

The status of
children



in Oregon's child protection system

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If you have questions or need this document in a different format, please contact your local DHS office.

For more information about this report, call DHS child protective services at (503) 945-5683.



April 2004

Dear Oregonians,

One of the most notable changes in this year's Status of Children in Oregon's Child Protection System report is the move from data tracked within the calendar year to data tracked by federal fiscal year (FFY). This brings our agency into alignment with how data is reported by most other states and the federal government. This report presents data about child abuse and neglect known to Oregon's child protective system.

Oregon received more than 40,000 reports of suspected abuse and neglect in FFY 2003, a 5.5 percent increase over the previous calendar year. From the founded reports, about 9,500 victims of abuse or neglect were identified, an increase of 12.1 percent.

The data contained in this report reflect the challenges and issues facing many of Oregon's families. For families with founded abuse or neglect, the four major problems are: parental drug or alcohol abuse; parental involvement with law enforcement; head of household unemployed; and domestic violence.

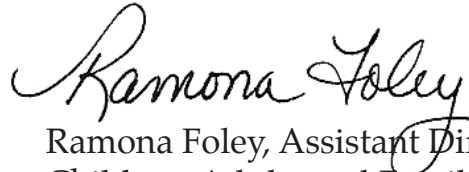
In FFY 2003, all types of abuse, except mental injury, increased. While sex abuse had decreased 2.4 percent in 2002, this year's data reflects a 20 percent increase. The majority of victims were between the ages of 10 and 17. Further analysis may yield explanations for the increase, but some of it can be attributed to the agency's concerted effort to increase services to teenagers. As we continue to ensure protection for children 0 to 18, we might anticipate that teens will increase as a percentage of the child welfare caseload.

Reversing a three-year trend, more children entered foster care than exited foster care in FFY 2003. In the five years following the 1997 passage of the federal Adoption and Safe Families Act (ASFA), Oregon's efforts to complete the adoptions of children in foster care whose parental rights had been terminated resulted in a high number of children exiting foster care to adoption. Although there continues to be more foster children needing adoption than there were before 1997, policy and practice changes are preventing the types of backlogs that existed prior to ASFA.

Because of the complexity of child abuse and neglect issues, data has become an increasingly important tool. Accurate information helps to guide and shape the work we do on behalf of abused and neglected children and their families. Working with our partners – courts, law enforcement, schools, advocates and faith communities – our goal continues to be the protection and safety of children and the preservation of Oregon’s families.



Gary K. Weeks, Director
Oregon Dept. of Human Services

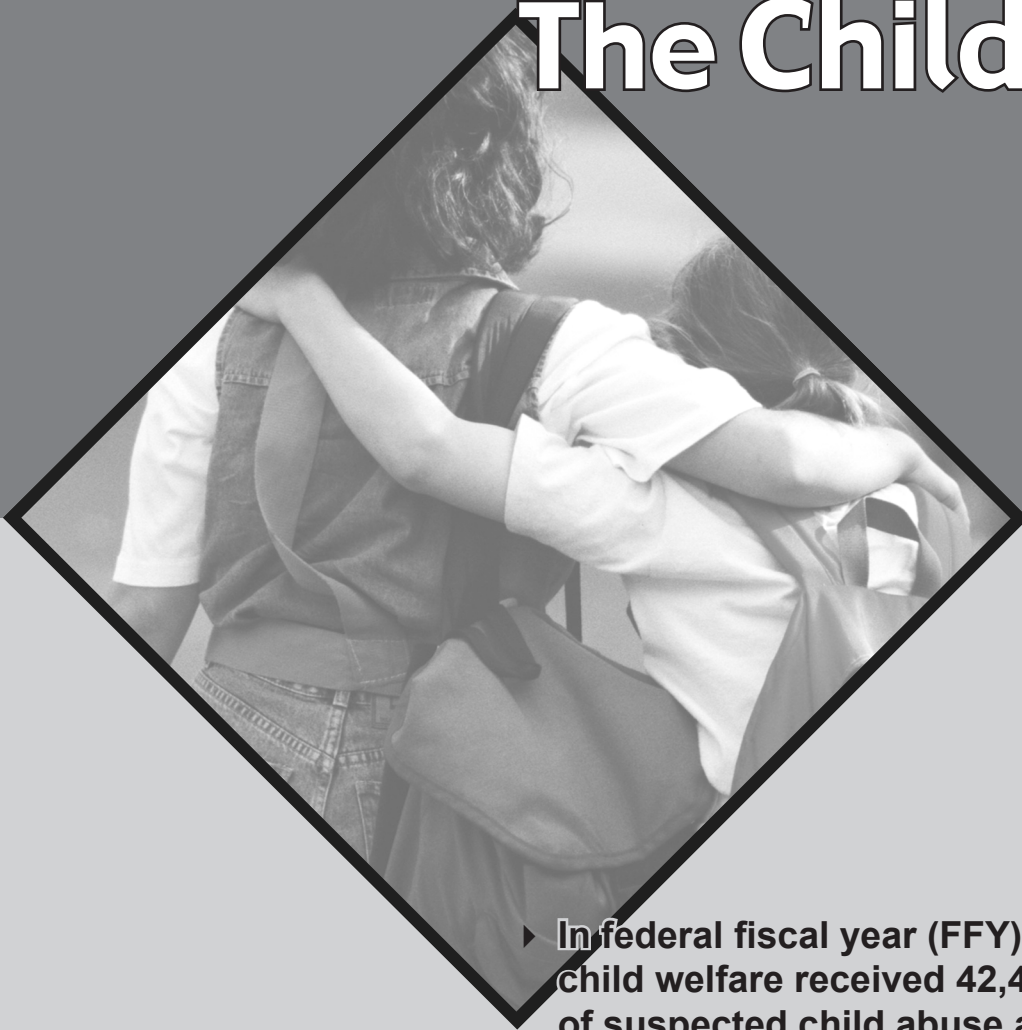


Ramona Foley, Assistant Director
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The Children



- ▶ In federal fiscal year (FFY) 2003, DHS Child welfare received 42,455 reports of suspected child abuse and neglect, an increase of 5.5 percent over calendar year 2002.

- ▶ There were 9,447 child abuse/neglect victims in FFY 2003, a 12.1 percent increase from 2002.

- ▶ In FFY 2003, all types of abuse except mental injury increased:
 - Threat of harm ▲ 17.6 percent
 - Neglect ▲ 6.6 percent
 - Mental injury ▼ 4.0 percent
 - Physical abuse ▲ 12.2 percent
 - Sexual abuse ▲ 20.0 percent

The reporting period in this publication changed to federal fiscal year to conform with federal reporting requirements. The federal fiscal year 2003 is from October 1, 2002 through September 30, 2003.

**CHILD ABUSE IS DEFINED
IN ORS 419B.005.**



**Q. IF A PARENT SPANKS A
CHILD, IS IT CONSIDERED
CHILD ABUSE?**

Parents have a right to discipline their children. Simply spanking is not child abuse. However, tissue damage such as bruises, welts, or lacerations may be signs of child abuse. Injuries such as these, not resulting from an accident, must be investigated.

What is child abuse?

ORS 419B.005 defines child abuse as:

- ▶ Any assault, as defined in ORS chapter 163, of a child and any physical injury to a child that has been caused by other than accidental means. This includes any injury that appears to be at variance with the explanation of the injury.
- ▶ Any mental injury to a child. This includes only observable and substantial impairment of the child's mental or psychological abilities to function caused by cruelty to the child. The child's culture will be considered.
- ▶ Rape of a child includes, but is not limited to, rape, sodomy, unlawful sexual penetration and incest as those acts are defined in ORS chapter 163.
- ▶ Sexual abuse as defined in ORS chapter 163.
- ▶ Sexual exploitation, including use of children for pornography and prostitution.
- ▶ Negligent treatment or maltreatment of a child includes, but is not limited to, failure to provide adequate food, clothing, shelter or medical care. Any child who is under care or treatment solely by spiritual means pursuant to the religious beliefs or practices of the child or the child's parents or guardians shall not, for this reason alone, be considered a neglected or maltreated child.
- ▶ Threatened harm to a child means subjecting a child to substantial risk of harm to the child's health and welfare.
- ▶ Child selling includes buying, selling or trading for legal or physical custody of a child. This does not apply to legitimate adoptions or domestic relations planning.
- ▶ Permitting a person under 18 years of age to enter or remain in a place where methamphetamine is being manufactured.

What are child protective services?

The Child Abuse Reporting Law, ORS 419B.005 to 419B.045, was enacted in 1971 and has been updated several times. The law was designed to provide early identification and protection of children who have been abused.

