Oregon Child Abuse Solutions
Protect. Heal. Lead.

February 24, 2021

1827 NE 44th Avenue, Suite 220
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Chair Gelser, Vice Chair Anderson, and Members of the Committee

Oregon Child Abuse Solutions works with the over 20 children's advocacy centers across the state that provide child abuse medical assessment, video-taped forensic interviews, family advocacy, mental health treatment, and child abuse prevention services.

We're presenting this testimony today to address concerns about SB 663 as drafted, and to provide important clarifications about some of the other testimony uploaded on this bill.

CACs provide neutral, fact-finding, specialized services, and though we operate collaboratively with multidisciplinary team partners, like law enforcement and child welfare, our nonprofits are not beholden to, or under the control of, our partners. We collaborate with partners because this reduces trauma and avoids multiple interviews for children and helps increase access to needed follow-up services, among many other positive outcomes.

We are grateful for the voices of parents who have shared their stories and understand the positive intentions in presenting this bill, however, SB 663 will create severe unintended consequences if passed. Not only does SB 663 not take current protective practices in place, it also suggests "solutions" that would overwhelmingly leave children in a more vulnerable position than they are today.

<u>Related to prohibiting DHS from releasing records and reports unless they are "founded"</u>

We are concerned that prohibiting DHS from releasing records and reports unless there is a "founded" disposition will put kids in harm's way and limit access to services for families who would benefit from these services. In some cases, the bar for finding a referral as "founded" can be very high, and many times, cases are deemed "unable to determine" even if there are high-risk safety concerns in the home. Prohibiting our medical providers, or other service providers, from receiving records and reports, limits medical providers from having information critical to the child's wellbeing. It is not uncommon for a family to have many "unfounded" or

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"unable to determine" allegations, that can provide insight into how to support the family. Additionally, in the case of possible ongoing medical neglect, we'd be even more concerned if asked to provide insight without necessary information. The child's health will only benefit from medical providers having access to a complete medical-social history.

Related to recorded questioning and releasing the recording to the parent and/or others

This provision fails to include safeguards regarding the common scenario of the parent being a suspect. Releasing information to a potential unsafe caregiver, exposes children and youth to potential continued abuse, retaliation, and even fatality. The intent of recorded interviews at a CAC is to provide a safe place with very specific procedures on releasing confidential records. At CACs, children commonly express concerns about disclosing abuse for fear of the suspect finding out. We believe recording in the field would make the fears of children and youth well-founded and could impact their ability or willingness to discuss their experiences. Additionally, we believe this practice would not be trauma-informed for children, and reducing trauma is the main purpose of the CAC Model.

Releasing of records

Children who may be victims or who disclose abuse deserve for our safety system to protect their sensitive and confidential information. SB 663 provides no safeguards to prevent the report from falling into the wrong hands. Again, we are risking retaliation and safety. We must balance safety and in all cases prevent harm. In the case of CACs, about 3 in 4 of the children we see are under the age of 12. We believe in this area SB 663 would do more harm than good. Many CACs put protections in place to prevent highly sensitive information about the child from being accessed irresponsibly and without safeguards.

Recording in hospitals

The requirement that hospitals and other entities conducting child interviews record and immediately provide reports is completely contrary to the long history of confidentiality between medical provider and patient. Although medical and mental health providers are mandatory reports of abuse, the additional requirement of recording and releasing an immediate report casts the provider into the role of investigator and jeopardizes the therapeutic relationship. This is another area where SB 663 would cause more trauma to a child.

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Respectfully, the concerns listed above are only a summary and not inclusive of all concerns and examples of potential impacts.

Lastly, we want to provide some clarity on testimony that was submitted by others who do not currently work within or represent Oregon's CACs. As Chair Gelser mentioned, CACs support the passage of Karly's Law and believe it to be protective of children, but did not initiate the Law. Chair Gelser brought the bill forward.

We are concerned that the role and activities of our CACs are being conflated with the roles and activities of others. For example, CACs function as child abuse specialists and are relied on by many partners, however, CACs alone do not make determinations about placement or removal of children.

Thank you for your consideration of our testimony. Please let us know if we can offer any additional information.

Sincerely,

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