

Because this is work that matters

# MDT Quarterly

## Winter Wonderland

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Photos taken by Becki Pehan,  
Clinical Services Specialist at  
Juliette's House.



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### MEDICAL NEWS

## The Complex Issue of Defining Neglect

By Leila Keltner, MD PhD

Neglect has received less attention in Oregon than physical and sexual abuse. Yet neglect is far more common and may be more harmful to children's early brain development than either sexual or physical abuse.

How we define child neglect shapes our state's response to it. However, definitions of child neglect vary among states and professional disciplines--and even within disciplines. These variations are influenced by the purpose of the discipline. Legislators, researchers, and service providers responses may vary depending on the definition.

Difficulties in consistently defining child neglect have led to dissonant threads in policy, practice and research. Even the term "child neglect" has been used interchangeably with "chronic child maltreatment." Chronic child maltreatment is often used to describe the

## PROMISING PRACTICES

### A Brief Introduction to the Oregon Safety Model

*By Stacey Ayers, Protective Services Program Manager  
Children, Adults and Families,  
Department of Human Services*

In March 2007, after extensive consultation with national experts, The Oregon Department of Human Services, Child Welfare implemented the Oregon Safety Model (OSM). This model is designed to assist caseworkers in more precisely assessing and managing safety at all stages of case management, from receiving reports of child abuse and neglect through the closing of a case. Managing safety includes the monitoring of child safety in the home, as well as in foster care and residential settings.

OSM does not change the definitions of child abuse and neglect or the responsibility of mandatory reporters. The OSM does, however, shift away from incident based assessments to more comprehensive assessments. During the child protective services (CPS) assessment the CPS worker will use interviews and observation to build on the information gathered at the time the report was made. Requirements are more stringent concerning the depth of the information, the number of required interviews and the observations documented. OSM practice creates a more expansive collection of safety related information to analyze and ultimately determine if the child is safe.

Making a determination of child safety requires the caseworker to take into account child vulnerabilities, the willingness and ability of the parent to protect the child, and all identified safety threats. The term "safety threat" is defined as family behavior, conditions or circumstances that could result in harm to a child. A critical aspect of the OSM is the acknowledgement and accommodation of the dynamic nature of families. This is most important when determining the necessary level of intrusion with a given family. Child Welfare will

multiple types of abuse that neglected children suffer. The "chronic" descriptor illustrates the "pattern" of abuse so frequently seen in these families.

Defining neglect has been difficult because of a lack of consensus on these questions:

- What are the minimum requirements for caring for a child?
- Do these minimum requirements change over time with advances in science and changes in culture? (For example, have scientific advances in brain development in infants and toddlers changed our expectation of the minimum requirement for stimulation of the infant/toddler?)
- Does the inaction of the caregiver need to have a measurable negative impact on the child or is exposure to possible harm enough? (For example, is leaving a toddler unsupervised near a body of deep water neglect if no measurable harm occurs to the toddler?)

Definitions of physical and sexual abuse differ from neglect because neglect definitions must consider the child's developmental level. The developmental context makes it impossible to easily define what specific behaviors or inactions are always neglectful. For example, the supervision needs of a toddler are strikingly different from those of a teenager.

The [Child Abuse Prevention and Treatment Act \(CAPTA\)](#) provides national definitions that are considered minimal standards for defining physical abuse, sexual abuse and neglect. Each state must incorporate the minimum standards as defined in the Act into their statutory definitions to receive Federal funds. Child maltreatment is defined by CAPTA as:

...any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm;

The State of Oregon builds on the CAPTA

continue to use the least intrusive approach with families, as the OSM requires ongoing decisions about the level of, and necessity for, continuing the safety intervention which is put into place.

By highlighting just a few aspects of the Oregon Safety Model, we hope to show how the model provides clear guidance to casework staff on how to assess and address child safety consistently and constantly.

For more detailed information on the Oregon Safety Model please refer to the following [Department of Human Services web page](#).

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## CENTER NEWS

### Five Questions for Oregon's Regional Service Providers

#### **1. What is a Regional Service Provider (RSP)?**

As defined by ORS 418.782 (4), an RSP is a child abuse intervention center (CAIC) selected that receive grant funding through the Oregon Department of Justice (DOJ) Child Abuse Multidisciplinary Intervention (CAMI) program to provide training and consultation related services to Oregon professionals working in the field of child maltreatment.