- ▶ When a report of suspected child abuse or neglect is received, DHS child protective services (CPS) or a law enforcement agency responds. State policy requirements and protocols of the local multidisciplinary team are followed.
- ▶ The allegations are reviewed to determine if a child abuse assessment is appropriate. If not, the referral is said to be closed at screening.
- ▶ For those allegations requiring a face-to-face assessment, law enforcement and

CPS investigate the allegations and determine responsibility for maltreatment of the child.

- ▶ A CPS-trained worker completes a safety assessment of the child, assesses caregiver protective capacity, and assesses supportive resources available to the family.
- ▶ After the investigation and assessment, an assessed referral is classified in one of three ways: founded, unfounded or unable to determine because of insufficient information.

CPS caseworkers identify and provide services to keep children safe. Wherever possible, the caseworker and other members of the team work in collaboration with the family. They prepare an action plan to provide safety for the child and use the strengths of the family.

THE CHILD ABUSE
REPORTING LAW WAS
ENACTED IN 1971.



Q. AT WHAT AGE CAN A CHILD BE LEFT HOME ALONE?

Oregon law does not state specifically an age at which children may be left home alone. ORS 163.545 states, “(1) a person having custody or control of a child under 10 years of age commits the crime of child neglect if, with criminal negligence, the person leaves the child unattended in or at any place for such period of time as may be likely to endanger the health or welfare of such child.”

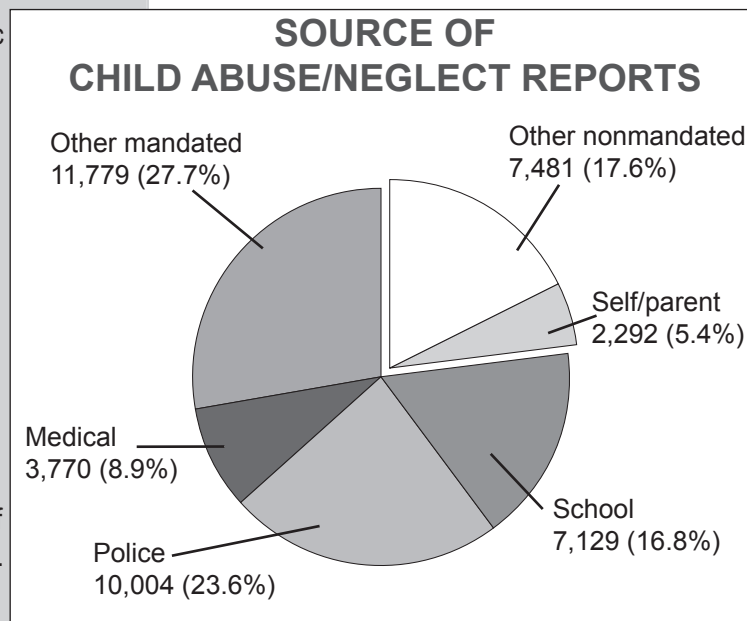
MANDATORY REPORTERS:

- Physician, including any intern or resident • Dentist • School employee
- Licensed practical nurse or registered nurse • Employee of the Department of Human Services, State Commission on Children and Families, Child Care Division of the Employment Department, the Oregon Youth Authority, a county health department, a community mental health and developmental disabilities program, a county juvenile department, a licensed child-serving agency, or an alcohol and drug treatment program • Peace officer • Psychologist
- Member of the clergy
- Licensed clinical social worker • Optometrist • Chiropractor • Certified provider of foster care or an employee thereof
- Attorney • Naturopathic physician • Firefighter
- Emergency medical technician • Licensed professional counselor
- Licensed marriage and family therapist • Court appointed special advocate as defined in ORS 412A.004 • A child care provider registered or certified under ORS 657A.030 and 657A.250 to 657A.450 • Member of the Legislative Assembly.

Who must report child abuse/neglect?

Certain people are required by Oregon law to report suspected cases of child abuse and neglect to the local DHS child welfare office or a law enforcement agency. These people are required to report because they have frequent contact with children and are able to identify children who are at risk from abuse and neglect. In addition, any other person may make a report of suspected child abuse/neglect.

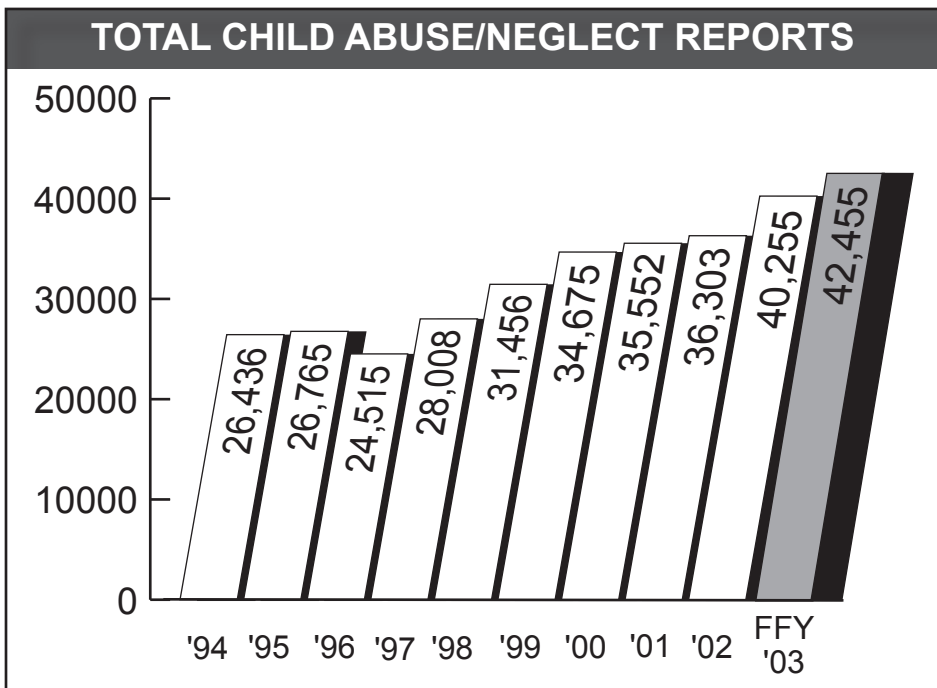
Mandatory reporters are listed in ORS 419B.005(3). A DHS publication, "Recognizing and Reporting Child Abuse & Neglect," provides more detailed information on Oregon's Mandatory Reporting Law (available on the Web at <www.dhs.state.or.us/abuse/publications/children/mandrptlaw03.pdf>). Mandatory reporters must inform either DHS child welfare or a law enforcement agency if they have reasonable cause to believe they have had contact with a child who has suffered abuse/neglect or a person who has abused/neglected a child. The law applies to any contact a mandatory reporter has with such a child or other person.



- ▶ Public and private officials who are required by law to report suspected child abuse and neglect made 77.0 percent of reports to DHS child welfare in FFY 2003.
- ▶ 40.4 percent of reports came from schools and law enforcement agencies.
- ▶ Former spouses accounted for only 1.3 percent of reports.

Data for federal fiscal year 2003.

Total child abuse/neglect reports



Reporting changed to FFY in 2003 to conform with federal reporting requirements.

- ▶ In FFY 2003, DHS child welfare reviewed 42,455 reports of suspected child abuse/neglect. (Some of these were reported to DHS at the end of FFY 2002.) In 1994, DHS child welfare reviewed 26,436 reports of suspected child abuse/neglect. This is an increase of 60.6 percent over a 10-year period. This continuing rise in reports, as well as the intensity of family problems, presents a challenge to DHS and community partners to meet the needs of today's children.
- ▶ During the same period, Oregon's child population increased 9.9 percent.
- ▶ 6,510 child abuse/neglect referrals were "founded" in FFY 2003, an increase of 11.1 percent from the 5,862 in 2002. "Founded" means that there was reasonable cause to believe that abuse/neglect occurred.



