March 14, 2019

Co-Chairs Sen. Winters and Rep. Piluso
Joint Committee on Ways and Means Sub-Committee on Public Safety
Oregon Legislative Assembly
900 Court Street NE
Salem, OR 97301

RE: SB 5515, Introduced

Dear Co-Chair Sen. Winters, Co-Chair Rep. Stark and Members of the Sub-Committee:

I submit this letter of support for SB 5515, and in support of the Oregon Department of Justice (DOJ) and Crime Victims and Survivors Services Division (CVSSD).

From my vantage point as the recent Chair of the Board of Oregon Network of Child Abuse Intervention Centers (ONCAIC) and as CEO of Liberty House, the CAIC serving Marion and Polk Counties, I can tell you that the outstanding leadership of DOJ and CVSSD has helped ensure the safety of children throughout Oregon.

Child abuse is the most critical and deadly public health emergency facing the State of Oregon.

I can attest to the destructive, indeed, catastrophic effects of child neglect, physical abuse, and sexual abuse on children in Oregon. Child abuse assessment and intervention centers, defined in ORS 418.782(3), play a critical role in the multidisciplinary team response (ORS 418.747) by providing medical assessments, Karly's law assessments (ORS 419B.022-024), forensic interviews, and trauma-informed mental health services. We provide critical consultation services for CPS workers out in the field who need expert medical information.

The allocation of Child Abuse Multidisciplinary Intervention (CAMI) funds pursuant to ORS 418.746 provides a substantial amount of funding for the child abuse centers across Oregon. In addition, the VOCA funds made available to centers have provided significant assistance as we focus on meeting the needs of crime victims.

It takes a very special team to build a relationship with grantees, and that is why I want to publicly thank Oregon's Attorney General, Ellen Rosenblum for her advocacy on behalf of very vulnerable children. Under her leadership, the devastating 2011 cuts to CAMI were essentially restored in 2013, making a huge difference, and this year with DOJ's support we are seeking to increase other state funding even further with HB 3178, which will allow us to serve 1200 additional children annually. I also applaud CVSSD Director Shannon Sivell and her outstanding team who work with us on a daily basis, administering grants, providing technical assistance, and assisting with brainstorming solutions for very complex problems. All of us at ONCAIC are grateful for the strong relationships we have with all of our colleagues at CVSSD.

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By way of background, a **child abuse medical assessment** is one of the key components of an effective, multidisciplinary response to allegations of abuse or neglect. Defined in ORS 418.782[1], the medical assessment includes the taking of a "thorough medical history," which is commonly called a forensic interview. That interview must be conducted by a professional who has had special training in the Oregon Forensic Interviewing Guidelines[2] and who regularly participates in professional peer review in order to ensure fidelity to best practices.

The forensic interview is essentially an **extended social history of the medical condition** or allegation which led to the referral. It is critical to the diagnosis that the medical provider makes, because child abuse medicine is the only medical discipline that I can think of that has ***causation*** as a key component of the medical diagnosis.

In a child-friendly environment ideally embedded in the community assessment center and part of the medical appointment, the forensic interviewer offers an opportunity for the child to engage in a dialogue about the child's experience with respect to the condition that was the subject of the referral. The model is designed to be objective and neutral and involves only open-ended, non-leading questions when questions are asked. The interview, however, is not an interrogation. During the interview, the interviewer will invite the child to "tell me about . . ." and follow the child's lead. The most seasoned forensic interviewers will honor the child's emotional process. This is especially effective for deeply traumatized children.

For children who have been subjected to abuse, neglect, or trauma, there can be many barriers to describing abuse that may be occurring, including guilt, shame, and fear of negative consequences such as retaliation, getting kicked out, seeing Mom cry, or getting raped yet again. The professionals involved in the medical assessment must have the skills, training, experience and temperament to be present to the child in the right way if those types of feelings are part of the child's emotional fabric.

Part of working with the child's emotional fabric, and that of the family or non-offending caregivers, is to allow sufficient time for an assessment so that the child does not feel rushed. In contrast to a regular pediatric visit, the medical assessment can take two to four hours or longer if a set of siblings is involved.

It is critically important to understand the difficulty in diagnosing child abuse. The model is, and should be, neutral and objective; with a team of medical provider and forensic interviewer which have professional and ethical responsibilities to make a diagnosis of abuse only when the findings and statements support that diagnosis.

When those findings do not support a diagnosis of abuse but there are other things going on with the child, it is every bit as important to develop the appropriate diagnosis and recommendations, particularly if there are other psychosocial stressors in the family that are affecting the child. That is why child abuse medicine is a

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

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

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

subspecialty in pediatric medicine and why only trained forensic interviewers should be the ones to conduct the interviews.

If you are wondering how much abuse is really out there, I can tell you that **at Liberty House we are currently receiving between 5 and 10 calls for Karly's Law consultations and exams <u>every day</u>**. That is in **<u>addition</u>** to the full assessments – nearly 600 last year – for chronic physical and sex abuse. We can't keep up due to lack of funding.

