silvosky, et al, 2011): "it is significant that home-visiting programs are particularly effective in preventing child abuse and neglect among first-time adolescent mothers, because these women provide the truest test of a primary prevention program. In other words, a home-visiting program may be able to prevent first-time mothers, who have never engaged in poor parenting or child abuse and neglect, from ever doing so in the first place" (Howard and Brooks-Gunn, 2009, p. 137). It is, therefore, in early prevention efforts, rather than intervention, in high-risk families that see the most success with these particular programs.

Additional debate over home-visitation programs revolves around who should be visiting families in their homes: professionals, such as nurses or social workers, or paraprofessionals without specific skill

training or background in child abuse prevention or health care. Some literature, in fact, asserts that children who had paraprofessionals doing home visits reported no significant differences in child maltreatment outcomes than children with no home visitations (Macmillan, Wathen, Barlow, Fergusson, Leventhal and Taussig, 2009). Given the lack of consensus regarding the effectiveness of home-visitiation programs in general, it would be prudent to implement such programs carefully and thoughtfully, and by following either the Nurse-Family Partnerships model or the Early Start model. In addition, finding ways to consistently monitor effectiveness of currently operating programs would ensure that programs are serving their intended purpose.

School-based education programs

The vast majority of school-based education programs focus on child sexual abuse and are largely effective (Barron and Topping, 2010; Rispens, Aleman and Goudena, 1996). These programs tend to emphasize victimization prevention and self-protection skills. There is some evidence to indicate that programs targeting young children, five and younger, are perhaps the most effective when looking at age groups alone, but as long-term retention at this age can be low, programs that repeat during multiple stages of childhood are the most likely to be effective in the long run (Rispens, Aleman and Goudena, 1996). Additionally, child sex offenders, through interviews and research, reinforce the notions of both starting victimization prevention at a young age and continuing it throughout their childhoods: “The offenders suggested that safety message to children should start from the age of 3 and continue until the age of 16 ... [and] that it maybe be desirable to include information in prevention programs for children about the specific ways child molesters operate” (Elliot, Browne and Kilcoyne, 1995, 591). Offenders also tell researchers that children should be taught who is most likely to abuse them, rather than relying on stranger-danger stereotypes of sexual predators (Elliot, Browne and Kilcoyne, 1995).

Furthermore, programs that provide space for children and adolescents to disclose abuse are also effective (Barron and Topping, 2010). These programs are generally facilitated by a child sexual abuse survivor and elicit disclosure during the sessions, which many children respond positively to: “... most students chose to tell publicly. Hypotheses may be that students were modeling disclosures for each other, then seeing fellow students being listened to and believed” (Barron and Topping, 2010, 656). Although relatively few of these disclosures are confirmed, it is not believed that the students are making false allegations (Barron and Topping, 2010; Topping and Barron, 2009). Additionally, more students disclose sexual abuse after education programs if an abuse hotline is made available to them (Barron and Topping, 2010; Topping and Barron, 2009). In general, students are less likely to disclose physical abuse or neglect.

Parent training and education programs

Parent training and education programs can take different forms. Common ones, however, focus on the emotional/mental wellbeing of the parents, improving parenting skills based on understanding of childhood developmental stages, capabilities and emotions and decreasing aggressive or coercive strategies through developing an understanding of the long-term consequences of such methods

(Gershater-Molko, Lutzker and Wesch 2003; Lundahl, Nimer and Parsons, 2006). Some programs also include classes on money management, basic or job skills training and health and safety awareness in the home (Gershater-Molko, Lutzker and Wesch 2003; Lundahl, Nimer and Parsons, 2006). While many programs include home-visitation as part of participation, these also tend to include group sessions and individual office meetings with parents. It is largely this variation in setting and group composition that is integral for parent training and education programs to be successful (Lundahl, Nimer and Parsons, 2006). This could be, in part, because of the effect that home-visitations have on parental emotional health and positive skills, which is indicated in the home-visitations literature as a successful element of these particular programs, and “improved parenting skills would likely be associate with improved child well-being and corresponding decreases in maltreatment, even if these effects remain difficult to document” (Howard and Brooks-Gunn, 2009, p. 133). Additionally, while individual delivery can be tailored to a specific unhealthy belief or action held by a parent, group settings “maybe challenge parents’ long-held attitudes through the power of group consent on what is ‘correct,’” a challenge that is perhaps easier to accept when coming from one’s own peer group rather than from a professional (Lundall, 2006, 259).

The theory underpinning these educational and training programs also seems to be a significant factor in their long-term effectiveness. Behavioral programs teach specific child management techniques, while non-behavioral programs focus more on parental attitudes and beliefs. Programs predicated on a mixture of behavioral and non-behavioral theoretical orientations have the possibility to capture the benefit of each individual perspective, which provides a greater benefit overall (Lundall, 2006, 260).

Multimedia Campaigns

Evaluations of multimedia campaigns addressing child abuse are very limited, indicating perhaps their relative newness as a prevention/awareness tool or their limited use in this capacity. Many campaigns regarding drug abuse, HIV awareness and suicide prevention have been evaluated, however, and have met with only varying levels of success (Bertrand, O’Reilly, Denison, Anhang and Sweat, 2006; Massett, Payne and Ratzan, 1994).

A 2001 article did evaluate the success of a multimedia campaign aimed at child sexual predators as well as the general public to increase awareness, high-risk families to inform them of available resources, and community leadership to encourage partnerships (Chasan-Taber, Tabachnikc and McMahon, 2001). This multi-tiered approach was found to be successful, especially the element that targeted abusers and their support systems (Self-Brown, Rheingold, Campbell and Arellano, 2008).

One child sex abuse multimedia campaign was reviewed and carries with it some important lessons to increase effectiveness, although this campaign was run in an urban setting. Firstly it asserts that campaigns of this sort should be implemented with a full understanding of the attitudes, beliefs and culture of the environment for which it is intended (Self-Brown, Rheingold, Campbell and Arellano, 2008, 730). Without this understanding, campaigns have the potential to inadvertently offend and repel community members. When done with cultural understanding and sensitivity, however, even difficult messages can be highly effective in increasing awareness of and interest in the issue and eliciting

behavioral changes in response to this awareness (Self-Brown, Rheingold, Campbell and Arellano, 2008). Additionally, the message should be conveyed in easy to understand, “lay person’s” terms.

Another important lesson learned from this multimedia campaign is related to the first lesson: cultural diversification in the marketing. This takes multiple forms, from visually representing relevant ethnic and cultural groups, to addressing culturally specific concerns and language barriers. For example, a focus group of Hispanic community members suggested publishing material in Spanish with information regarding the importance of and how to report abuse if the reporter or the abuser is in the country illegally. Additionally, they also suggested that messages regarding child abuse and neglect should be directed specifically towards Hispanic women for various cultural reasons, including the prevalence of traditional gender roles where women have the most access to children, and cultural expectations of passivity which could make it difficult for women to speak up about child maltreatment (Self-Brown, Rheingold, Campbell and Arellano, 2008, 738).

Offender treatment

Addressing victimization awareness and prevention is clearly only one side of the equation. Many studies have been done regarding the effectiveness of offender treatment programs. Again, much of this research focuses on child sexual abuse rather than physical or emotional, but themes could perhaps be applied more broadly. Firstly, it is important to recognize that perpetrators themselves, who often have victim as well as abuser experiences, can be important sources of information regarding not only effectiveness of treatment programs, but also about necessary elements in children’s victimization prevention education (Elliot, Brown and Kilcoyne, 1995; Chasan-Taber, Tabachnikc and McMahan, 2001).

Research has shown an increase in rehabilitation effectiveness when perpetrators are active participants in their treatment and goal setting activities (Chasan-Taber, Tabachnikc and McMahan, 2001). All too often goal setting is left up to a professional (therapist, social worker, etc.) and dictated to the perpetrator, reducing buy-in and, therefore, adherence to goals. Another important element of offender treatment is the development of victim empathy (Chasan-Taber, Tabachnikc and McMahan, 2001). In a study of 91 convicted child sex abusers from 1995, 49% of perpetrators indicated that they did not perceive any distress in their victims. Of those that were able to perceive victim distress, 51% felt uncomfortable when their victim showed these signs, but only 26% stopped their abuse (Elliot, Brown and Kilcoyne, 1995, 582). It is also telling that 46% of abusers failed to seek treatment or help because they did not know *where* or *how* to get help, and another 37% did not believe that they needed help (Elliot, Brown and Kilcoyne, 1995, 582). These are important statistics to consider especially when developing target prevention activities such as multimedia campaigns.

Methods

The research project was completed in two parts. The first part consisted of analyzing different statistics kept by social service organizations in Klamath County. Part of this analysis included review of definitions used by several organizations to make a determination of "founded" child abuse. We compared different definitions and statistics from various organizations, which gave us insight into the

distinctions between medically, legally, and criminally founded abuse. Further, the policies in place for each organization resulted in different action taken, depending not only on the definition of child abuse and neglect, but also on the situation of the family.

The second part of the research project consisted of semi-structured interviews and a focus group with the Klamath County MDT. Roughly half of the interview questions were designed to solicit objective information about the history and processes of the organization the public official represents, including information about statistics on child welfare outcomes kept by the organization. Additional questions were asked to solicit the opinions of the public officials. In particular, the researchers asked officials to describe the strengths and areas for improvement in the provision of services addressing child abuse and neglect in Klamath County. An additional open-ended question, "Is there anything else you would like us to know about addressing child abuse & neglect in Klamath County?" was also asked.

In reporting the qualitative data gleaned from the interviews and the focus group, the researchers have aggregated the findings to present the themes. No respondent has been singled out for their response, and no quotes are attributed to an individual. As a part of the oral consent process, the researchers explained to interviewees and focus group participants that the data collection and reporting would be completed in such a way that will preserve the confidentiality of their response. However, because of the public nature of each participant's work with respect to child abuse and neglect in Klamath County, the researchers cannot guarantee anonymity of each participant's participation. Final analysis of quantitative and qualitative data has been compiled into a report for Klamath-Lake CARES and presented to CARES and its community partners in a semi-public forum in early November, 2011. Please see attached interview and focus group guides for more information on qualitative process and interview questions.

Quantitative Analysis

The table below summarizes child maltreatment as tracked by each of three agencies, Klamath Falls Police Department, Klamath-Lake CARES, and Klamath County Department of Human Services for the last several years. The categories of maltreatment reflect the different definitions that each organization works with. Additionally, while a given agency might have had data for a longer time period, we included the years that at least two agencies had data for.

Klamath Falls Police Department

<u>Criminal Determination:</u>	2006	2007	2008	2009	2010	Totals	
Criminal Mistreatment	10	10	7	14	15	56	25.7%
Criminal Neglect	6	8	6	5	9	34	15.6%
Rape	19	11	6	9	10	55	25.2%
All Other Sex Crimes	11	12	19	19	12	73	33.5%
Total	46	41	38	47	46	218	100.0%

Klamath-Lake CARES

<u>Medical Diagnosis:</u>	2006	2007	2008	2009	2010	Totals	
SA+	56	76	72	75	82	361	29.1%
SA-	29	21	26	26	48	150	12.1%
PA+	20	34	60	38	51	203	16.4%
PA-	3	6	16	4	16	45	3.6%
Neglect+	4	14	9	9	10	46	3.7%
Child Emotional/Psychological					3	3	0.2%
UTD	73	95	82	91	90	431	34.8%
Total	185	246	265	243	300	1239	100.0%

Department of Human Services

<u>Type of maltreatment:</u>	2006	2007	2008	2009	2010	Totals	
Mental Injury	-	11	42	23	18	94	4.3%
Physical Abuse	-	39	49	61	46	195	9.0%
Sexual Abuse/Exploitation	-	27	23	22	32	104	4.8%
Neglect	-	95	123	108	101	427	19.6%
Threat of Harm	-	309	399	375	273	1356	62.3%
Total	-	481	636	589	470	2176	100.0%

DHS Data, 1998-2010

Department of Human Services data show us that over time, Klamath County rates of child maltreatment have been consistently higher than Oregon statewide averages. In 1998, Klamath County's rate of maltreatment per 1,000 children was about 12.5, which was about the same as the average for all Oregon counties. However, in 1999, Klamath's rate jumped to over 27 children per 1,000, and over the next twelve years fluctuated at several points above the state average. The Klamath County rate for 2010 was 19.2 children per 1,000, versus the state average of 12.7.

The number of victims of maltreatment in Klamath County has gone down since 2008 when there were 418 victims in the County. For 2010, there were 302.

The primary category of maltreatment listed for victims was Threat of Harm, which encompasses potential maltreatment in each of four other categories: Mental Injury, Physical Abuse, Sexual Abuse/Exploitation, and Neglect.

With the general category Threat of Harm removed, Neglect has clearly been the leading type of maltreatment in Klamath County since 2007. Physical Abuse was the next most frequent type of maltreatment, but makes up less than half of the cases of Neglect. Sexual Abuse and Mental Injury have gone back and forth over time for the lowest and second lowest numbers.

See Appendix B for a graph on types of maltreatment.

CARES Data, 2000-2010

While the leading type of child maltreatment in Klamath County, as documented by DHS is neglect, CARES is primarily involved in cases of suspected sexual and/or physical abuse and severe neglect. The organization receives referrals from a number of sources, though most often from DHS or law enforcement agencies. CARES cases are smaller in number than all DHS cases, because not all child welfare cases addressed by DHS require medical assessment or forensic interviewing. CARES cases are larger in number than the count of KFPD cases because KFPD is one of three law enforcement agencies that responds to allegations of child abuse and/or neglect. Additionally, the cases that are counted through law enforcement are only those that meet the Oregon Revised Statutes' definitions for criminal maltreatment, which is a legal definition that differs from both the general definition of child maltreatment followed by DHS and the medical definition followed by CARES.

- Sex of children assessed, 2000-2010
 - Female: 67.7%
 - Male: 32.3%

During the time period of 2000-2010, just over 2,000 children were seen at CARES. Of those, two thirds were female. The number of female children seen has been notably higher than the number of male children seen every year.

- Ages of children assessed, 2003-2010
 - 0-6: 42.7%
 - 7-12: 31.4%
 - 13-18+: 25.9%

CARES sees children ages 0 to 18, and during the years 2003-2010, 42.7% were age 6 years or under. CARES has seen children 0-6 in larger numbers than other groups every year beginning in 2007. The age group 13-18+ has historically been seen in lowest numbers, although more 13-18 year olds were seen in 2010 than 7-12 year olds.

- Ethnicity of children assessed 2000-2010/Demographics in County per 2010 U.S. Census
 - White/Caucasian: 78.4%/81.1%
 - Native American: 8.2%/3.6%
 - African American/Black: 2.5%/0.6%
 - Hispanic: 8.1%/10.4%
 - All Other: 2.8%/4.3%

The racial or ethnic background of the children assessed by Klamath-Lake CARES during 2000-2010 is similar to the demographic makeup of Klamath County as a whole. The exceptions are that while white/Caucasian children and Hispanic children are underrepresented in CARES assessments, Native American and African American/black children are considerably overrepresented.

- Medical diagnoses, average, 2000-2010
 - Sexual Abuse, founded: 35.1%, 68/yr
 - Sexual Abuse, unfounded: 15.2%, 29/yr
 - Physical Abuse, founded: 12.5%, 24/yr
 - Physical Abuse, unfounded: 2.6%, 5/yr
 - Neglect, founded: 4.8%, 9/yr
 - Emotional/psychological abuse, founded: 1.6%, 3/yr
 - Unable to determine: 28.1%, 54/yr

Over half of the assessments made at CARES during the time period 2000-2010 related to charges of sexual abuse. About 35% of assessments resulted in founded sexual abuse. Another 12.5% were founded cases of physical abuse, and nearly 5% were founded cases of neglect. A new category, emotional/psychological abuse, was introduced as a diagnosis in 2010. CARES has been developing a protocol for critical incident, to assess children who witness traumatic events that rise to the level of child abuse.