**DHS CHILD WELFARE
REVIEWED 42,455
REPORTS OF
SUSPECTED
CHILD ABUSE AND
NEGLECT IN FFY 2003.**

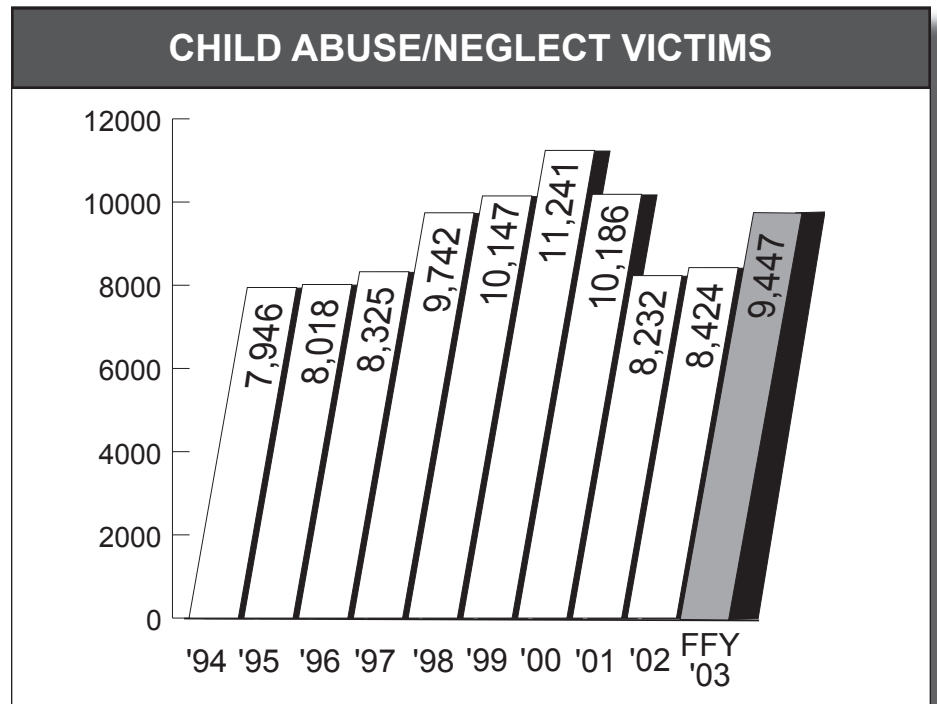
THERE WERE
9,447 CHILD ABUSE/
NEGLECT VICTIMS IN
FFY 2003, AN INCREASE
OF 12.1 PERCENT
FROM 2002.



THE “DUPLICATE”
VICTIM COUNT
FOR FFY 2003 WAS
10,368, UP
12.4 PERCENT FROM
THE 9,228 VICTIMS
IN 2002.

(“Duplicate” counts a child each
time he or she is identified as a
victim on a separate referral.)

Child abuse/neglect victims



Reporting period changed to FFY in 2003 to conform with federal reporting requirements.

RACE COMPARISON: CHILDREN IN OREGON TO CHILD ABUSE/NEGLECT VICTIMS

RACE	% OF OREGON CHILDREN*	% VICTIMS OF CHILD ABUSE/NEGLECT**
Asian	3.4%	1.1%
Pacific Islander	0.3%	0.3%
African American	2.2%	5.3%
Caucasian	75.3%	71.5%
Hispanic (any race)	13.7%	15.0%
Native American	1.4%	6.8%
Two or more race groups	3.7%	

*2002 estimates of children aged 0-18, U.S. Census Bureau.

**The race of 22.2 percent of abuse/neglect victims was not recorded.

Victims

by age and gender

- ▶ Generally, the total number of victims drops as children get older.
- ▶ 48.7 percent of victims were younger than 6 years old. The increasing number of young victims, as well as the intensity of family problems, result in more difficult cases that take longer to resolve.

INFANTS MAKE UP THE LARGEST SINGLE AGE GROUP OF VICTIMS.



81.5 PERCENT OF SEXUAL ABUSE VICTIMS ARE FEMALE.

TOTAL VICTIMS OF ABUSE/NEGLECT BY AGE & GENDER

AGE	TOTAL # VICTIMS	BOYS	GIRLS
<1	1,233	639	594
1	747	384	363
2	684	370	314
3	643	337	306
4	664	325	339
5	627	324	303
6	592	281	311
7	558	273	285
8	507	254	253
9	497	247	250
10	464	215	249
11	441	198	243
12	402	182	220
13	387	156	231
14	391	148	243
15	300	82	218
16	212	66	146
17	98	36	62

- ▶ The large number of infant victims reflects several factors: the number of children who were found to be drug-affected at birth, the extreme vulnerability of this population, and the stresses that occur in families when children are born.
- ▶ Girls represent 52.2 percent of abuse/neglect victims.

VICTIMS OF SEXUAL ABUSE

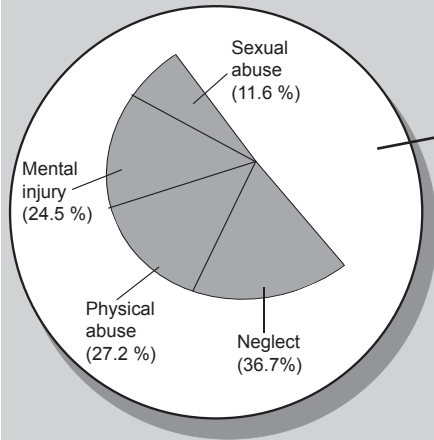
AGE	MALE	FEMALE	TOTAL
0-1	6	14	20
2-5	61	138	199
6-9	61	219	280
10-13	49	262	311
14-17	28	273	301
TOTALS	205	906	1,111

Data for federal fiscal year 2003.

- ▶ 81.5 percent of sexual abuse victims are female.
- ▶ 40.8 percent of female victims age 14 or older are victims of sexual abuse.

Incidents of child abuse/neglect

THERE WERE 11,767 INCIDENTS OF CHILD ABUSE/NEGLECT IN FFY 2003, AN INCREASE OF 13.4 PERCENT FROM 2002.

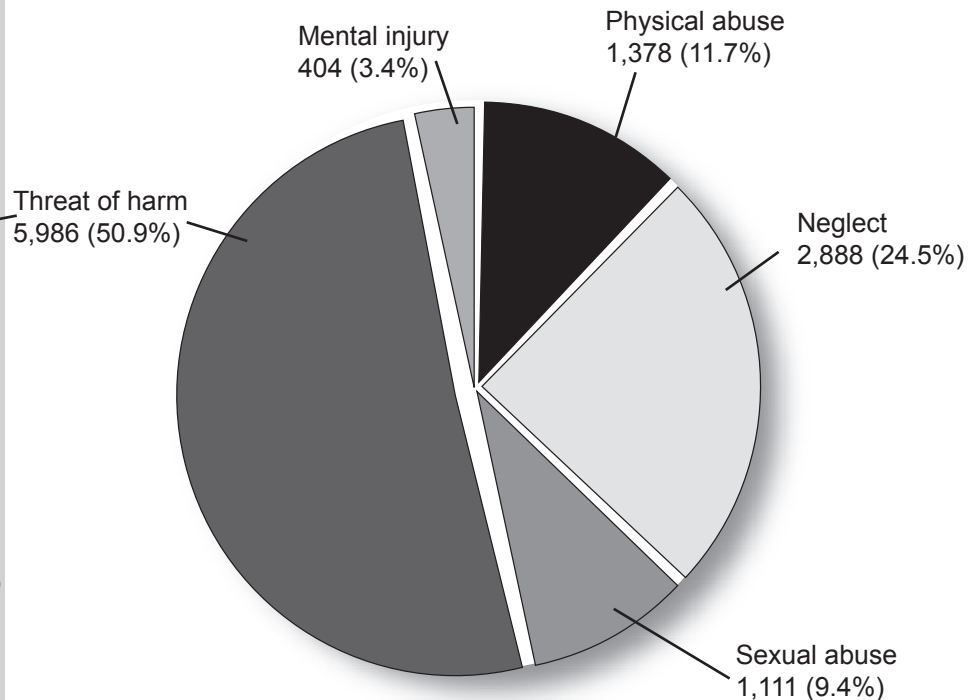


THREAT OF HARM PLACES CHILDREN AT RISK.

In 2001, practice guidelines were clarified to assure that only conditions, activities and circumstances which were determined to represent a threat of substantial harm of physical abuse, sexual abuse, neglect or mental injury resulted in a finding of threat of harm.

Examples of threat of harm include:

- ▶ Children living with a convicted sex offender (perhaps mother's boyfriend).
- ▶ Children living in a serious domestic violence situation where they are likely to be injured.
- ▶ Siblings to victims who have received a serious injury or have died from child abuse or neglect.



Reporting period changed to FFY in 2003 to conform with federal reporting requirements.

- ▶ Each type of maltreatment experienced by a victim in a founded referral counts as an incident of child abuse/neglect. The number of incidents is larger than the number of victims because victims may have suffered more than one type of maltreatment and/or may have been involved in more than one founded referral.
- ▶ In FFY 2003, 52.8 percent of neglect incidents involved children aged 0-5 (9.1 percent were infants). Neglect is potentially as lethal as abuse, and often requires more services over a longer period of time.
- ▶ The young age of children needing services also impacts foster care. Children under age 6 represent 37.0 percent of children served in foster care.

Fatalities

related to familial child abuse/neglect

NUMBER OF CHILD FATALITIES					
	ABUSE	NEGLECT		ABUSE	NEGLECT
2003	9*	6*	1998	6	11
2002	14	7	1997	12	22
2001	5	3	1996	13	17
2000	9	12	1995	8	28
1999	9	9	1994	11	22

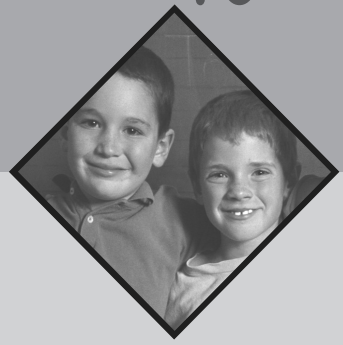
** One fatality due to both abuse and neglect.*

Data indicate that 14 children died in FFY 2003 from causes related to abuse or neglect.