Most of the 21 assessment centers in Oregon are non-profit organizations. All nonprofits struggle to raise funds, but for centers like ours it is exceptionally difficult. For centers in more rural communities where the donor base is smaller, it is nearly impossible. Many of my CEO colleagues and I struggle to communicate the critical nature of our services because discussing rape, beatings, strangulation, child pornography, commercial sexual exploitation and torture is terribly difficult and some cases are so extreme they border on the unbelievable.

I am asking you to believe it. All of those things are happening to children in our state every day of every year.

If you are wondering what are the outcomes of such highly specialized services, let me share with you some real-life accounts, with the identifying information changed to comply with HIPAA and other confidentiality requirements.

1. An elementary school aged child had injuries and was referred to Liberty House pursuant to Karly's Law. The medical assessment included a forensic interview, during which the child spoke of the incident that caused those injuries. One of the injuries diagnosed was a serious concussion, and subsequently a parent was arrested. The interview allowed the child an opportunity to make additional statements that ultimately exposed a pattern of physical abuse that had been ongoing. Subsequently, additional charges were filed.

2. One elementary school aged child told the forensic interviewer that prior to coming to Liberty House, she thought no one would ever believe her. She said she had been trying to tell people since she was 3. Her mother was doing what she could but she was bound by a court-ordered visitation agreement and had to send her daughter to visits (where, it was ultimately determined, the abuse was occurring). This child made other statements that the mother reported but investigating agencies interpreted them as related to a custody dispute and did not take them seriously. Eventually the child was referred to Liberty House where she made very clear statements about years of ongoing touching. The Liberty House interview allowed her to provide the kind of information needed for law enforcement to make an arrest.

3. Some people believe that a young child can't possibly remember the horror he has experienced. Nothing contradicts that more clearly than a barely verbal toddler who showed on a drawing every place he was ever hurt by his abuser. As one therapist described, "When I met this little person, the question that everyone had, from DHS to the detective who watched the horrific videos, was "what does this child remember?" Sometimes in counseling, I ask children to draw. One day, I drew a portrait of this little person and asked him to mark every place he ever had "owies" from the abuser. He scribbled out his hair where he had been dangled from. He scribbled out his nose and mouth where he was suffocated. He scribbled out his neck where he was choked. He scribbled out his privates where he was harmed. Without saying words, he remembered. Over the course of therapy, he grew from this little person that remembered and buried people in the sand so they too suffocated to a hero who saved people from burial. He no longer feared police and doctors, those that first saw his trauma, and

> considered them among his safe people. He no longer hits his parent as he sleeps, terrified of an unknown tormentor. He sleeps safely, knowing his parent will protect him. In the course of six months, his eyes are no longer filled with fear. He laughs and runs like a healthy little preschooler, with a hint of mischief in his eyes. Through therapy, his parent knows how to recognize trauma triggers and respond to them and has given him a stable, safe home. Although he remembers what happened to him, he no longer fears the future.

From my long experience as a lawyer working on public policy issues in Oregon, it is my belief that the public policy in Oregon around responding effectively to allegations of child abuse or neglect is very strong; it essentially says, "Responding to these allegations is complicated; District Attorneys, law enforcement, DHS and child abuse centers should work together in order to get better outcomes for the children, for the dependency proceedings and for the criminal case."

However, the sheer volume of child abuse and neglect cases have overwhelmed the system. Having a robust, fully funded system of medical and forensic assessment in conjunction with our other DHS and law enforcement partners is crucial to putting a stop to this terrible societal reality. Without sufficient funding for child abuse assessment and forensic interviews, these services will not be available for children who need them and as a result, more children will be at higher risk of dying from abuse in Oregon.

Because of that, I respectfully submit this request that if at all possibly, consideration be given to increasing the state funding for child abuse intervention centers across the state in order to help us meet the needs of this critical population of children, as is described in HB 3178 (an increase of $6M). Current funding essentially is near the level from 2009, and is insufficient to meet the need. Currently, only 17% of Centers' budgets is comprised of state funding. The rest of made up of a small amount of federal (VOCA) funding, some grants, and a small amount of insurance billing that is inconsistent and not reliable, varying widely by the carrier. The majority of the remainder of the funding comes from community fundraising—which is also not consistent depending on the location of the Center and their access to a donor base. This model is not working. Without sufficient funding, more children in Oregon are at greater risk of severe injury and death. With a $6M increase, as created in HB 3178, state funding will increase to only 29%, and Centers statewide will be able to see 15% more children (roughly 1200).

Child abuse is the most critical and deadly public health emergency facing the State of Oregon.

Stopping the abuse and providing the right follow up services are critical to reducing the long-term and very expensive sequelae of abuse, including heart disease, cancer, diabetes, obesity, and behavioral/mental health issues. Because of the widespread scale of childhood neglect, physical and sexual abuse, a fully funded, effective intervention system is critical to ensure the success of Oregon's children and all of Oregon's other educational and economic objectives.

Thank you for your thoughtful consideration of this bill.

Respectfully submitted,

Alison S. Kelley, JD
Liberty House, CEO
ONCAIC Board of Directors