A challenge is that in 28% of the cases during 2000-2010, a determination of founded or unfounded could not be made.

- Involvement of substances or domestic violence, 2000-2010

During the time period 2000-2010, over 60% of assessments involved domestic violence, and almost two thirds of assessments involved drugs and/or alcohol.

- Referrals to CARES, 2008-2010
 - DHS: 60.0%, 482
 - LE: 23.3%, 187
 - Medical (ER/ Physician): 2.7%, 22
 - Other (Family/Therapist): 13.9%, 112

CARES has been keeping statistics on the source of referrals to the organization since 2008. During 2008-2010, CARES received 60% of referrals from DHS, nearly a quarter from law enforcement agencies, and the rest from medical professionals, therapists, family members, and other reporters. Through 2011, it appears that the source of referrals is shifting slightly away from DHS, as law enforcement and medical professionals are reporting a larger percentage than in previous years.

- Trends in numbers of children seen, 2000-2010

The number of children seen at CARES has increased from 116 children in 2000 to 282 children in 2010. However, this has not been a completely linear increase. The number of children dipped in 2005 to 124 children, from 147 the year before. But, numbers jumped to 190 in 2006. From there, numbers of children seen grew steadily to a count of 282 during 2010.

See Appendices C through I for graphs of CARES statistics.

Klamath Falls Police Department Statistics, 2006-2010

KFPD is one of three law enforcement agencies that respond to referrals of child abuse and/or neglect, all of which define child maltreatment according to the ORS. The four categories of maltreatment tracked by KFPD are: criminal mistreatment, criminal neglect, rape, and all other sex crimes.

- Total victims of criminal maltreatment, 2006-2010

The number of victims reported by KFPD for 2010 is the same number reported in 2006: 46 victims. However, criminal maltreatment decreased between 2006-08 to a low of 38 victims, at which point numbers began to rise again to current levels.

- Victim demographics, 2006-2010

During the time period, nearly two thirds of all victims were female, and female victims outnumbered male victims 2007-2010. While CARES assessments were most often for children age 0-6, the largest group for KFPD maltreatment was age 11-15, which made up about 38% of all allegations. The racial/ethnic makeup of victims was very similar to the overall demographic makeup of the County, though Hispanic victims were underrepresented slightly, and Native American victims were overrepresented.

- Types of crimes, 2006-2010

Of the crimes responded to by KFPD, rape and all other sex crimes represented almost 60%. Criminal mistreatment represented a quarter, and criminal neglect, 15%.

Each crime category appeared to affect different victims.

For example, victims of criminal mistreatment were fairly evenly distributed between male (53%) and female, but over half of the victims were under 6 years old (56%), and Native American children were overrepresented (8.9% of victims vs. 3.6% of population).

Suspects in cases of criminal mistreatment were male and female; however, two thirds were male. All but one suspect was over 18 years old, and white/Caucasian suspects were overrepresented (87% of suspects vs. 81% of population).

In the case of criminal neglect, male victims outnumbered female victims by about 3 to 1. All victims were age 10 or younger, and 65% were under 6 years old. Native American children were greatly overrepresented (20.6% of victims vs. 3.6% of population).

Suspects in cases of criminal neglect were female 60% of the time. All but two were over 18 years old. Native Americans were even more overrepresented as suspects than as victims (22.5% of suspects vs. 3.6% of population).

Concerning rape cases, 85% of victims were female, and 65% of victims were between the ages of 11-15 years old. White/Caucasian victims were overrepresented (87.3% of victims vs. 81% of population).

Suspects in rape cases were male 95% of the time, and Hispanic suspects (13.8% of suspects vs. 10.4% of population) and Native American suspects (10.3% of suspects vs. 3.6% of population) were overrepresented. While 85% of rape suspects were over 18 years old, it is notable that 15% of rape suspects were between the ages of 13-17 years old.

Finally, in the category of all other sex crimes, which is made up of a wide range of sexual offenses from contributing to the sexual delinquency of a minor to incest to encouraging child sexual abuse, 78% of victims were female, and more than half were 11-15 years old. White/Caucasian victims were overrepresented (86% of victims vs. 81% of population).

Nearly all suspects in this category were male (97%), and white/Caucasian suspects were somewhat overrepresented (83% of suspects vs. 81% of population). While two thirds of suspects were over 18 years old, roughly a third were under 18. And while it sounds small as a percentage, it is startling to note that 4% of all other sex crimes were suspected to have been committed by someone under age 13.

See Appendices J and K for graphs of KFPD data.

Statistics, Data, and Case Tracking

Among the community partners, organizations are keeping track of cases in a variety of ways. A number of organizations have reporting requirements, often to parent agencies or funding sources, and so they track tallies of cases or children served. Some keep track of demographic data such as sex, age, and race or ethnicity. Others had no reporting requirements and instead kept informal lists of children to make

sure they were seeing everyone they need to or kept notes in a case file. We did not find a consistent way of keeping track of children and families in the system at large.

In addition to statistical measurements, community partners differ in mission and vision for the future. Different rules sometimes manifest in confusion or barriers for families. For example, a parent may find out that they will not be prosecuted for criminal maltreatment of their child; however, this does not mean that the DHS case associated with the event will be closed. Regardless of criminal proceedings, the parent must continue to abide by the DHS case plan. Also, one community partner pointed out to us that CARES may see children not on record with law enforcement because of a medical issue that does not involve law enforcement.

The definition of child abuse and neglect used by each agency differs as well. DHS primarily uses the Oregon Revised Statutes, as well as Oregon Administrative Rules as a basis for whether sufficient evidence of child abuse or neglect exists to warrant intervention from that agency. DHS intervention can occur at a lower threshold than the medical definitions of maltreatment used by CARES, and in fact, over the past several years, the type of maltreatment cited by DHS in over half of all founded cases was “Threat of Harm.” This allegation, which is designed to accompany a type of abuse (e.g. Threat of Harm/Physical Abuse of Threat of Harm/Neglect) indicates that while the child has not been abused or neglected, circumstances such as parental behaviors and family situation indicate a high probability that abuse or neglect will occur if DHS does not intervene.

CARES, by comparison, deals primarily with cases of suspected physical or sexual abuse, and defines such abuse according to a set of national medical standards associated with this model of assessment. The basis for determination for CARES includes guidance by the American Academy of Pediatrics (AAP), American Professional Society on the Abuse of Children (APSAC), and the Oregon Revised Statutes.

This theme extends to law enforcement statistics as well. Not every case of child abuse and neglect tracked by DHS rises to the level of criminal abuse or neglect. In fact, one way to illustrate this is to look at the list of possible allegations for DHS compared to law enforcement:

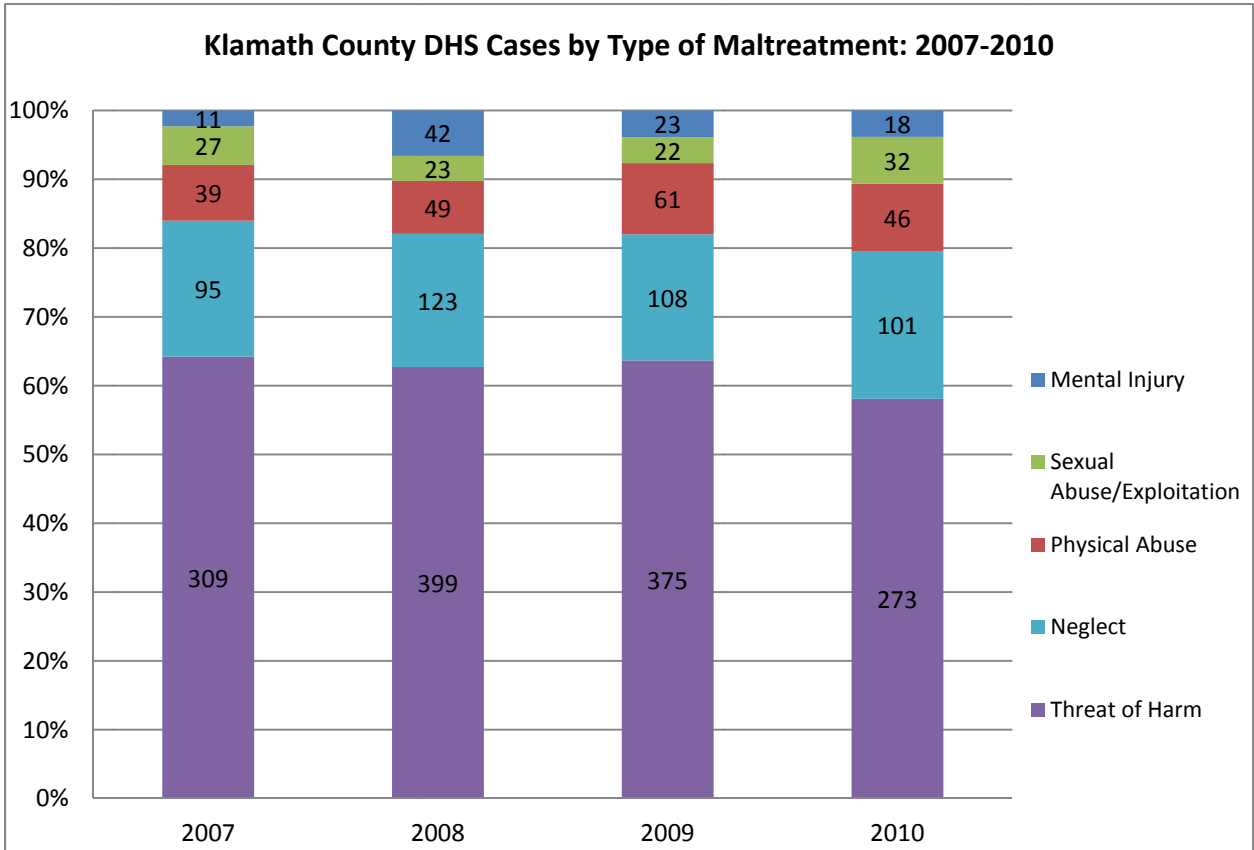
<u>DHS</u>	<u>Law Enforcement</u>
Physical Abuse	Criminal Mistreatment
Neglect	Criminal Neglect
Sexual Abuse/Exploitation	Rape
Mental Injury	All Other Sex Crimes
Threat of Harm	

The allegations are similar in some ways, but the role of DHS is to ensure the safety of children in a different way than law enforcement. DHS allegations cover a wide range of situations in which the agency is authorized to get involved; on the other hand, law enforcement involvement is restricted to certain situations. To illustrate, the column on the left shows the larger scope of the allegation of Neglect, per the Oregon Department of Human Services definitions, which govern Klamath County DHS.

On the right, the Oregon Revised Statutes section that governs law enforcement’s definition of Neglect is much more specific.

DHS	Law Enforcement
Oregon Department of Human Services	Oregon Revised Statutes
<p>Neglect Neglect is the most common form of abuse seen and may have long-term effects. Neglect is 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. Children will have minor injuries during childhood. When accidental injuries are frequent, they may be the result of neglect.</p> <p>Neglect includes exposing a child to illegal activities, such as:</p> <ol style="list-style-type: none"> 1. Encouraging a child to participate in drug sales or theft 2. Exposing a child to parental drug abuse 3. Encouraging a child to use drugs or alcohol <p>Safe child care includes:</p> <ul style="list-style-type: none"> • A designated person who can take care of a child's individual needs • A plan to reach the parent in an emergency <p>A child should not be left in a position of authority or be left alone in situations beyond his ability to handle. Each child must be looked at individually to make sure he or she is physically and emotionally able to handle the given responsibility. The law does not specify the age at which a child can be left alone. However, a child under 10 cannot be left unattended for such a period of time as may likely endanger their health or welfare (ORS 163.545).</p> <p>Medical neglect Children need adequate medical, dental or mental health care services. Medical neglect is when a parent or caregiver does not provide these. When a medical situation may result in serious impairment, pain or death of the child, CPS can intervene. Religious beliefs about spiritual care are generally honored, except when the child's life is in danger. If a parent refuses medical attention in a serious or life-threatening situation, CPS may intervene.</p>	<p>§ 163.547¹</p> <p>Child neglect in the first degree</p> <p>(1)(a) A person having custody or control of a child under 16 years of age commits the crime of child neglect in the first degree if the person knowingly leaves the child, or allows the child to stay:</p> <p>(A) In a vehicle where controlled substances are being criminally delivered or manufactured;</p> <p>(B) In or upon premises and in the immediate proximity where controlled substances are criminally delivered or manufactured for consideration or profit or where a chemical reaction involving one or more precursor substances:</p> <p>(i) Is occurring as part of unlawfully manufacturing a controlled substance or grinding, soaking or otherwise breaking down a precursor substance for the unlawful manufacture of a controlled substance; or</p> <p>(ii) Has occurred as part of unlawfully manufacturing a controlled substance or grinding, soaking or otherwise breaking down a precursor substance for the unlawful manufacture of a controlled substance and the premises have not been certified as fit for use under ORS 453.885 (Decontamination of property); or</p> <p>(C) In or upon premises that have been determined to be not fit for use under ORS 453.855 (Purpose) to 453.912 (Governmental immunity from liability).</p> <p>(b) As used in this subsection, "vehicle" and "premises" do not include public places, as defined in ORS 161.015 (General definitions).</p> <p>(2) Child neglect in the first degree is a Class B felony.</p> <p>(3) Subsection (1) of this section does not apply if the controlled substance is marijuana and is delivered for no consideration.</p> <p>(4) The Oregon Criminal Justice Commission shall classify child neglect in the first degree as crime category 6 of the sentencing guidelines grid of the commission if the controlled substance being delivered or manufactured is methamphetamine. [1991 c.832 §1; 2001 c.387 §1; 2001</p>

	<p>c.870 §11; 2005 c.708 §2]</p> <p>Note: 163.547 (Child neglect in the first degree) was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 163 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.</p>
<p>For more information visit: http://www.oregon.gov/DHS/children/abuse/abuse_neglect.shtml</p>	<p>¹ Legislative Counsel Committee, <i>CHAPTER 163—Offenses Against Persons</i>, http://www.leg.state.or.us/ors/163.html (2009) (last accessed Mar. 8, 2010).</p> <p>² Legislative Counsel Committee, <i>Annotations to the Oregon Revised Statutes, Cumulative Supplement - 2009, Chapter 163</i>, http://www.leg.state.or.us/ors/annos/163ano.htm (2009) (last accessed Mar. 31, 2009).</p> <p>³ OregonLaws.org assembles these lists by analyzing references between Sections. Each listed item refers back to the current Section in its own text. The result reveals relationships in the code that may not have otherwise been apparent. http://www.oregonlaws.org/ors/163.547</p>