#### **2. Who are the current RSP's?**

In February 2008 a "request for applications" was issued for a three year project period running July 1, 2008 through June 30, 2011. Five RSPs were selected: Mt. Emily Safe Center in LaGrande, Jackson County Children's Advocacy Center in Medford, KIDS Center in Bend, Kids' FIRST in Eugene, and CARES Northwest in Portland.

#### **3. What services do RSP's provide?**

The DOJ and the CAMI Advisory Council identified the following core services to be provided by RSPs:

Complex case consultation

Peer review for forensic interviewers and

definition by specifying neglect as:

Negligent treatment or maltreatment of a child, including, but not limited to, the failure to provide adequate food, clothing, shelter or medical care that is likely to endanger the health or welfare of the child.

The Oregon definition stresses several key points. Neglect is an omission in the provision of the child's care and the result can be actual or potential harm.

In the commentary "[Definition an measurement of neglectful behavior: some principles and guidelines](#)," Murray Straus and Glanda Kaufman Kantor provide a social science definition of neglect:

Behavior by a caregiver that constitutes a failure to act in ways that are presumed by the culture of a society to be necessary to meet the developmental needs of a child and which are the responsibility of a caregiver to provide.

This professional definition defines neglectful behavior based on the omission of care without commenting on the outcome. It also notes the importance of culture and the specific developmental needs of the child.

New definitions of chronic neglect focus on the child's safety and health. Chronic neglect occurs when there is a pattern of the child's basic needs not being met. Basic needs include: nutrition, health care, clothing, nurturance, protection, sleep, education, supervision and shelter. Adequate health care is assumed to include medical, dental and mental health care, and occupational, speech and physical therapy. Direct and indirect drug exposure of children would constitute omission of supervision and protection.

In Oregon, our child protection system has not been able to effectively address the issue of chronic neglect for several reasons. First, chronic neglect is a pattern of behavior with many individual events of neglect that never reach an activating threshold, while our system is designed to respond to single incidents which meet or

medical assessments

Forensic child interviewing training

Medical assessment training

Referral and information

Outreach

Expert witness testimony and referral

### **3. Who can access services from an RSP?**

Anyone associated with an MDT and/or a CAIC in Oregon can access services from their designated RSP.

### **4. Do RSPs work together, or are services different across regions?**

Although the RSPs may have tailored some services to the needs of their assigned regions, each is responsible for providing services in the 7 core areas listed above. In addition, the RSPs have signed a memo of understanding outlining how they will work together. RSPs have conference calls monthly and meet quarterly to help assure coordination of services across Oregon.

### **5. How can I learn more?**

For more information about Oregon's 5 Regional Service Providers, including their designated regions, further descriptions of core services, and contact information, see the DOJ's [CAMI website](#).

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## **UPCOMING TRAINING**

Department of Public Safety  
Standards and Training  
(DPSST) Child Abuse Conference  
Salem, OR  
February 11-12, 2009

Clackamas County Sheriff's Office  
Child Abuse Summit  
Portland, OR  
May 5-8, 2009

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exceed a threshold. Second, child neglect requires long-term intervention, particularly if substance abuse, mental illness and poverty are present. Our child protection system has been organized to provide short-term intervention. Because of the chronicity of neglect, short-term intervention methods are generally not effective.

If our goal is to identify chronically neglecting families to effectively intervene, we need a feasible operational criterion. One such approach discussed by Dee Wilson, MSW, Director, Northwest Institute for Children and Families, University of Washington School of Social Work and Anthony Loman, PhD, Institute of Applied Research, St. Louis, Missouri, provides a method for identifying families by frequency of encounters with CPS. Families for whom CPS received at least three referrals in one year, four in two years, or five in three years meet the criterion for chronic neglect. The referrals need not be founded, nor be for any specific type of abuse or neglect.

A professional and operational definition of neglect would provide Oregon with a consistent approach to defining the problem and identifying chronically neglectful families that need our services. Without such a definition, progress in reduction of neglect will be difficult, if not impossible, to achieve.

*Leila Keltner is the Medical Director for [CARES Northwest](#).*

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## **SPECIAL FEATURE**



### **Community Summits Create Action Plans for Chronic Neglect**

*By Katharine Cahn and Jennifer Clark, [Center for Improvement of Child and Family Services](#)*

Most children are in child welfare because they've been neglected by their parents. According to the [Status of Children report](#), neglect makes up 69 percent of founded incidents of abuse or neglect.

Despite this, it is still hard to generate a sense of



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urgency. Problems accumulate. Concerns, when viewed as individual instances, often fail to rise to the threshold required for safety intervention.