- ▶ Eight fatalities were caused by abuse.
- ▶ Five fatalities were a result of neglect.
- ▶ One fatality was a result of both abuse and neglect.
- ▶ In ten of the 14 fatalities, at least one parent was a perpetrator.
- ▶ In three of the fatalities, a parent's live-in companion was a perpetrator.
- ▶ In one fatality, both a parent and live-in companion were identified as perpetrators.
- ▶ In four of the 14 fatalities, alcohol or other drugs were a factor.
- ▶ In three of the six neglect fatalities, lack of appropriate supervision was a factor.
- ▶ Four families had an open DHS child welfare case at the time of the child's death.

IN FFY 2003, DATA SHOW 14 CHILDREN DIED FROM CAUSES RELATED TO FAMILIAL ABUSE AND/OR NEGLECT.

To conform with federal reporting requirements, the reporting period for this publication changed to the federal fiscal year, which ran from 10/1/02-9/30/03. As a result, six children with dates of death between 10/1/02 and 12/31/02, who were included in last year's report (which was based on calendar year 2002) appear again in this report for FFY 2003.



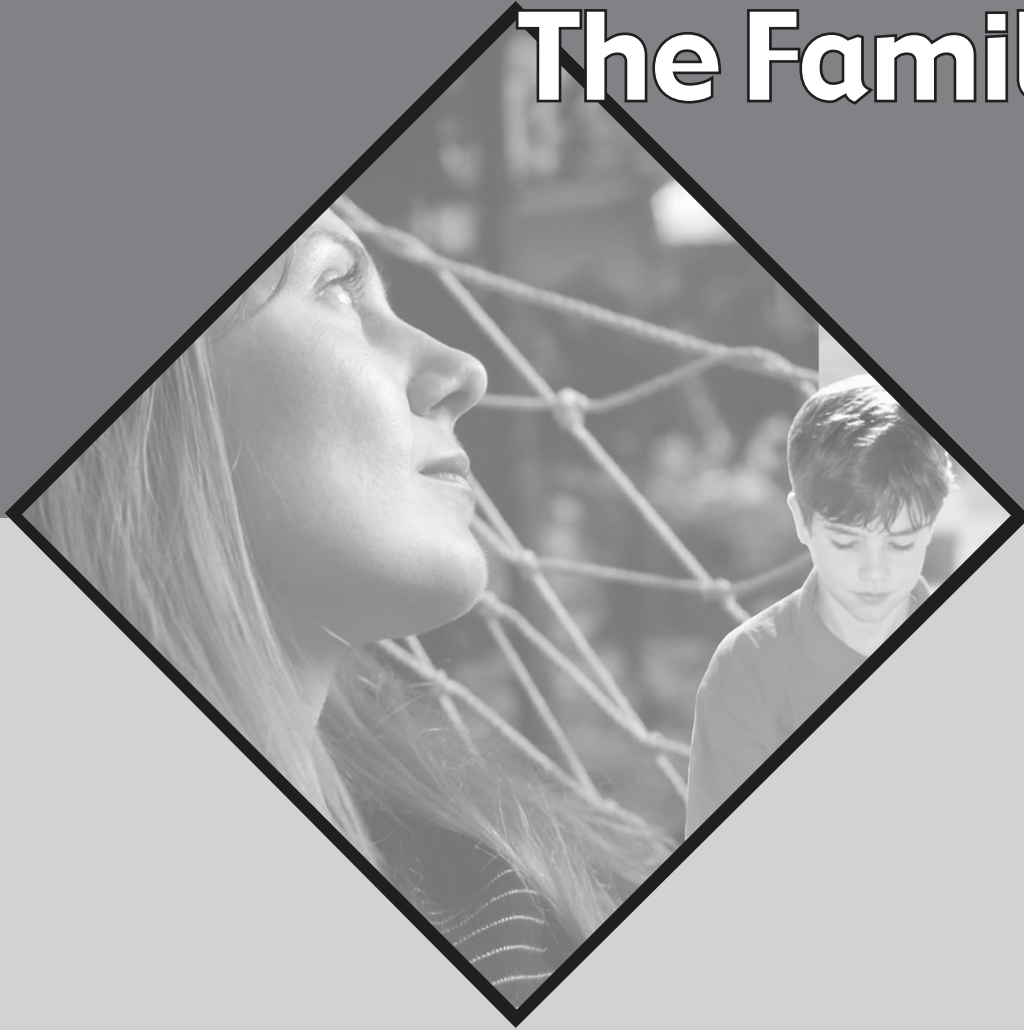
Victim rate per 1,000 children by county

Population estimates are from The Center for Population Research and Census, Portland State University. The population numbers represent the number of children under age 18 in each county. The rate per 1,000 represents the number of victims per 1,000 children. The rate per 1,000 is affected by numerous factors, including screening procedures, public awareness and extent of other community resources.

Reporting period changed to FFY in 2003 to conform with federal reporting requirements.

COUNTY/REGION	POPULATION UNDER 18 YEARS			VICTIMS			RATE/1,000		
	2001	2002	2003	2001	2002	FFY 2003	2001	2002	FFY 2003
Baker	3,908	4,000	3,921	77	93	119	19.7	23.3	30.4
Benton	18,482	17,105	17,157	88	80	51	4.8	4.7	3.0
Clackamas	88,106	90,118	90,527	425	324	285	4.8	3.6	3.1
Clatsop	8,423	8,495	8,531	88	79	109	10.4	9.3	12.8
Columbia	11,718	12,002	12,062	94	70	119	8.0	5.8	9.9
Coos	13,777	13,709	13,783	291	257	304	21.1	18.7	22.1
Crook	5,009	5,234	5,231	93	66	65	18.6	12.6	12.4
Curry	3,975	3,945	3,892	58	55	62	14.6	13.9	15.9
Deschutes	29,568	30,950	31,926	344	292	282	11.6	9.4	8.8
Douglas	23,856	24,040	24,090	291	223	322	12.2	9.3	13.4
Grant	1,911	1,925	1,887	49	34	58	25.6	17.7	30.7
Harney	1,934	1,972	1,882	31	29	37	16.0	14.7	19.7
Hood River	5,743	5,774	5,795	51	52	87	8.9	9.0	15.0
Jackson	44,462	45,525	45,851	454	489	610	10.2	10.7	13.3
Jefferson	5,717	5,908	5,844	47	53	69	8.2	9.0	11.8
Josephine	17,384	17,796	17,859	149	190	254	8.6	10.7	14.2
Klamath	16,476	16,624	16,584	320	342	382	19.4	20.6	23.0
Lake	1,770	1,822	1,811	28	32	38	15.8	17.6	21.0
Lane	75,625	75,046	75,182	1,020	1,012	958	13.5	13.5	12.7
Lincoln	9,373	9,555	9,683	180	175	120	19.2	18.3	12.4
Linn	26,773	27,068	27,176	307	372	442	11.5	13.7	16.3
Malheur	8,927	8,877	8,825	86	68	80	9.6	7.7	9.1
Marion	79,359	79,993	81,167	794	988	1,188	10.0	12.4	14.6
Morrow	3,275	3,311	3,448	49	55	56	15.8	16.6	16.2
Multnomah	153,089	153,196	154,590	1,356	1,383	1,591	8.9	9.0	10.3
Polk	16,079	15,942	16,125	125	142	126	7.8	8.9	7.8
Tillamook	5,345	5,393	5,453	130	115	92	24.3	21.3	16.9
Umatilla	19,434	19,529	19,632	155	175	203	8.0	9.0	10.3
Union	6,165	6,137	6,149	140	101	136	22.7	16.5	22.1
Wallowa	1,619	1,695	1,680	12	19	17	7.4	11.2	10.1
Wasco/Sherman	6,452	6,461	6,406	102	93	136	15.8	14.4	21.2
Washington	121,299	124,298	127,115	528	667	787	4.4	5.4	6.2
Wheeler/Gilliam	741	771	764	18	17	15	24.3	22.0	19.6
Yamhill	23,435	23,573	23,763	251	282	247	10.7	12.0	10.4
Total	859,208	867,789	875,790	8,232	8,424	9,447	9.6	9.7	10.8

The Families



- ▶ **Mothers and fathers are the most prevalent perpetrators of child abuse/neglect. They represent approximately 72.6 percent of all cases.**
- ▶ **Familial perpetrators constitute 94.3 percent of the total cases of child abuse and neglect.**
- ▶ **The major stress indicators in families with founded child abuse/neglect reports are suspected drug/alcohol abuse, involvement with law enforcement, and head of family unemployed.**

Alleged perpetrators of child abuse/neglect

FAMILIAL PERPETRATORS, AS LISTED IN THE TABLE, CONSTITUTE 94.3 PERCENT OF ALL PERPETRATORS.