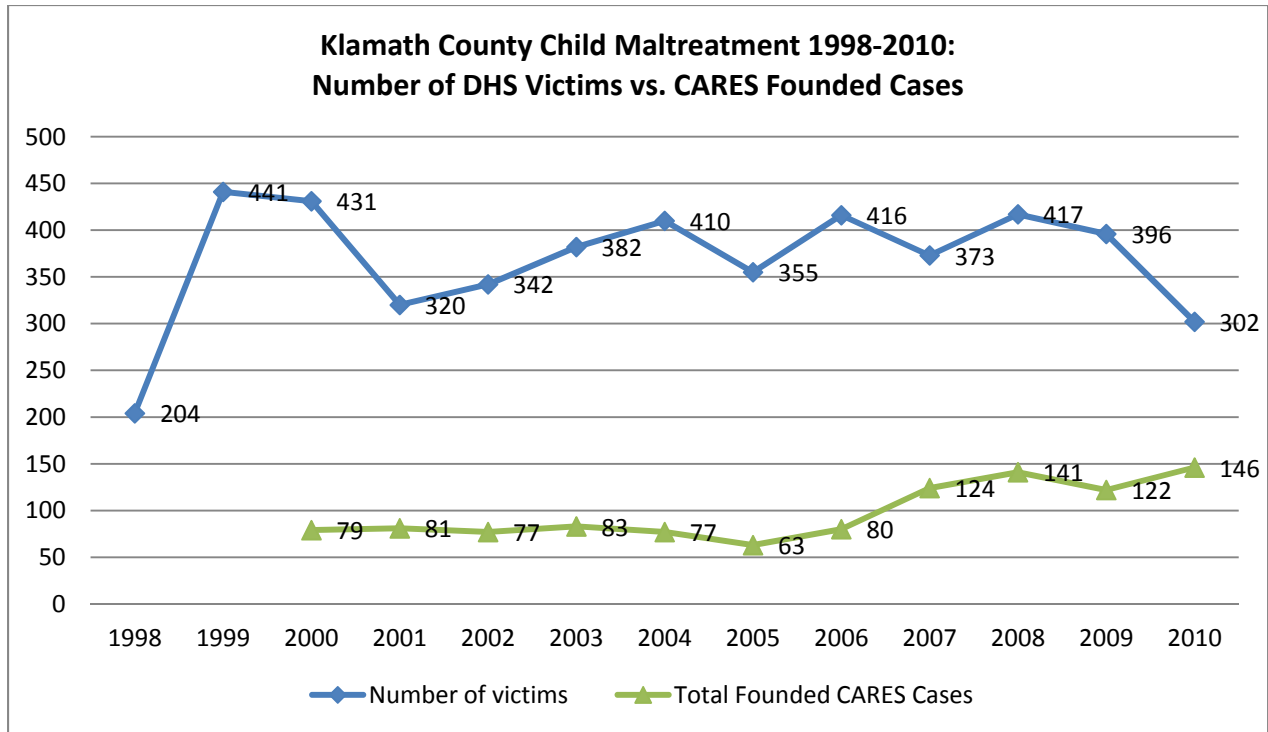
A theme that surfaced was that among organizations that kept statistics, numbers appeared to tell a different story, depending on the organization. For example, according to statistics compiled by the Department of Human Services, the number of victims of child maltreatment dropped by a quarter between 2008 and 2010. For the same time period, however, statistics compiled by Klamath-Lake CARES show that the number of children seen by that organization has risen steadily.

While Klamath County rates of child abuse and neglect have been consistently higher than the Oregon state rates over the last decade, the number of victims has remained relatively steady (see Appendices L and M). The increasing rates reported by CARES likely reflect improved capacity to assess children and a greater awareness of child abuse and neglect in the community. A possible exception to this pattern is in the area of sexual abuse, which is an area of significant discrepancy between not only DHS and CARES, but Klamath Falls Police Department statistics as well.

Typically, CARES and law enforcement become and remain involved in a case of sexual abuse, regardless of the relationship between the victim and the perpetrator. However, DHS assess the safety concerns of the child, and if it is determined that abuse is unlikely to happen again, DHS will not open a case, and therefore will not report these cases in their statistics. While an understanding of this protocol clarifies this discrepancy, it is unlikely that it accounts for all of the difference in the numbers. We suggest that this warrants further research.

Over time, CARES cases have become a larger percentage of the total DHS founded cases. It is important to remember that medically, there may be no basis for finding child maltreatment in the case of the category "Threat of Harm" used by DHS, however, in situations involving physical abuse, sexual abuse, severe neglect, and now emotional or psychological abuse, CARES is involved more frequently than a decade ago. Additionally, some cases of abuse seen by CARES, for example instances of sexual abuse referenced above, are not within DHS' legal mandate. Such cases would be reported as founded cases of abuse by CARES, but would not be reported by DHS.

An area for further research would be to analyze statistics from all the organizations that collect such data and complete a detailed summary of the trends and differences that surface. The statistics available for this study were limited; the analysis focused primarily on comparisons between DHS, CARES and KFPD statistics.



Reasons for Child Abuse and Neglect

Community partners were fairly well versed in the risk factors of child abuse, including poverty, low education attainment and drug and alcohol abuse (Bethea, 1999; Brown, Cohen, Johnson and Salzinger, 1998; Ruffolo, Evans and Lukens, 2003; Weissman, Jogerst and Dawson, 2003). The issues identified by community partners as being most relevant to Klamath County, however, were: generational poverty, unemployment, high substance abuse rates, and the geographic location and isolation of the county. Certainly these issues are not isolated, however, and often interact to compound and complicate them more than if they were taken separately, a fact recognized by community partners:

...[I]t’s a complicated social and cultural ... [amalgam] that has to be understood. It’s not one simple answer. Parts of the answer are high rates of drug and alcohol use. It’s certainly part of having higher poverty rate than other communities around the state, which speaks also to unemployment ... where you’ve got families who are receiving lower levels of education, less exposure to education and the impact of learning, and getting outside of the Klamath County box.

Taken separately, however, these issues provide important details about the characteristics of Klamath County that could be contributing to high rates of child abuse and neglect.

While it is understood that poverty is not the cause of child abuse, it is recognized as a contributing factor by adding to the financial stress of the family. The poverty rate is relatively high in Klamath

County, where for 2009, 20.2% of individuals were below the poverty line, compared to the Oregon State average of 14.3%. The median income in the County in 2009 was \$51,100, which was 17% below the state average. Many community partners perceive this level of poverty as being multigenerational, a factor of which is learned parental behaviors that can contribute to higher risk of child abuse and neglect.

Many community partners point not only to Klamath County's unemployment rate as a contributing factor to the rate of child abuse, but more specifically to the loss of timber related jobs in the county since the 1980s. One partner characterized this experience as "economic trauma" felt by the entire community:

I don't know if we'd call it historical trauma, but we certainly could call it economic trauma or social trauma, and that is having had a way of life ... our agricultural based, timber based specifically, way of life removed from under us in less than a generation, really. Prior, we had generation after generation of people involved in the timber industry and harvesting of timber that was, overnight, taken away ... [T]hat's the kind of social trauma that's very difficult to recover from in the same way that physical trauma is difficult to recover from. So, I think that bears on [our] collective psyche.

Interestingly, not only the geographic isolation of the county, but the actual physical location of the county in the state was identified by a number of partners as a potential factor in child abuse both directly and indirectly. Direct causes are fairly obvious and common to most rural areas in that isolation makes it more difficult to access services, easier for one to hide their actions and makes people feel less accountable for their actions (Manning and Cheers, 1995; Mattingly and Walsh, 2010; Menard and Ruback, 2003; Paul, Gray, Elhai, Massad and Stamm, 2006; Pruitt, 2008; Weissman, Jogerst and Dawson, 2003). Indirect contributions caused by the location within the state, however, was largely discussed in terms of proximity to the Californian border, making it easy for criminals and families with a history of violence to move into Klamath County and leave their criminal background behind. There is also a belief expressed by some that Klamath County does not receive grant or state funding as readily as it perhaps should *because* it is a rural county and there is a misunderstanding on the part of funders regarding overall child abuse numbers versus percentages of child abuse, resulting in less capacity for the number of children experiencing child abuse and neglect. This is especially dire in light of already limited resources and access to services.

Methamphetamine and alcohol abuse are also huge factors for child abuse in Klamath County. During the period 2000-2010, about two thirds of assessments at CARES were substance abuse related. Law enforcement reports that the vast majority of their child abuse and especially neglect cases involve drugs and alcohol. One partner shared their experience with drug abuse and babies:

...these kids are born drug addicted. It takes weeks if not months to get these newborns off heroine, for God's sake! And meth! And they're just screaming up there, these little kids. It just breaks your heart.

Other factors of high child abuse rates discussed by community partners included poor parenting skills, especially among new, teenaged and single mothers, and cultural mores of the Hispanic, Native American and ranching/farming communities. Other partners, however, expressed their belief that the rate of child abuse is not contributable to any particular sub-culture, but rather that it is due to community-wide denial that it happens and aversion to reporting it when it does:

Perhaps the biggest problem, though, is ... this deep level of denial in the human consciousness that – or sub consciousness – that doesn't want to admit that child abuse takes place at the level that it does. I think we're making some inroads with that, I think that we're starting to see a shift in awareness in Klamath County, but I think that is still continues to be an issue for us.

Finally, a common theme from many community partners was that perhaps actual rates of child abuse are not necessarily *higher* in Klamath County than in other places in the state or country, but that the agencies are simply better at identifying and addressing it. Partners generally felt that DHS was very proactive about and committed to keeping kids safe, and that agencies collaborated very effectively to increase awareness of abuse and respond to families in need:

I think that we respond really well and I don't know if that brings our figures up ... I think that's possible. I think we have a really good approach to it as far as a team approach, and I think when you're counting numbers you're going to show numbers.

Strengths of Klamath County

The community partners spoke at length about some of the major strengths that Klamath County has in dealing with child abuse and neglect issues. First, a number of partners talked about the importance of living in a small community where people know each other. The people of the community were described to us as caring about one another, and support systems in the form of extended families and faith-based communities are strong.

I think that we as a community really care about our kids and we really care about our families that are struggling.

Nearly every partner we spoke to talked about the remarkable collaboration that goes on in Klamath County around child maltreatment. Community partners were described as, "good people, good agencies." And a number of people mentioned the passion of the people working on child maltreatment issues in the County. One partner told us:

I think it's the passion of the agencies working with [child abuse and neglect issues]...You've got a collaboration of agencies working together, that's a strength...they're willing to come out of their silos and collaborate to make a difference and to be more effective.

We also heard that:

You're going to be hard pressed to find people more dedicated at the positions that they hold in the social service arena in Klamath County.

Community partners told us that in this small town, people working on the issues know one another and partners draw upon personal and professional connections with one another to get the best information they can about a case. Formal and informal networks make it easy to call someone in another agency that might have resources or information that a partner needs, as "most of them are in our cell phone." Additionally, some partners felt they had a good understanding of the function and limitations of one another's organizations, which strengthens responses to child maltreatment.

I think the strength in the community is that...even during tough times, community partners are able to come to the table and work together. It's not about operating in silos, it's about operating as a group for the betterment of the community.

It is worth noting that a number of the community partners did not share this view of the relationship and collaboration among the partners. Some believe that "turf wars" are a problem in the community and that organizations are not as willing to share resources, particularly time, as it may appear. A common theme, even among partners that believe collaboration is working well, was that a unified mission or goal would go far to make sure that partner agencies are not working against each other.

We're all really working hard to try and fix some of the problems we have here. We've got really good people, and we all try to work together...[but there are] some gaps between agencies...It's one thing to say that we are collaborating because we're all sitting around the table and we all get along, but are we using the same risk assessment tools for families and making resource referrals before parents get in crisis? Are we consistently giving parents the same information or resource referrals?

Klamath County is seen by many community partners as being "ahead the curve" in terms of developing innovative programs to address child abuse and neglect in the county. An example is the Stop the Hurt multimedia campaign, for which there is little precedence in the nation. Additional examples of the creative way community partners are addressing child maltreatment include: the use of Dependency Case Managers by Klamath Defender Services to act as intermediaries between attorneys and children and/or parents in legal proceedings relating to child abuse and neglect; Klamath County Child Abuse Prevention's use of animal abuse as an educational tool, a tool to identify child abuse and neglect, and successful advocacy for inclusion of animal abuse in policy language; and Klamath-Lake CARES as a model for medical assessment and forensic interviewing that helps strengthen prosecution and limits additional trauma to children.

The MDT and CARES were mentioned a number of times as strengths of Klamath County. The MDT convenes a number of community partners, for example DHS, law enforcement, the District Attorney's office, and others, to share information and make recommendations as to whether a child maltreatment case should be prosecuted. Child maltreatment cases that go through the MDT require an assessment

by CARES, which works along with the MDT to determine “the truth of what happened to the child,” to quote one community partner, and prevent additional trauma to the child. The coordination of the MDT makes it less likely that arrests take place in the midst of DHS investigation or provision of services to address the situation. Also, through the medical assessments and forensic interviews performed by CARES, prosecution for child maltreatment is more effective and targeted at appropriate perpetrators.

If [a case] does reach the stage of going to prosecution, I think MDT makes sure that things are done to make our case more complete.

Community partners describing the referral process for reporting child abuse and neglect told us that a strength of the County is the cross-reporting efforts of DHS, law enforcement and CARES. These efforts go above and beyond requirements of Karly’s Law.

Several community partners commended DHS and law enforcement on their changing approaches to addressing child abuse and neglect. DHS was recognized as putting forth a great deal of effort to keep families together whenever possible, placing children with kin, which can include close family friends, and having a more social work based approach than in the past. Likewise, partners felt that law enforcement’s greater focus on education and prevention ultimately benefits children.

DHS is really open and receptive to all the service providers for families and ...I think child welfare’s doing a really good job...they’re going the extra mile to keep children safe.

Challenges

While numerous community partners made great pains to commend DHS child welfare on how hard their workers try to keep families together in the face of a dwindling budget and increasing caseload, the majority of partners also indicated that there is a fundamental lack of knowledge on the part of the community members and partners regarding the mandates, limitations and protocols that child welfare must operate under, and that this lack of understanding is detrimental to working relationships and individuals’ willingness to report child abuse and neglect. Additionally, many community partners felt that child welfare needed to do more public relations work in the community to continue to repair a damaged reputation from a previous mode of operation which was perceived as being a less social-work based model as the agency employs currently:

...I think part of the efforts that our child welfare department’s been make to be [a] more collaborative agency is a) coming from the state, but b) coming from a reputation for ... not always giving parents a fair shake, might be the simplest way to boil that down ... They’ve continued to address it, ... it’s something they want to overcome, and yet I think that that probably impacts the reputation of the community, their ability to get to this place as being seen as a collaborator with families rather than the big legal arm.

Not all comments regarding child welfare dealt with education and understanding, however. Several community partners felt that the agency harbored a lack of respect for both clients and partners, and that some workers were not able or willing to change their perspective to truly collaborate with

community partners. Several partners believed that better training and increased mental health services for child welfare workers might help alleviate the stress of this particular job and help the agency repair their reputation.

The obvious issue with attempting to implement a new program, getting more training or increasing mental health access for workers is money, and budget cuts or lack of funding was the number one issue identified by all the community partners participating in this research; it is, of course, also the most difficult to affect as it comes, primarily, from outside the community or county.

As mentioned previously, many community partners have the perception of Klamath County as an easy place to hide because it is a rural, isolated county. This, combined with severe budget cuts to law enforcement, parole and probation and available jail space, also lead to a common theme amongst community partners – that Klamath County is increasingly a place where “you can do the crime and you *don’t* do the time.” Funding cuts to schools in the form of fewer school counselors, less teachers and larger class sizes were also a top concern for all partners. Every single partner we spoke with addressed the issue of reduced funding to schools. In particular, they were concerned that teacher/counselor/student ratio would negatively impact both a child’s likelihood of self-reporting, as they have less face time with trusted adults, and also effect teachers’ and counselors’ ability to recognize the potential signs of abuse in their students.

[What] we’re looking at is dwindling resources...Resources in regards to [the] education system, support systems for students and having the availability of a trusted person to report to...If those individuals no longer are there, then there’s a chance that it may never [get] reported.

Another community partner tells us:

The majority of the cases that we see...begin with a conversation between a teacher and a student.