Most parents do not start out neglecting their children. Parenting capacity erodes gradually due to pressures related to poverty, or untreated mental illness or addiction. With methamphetamine use on the rise, this problem has grown in Oregon. It's bad for children, bad for families and bad for the community.

What the community sees is a 'dirty house', but cleaning up the house or giving a child a bath won't necessarily help the real problem. Psychologists tell of the devastating cumulative damage to children who are not loved, engaged, or developmentally encouraged. By school age, such children are often shunned by others, can't manage their own affect enough to function in a classroom, and fall significantly behind academically.

Intervening in neglect takes coordinated community effort. Child Welfare can't do it alone, nor should we wait till the problem rises to the level when child welfare can legally enter the family.

Sponsored by the [Children's Justice Act Task Force](#), eleven educational action planning summits were held in Oregon counties in 2007 and 2008. The purpose of the summits was to raise community sense of urgency around child neglect, to identify best practices, and to make action plans to improve community response.

The Counties included Coos, Clackamas, Crook, Deschutes, Douglas, Jackson, Lane, Malheur, Multnomah, Umatilla, and Wasco.

Participants crafted a total of 91 plans at three levels:

- Helping children heal and catch up developmentally.
- Helping parents in treatment, recovery and facilitating attachment.
- Helping communities build stronger interagency collaborations and programming.

Plans to help children include: relief nurseries; services to address the special needs of children; re-building resilience in youth.

Plans and programs to help parents include: parent mentoring; parent education/family enrichment; drug courts; transitional housing or housing; transportation to services in rural areas; increasing skill of engaging parents

Plans to strengthen community collaboration include: resource information and referral, increased training and public awareness on neglect; building volunteers for mentoring, fostering, and family support; cross-disciplinary coordination and teaming; engaging the business and faith community; developing better data to track the incidence of child neglect; improving concrete supports such as financial support, housing, transportation.

Follow up communication by the CJA and by the trainer (Child Welfare Partnership at Portland State University) shows that many plans are still active, and that the planning process raised community awareness and action across the board. Four more summits will be held in 2009, in Lincoln, Wallowa, Grant/Harney, and Josephine County.

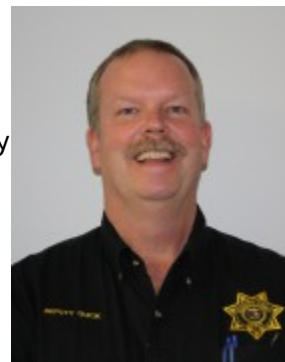
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## LAW ENFORCEMENT

### The Impacts of Chronic Child Neglect on Law Enforcement

By Mike Quick, Deschutes County Sheriff's Office Detective

Sheriff's deputies, city police officers, Oregon State Police officers and the Department of Human Services (DHS) serve as the primary first responders to child neglect. Tremendous amounts of time, money and community resources are spent each year on families needing repeated intervention. Early, appropriate intervention is one of the key factors in avoiding service redundancy. However, as it is not their core function, it is difficult for law enforcement agencies to streamline processes and staff resources to focus on prevention/early intervention with families. Regardless of how many unfounded reports are received on a family, law enforcement must continue to investigate each and every one.



As a Detective for the Deschutes County Sheriff's

Office, I have encountered numerous families who repeatedly engage both our department as well as other local law enforcement agencies. Several of these families are or have been involved in custody disputes where the parents are angry and engage their children in these often intense issues.

One particular case involved almost weekly engagement by some law enforcement agency. Sue and Jim were in the process of a nasty divorce and child custody battle over their daughter, Tammy.\* Law enforcement had four separate allegations of abuse/neglect of Tammy that were reported separately by Sue and Jim on each other. Each one of these four allegations turned into multiple contacts by law enforcement with Sue, Jim, Tammy and the other possible witnesses. DHS, KIDS Center, Mental Health, the District Attorney's office, and the Deschutes County Multi Disciplinary Team (MDT) all spent valuable time on this case. Each allegation was taken seriously and fully investigated on its own merit.

As it turned out, none of the allegations involving Tammy were founded. Neither Sue nor Jim could be charged for lack of support for Tammy. Yet, this case used well over 100 hours of time along with ample community resources, all because Sue and Jim were trying to gain an advantage over each other in their divorce. The estimated cost just to the Deschutes County Sheriff's office alone is at least \$1,500 in wages and materials. However, my greatest concern is for Tammy and how all of this fighting has affected her. Also, if any abuse does occur to Tammy in the future, I'm concerned that law enforcement may have a difficult time sorting through all the conflicting statements to really know if abuse has occurred.