MOTHERS AND FATHERS ARE THE TWO MOST PREVALENT PERPETRATORS OF CHILD ABUSE/NEGLECT. THEY REPRESENT 72.6 PERCENT OF ALL PERPETRATORS.

ALLEGED PERPETRATORS OF CHILD ABUSE/NEGLECT						
ALLEGED PERPETRATOR	NUMBER			PERCENT		
	2001	2002	FFY 2003	2001	2002	FFY 2003
Familial						
Mother	3,200	3,295	3,591	44.4	45.8	44.4
Father	2,023	1,973	2,276	28.0	27.4	28.2
Brother	167	129	169	2.3	1.8	2.1
Sister	12	27	23	0.2	0.4	0.3
Stepfather	385	381	405	5.3	5.3	5.0
Stepmother	36	50	39	0.5	0.7	0.5
Stepsibling	39	28	35	0.5	0.4	0.4
Grandfather	79	66	67	1.1	0.9	0.8
Grandmother	63	64	62	0.9	0.9	0.8
Aunt	30	23	20	0.4	0.3	0.2
Uncle	84	87	95	1.2	1.2	1.2
Foster parent/home	69	54	92	1.0	0.8	1.1
Live-in companion	402	414	448	5.6	5.8	5.5
Other relative	61	82	84	0.8	1.1	1.0
Ex live-in	178	169	220	2.5	2.4	2.7
TOTAL FAMILIAL	6,828	6,842	7,626	94.7	95.2	94.3
Nonfamilial						
Babysitter	28	26	34	0.4	0.4	0.4
Neighbor/friend	116	118	149	1.6	1.6	1.8
Unknown perpetrator	50	46	57	0.7	0.6	0.7
Other	191	158	217	2.6	2.2	2.7
TOTAL NONFAMILIAL	385	348	457	5.3	4.8	5.7
TOTAL	7,213	7,190	8,083	100.0	100.0	100.0

Reporting period changed to FFY in 2003 to conform with federal reporting requirements.

When it is safe to do so, the victim of child abuse or neglect remains in the home. DHS offers services to strengthen the family so the child is safe in his or her own home. Family resource workers teach basic physical and emotional care of children, hygiene practices, nutrition and how to run a household, including budgeting.

Other services may include teaching parenting skills, developing child safety plans, designing behavior modification programs, teaching conflict resolution and linking the family to broad-based community resources after treatment.

If a child cannot remain safely at home, he or she is placed in foster care while the parents work on changes that will allow their child to return home safely.

Strengthening families

Protective services are provided by DHS to abused/neglected children and their families without regard to income. Special rehabilitative services for prevention and treatment of child abuse are provided by DHS and other community resources to children and families. Whenever appropriate, DHS works with families to develop plans that will keep children safe and strengthen the family.

Strengths/Needs-Based System of Care

A strengths/needs-based system of care became fully implemented across the state in 2002. This practice of case planning builds on the strengths of families, while ensuring the safety of children who are in foster care or in their own homes.

Key elements of strengths/needs-based practice are found throughout child welfare:

- ▶ During the life of each case, the needs of a child for safety, permanency, attachment and well-being are assessed regularly.
- ▶ The responsibility to strengthen the ability of families to meet the needs of a child is shared. Parents, extended family, foster parents and community partners can all help meet the needs of a child.
- ▶ Case plans are crafted around individual needs. Unique services are delivered to the child and family in flexible ways.
- ▶ Coaching, mentoring, child-centered facilities and therapeutic supervision are used during visits to improve the bond between parent and child.
- ▶ Foster care reform focuses on:
 - Developing foster care in a child's neighborhood.
 - Increasing provider diversity.
 - Recruiting and keeping foster parents.
 - Providing quality, culturally appropriate foster care.

DHS OFFERS SERVICES
TO STRENGTHEN
FAMILIES SO CHILDREN
ARE SAFE IN
THEIR OWN HOMES.



Strengthening families (cont.)

Title IV-E Foster Care Waiver

The Title IV-E foster care waiver allows flexible use of federal dollars to fund services to families and children. Traditionally, this money has been used only for foster care services.

Family Decision Meetings

Family Decision Meetings bring together people who can look at the needs of the child and the strengths of the family. The participants discuss the best ideas for the safety and permanent care of the child. Oregon has been making increasing use of Team Decision Meetings, which are Family Decision Meetings convened to make placement-related decisions. Participants in Family Decision Meetings or Team Decision Meetings may include immediate and extended family, support persons, neighbors, clergy, community service providers, foster parents and school officials. Interested parties meet to discuss the child's needs and reach agreement on a plan that provides for the safety, attachment and permanency needs of the child (ORS 417.365 through 417.376).

Community Safety Nets

Community Safety Nets serve children who are at high risk for abuse and neglect, but do not cross the legal threshold for intervention by DHS child protective services or law enforcement.

Safety Net services vary from county to county, but all work with high-risk families in need of specific services. Family advocates help families locate and access appropriate resources. These could include support for single parent households, assessment and treatment for drug/alcohol problems, respite services or parent education.

Community Safety Nets connect existing community services to prevent child abuse and neglect.



**DHS WORKS WITH
COMMUNITY PARTNERS
TO PROVIDE SERVICES TO
STRENGTHEN FAMILIES.**

Problems facing families

The major problems facing families of abused and neglected children are:

- ▶ Drug/alcohol abuse.
- ▶ Parental involvement with law enforcement.
- ▶ Unemployment.
- ▶ Domestic violence (physical abuse of spouse/fighting).

Many families also have significant child care responsibilities. Some parents were abused as children. There are usually several stress factors in families of child abuse/neglect victims.



THERE ARE USUALLY SEVERAL STRESS FACTORS IN FAMILIES OF CHILD ABUSE/NEGLECT VICTIMS.

STRESS FACTORS IN FAMILIES			
STRESS FACTOR	PERCENT OF FOUNDED ABUSE REPORTS		
	2001	2002	FFY 2003
Suspected Drug/Alcohol Abuse	41.6	44.8	43.3
Parental Involvement with Law Enforcement Agency	39.9	41.5	38.7
Head of Family Unemployed	32.5	36.2	35.3
Domestic Violence (Physical Abuse of Spouse/Fighting)	28.3	27.1	25.7
Heavy Child Care Responsibility	17.9	20.1	18.7
New Baby/Pregnancy	18.3	18.5	18.5
Inadequate Housing	15.1	13.9	13.8
Parental History of Abuse as a Child	13.8	11.8	11.9

Families may have more than one stress factor.

Reporting period changed to FFY in 2003 to conform with federal reporting requirements.

Drug/alcohol problems impact children



**PARENTAL DRUG/
ALCOHOL INVOLVEMENT
PUTS A CHILD AT HIGH
RISK OF SERIOUS
ABUSE/NEGLECT.**

The Adoption and Safe Families Act (ASFA) limits the time parents have to show they can safely care for their children. However, experts know that recovery from alcohol/drug addiction can be a long process. Parents with alcohol/drug problems usually have other issues, such as unemployment and lack of housing. Their inability to remain clean and sober may also impact their parenting skills.

The Oregon Legislature provides funding to develop alcohol/drug treatment and housing. DHS child welfare has joined the Office of Mental Health and Addiction Services to tackle some of the barriers to treatment for parents. Services available include:

- ▶ **Alcohol and Drug Outreach Workers:** These workers help parents get into alcohol and drug treatment as soon as possible. They help clients get on track with such things as transportation, finding child care and getting funds for treatment. They help identify and remove any barriers that might hinder a parent from staying clean and sober.
- ▶ **Addiction Recovery Teams:** These teams work with local resources to serve families with young children and alcohol/drug problems. At the center of each team is an alcohol and drug specialist. This specialist works with community providers, courts, attorneys and health care professionals to build a support system to help parents reach recovery. Team members may also help clients find a place to live. They support clients with the changes necessary to stay clean and sober. These teams are located in each of the 16 DHS service delivery areas around the state.
- ▶ **Training and Education:** DHS child welfare and the Office of Mental Health and Addiction Services have joined forces to:
 - Educate and train foster parents, community members and other agencies serving high-risk parents.
 - Help staff and community partners better understand the issues of addiction and treatment.
 - Learn new strategies to help parents and families reach and sustain the recovery that can change their lives.