Although budget cuts to child welfare, law enforcement and schools were clearly of the most concern to partners, the shakiness of their other community partners funding streams was also a concern, especially when it came to grants. Speaking of one of the many collaborations between partners currently working in Klamath County, one partner said, “my only fear is that once that funding ends ... all those agencies are not going to be able to sustain what they put in place with the grant funds.” Another partner echoed this sentiment:

...at this point it is a matter of hanging onto what we have, because I really do strongly believe that the model we have, and again, the partners that we have are top notch, and ... it would be a shame to lose what we have because of funding issues.

Visions for the future

A common proposal to overcome funding issues, as well as to better serve clients and families, is the creation of a unified service provision model. While different partners had different visions of what this might look like, the most common was through co-location of service. Partners felt that this would both reduce transportation costs to families – a major concern, especially in remote rural areas – and help connect families to important services that they might not otherwise be aware of:

Parents cannot go, in the middle of a crisis, from one side of town to the other not knowing any of the services but know that they're out there ... it's just awkward and clumsy.

The literature does seem to support this theory (Crocker, 1996; Doyle, 2008).

Another theme expressed almost universally was the need for the creation of a unified, community vision and goals for addressing child abuse and neglect. Numerous partners worried that the current model was overly reactionary. One partner likened the current strategy to implementing “flavor of the month” programs, a sentiment shared by another partner, who explained:

... I think there's a need to ... [have] a more intentional approach ... but that takes time, and I think people are just moved at the gravity of the situation, and they want to quickly react rather than being more thoughtful and respond in a data driven, evidence based, collective response to the problem.

Along these lines, many partners asserted that true and effective collaboration between agencies was rarer than they, as a service community, liked to claim, and that the main deficiency in these collaborations was a unifying vision:

While we come to the table together constantly and we have conversations about what's going on and we collaborate now and then with each other, we don't have ... a systematic approach to deal with the problem. We have not ... taken a hard inventory of everybody's strengths and resources, then decided on a goal or two or three that we can all agree to, simultaneous to doing our other important work, and then systemically attempt to achieve those agreed upon goals using common measurement systems and leveraging resources – we don't do that.

Improved capacity for mental health services for children affected by abuse or neglect and the creation of a residential drug treatment program that allowed parents and children live together while the parent was getting services were two of the other ideas discussed by multiple community partners. While implementing such large projects may be beyond the ability of the county or the community partners at this time due to budget constraints, steps should perhaps be taken to investigate the effectiveness and feasibility of such programs for the future.

Community Partners

We asked community partners the question, “Who works on child abuse and neglect issues in Klamath County?” While this sounds like a simple enough question, we discovered that different organizations have different opinions of who is involved in child maltreatment issues in Klamath County. For example, one community partner mentioned a handful of organizations with which they work closely; another community partner considers upwards of twenty organizations to be integrally involved in child maltreatment issues. We also uncovered that while organizations may know of other groups, they may or may not truly understand what those groups do or what resources they might have to help.

The organizations listed by community partners included (in no particular order):

Department of Human Services (DHS) including Child Welfare Services (CWS) and Adult Protective Services (APS)	Dr. Bruce Perry and the Child Trauma Academy
Klamath Youth Development Center (KYDC) and Healthy Families, Healthy Start	Partners for Change
Klamath Crisis Center including Marta’s House, It’s Not Okay Anymore (INOKA) and Klamath-Lake Child Abuse Response and Evaluation Services (CARES)	Klamath & Lake Community Action Services
Klamath County District Attorney’s Office and Victims’ Services	Sky Lakes Medical Center
Parole and Probation	Sexual Assault Nurse Examiner (SANE)
Citizens for Safe Schools	Klamath County Juvenile Department
Court Appointed Special Advocates (CASA)	Klamath County Mental Health
Lutheran Community Services (LCS)	Oregon Youth Authority (OYA)
Law Enforcement, including Klamath County Sheriff’s Office (KCSO), Klamath Falls Police Department (KFPD), and Oregon State Police (OSP)	SOCO Development
Commission on Children and Families	Klamath Fire Department
School Districts, including Klamath Falls City Schools and Klamath County Schools	Klamath Defender Services, Inc. (KDS) including Dependency Case Managers (DCMs)
Preschools like Headstart	Klamath County Corrections
School counselors and teachers	Oregon State Corrections
Integral Youth Services (IYS)	Klamath County Judges and Court Staff
Children’s Trust Fund	Batterers’ Intervention Program
Citizens’ Review Board	Klamath Alcohol and Drug Abuse (KADA)
Gospel Mission	Transformations Alcohol and Drug Treatment
Crime Victims’ Compensation	Klamath County Public Health
KOBI/KOTI	Faith-Based Communities
Southern Oregon Meth Project	Klamath Tribes
	Klamath Tribal Health Services including Child and Family Services
	Life Recovery
	Best Care Alcohol and Drug Treatment
	Spokes, Unlimited
	Pelican Babies and Viking Babies
	Klamath County Developmental Disability Services
	Exodus Home
	Youth Development Network

Klamath Child Abuse Prevention
Sex Offender Treatment Providers
Private Counselors
Families, Neighbors, Friends
Community Resource Team

Klamath County Alcohol and Drug
Multidisciplinary Team (MDT)
Stop the Hurt Campaign

Who's not at the table?

By and large community partners felt that they were doing a good job in bringing all the key agencies together to address child abuse and neglect in Klamath County. There was, however, a slight difference of opinion regarding this issue between agencies who sit on the MDT and agencies who are not involved in this team. MDT members responded almost universally that no agencies are missing from the larger conversation:

I think that the ... key agencies are in place and the policies have been in place and ... [adapted] to fit current needs ... the issues that we're seeing ten years ago have changed now, and so you constantly have to update your systems, your polices and even who you bring to the table. I think we've done that. We have a great core group.

While non-MDT members largely agreed that no one was *missing*, they did believe that some agencies were underutilized. The agencies mentioned were: the Commission on Children and Families, CASA, County leadership, mental health, DHS, the juvenile department, and the schools. There are, however, some key exceptions to this generalization.

Almost everyone, including agencies that sit on the MDT, agreed that they would like to see more participation from both the faith-based community and the business community in addressing these issues. Multiple partners expressed a desire to formally train clergy to recognize and report child abuse and neglect and to educate business leaders about the extent of the problem in Klamath County in an effort to garner more support both financially and in terms of increased awareness and reporting.

The other two groups that most partners identified as being either absent or not as engaged in the larger community conversation around these issues are the Hispanic community and Tribal leadership. The general consensus regarding the Hispanic community was that there is a great deal of fear of the government and government agencies, as well as cultural and language barriers that might make participation more difficult. However, not a single person mentioned any outreach efforts that have been taken to bring the leadership into the larger conversation, to bring them in from the "margins of these efforts," a step that would be important especially considering the wide agreement that Hispanic children are largely underserved and falling through the cracks of the system – an issue discussed in more detail below.

The issue of tribal involvement is clearly more contentious. Most community partners indicated uncertainty as to why the tribe has not been more involved: "I don't think that we have anybody

from tribal health or tribal leadership ... and I'm not saying it's a lack of invitation or trying, I don't know ... the absence is just notable." Other conversations, however, yielded information from the tribal perspective, which is that the larger service community does not understand the tribal mode of operandi when dealing with child abuse and neglect issues, and has shown a lack of interest in learning more about the tribal perspective.

Prevention Programs

We heard from community partners that Klamath County has worked hard to create a system for child maltreatment intervention that is collaborative and effective. Partners see the model in Klamath as "ahead of the curve," and an influence on statewide policies. The critique that we heard was that the efforts have been largely reactive, that is, addressing child maltreatment once it has already occurred and basing programs on perceived needs rather than research. Treatment programs are strong in the community, and while several mentioned the need for greater capacity in programs, service providers are recognized by their peers as being committed and passionate about child abuse and neglect issues. To date, less of a focus has been placed on prevention over intervention. One reason for this might be that as identified by community partners, some organizations have little time to address prevention efforts in the face of the mandates of current programs, so they are limited as to how much they can accomplish:

...[agencies] would like to do a better job and collaborate, but they're so busy with their own jobs that they really can't concentrate on prevention activities. They're just trying to put the fires out where they're at.

Community partners varied greatly on their identification of prevention programs in Klamath County. Some partners felt there was little happening in this area, while others named a number of programs and organizations working on child maltreatment prevention. More than one community partner was concerned about the direction of Klamath County prevention efforts.

The community partners we talked to also had very different ideas of what prevention is. Some partners defined prevention as increased services to families that are already experiencing abuse and neglect, presumably to prevent recurrence of maltreatment. Others defined prevention strictly as education. Few community partners defined prevention as child maltreatment literature does, meaning prevention of initial instances of child abuse or neglect.

Children Who Fall Through the Cracks

Quite a few community partners did not believe that there was a particular demographic or characteristic of children who fall through the cracks of the system; a few partners asserted that *no* children fall through the cracks. Of those partners who identified particular groups who they considered more likely to fall through the cracks than others, however, three groups emerged: ethnic or racial minority children, teenagers, and children living in "high risk" families and situations.

Mistrust and fear of the government were most commonly cited as the reasons why child abuse and neglect goes unreported in the Hispanic and Native American communities in Klamath County. There is, however, a sense that Native American families have more access to resources through the tribe than Hispanic families do:

We have a rather large Hispanic population as well. And they're not very trusting of the establishment and the organizations that are going on, but I don't see them as having the resources like that Native Americans to pick up where it's fallen down. So I think the Hispanic populations, especially the [migrants] that come through, are probably the [most] underserved.

Community partners also indicated a belief in "culture" as part of the reason for low rates of reporting. "Culture" was defined alternatively as authoritative parenting styles, traditional male-dominated households, understandings of sexual maturity at an earlier age and differences between available services and community ideals.

"High risk" kids and families were also defined differently by community partners. These families were most often characterized as living in poverty with severe financial stress, drug and alcohol abuse issues and domestic violence. Another definition of "high risk," however, was those families who are extremely mobile and are "just ahead or behind having DHS being involved." Also falling into this category of "high risk," according to partners, are the families that have lost trust in the system and actively choose to not report in the future: "... we've done a poor job keeping our promise as agencies and others to these families ... [so] they choose to hide. They choose to be unavailable for identification because they know the pain of reaching out and being let go." Children with special needs were also identified as being at "high risk" and of falling through the cracks. One partner pointed out that categorizing children as "high risk" is in itself problematic and carries with it the potential to "pigeonhole" families and to miss children who may not outwardly fit into such definitions.

Finally, teenagers were mentioned several times as a group of children who are not getting the services they need and ultimately are falling through the cracks of the system. One partner disclosed that her "extreme frustration with every agency is their priority is not the teenage[rs]. They are on the last of the list." Another partner simply said, "our teenagers are lost."

Policy Recommendations

Based on the people we met and their opinions of the other partners working in the community, we see a bright future for Klamath County. The people here are passionate and dedicated, and the community partners really care about solving this issue:

...you get excited because you're doing good things and you feel good about what you're doing, but we can't think that we're done.

What's amazing to me [is that] virtually everybody's working on it, but we're not making a difference...[We need] a systematic approach to dealing with the problem...[We need to take] a hard inventory of everybody's strengths and resources, then decide on a goal or two or three that we can all agree to, simultaneous to doing our other important work, and then systematically [attempt] to achieve those agreed upon goals using common measurement systems and leveraging resources.

We have prepared the following recommendations for your consideration:

1. Engage in communication to strengthen foundation necessary to move from a coordinated to a collaborative model of service provision
2. Develop a unified focus, which we suggest should be shared equally between intervention and prevention efforts
3. Set goals as a service community
4. Develop and maintain a system for tracking measurable outcomes
5. Review programs based on goals and desired outcomes, and make adjustments to programs and use of resources based on demonstrated effectiveness

Details about recommendations

Martha R. Burt and Demetra Smith Nightingale discuss a particular model of inter-agency contact in their book *Repairing the U.S. Social Safety Net* which we believe could be helpful in framing the current situation relating to child abuse and neglect issues in Klamath County, as well as indicating a possible path for the future. This model consists of three levels of interaction: communication, coordination and collaboration. To briefly summarize these three levels:

Communication is the foundation of all of intra-agency connection. It consists of more than simply talking to each other and sharing information, although that is certainly an extremely important element. Accurate, knowledge regarding each agencies existence, services, clientele, limitations and resources is necessary for this level of interaction to be achieved. This knowledge must also be, however, wide spread, "it is not enough that one or two caseworkers in one agency know and talk with one or two caseworkers in another agency. Knowledge of each other's offerings much be fairly widespread and should lead to significant cross-agency reporting" (2010; 163).

Coordination requires that agencies support each other by helping one another to obtain clients, cross training, and working together on a case-by-case basis. This can also include outplacement situations where an employee of one agency is primarily based at another agency in order to better clients of both agencies, or perhaps further agency integration through co-location. It is important to recognize that this level will look different depending on the community and agencies involved and does *not* "entail any significant rethinking of agency goals or approaches" (2010; 164).

Finally, *collaboration* necessitates the *joint* development of goals, protocols and measurement of outcomes. Whereas communication and coordination can largely occur at the individual level between employees or department, this level of interaction cannot happen without solid commitments from the

agency heads as it involves organizational commitments: “agencies have reached this level of collaboration if they work with each other to articulate shared goals, analyze their operations to determine how they may achieve those goals, and make changes dictated by this analysis ...” (2010, 164).

In light of our interviews with community partners in Klamath County, we would like to posit that the agencies working on child abuse and neglect issues are currently working at the coordination level; it is clear, however, that agencies would *like* to be fully at the level of collaboration, realizing what Burt and Nightingale call “a strong communitywide degree of organization or a coordinated community response” (2010; 165). Perhaps Klamath County’s biggest barrier to achieving this level of integrated community response is the lack of “communication” elements between agencies.

While many agencies in the county know *of* the other agencies working on child abuse and neglect issues, there seems to be a lack of true understanding regarding what each agency does. More communication regarding the mandates and limitations of each agency is needed, as well as training regarding how these mandate, limitations and modes of operating have changed. In light of the oft-mentioned misperception regarding DHS child welfare in the community, a larger community public relations campaign for DHS may be helpful, but the emphasis should likely be on developing better understanding for community partners.

Additionally, efforts should be taken to reach out to and include populations that have been “on the margins” of this effort, specifically ethnic and cultural minority populations in the county. Many community partners commented on the absence or limited level of participation of both the Hispanic and Native American populations, but there is conflicting understandings regarding the reason why this is so. Due specifically to the representation issues surrounding these groups as both victims and offenders, and because the “minority” population comprises 20% of the county population, the inclusion of the leadership from these communities in the broader discussion regarding child abuse and neglect is absolutely necessary. Further, more efforts should be made to reach and integrate both the business and faith-based communities in these efforts.

Once the communication level of interaction has been reinforced, the service community can go on to reevaluate their cooperation level and determine whether this is the level that they are happy to operate at, or if they want to transition into the collaboration level. It is important to keep in mind the costs associated with a collaborative model. Operating at this level of connection will require agencies to invest significant time and resources as well as sacrifice a certain amount of autonomy in order to successfully integrate into a collaborative service model. If the latter is the case, we would like to offer further recommendations regarding how to proceed.