In summary, it is difficult to tap limited resources repeatedly for the same families as we investigate reports concerning neglect. Our hope and desire is to give each family the proper resources during the first contact in order to prevent further problems. But when this is not possible, I am proud to say that in Deschutes County we continue to investigate every allegation in a chronic case involving a family as vigorously as we did the very first contact with that family. What is even more important is that the Deschutes County Sheriff's Office embraces a sound partnership with all MDT partners and other community agencies. All of these resources are brought together by our MDT to review cases and

determine the best course of action for the family involved.

\*All names have been changed for confidentiality purposes.

*Detective Mike Quick has worked at the Deschutes County Sheriff's Office for 20 years. Mike is a Darkness to Light Stewards of Children facilitator (child sexual abuse prevention education). Mike instructs on Karly's Law and teaches classes on Investigative Procedures for Child Abuse.*

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## DISTRICT ATTORNEYS' CORNER

### Leaving Children Unattended: Criminal Charges Depend on Multiple Factors

By Megan Johnson, Washington County Senior Deputy District Attorney

The breadth of the medical definition of neglect well exceeds the bounds of the criminal justice system's capacity to address it. Prosecutors possess few tools for addressing child neglect. Our options include filing of a criminal charge, filing of a juvenile dependency petition, or seeking termination of parental rights. Principally, the criminal charges to consider for cases of child neglect (not including drug endangered children cases) are Criminal Mistreatment and Child Neglect.

If children are left alone or unattended, whether or not criminal charges can be filed is governed by ORS 163.545, Child Neglect in the Second Degree. It reads as follows: "A person having custody or control of a child under 10 years of age commits the crime of child neglect in the second degree 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." A determination of child neglect under the statute is based on a totality of the circumstances and is driven by the physical facts and the defendant's mental state. State v. Goff, 297 Or. 635, 639 (1984). Conviction requires proof beyond a reasonable doubt of the following:

1. leaving the child unattended was likely to endanger her health or welfare,
2. the risk of that harm occurring was substantial



- and unjustifiable, and
3. the defendant's lack of awareness of that risk was a gross deviation from the normal standard of care. State v. Obeidi, 211 Or. App. 377, 381 – 82 (2007) *citing* State v. Paragon, 195 Or. App. 265 (2004).

Leaving young children unattended in a car for 20 to 30 minutes in a high traffic parking lot with the windows halfway down (or arguably with the doors unlocked) in non-threatening weather conditions should withstand appeal upon conviction. See State v. Obeidi, *supra*. Leaving a seven-year-old with a nine-year-old in a filthy residence (moldy clothes, bed broken, full cat litter box, strong odor of feces throughout the house) for 45 minutes did not withstand appeal upon conviction. See State v. Paragon, *supra*. The court seems to be hinging importance on younger children in clear public view versus older children alone in the more private setting of a residence, even if it is highly unsanitary, and even though the children in Paragon opened the door for a stranger during the time they were left alone. Compare those facts with State v. Goff, 297 Or. 635 (1984), where an eight-year-old and a 22-month-old were left alone for five hours with access to candles and matches that were strewn about, which withstood appeal.

The trend seems to be the younger the children and the more precisely the state can point to particularities of harm that can occur (in contrast to theories or hypothesis where harm *might* occur), the more likely those cases will be favored by the courts. Older children, even those left in deplorable conditions, will be less likely to warrant the protection of the criminal court. It may be worthwhile for the prosecutor to consider Criminal Mistreatment charges for unsanitary conditions in the house. In the end, the decision concerning whether or not to file criminal charges against a person who left children unattended will be driven by the facts of each particular case.

*Megan Johnson has been a prosecutor since 2001 and prosecuted child abuse since 2004. Megan is the Senior Deputy District Attorney in charge of the Child Abuse Team at the Washington County District Attorney's Office. She serves as the Chair of their MDT, as a member of the CAMI Advisory Council and on the CARES Northwest Governing Board.*

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"I must take issue with the term 'a mere child,' for it has been my invariable experience that the company of a mere child is infinitely preferable to that of a mere adult. "  
-Fran Lebowitz

[Fran Lebowitz](#)

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The *MDT Quarterly eNewsletter* is intended for MDT members to maintain a current awareness of resources and information related to the field of child maltreatment, investigation, and response.

Comments and contributions are welcome. Write to the e-mail above.

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