Foster Care



- ▶ **A total of 11,086 children were served in family foster care in FFY 2003; 13,447 children were served in all foster care arrangements.**
- ▶ **On an average daily basis, there are 6,371 children in family foster care.**
- ▶ **There are more than 4,450 family foster homes in Oregon. These homes have an average of 1.4 foster children.**
- ▶ **28.0 percent of children in family foster care are placed with relatives.**



During 2002, Oregon changed the state definition of foster care to be consistent with the federal definition as a result of the Adoption and Safe Families Act (ASFA). This change in definition is reflected in program performance measures required by the federal Child and Family Services Review. For the purposes of federal reporting, foster care includes:

- ▶ 24-hour substitute care for children outside their own homes.
- ▶ Children who have physically left a foster care placement under state agency supervision and have been returned to the principal caretaker on a trial home visit, usually up to six months.

Children who have physically returned home have not always been reported in this report as “still in foster care.” Therefore, the total number of children in foster care shows an increase, starting in 2002, as a result of this change in definition.

Best practices

Child Centered, Family Focused, Community Based

DHS remains committed to strengths/needs-based practice, which has been a foundation of Oregon’s child welfare system for the past several years. This practice emphasizes keeping children in their immediate families and with extended relatives. When children are not able to remain with their families or relatives, neighborhood or community-based services are utilized. Keeping children within their communities whenever possible continues to be a guiding principle in serving children and families.

Services supporting best practice, such as Team Decision Making meetings, improve the department’s decision making process by encouraging the support and inclusion of the family, extended family, and the community. The goal of all services provided to the family is to develop specific, individualized and appropriate interventions for children and families in a strengths/needs-based manner.

DHS child welfare continues to develop community resources by working closely with community partners, schools, hospitals and communities of faith. In addition, the department continues to coordinate services for children and families through formalized relationships with organizations such as the Oregon Foster Parent Association, Oregon Post Adoption Resource Center, Annie E. Casey Foundation, Court Appointed Special Advocates (CASA), Citizen Review Boards (CRB), and the Juvenile Rights Project (JRP).

Children in foster care

Children who need foster care may be infants, toddlers, preschoolers, grade-schoolers or teenagers. Foster children come from many backgrounds and types of families. Many children needing foster care have been emotionally, physically or sexually abused. As a result, they may have emotional, behavioral, mental or physical problems that require special services.



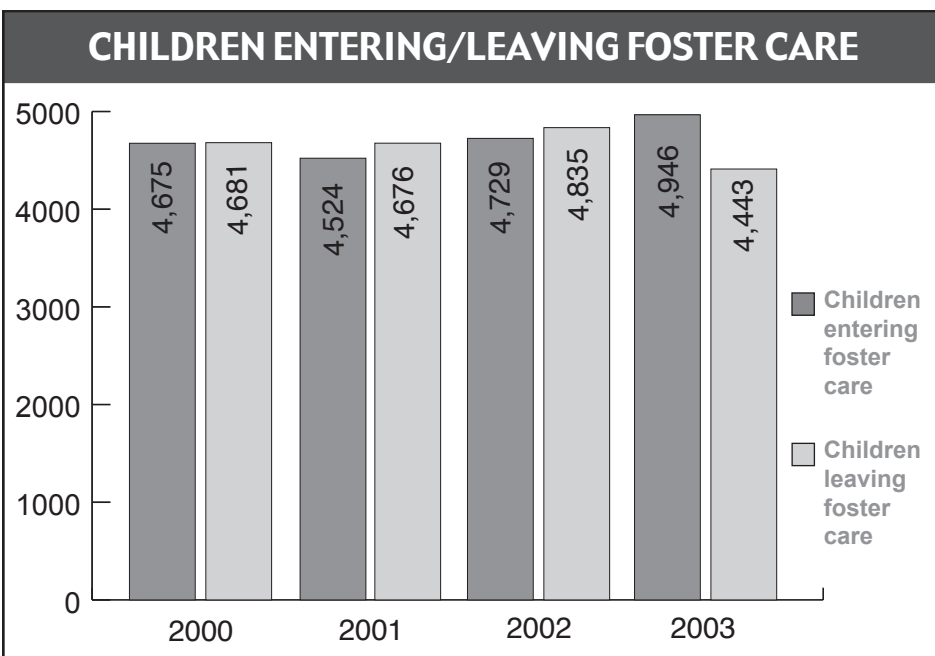
Age of Children in Foster Care		Race of Children in Foster Care during FFY 2003	
0-5	37.0%	Asian	0.8%
6-12	33.4%	African American	8.2%
13+	29.5%	Caucasian	69.2%
		Hispanic	12.2%
		Native American	9.3%
		Pacific Islander	0.3%

Total served during FFY 2003.

The race of 14.3 percent of children in foster care was not recorded.

FOSTER CARE SETTINGS INCLUDE:

- ▶ Nonrelative family foster homes.
- ▶ Relative care homes.
- ▶ Family group homes.
- ▶ Emergency shelters.
- ▶ Residential treatment programs.
- ▶ Child care institutions.
- ▶ Pre-adoptive homes.



Data are for federal fiscal years.

**REVERSING A
THREE-YEAR TREND,
MORE CHILDREN
ENTERED FOSTER
CARE THAN EXITED
FOSTER CARE
IN FFY 2003.**



Children in foster care (cont.)

Children who cannot live at home enter foster care for various reasons. These children most often enter foster care as a result of their parents' actions and not as a result of the child's behavior.

PARENTAL DRUG AND ALCOHOL ABUSE CONTINUES TO BE A DRIVING FACTOR IN THE REASONS WHY CHILDREN ENTER FOSTER CARE.

IN FFY 2003, PHYSICAL ABUSE AND PARENTAL INCARCERATION SHOWED SIGNIFICANT INCREASES AS REASONS CHILDREN ENTER FOSTER CARE.

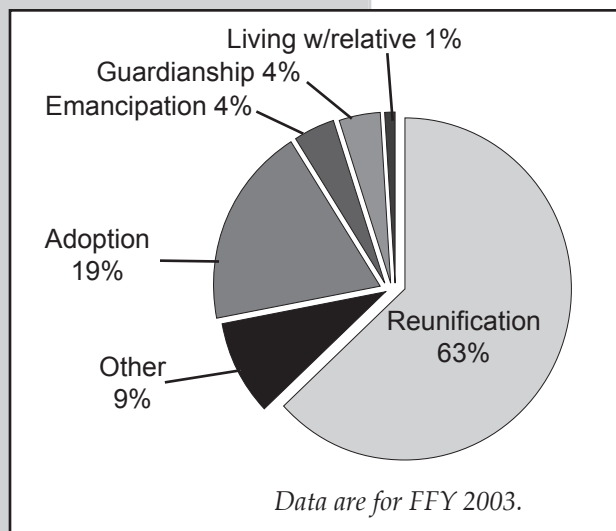
MOST CHILDREN (63 PERCENT) WERE REUNIFIED WITH THEIR FAMILIES.

REASONS CHILDREN ENTER CARE (INCLUDES ALL TYPES OF FOSTER CARE)		
Physical Abuse	3,414	17.0%
Parental Drug Abuse	3,316	16.6%
Parental Alcohol Abuse	3,195	16.0%
Parent's Inability to Cope	2,862	14.3%
Child's Behavior	2,181	10.9%
Neglect	2,106	10.5%
Inadequate Housing	1,550	7.7%
Child's Disability	494	2.5%
Sexual Abuse	447	2.2%
Parental Incarceration	129	0.6%
Child's Alcohol Abuse	127	0.6%
Abandonment	105	0.5%
Child's Drug Abuse	96	0.5%
Parental Death	4	0.02%
TOTAL		100.0%

Children can have more than one reason for entering care. 327 children had no reason recorded.

Data are for FFY 2003.

Where children went after foster care



The majority of children entering foster care are reunified with their parents. But for other children, a plan to reunify them with their parents does not occur for many reasons. These children who exit foster care may move on to various other living arrangements and permanent plans, such as adoption or guardianship.

Assuring quality in family foster care

Foster parents care for children who have been abused or neglected and who cannot remain in their own homes. Foster parents come from all walks of life. They are essential partners on whom DHS child welfare depends to do the day-to-day parenting for these children until they can return home or, if that is not possible, be placed with a permanent family.

All foster homes must be certified as meeting safety standards. The safety standards are the same for relatives, nonrelatives and families considering adoption.