This level requires a unified vision and focus under which each agency operates to achieve shared goals. Klamath County is already very effective at intervention in issues of child abuse and neglect. The current level of cooperation between DHS, CARES, law enforcement especially is commendable, as is that between the larger MDT and other community partners. This cooperation between agencies leads to better outcomes for children and families experiencing abuse and neglect. In addition to continued

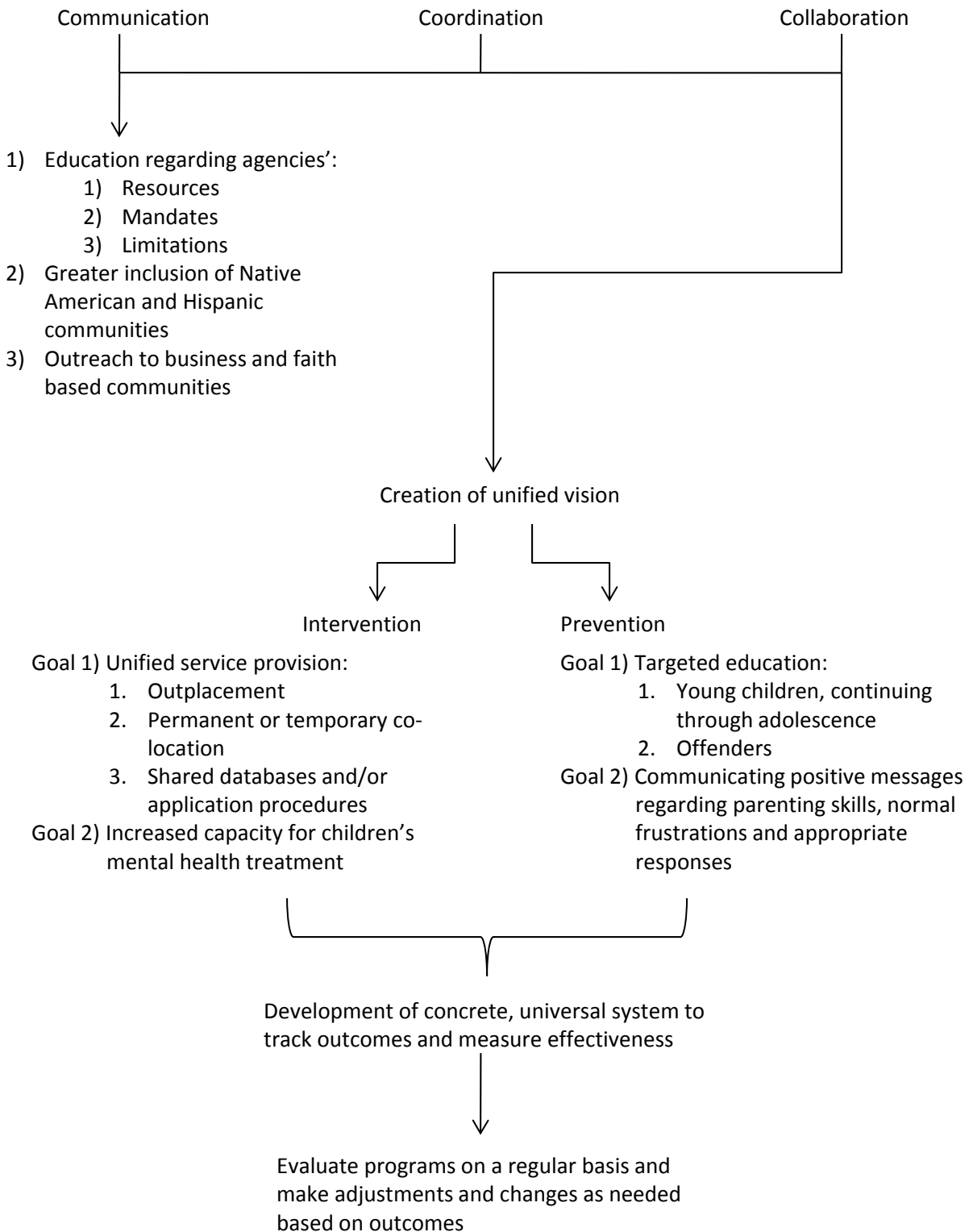
intervention efforts, we would like to offer a second and equally important focus of prevention. The service community is largely beginning to shift focus to this direction, and we would like to lend our support to that shift with the caveat that it should be seen as a broadening of focus to *include* prevention rather than a shift away from intervention to prevention. It is with prevention efforts that the community is likely to see the greatest reduction in actual child abuse rates – the goal that many community partners share. Again, it must be emphasized that minority leaders must be included at this level of organizing, and continue to be engaged through the entire effort.

Shared goals should be created under both of these foci. Although these goals must necessarily come from the community partners themselves, we offer two suggestions based on both the literature and interviews with community partners. Goals for intervention could perhaps focus on a unified service provision through: outplacement, permanent or temporary co-location, and/or shared databases or application procedures. The goal here focuses on how to make service attainment for families in crisis easier. Another goal for intervention could be increased capacity for children’s mental health treatment. One community partner shared with us that children who have been the victims or witnesses of abuse often have to wait weeks until they are able to see a mental health provider:

[there is not] some place for a child to go and immediately debrief with a counselor or therapist who can say, ‘ooh, that’s a huge red flag,” or, ‘that’s kind of typical” ... so by the time six weeks [goes by], ... the children have re-adapted, because children adapt quickly and are very resilient.

As acknowledged earlier, the service community seems to largely be heading in the direction of prevention. We suggest a central goal for prevention could be targeted education regarding abuse and neglect. The literature suggests that education that starts with young children – as young as three – and continues throughout their teenage years is the most effective for victimization prevention. Giving children the tools to identify suspicious or inappropriate behavior, and then empowering them to report such behavior can go a long way to preventing abuse from ever happening in the first place. Similarly, targeting offenders or potential offenders is equally as important. Many offenders report that they either do not know that their actions are wrong or they do not know where to get help. Education can address both of these issues simultaneously. Related to this, parents, especially parents in high-risk situations, need positive messages regarding parenting skills, normalizing the frustrations that come with parenting but emphasizing what is and is not appropriate responses or outcomes of that frustration. Finally, both prevention and intervention programs must have a concrete, universal system to track outcomes and measure effectiveness. Programs should be data and research based with the understanding that measuring effectiveness is often a long-term prospect and programs must be given time to work. However, if a program is proven to *not* be effective or not meeting the goals and outcomes it was created to meet, serious consideration must be taken as to whether those programs are the best use of limited resources. Ways to make wayward programs more effective or to keep them from experiencing policy drift is to evaluate them on a regular basis and make adjustments and changes as needed. This all takes time. That is understood, but in order to create effective program for both intervention and prevention that ultimately increase positive outcomes for children, families and the community in general, we believe this time and effort is worthwhile.

POLICY RECOMMENDATIONS MAP



Ideas for Further Research

Community partners we spoke with suggested a number of questions that warrant further research:

- How do we measure the effectiveness of child abuse prevention programs?
 - Can we prepare a cost-benefit analysis for prevention vs. intervention efforts?
 - Is there a way to track whether a campaign like Stop the Hurt is reducing child abuse rates?
 - How can we quantify success of such programs as the Klamath Defender Services Dependency Case Management program?
 - How much do child abuse education and awareness programs increase reporting, and therefore recorded incidence of child abuse?
 - Would additional programs for adults or children be more effective?
- What is the relationship between prosecution of offenders and the healing process for children?
- How many volunteers does Klamath County have per capita, and how does that affect social service provision and outcomes?
 - How does that differ from more urban places like Multnomah County?
- How can Klamath County better serve Hispanic children through services that address language and cultural barriers as well as a mistrust of the system?
- How can Klamath County better serve Native American children by working more closely with Klamath Tribes to provide services in line with cultural values?
- What works for treating child maltreatment offenders and what can we employ in Klamath County?
- What are the specific similarities and differences between the way organizations measure child abuse and neglect, and why do trends differ from organization to organization?

Acknowledgements

This project would not have been possible without the help of our advisor, Dr. Mark Edwards, Associate Professor, School of Public Policy, Oregon State University and Dr. Bruce Weber, Professor and Director of the Rural Studies Program, Oregon State University.

We are grateful for the welcome and the support that Ken Morton and the staff at Klamath-Lake CARES have shown us. And we thank the CARES Board of Directors for allowing us to undertake this study.

Thank you to all the community partners who gave us their valuable time and expertise, and who spoke candidly to us about child abuse and neglect issues in Klamath County.

We are also grateful to Van and Ann Rudd for their hospitality and for their generosity in sharing knowledge about the history of child abuse and neglect issues in Klamath County.

Finally, a big thanks to our husbands, James and Michael for putting up with our obsession with Klamath County for the last several months. We could not have done this without them.

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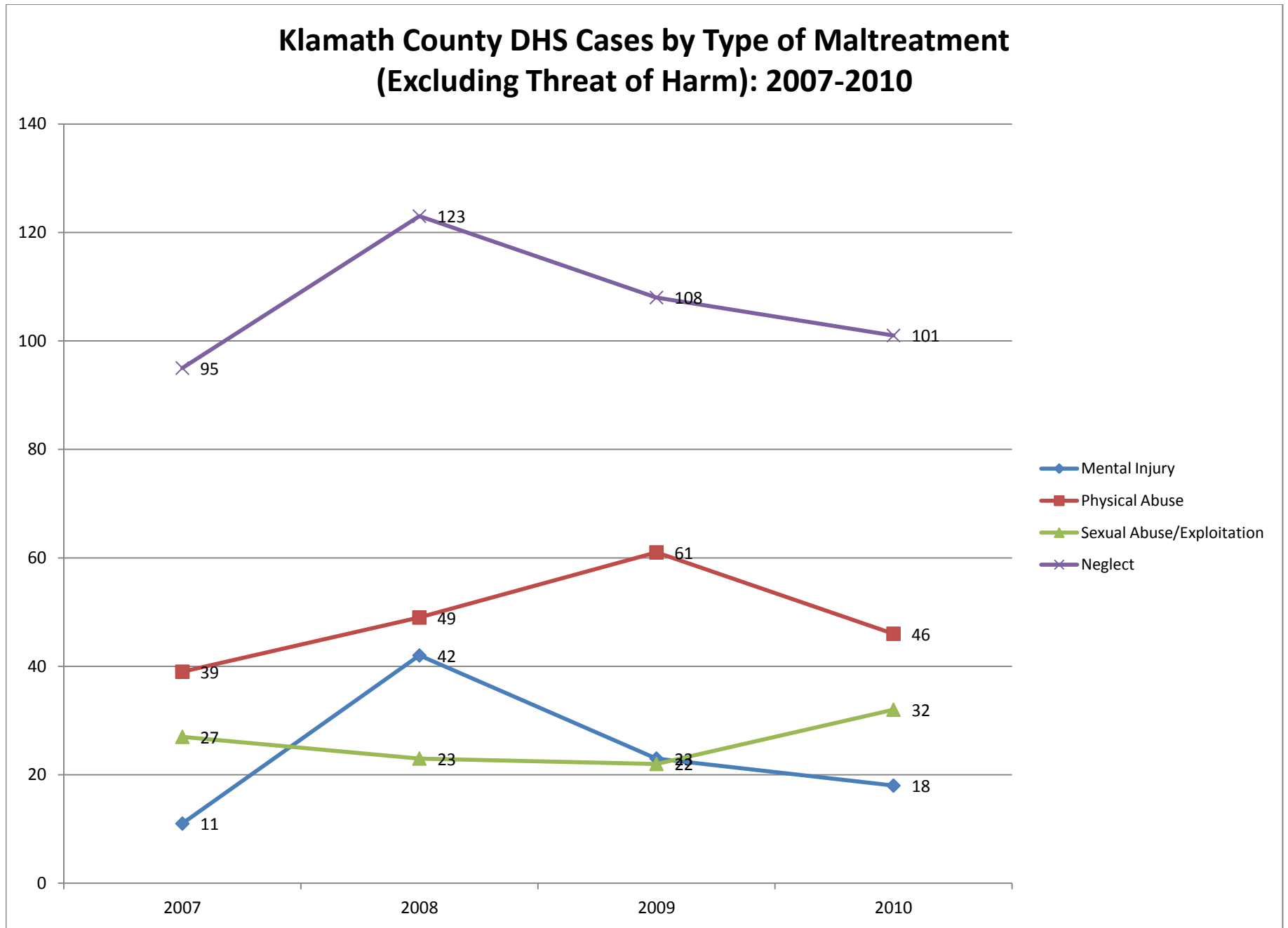
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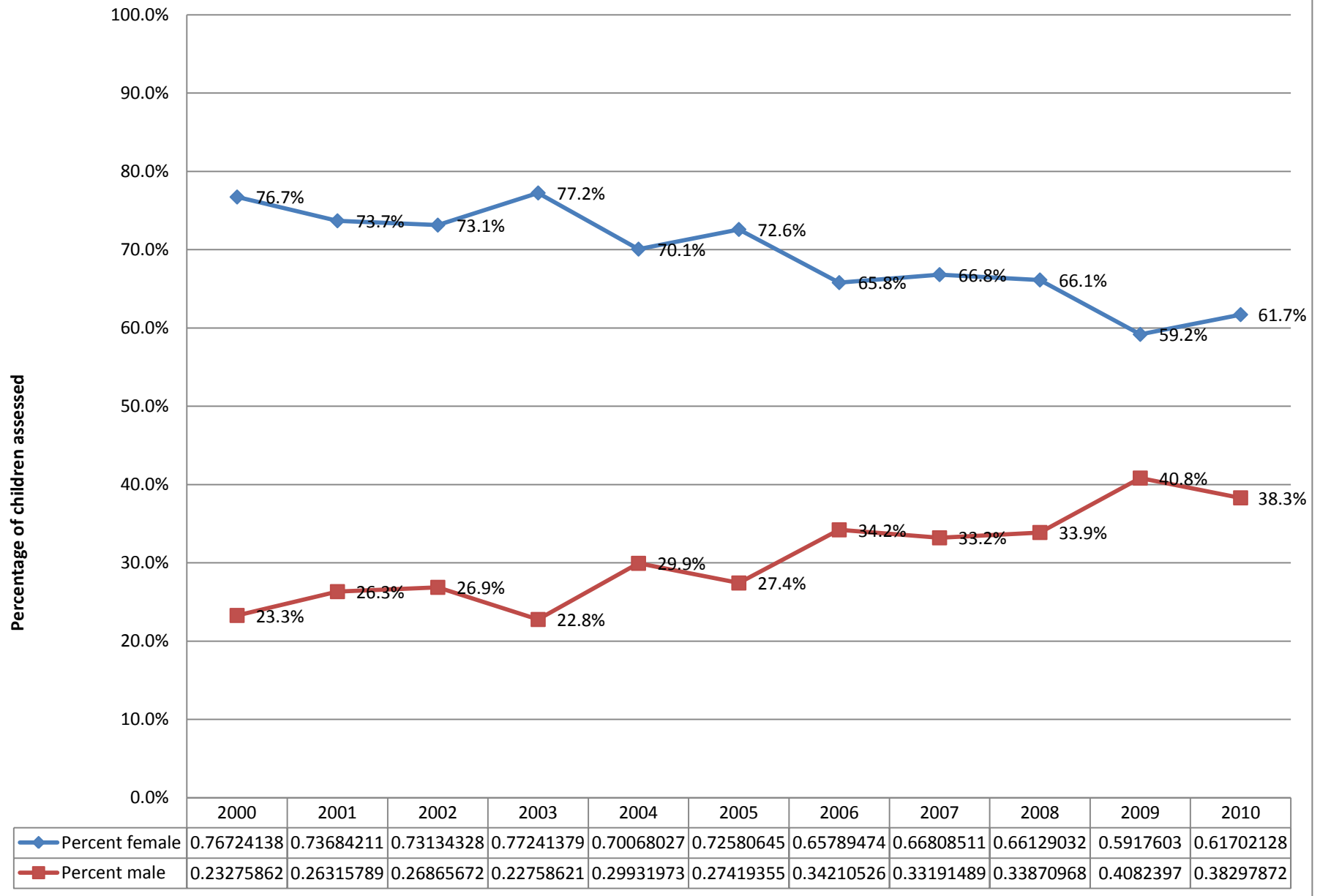
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Children First of Oregon, County Data Book
Oregon Statewide and Klamath County Child Maltreatment Rates