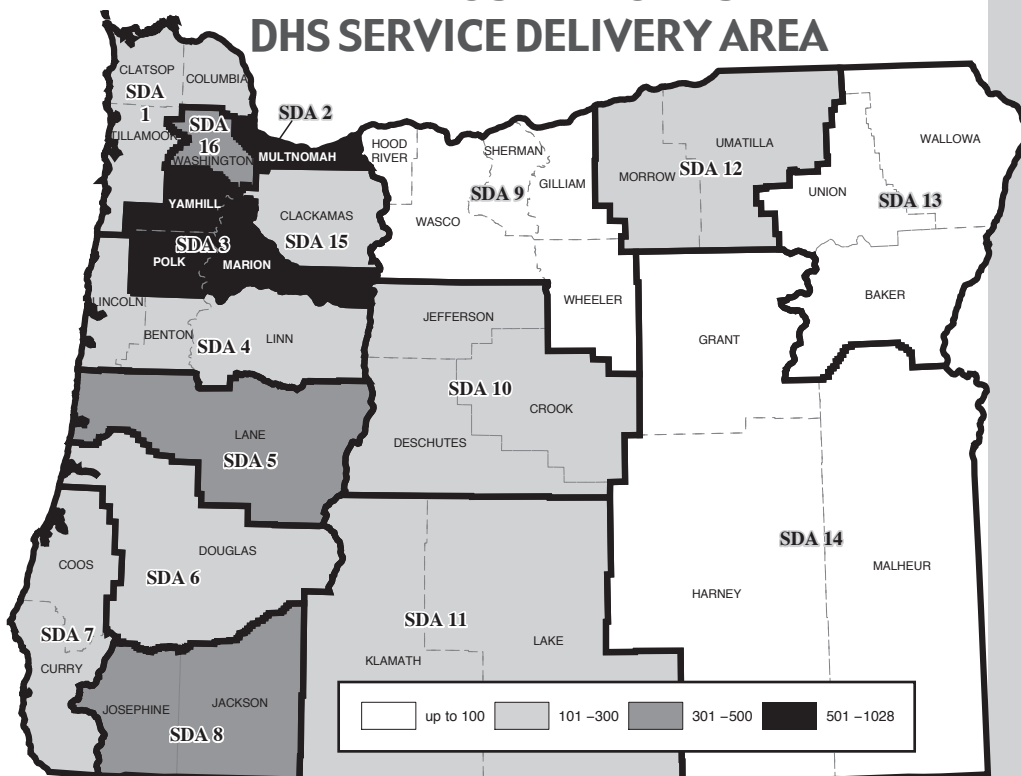
A significant factor contributing to the safety and stability of children is keeping them involved with their families, school, and communities as much as safely possible. DHS works toward keeping children in their neighborhoods by having an adequate number of families available for children in need throughout the state. The map below shows how many homes are available for children in each of the 16 DHS service delivery areas of Oregon.

ON AN AVERAGE DAILY BASIS, THERE ARE 6,371 CHILDREN IN FAMILY FOSTER CARE.

A TOTAL OF 11,086 CHILDREN WERE SERVED IN FAMILY FOSTER CARE IN FFY 2003.

DHS child welfare conducts complete assessment and background checks on prospective foster parents. This includes a home study, criminal records check, personal reference check, home safety and health inspection, and a check for previous child abuse/neglect charges.

**FAMILY FOSTER HOMES BY
DHS SERVICE DELIVERY AREA**



THERE ARE MORE THAN 4,450 FAMILY FOSTER HOMES LOCATED ACROSS OREGON.

Residential treatment services



ON ANY GIVEN DAY,
698 CHILDREN WERE
SERVED IN SOME
TYPE OF RESIDENTIAL
TREATMENT.

Residential treatment services are provided to a significant number of children in the DHS child welfare system. Children served require intensive supervision and treatment because they have experienced severe abuse and neglect and/or have emotional problems that cannot be managed in a family setting.

- ▶ **Professional shelter programs** serve children with behavioral and emotional problems in need of professional evaluation. Programs provide assessment and evaluation to assist DHS in developing a treatment or placement plan for each child.
- ▶ **Residential treatment services** include an array of counseling, skill building and interventions provided in facilities under the close supervision of highly trained, professional staff.
- ▶ **Therapeutic foster care programs** use trained professional foster parents to provide supervision and treatment under the direction of a licensed private child care agency. Children served have abuse histories and behavior problems that are more appropriately treated in a family setting, but who still require the intense level of services and back-up offered by residential treatment providers.

In addition, some children have problems so severe that they require psychiatric hospitalization or placement in a mental health psychiatric residential treatment program.

A typical child served in residential treatment:

- ▶ Has been severely abused and/or neglected.
- ▶ Is unable to be maintained at home or in family foster care due to uncontrollable behaviors and emotional problems.
- ▶ Has not responded to outpatient counseling services provided in the community.
- ▶ Has major school problems, has been expelled or refuses to attend school.
- ▶ Needs daily training, guidance and supervision in a highly structured living environment.

Services to teens

During the legislative session in 2003, Senate Bill 808 was passed, which requires DHS to develop a Comprehensive Transition Plan for youth who are receiving services through DHS as a result of dependency and report this plan to the court. These transition plans are to include assessing and planning for the needs and goals of the youth related to housing, physical and mental health, education, employment, community connections and supportive relationships.

- ▶ Teens comprise 29.5 percent of the foster care population.
- ▶ During FFY 2003, 3,973 teens spent at least one day in foster care.
- ▶ Over half of the teens who left foster care returned home (52.0 percent).
- ▶ 23 former foster care youth received scholarships for higher education through the Oregon Student Assistance Commission in 2003.

Foster care youth are eligible for Independent Living Programs (ILP). The number of youth receiving Independent Living Services rose from 903 served in FFY 2002 to 1,017 youth served in FFY 2003. ILP's services are provided by 18 different community-based partners throughout the state. The ILP services are directed at youth to assist them in the following ways:

- ▶ Making the transition to self-sufficiency as an adult.
- ▶ Receiving the education, training and services necessary to obtain employment.
- ▶ Attaining academic and/or vocational education and preparing for post-secondary training and education.
- ▶ Obtaining personal and emotional support and promoting healthy interactions with dedicated adults.

**18 COMMUNITY
PROVIDERS MAKE UP
THE STATEWIDE ILP
SERVICE NETWORK.**



**1,017 YOUTH
RECEIVED ILP
SERVICES IN
FFY 2003.**

Permanency for children



**DHS INVOLVES PARENTS
IN PLANNING TO MAKE
THEIR HOME A SAFE AND
HEALTHY ENVIRONMENT
BEFORE THEIR CHILD
RETURNS.**

When a child is placed in foster care, DHS child welfare staff, foster parents and other partners work together to ensure the child's needs are met.

The child will be returned home whenever it is possible to do so safely. However, the federal Adoption and Safe Families Act passed by Congress in 1997 limits the time parents have to make changes to keep their child safe. The role of foster parents or other caregivers is vital in helping the child return home or be placed in another permanent home.

Parents, extended family, foster parents and community partners work with DHS child welfare to make a plan for a permanent home for a child. Foster parents or relative caregivers can help with visits and can encourage parents to become involved in their children's activities. They can also help the child and parents get to school or counseling appointments.

During FFY 2003, 63.0 percent of children who left foster care were reunified with their families. If a child cannot return home, the law requires that an alternate permanency plan be put into place quickly. If adoption is not in the best interest of the child, other permanency plans may include:

- ▶ Guardianship.
- ▶ Permanent relative care.
- ▶ Permanent foster care.
- ▶ Another planned permanent living arrangement.

Adoptions



- ▶ **DHS child welfare finalized 854 adoptions in FFY 2003, a decrease of 23.6 percent from a historical high number of adoptions (1,118) in FFY 2002.**
- ▶ **Adoptions for children 9 and older totaled 225, or over 26.3 percent of all adoptions.**
- ▶ **DHS child welfare finalized 145 adoptions with children under 3 years old in FFY 2003 – 17.0 percent of total adoptions.**
- ▶ **Most children (more than 69.0 percent) were adopted by relatives or foster parents, a 5.0 percent decrease from a historical high (74.0 percent) in FFY 2002.**

DHS FINALIZED
854 ADOPTIONS IN
FFY 2003.



In 1998, the federal government began requiring states to use a single system to report where children go when they leave foster care. This report on adoption trends is the data Oregon reported to the federal government for the federal fiscal year from 10/01/02 through 9/30/03.

Adoptions

The Adoption and Safe Families Act (ASFA) passed by Congress in 1997 and Oregon's SB408 (passed in 1999 to conform to ASFA) share the goal of moving children more quickly from temporary foster care to permanency.

When adoption is the goal, a family is recruited that best matches the child's needs. Many factors are considered, including keeping siblings together if it is in the best interests of the children.

DHS PLACES A HIGH VALUE ON PRESERVING AND PROMOTING RELATIONSHIPS BETWEEN SIBLINGS, PLACING THEM TOGETHER IN THE SAME ADOPTIVE FAMILY WHENEVER IT IS SAFE AND POSSIBLE TO DO SO.

Special needs

Most of the children placed for adoption by DHS child welfare have "special needs." Children with special needs:

- ▶ Are 6 years of age or older.
- ▶ Are part of a sibling group.
- ▶ Have a physical, emotional or mental disability.
- ▶ Are part of an ethnic/racial/cultural minority.