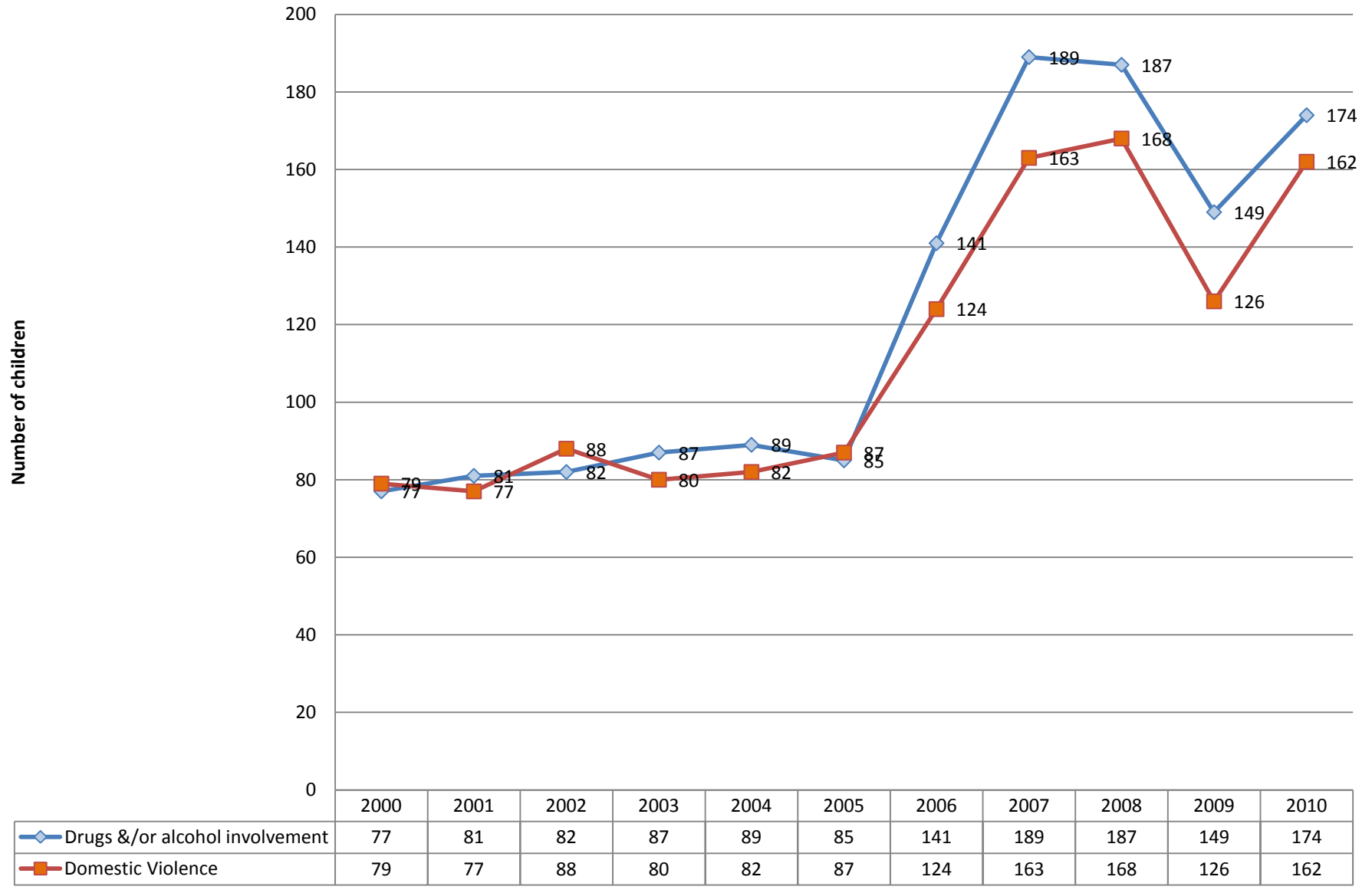
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Oregon											
Child Abuse/Neglect Victims	11241	10,186	4722	4643	4867	5544	5974	6625	6019	5835	6491
Threat of Harm Victims	--	--	3509	3781	4580	5078	5281	5418	4697	4586	4599
Oregon Total Victims	11241	10186	8231	8424	9447	10622	11255	12043	10716	10421	11090
Oregon Victims per 1,000	13.5	12.2	9.6	9.8	10.8	12	13	13.8	12.3	11.8	12.5
Total child population	829,798	846,526	859,208	867,789	875,790	883,999	865,613	872,280	877,547	884,364	885,515
Klamath County											
Child Abuse/Neglect Victims	441	431	134	136	145	146	129	193	146	193	184
Threat of Harm Victims	--	--	186	206	237	265	226	223	227	224	212
Klamath County Total Victims	441	431	320	342	382	411	355	416	373	417	396
Klamath County Victims per 1,000	27.2	26.6	19.4	20.6	23	24.8	22	25.8	23.2	25.9	25
Total child population	16,184	16,470	16,476	16,624	16,584	16,565	16,144	16,126	16,094	15,947	15,856



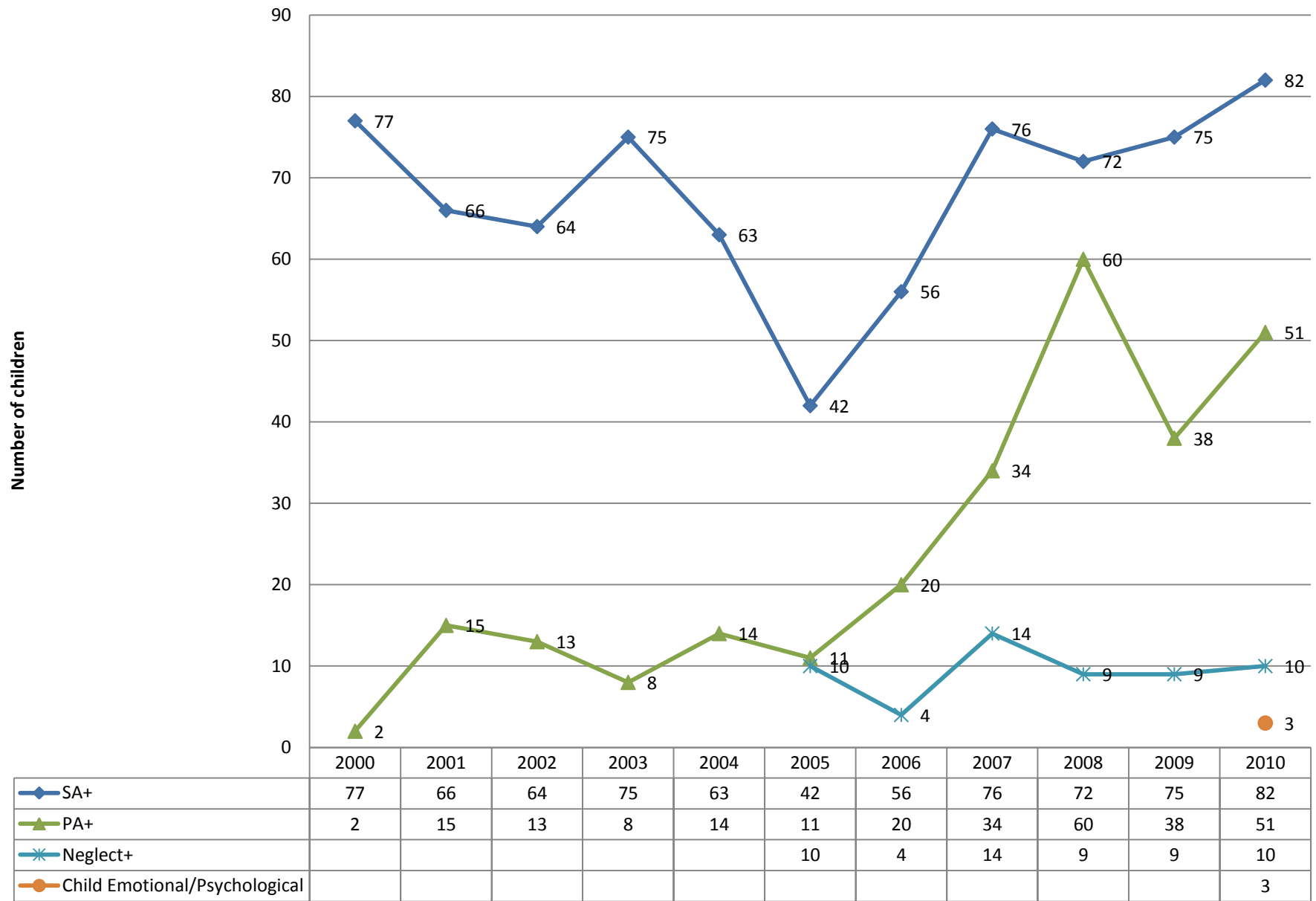
Klamath Lake CARES: Sex of children assessed, 2000-2010



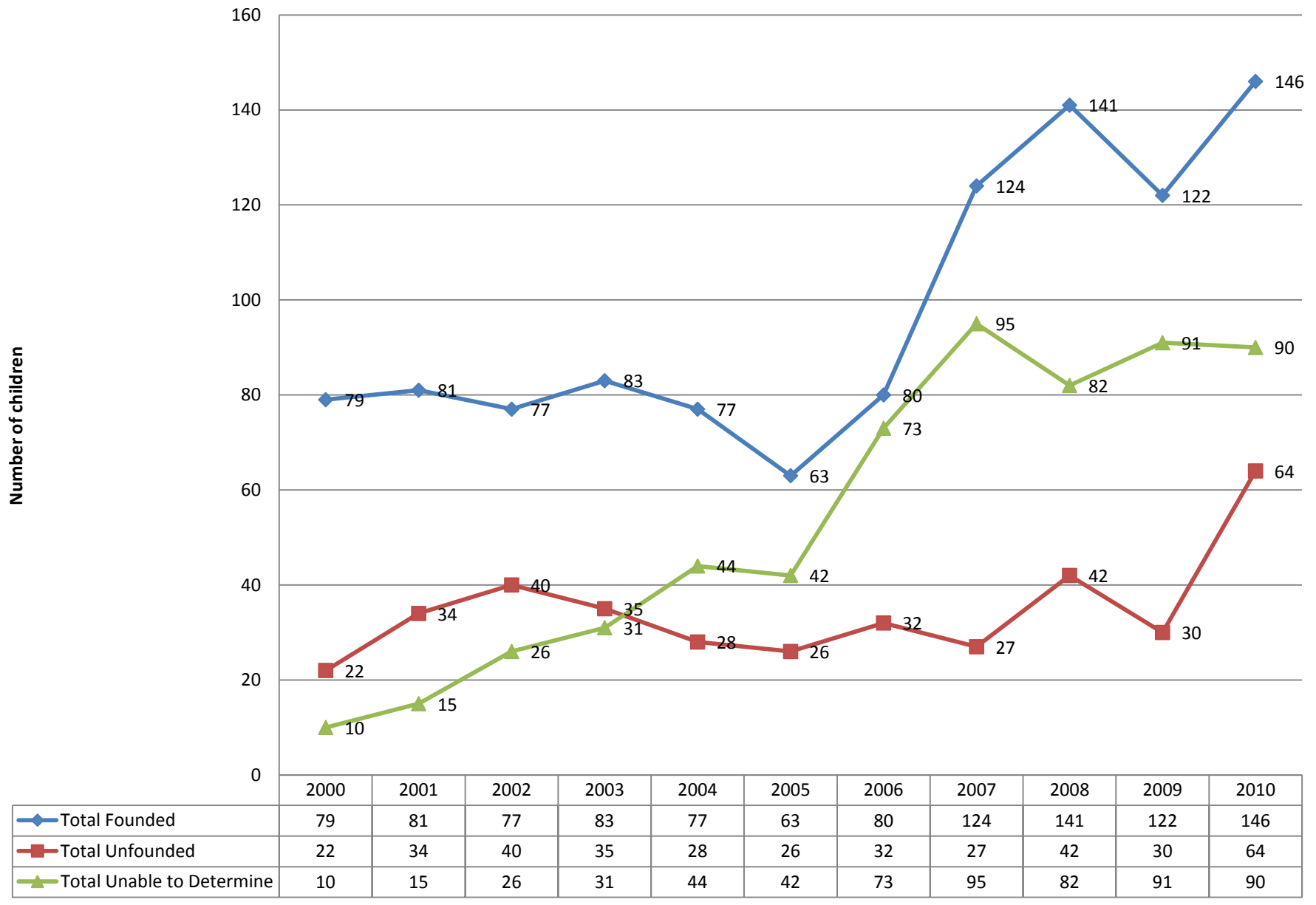
Klamath Lake CARES: Drug/alcohol and domestic violence involvement in cases, 2000-2010



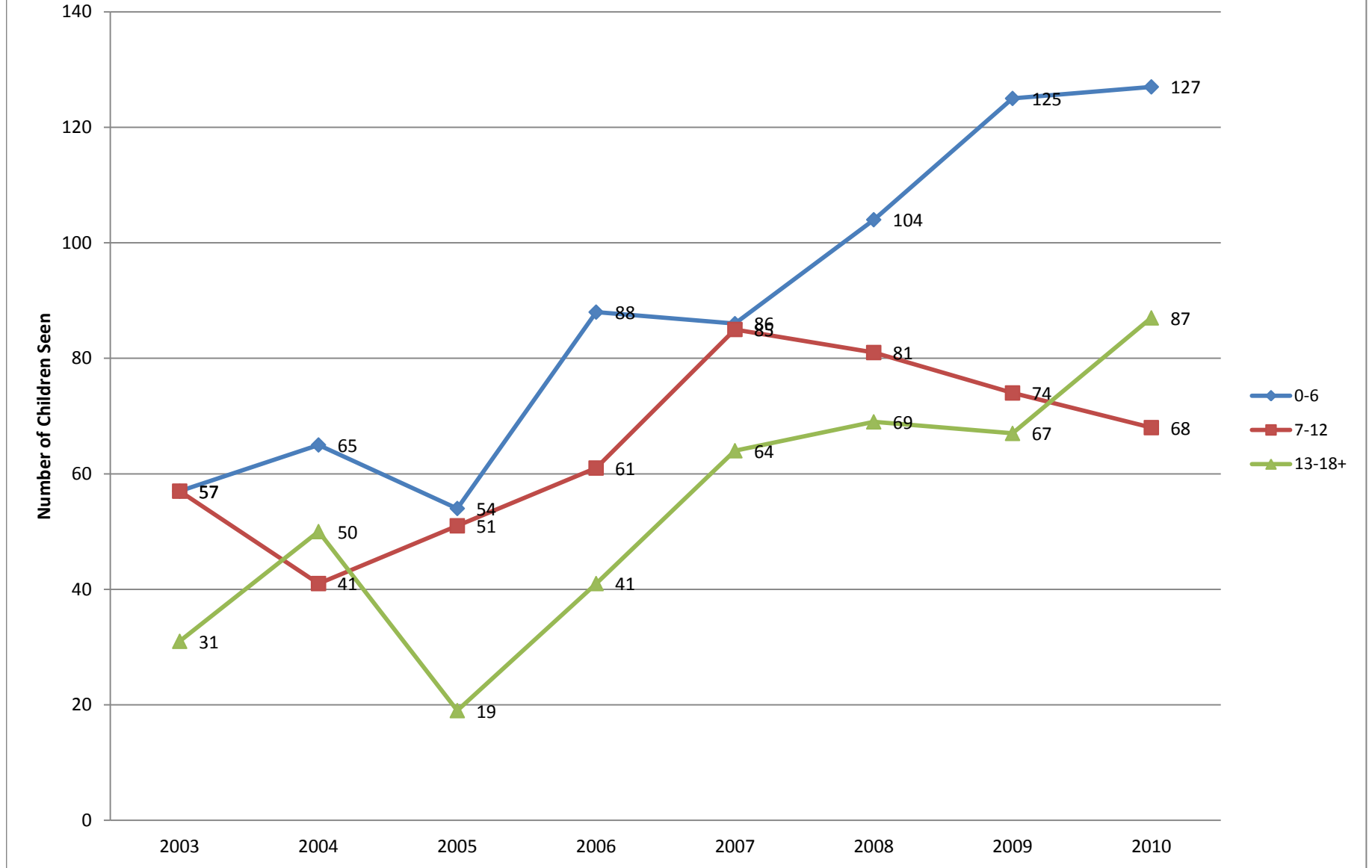
Klamath Lake CARES: Types of founded abuse by year, 2000-2010



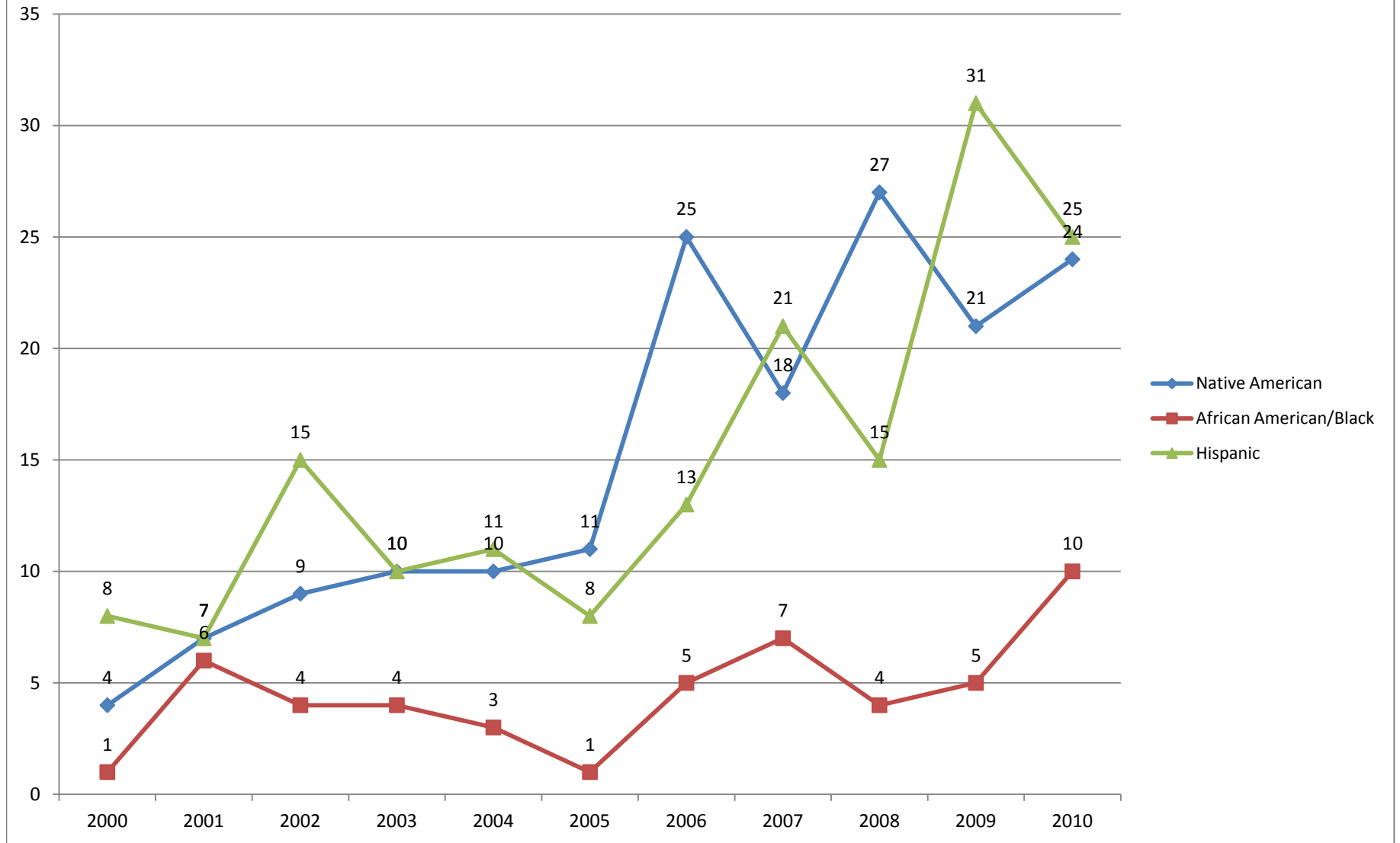
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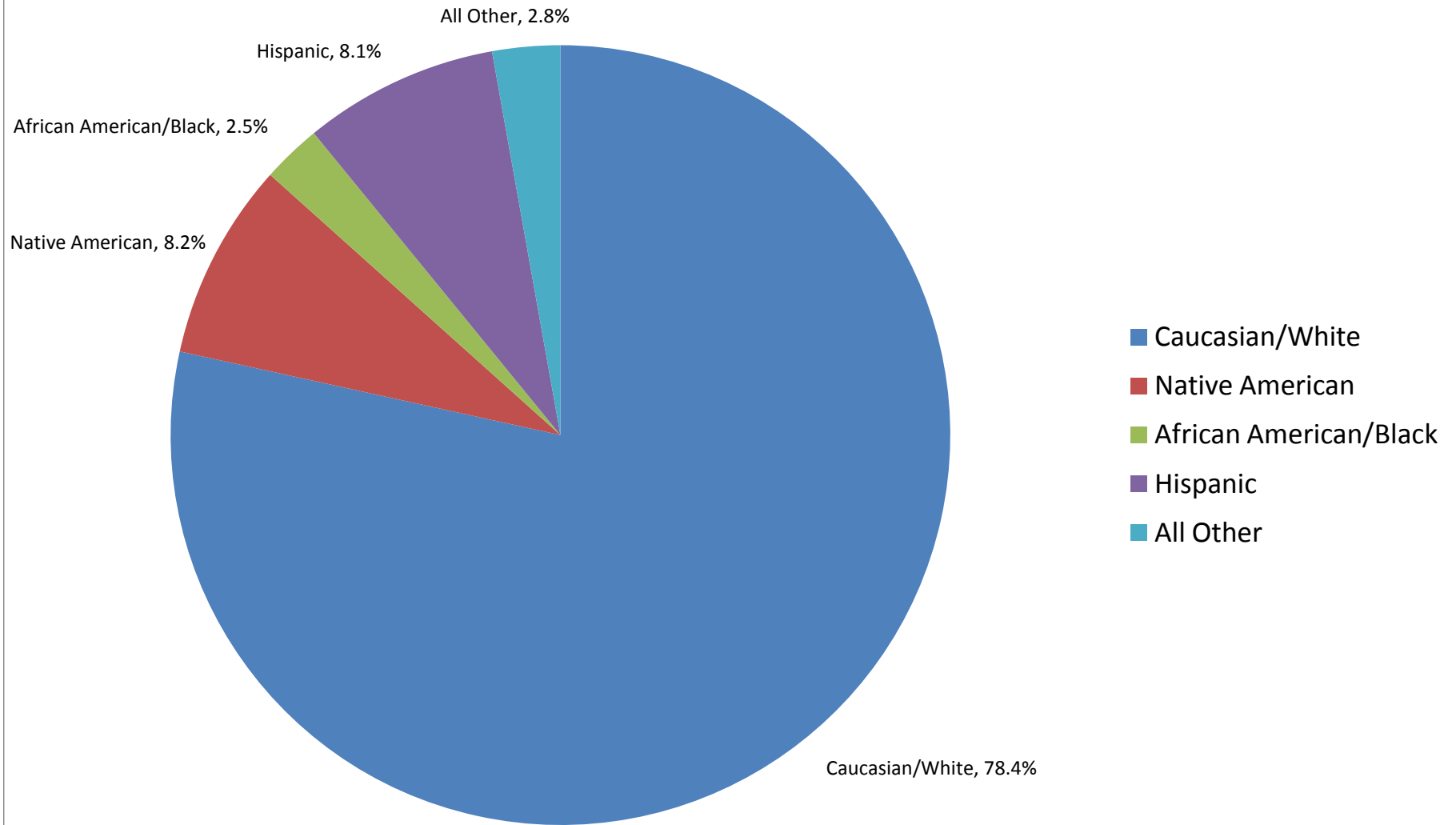
Children Seen at CARES by Age Range 2003-2010



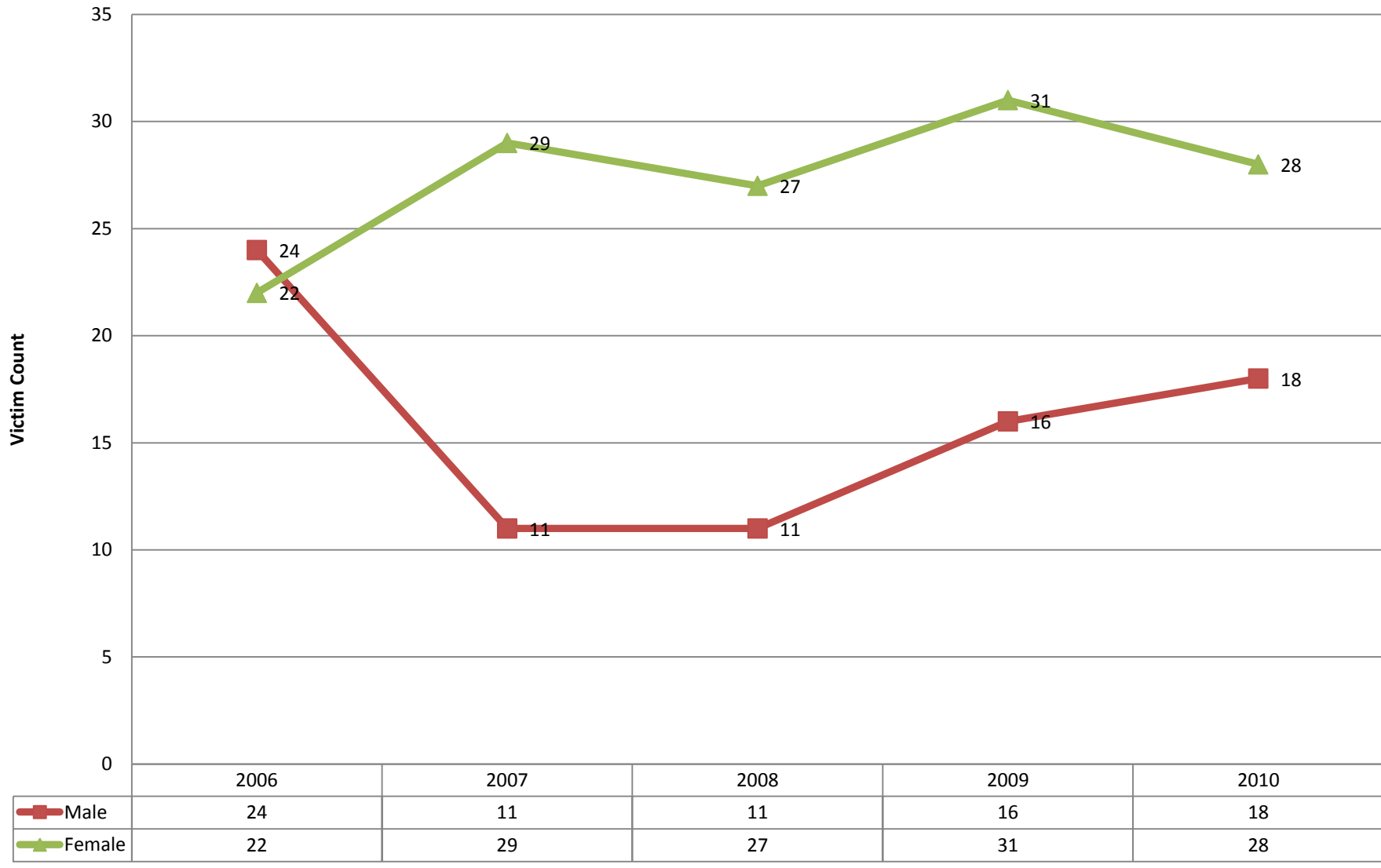
Klamath-Lake CARES: Number of Hispanic, African American and Native American Children Assessed 2000-2010



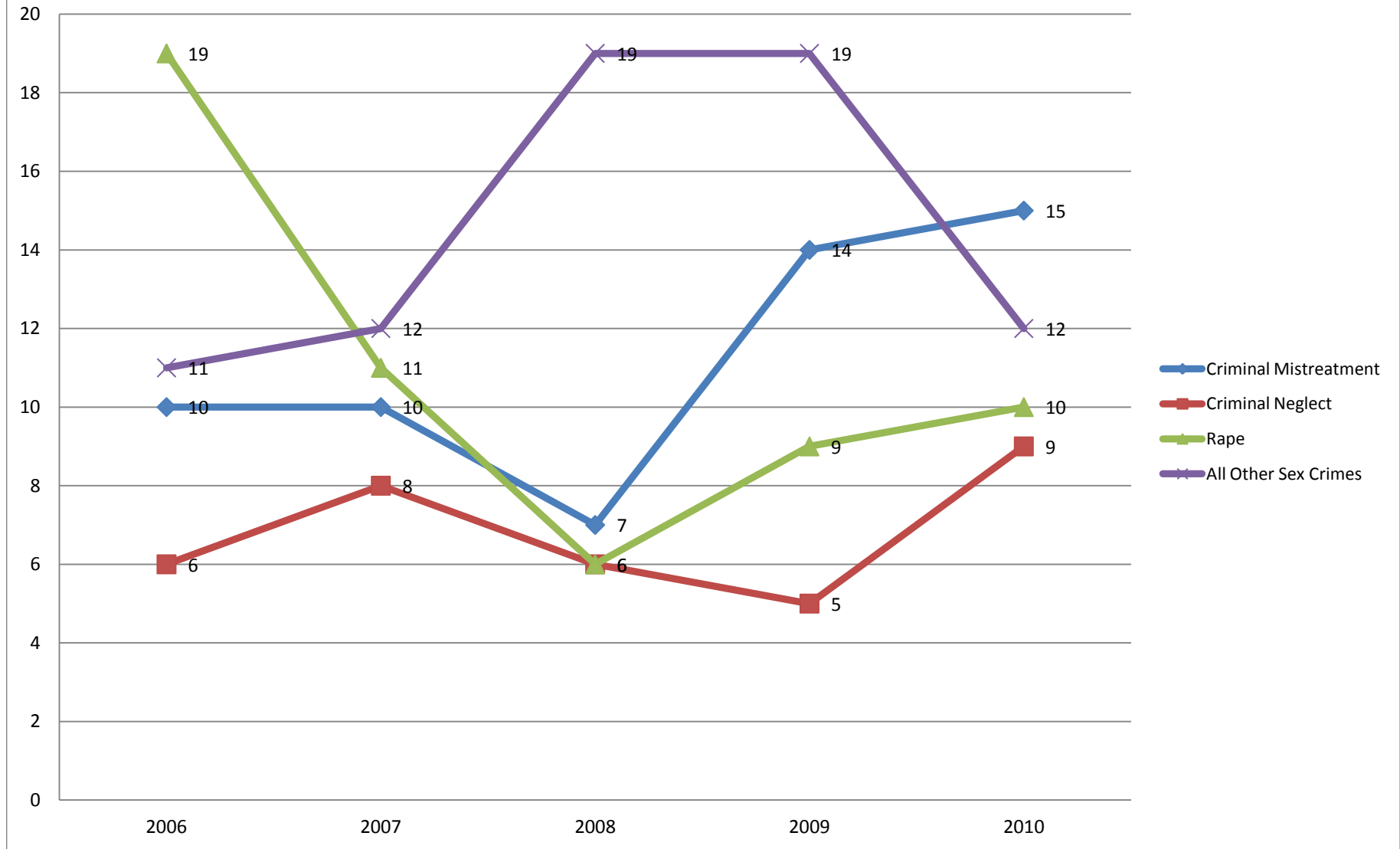
Klamath-Lake CARES: Percent of Children Assessed by Race/Ethnicity, 2000-2010