IN FFY 2003, 495 CHILDREN WHO WERE ADOPTED HAD SIBLINGS ALSO ADOPTED DURING THE YEAR. OF THESE CHILDREN, 471 (95.2 PERCENT) WERE ADOPTED BY THE SAME FAMILY AS ONE OR MORE OF THEIR SIBLINGS.

The children who were adopted

Of the 854 children adopted in the federal fiscal year, which ended September 30, 2003, 145 were under the age of 3. As children get older, the chances for an adoptive placement decrease dramatically, creating a critical need for adoptive homes for children over age 7.

AGE of ADOPTED CHILDREN		
AGE	# OF CHILDREN	% OF CHILDREN
less than 3	145	17.0%
3-4 years	218	25.5%
5-8 years	266	31.1%
9-10 years	99	11.6%
11-13 years	95	11.1%
14 and older	31	3.6%

GENDER	
Finalized adoptions in FFY 2003 included more boys than girls.	
433 (50.7%)	Males
421 (49.3%)	Females

CHILD'S RACE		
RACE	# OF CHILDREN	% OF CHILDREN
White	628	73.5%
African American	29	3.4%
Hispanic	107	12.5%
Native American	6	0.7%
Asian	1	0.1%
Hawaiian/ Pacific Islander	0	0.0%
Unknown ethnic	1	0.1%
Multiracial	82	9.6%

26.5 percent of children adopted in the federal fiscal year, which ended September 30, 2003, belonged to ethnic minorities.



**AS CHILDREN
GET OLDER, THE
CHANCES FOR
AN ADOPTIVE
PLACEMENT
DECREASE
DRAMATICALLY.**

The children who were adopted (cont.)

Adoptive families are caring people who are ready to make a commitment to a child. No two families look alike. They are as varied as the children needing homes. Families of every background are needed to provide children with a stable, caring and nurturing environment.



RECRUITING HOMES

- ▶ Families recruited by DHS child welfare adopted 616 children (72.1 percent).
- ▶ Families recruited by Oregon private adoption agencies adopted 36 children (4.2 percent).
- ▶ Families recruited by out-of-state, private agencies adopted 85 children (10.0 percent).
- ▶ Families recruited by out-of-state, public agencies adopted 117 children (13.7 percent).

CHILDREN ADOPTED IN FFY 2003

AREA OF STATE	CHILDREN	
	CAME FROM	WENT TO
SDA 1 Clatsop/Columbia/Tillamook	32	31
SDA 2 Multnomah	241	127
SDA 3 Marion/Polk/Yamhill	126	84
SDA 4 Benton/Lincoln/Linn	42	42
SDA 5 Lane	99	63
SDA 6 Douglas	19	16
SDA 7 Coos/Curry	28	18
SDA 8 Jackson/Josephine	67	66
SDA 9 Gilliam-Wheeler/Hood River/ Wasco-Sherman	13	6-15**
SDA 10 Crook/Deschutes/Jefferson	16	18
SDA 11 Klamath/Lake	29	6-15**
SDA 12 Morrow/Umatilla	20	26
SDA 13 Baker/Union/Wallowa	7	1-5*
SDA 14 Grant/Harney/Malheur	14	6-15**
SDA 15 Clackamas	53	54
SDA 16 Washington	48	40
Oregon private licensed adoption agencies or out of state		238

**Between 1 and 5 children. **Between 6 and 15 children.
Data ranges given to assure confidentiality.*

In SDAs 9, 11, 13 and 14, a total of 31 children were placed.

Adoptive families

Federal and Oregon statutes both require that consideration must be given to relatives as the placement of choice for children unable to live safely with their parent(s). Relative caregivers, including those who foster and those who adopt, must meet the same criteria for safety that nonrelated caregivers must meet.

The length of time to achieve adoption depends on the complexity and severity of a child's needs and the availability of appropriate caregivers already known to the child.

69.0 PERCENT OF THE CHILDREN ADOPTED FROM DHS ARE ADOPTED BY RELATIVES OR NONRELATED FOSTER PARENTS.

- ▶ Nonrelative foster parents became adoptive parents for 282 (33.0 percent) of the finalized adoptions.
- ▶ 259 finalized adoptions (30.3 percent) were with relatives providing foster care.
- ▶ An additional 48 finalized adoptions (5.6 percent) were with relatives who were not providing foster care.



ADOPTIVE HOMES FOR OLDER CHILDREN, CHILDREN OF COLOR, AND SIBLING GROUPS CONTINUED TO BE IN HIGH DEMAND.

Cooperative adoption planning for children



In FFY 2003, 317 families who adopted children from DHS participated in mediation with one or more of their adopted children's birth parents. Through mediation, many of these families were able to reach an agreement regarding communication after finalization of the adoption.

Since 1997, the number of children in state custody freed for adoption has increased from fewer than 500 per year to an average of more than 900 per year. In FFY 2003, 891 children were legally freed for adoption. Of these children, 21.5 percent were voluntarily released by their parents; 41.0 percent were freed through a court process called termination of parental rights. The remaining children were freed through a combination of voluntary release by one or more parents and termination of the parental rights of one or more parents.

Oregon was the first state in the nation to use mediation in parental rights termination cases. This process avoids the costly and stressful process of a court trial and lays the groundwork for the birth parents to be involved in planning for their child's future. In this process, the birth parents voluntarily relinquish their parental rights, but play a role in planning for their child and, in some cases, have ongoing communication with the child after the adoption is finalized.

An open adoption can work in the best interest of the child. Open adoption is defined as one in which there is some communication or contact between the birth parent and the child and adoptive parent after finalization. Typically, the scope of this communication ranges from an annual exchange of letters and/or pictures through confidential intermediary means to periodic telephone and/or face-to-face contact which includes the child, his or her adoptive family, and the child's family of origin. When incorporated into the child's adoption decree, such an agreement for post-adoption communication is legally binding.

Establishing adoptive placements

DHS child welfare works diligently to recruit families who match the needs of the child. This careful adoption process helps assure the adoption will be successful. Statistics show 93.6 percent of Oregon adoptive placements continued without disruption in FFY 2003.

The success of the DHS Adoptions Program in achieving timely adoptions for children relies on strong partnerships with a wide variety of private sector agencies and individuals. These partnerships include:

- ▶ Special Needs Adoption Coalition, a group of 12 licensed Oregon private adoption agencies that recruit, train and link adoptive families with children.
- ▶ Boys and Girls Aid Society, which coordinates recruitment, training, screening families and contracts to operate the foster/adopt family inquiry telephone line.
- ▶ Northwest Adoption Exchange for nationwide recruitment of qualified adoptive families.
- ▶ More than three dozen out-of-state private adoption agencies that bring forward prospective adoptive families.



**93.6 PERCENT OF
OREGON ADOPTIONS
CONTINUE TO
FINALIZATION WITHOUT
DISRUPTION.**

After the adoption



MANY ADOPTED CHILDREN HAVE LIFE-LONG SPECIAL NEEDS.

FOR MANY ADOPTED CHILDREN, THEIR EARLY HISTORIES OF ABUSE AND NEGLECT HAVE RESULTED IN CONDITIONS OR BEHAVIORS THAT WILL REQUIRE SPECIALIZED SERVICES THROUGHOUT THEIR LIVES.

DHS provides services to preserve adoptive families. As of December 2003, 8,731 adopted Oregon children with identified special needs were receiving one or more adoption support services. The Adoption Assistance program provides benefits such as medical coverage, monthly payments or one-time payments for unexpected needs until a special needs adopted child reaches the age of 18. The number of children receiving Adoption Assistance has increased 193.0 percent from 1995 to 2003.

Since 1999, the Oregon Post Adoption Resource Center (ORPARC) has provided regional trainings, a lending library and resource center, a Web site and assistance to start local adoption support groups for families adopting children from DHS foster care.

CHILDREN WITH ADOPTIONS FINALIZED IN FFY 2003

IDENTIFIED SPECIAL NEED	% OF CHILDREN
Emotional disability	58.1%
Mental disability	33.3%
Visual or hearing impairment	4.1%
Physical disability	2.6%
Other medically diagnosed condition	44.1%

Most adopted children have more than one special need, condition or behavior.

Foster or Adoptive Parents:

- **Are single, married or divorced.**
- **Live in a house or apartment.**
- **Work inside or outside their home.**
- **Are caring, patient and flexible.**
- **Are able to meet the needs of a child.**
- **Live in all communities and neighborhoods in Oregon**

If you would like to become a foster or adoptive parent, call:

1-800-331-0503



DHS

Oregon Department
of Human Services

500 Summer Street NE
Salem, OR 97301

DHS1535 (Rev. 04/04)