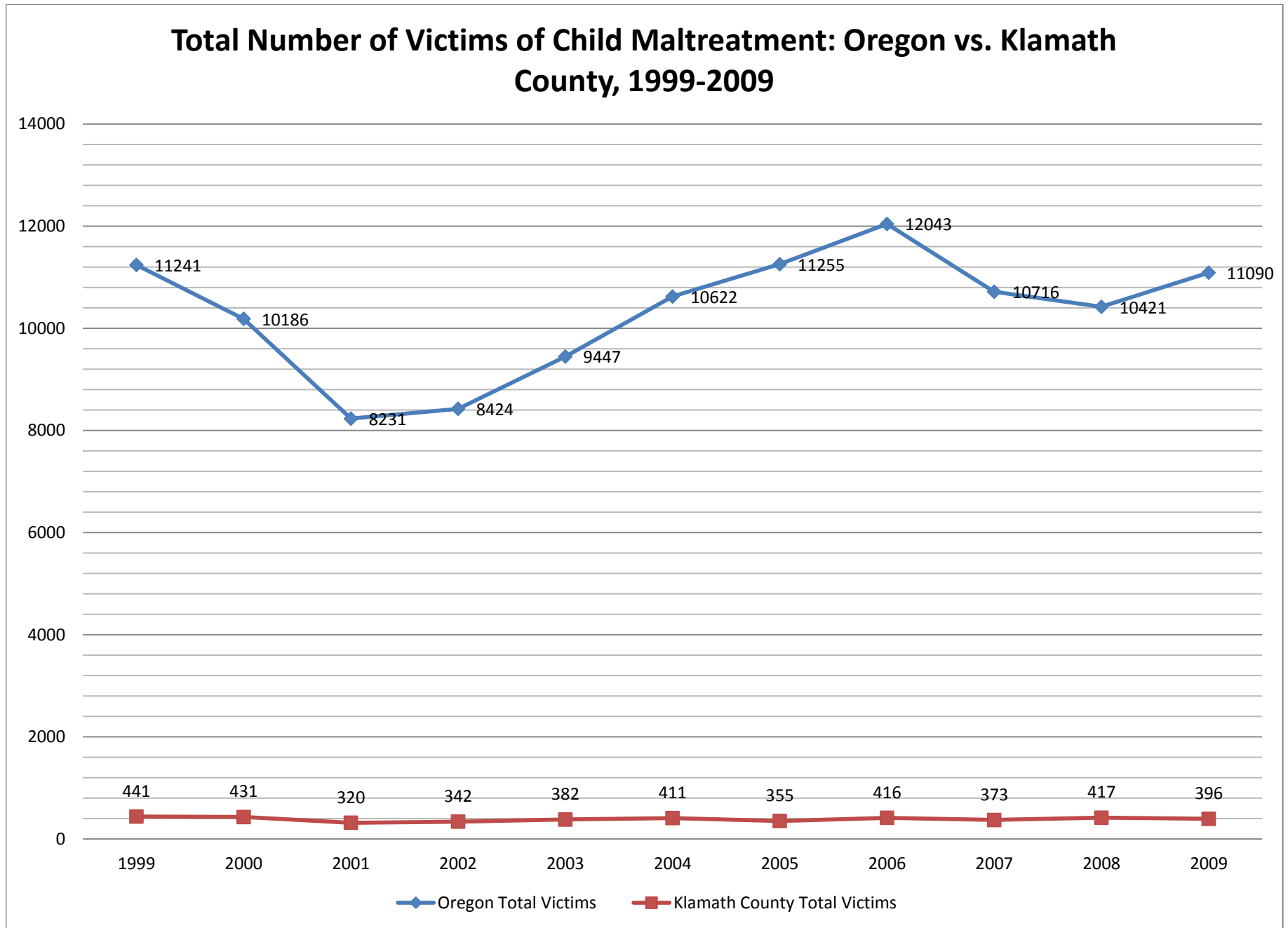


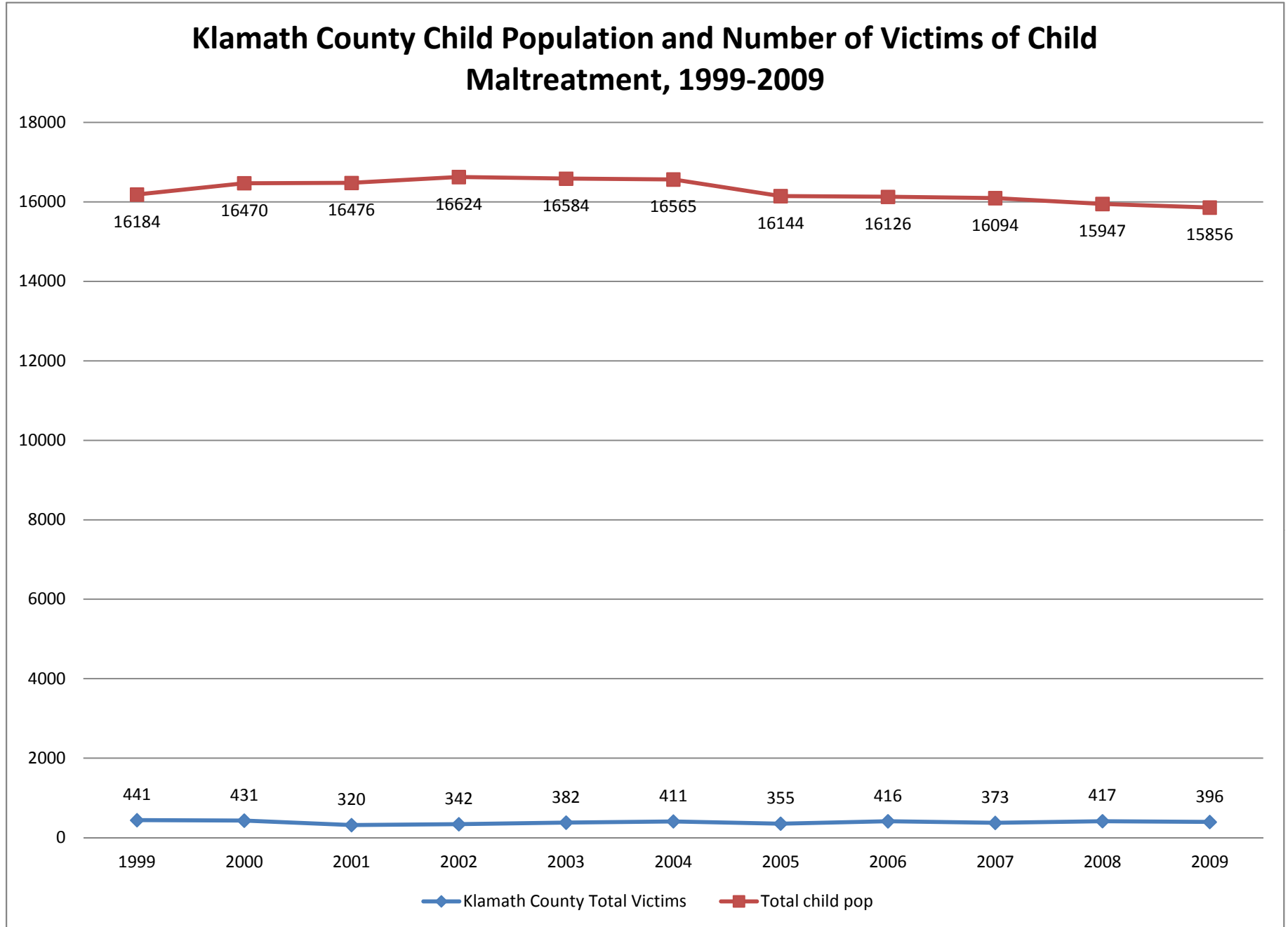
Klamath County Victims of Criminal Sexual or Physical Abuse or Neglect by Sex 2006-2010



Klamath County Victims of Criminal Abuse or Neglect by Crime 2006-2010







Appendix N

Klamath County Child Welfare Services Study for Klamath-Lake CARES

Community Partner Qualitative Interview Guide

The community partner qualitative interview guide is designed to provide a template for the main areas the researchers will be addressing with interviewees. If appropriate, the interviewer will expand on the questions listed below as the interview evolves.

1. Introduction (Oral Consent Process)
2. Questions

How is your organization involved in addressing child abuse & neglect in Klamath County?

1. Do you respond to reports of abuse or neglect? How does that work?
2. Do you have a referral process to/from the Department of Human Services (DHS), law enforcement, or CARES? How does that work?

How do you track cases, reports, and/or referrals concerning child abuse & neglect?

1. What kinds of statistics do you keep? What sorts of things are measured? What timeframes are used?
2. What definitions of child abuse and neglect are used by your organization to determine whether reports are founded, unfounded, or unable to determine?
3. Who do you report statistics to (for example, the state, or another national, regional, county, city, or grant-awarding agency)?

In your opinion, what is it about Klamath County that contributes to high rates of child abuse & neglect?

1. How did you identify this issue? Can you point us in the direction of studies or statistics on this topic?
2. What specific factors that seem to contribute to child abuse & neglect do you work on in your organization? Do you keep statistics or other data on this topic?

What strengths does Klamath County have with respect to addressing child abuse & neglect?

1. Who works together in this area?
2. What programs are in place, and which ones are effective in mitigating or preventing child abuse & neglect?

Is there anything that is not working so well, that you have concerns about, or that you would like to see changed?

1. Are there any organizations that should be included in the larger conversation about child abuse & neglect that are not currently included?
2. Can you identify any gaps in service that might be leading to disruptions in service or children 'falling through the cracks'?
3. Do you have any suggestions for improvement?

Is there anything else you would like us to know about addressing child abuse & neglect in Klamath County?

Do you have any questions for me at this time?

Thank you for your time and your willingness to contribute to this project.

Appendix O

Klamath County Child Welfare Services Study for Klamath-Lake CARES

Multidisciplinary Team Focus Group Qualitative Question Guide

The focus group qualitative question guide is designed to provide a template for the main areas the researchers will be addressing with participants. If appropriate, the focus group leader will expand on the questions listed below as the focus group evolves.

3. Introduction (Oral Consent Process)

4. Questions

History:

1. When was the MDT started?
2. Who started it, and why was it started?
3. Who makes up the MDT, and how was that decided?

MDT Function & Goals:

1. What is the mission or goal of the MDT?
2. What does the MDT do, and how does the function of the MDT differ from the function of the individual organizations that you represent?
3. How often do you meet?
4. What do you discuss?
5. How do you choose your cases?

Organizational Involvement:

1. Are all the organizations involved in every case?
2. If there is an organization not usually part of the MDT that wants to be involved, can they be a part:
 - a. On a case-by-case or temporary basis?
 - b. On a permanent basis?
3. Do you have confidentiality restrictions that interfere with inter-organizational cooperation? Please explain.

Records and Reports:

1. What sorts of records or data does the MDT keep?
2. Are you required to submit reports and/or statistics to anyone? If so, who and how often?

Strengths and Weaknesses:

1. What strengths does Klamath County have with respect to addressing child abuse & neglect?
2. Is there anything that is not working so well, that you have concerns about, or that you would like to see changed?
3. Is there anything else you would like us to know about addressing child abuse & neglect in Klamath County?

Do you have any questions for me at this time?

Thank you for your time and your willingness to contribute to this project.

COMMUNITY PARTNER INTERVIEWS

Ensure that potential participants understand each of the elements below

Purpose. *The goal is to help CARES and its community partners have a greater understanding of child welfare trends in Klamath County as well as identify the areas that the county is particularly strong and where potential gaps in services may exist.*

Activities. Interview will include questions about historical, procedural, and statistical information about each organization, as well as questions about opinions on strengths and areas for improvement in Klamath County child welfare services.

The student researchers request permission to audio record the interviews, so that responses can be communicated accurately in the final report. If interviewee declines recording, notes will be taken during the interview. All audio recordings will be erased and transcripts/notes will be stored securely once the report has been completed. Only the researchers will have access to the transcripts/notes, with the possible exception of Federal Regulatory agencies or the Oregon State University Institutional Review Board, who may inspect and copy records pertaining to this research.

Results from the community partner interviews will be reported in aggregate, meaning that themes, rather than individual responses, will be presented. Quotes may be used, but no quotes will be attributed to an individual.

Risks. The researchers will keep individual responses confidential; however, due to the public nature of the positions held by interviewees with respect to Klamath County child welfare services provided, there is no guarantee of anonymity about participation in the project. The opinion questions have the potential to be uncomfortable for subjects; however, the discomfort felt by subjects during the interview or focus group will not be greater than what they experience in the daily execution of their job as a public official working on

MULTIDISCIPLINARY TEAM (MDT)
FOCUS GROUP

Ensure that potential participants understand each of the elements below

Purpose. *The goal is to help CARES and its community partners have a greater understanding of child welfare trends in Klamath County as well as identify the areas that the county is particularly strong and where potential gaps in services may exist.*

Activities. Focus group will include a short, roughly thirty minute session in which student researchers will ask MDT members questions about how the MDT functions, as well as members' opinions on strengths and areas for improvement in Klamath County child welfare services.

The student researchers request permission to audio record the focus group, so that responses can be communicated accurately in the final report. If focus group participant(s) declines the recording, notes will be taken instead. All audio recordings will be erased and transcripts/notes will be stored securely once the report has been completed. Only the researchers will have access to the transcripts/notes, with the possible exception of Federal Regulatory agencies or the Oregon State University Institutional Review Board, who may inspect and copy records pertaining to this research.

Results from the community partner interviews will be reported in aggregate, meaning that themes, rather than individual responses, will be presented. Quotes may be used, but no quotes will be attributed to an individual.

Risks. The researchers will keep individual responses confidential; however, due to the public nature of the positions held by MDT members, there is no guarantee of anonymity that individuals participated in the focus group. The opinion questions have the potential to be uncomfortable for subjects; however, the discomfort felt by subjects during the interview or focus group will not be greater than what they experience in the daily execution of their job as a public official working on child welfare issues in Klamath County.

child welfare issues in Klamath County.

Benefits. No direct benefit will be given to participants. However, at the conclusion of the research, a report of findings will be made available to CARES and its community partners, which will be designed to help set goals for improvement, drawing on strengths identified in the report.

Voluntariness. Consent to participate must be given freely. There is no penalty for choosing not to participate or for leaving the study at any time. Student researchers use information gathered about participants in only the way for which express consent was given. The participants can request that any identifying information about them be destroyed. The participants will be told they do not have to answer any questions they are uncomfortable with.

Contact information. Participants should feel free to contact the Principal Investigator or the student researchers with any questions or concerns.

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Sponsor. Klamath-Lake CARES is the organization that the student researchers are working with on the internship.

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All focus group participants are highly encouraged to keep other participants' responses confidential, but participants must recognize that researchers cannot ensure that others will keep responses confidential.

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