Healthy Families Oregon Maltreatment Prevention Report Program Year 2010-11

Submitted to:

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Healthy Families Oregon Maltreatment Prevention Report Program Year 2010-11

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

HEALTHY FAMILIES OREGON: MALTREATMENT PREVENTION REPORT 2010-11

One of the primary goals of Healthy Families Oregon is to ensure that children are free from maltreatment, including physical and emotional neglect and abuse. This report presents data on reported child maltreatment among families participating in the Healthy Families Oregon program during the program year July 1, 2010 – June 30, 2011. Information on other important outcomes of the Healthy Families Oregon program, such as parenting and child health and development, can be found in the Healthy Families Oregon Annual Status Report (http://www.npcresearch.com/Files/Healthy_Start~Healthy_Families_Oregon_Evaluation_Report_2011-12.pdf).

Scope of the Problem

Child maltreatment is a significant public health issue in the United States. An estimated 3.7 million children experience child abuse and neglect each year (U.S. Department of Health and Human Services, 2012), costing over $103.8 billion annually (Wang & Holton, 2007). At least four children die every day as a result of maltreatment (Child Welfare Information Gateway, 2008) and substantial scientific literature documents adverse developmental outcomes for children who experience abuse and neglect, including neurological impairments, learning deficits, difficulties forming relationships, behavior problems, mental health issues, substance abuse, poor physical health, and adolescent pregnancy (Edwards et al., 2005; Chalk, Gibbons & Scarupa, 2002). Population studies indicate that maltreatment during childhood is associated with poor health outcomes for adults, including increased risk of heart disease, alcohol and drug abuse, depression, and suicide attempts (Edwards et al., 2005). Further, the number of times an individual experiences maltreatment appears to have a dose-response relationship to the presence of a number of serious adult diseases, such as cancer, liver disease, and chronic lung disease (Edwards et al., 2005). Thus maltreatment and the trauma experienced by its victims pose a very real threat to public health in the United States.

Child Maltreatment in Oregon

While national figures show modest declines in the past five years in rates of substantiated maltreatment, in Oregon the total number of reported victims of child abuse or neglect has risen over the past several years. In Oregon, the annual victimization rate in 2009 was 12.5 victims per 1,000 children; this increased by 7.2% to 13.4 victims per 1,000 in federal fiscal year 2011, the most recent year for which Oregon's data are available. In contrast, the national rate of maltreatment for children under the age of 17 was 9.1 per 1,000 in 2011. National figures, however, are impacted by wide variability in state policies and systems for investigating and determining substantiated cases of child abuse and neglect (USDHHS, 2012).

Key Factors Influencing Maltreatment

CHILDREN'S AGE

Young children are clearly the most vulnerable to abuse and neglect. For example, in Oregon during 2011:

- 48.3% of all substantiated victims of abuse or neglect were under age 6;
- 27.9% (3,241 victims) were under age 3;
- The overall victimization rate for children under age 3 was 23 per 1,000;
- 12.2% (1,420 victims) were children under 1 year of age;
- Children ages 0 to 6 comprise 38.7% of the children served in foster care in Oregon;
- Of 10 child fatalities related to abuse and neglect in Oregon in 2011, 58.6% were younger than age 6 (OR DHS, 2012).

Consistent with Oregon statistics, national data also show that very young children (birth through age 3) are at highest risk of maltreatment, suffer the most pervasive and severe consequences, and represent the fastest growing segment of the nation's foster care population. These very young children are more vulnerable for a variety of reasons, including their inability to defend themselves, their small size, their relative social isolation, and the fact that infancy is a sensitive period of brain development that may be severely disrupted by trauma (De Bellis, 2010; Easterbrooks, Bartlett, Beeghly & Thompson, 2012).

The vulnerability of these youngest children underscores the importance of programs like Healthy Families Oregon that aim to prevent maltreatment in the earliest years of the child's life.

FAMILY POVERTY & PARENTAL STRESS

While child abuse and neglect occur across the socioeconomic continuum, poverty has been consistently found to be a key risk factor for child abuse and neglect (Sedlak & Broadhurst, 1996; Lee & George, 1999). Research has also found that serious abuse and neglect are 22 times more likely in very poor families, with lowest income families disproportionately represented in national statistics (U.S. Department of Health and Human Services, 2002). Findings from NIS-4 (Sedlak et al., 2010) showed that children from the poorest families (earning less than $15,000 annually) were 3 times more likely to be abused and 7 times more likely to be neglected than children living in higher income households. At the same time, however, poverty compounds the influence of other stressors and contributes to family instability even among the working poor and other families who may not meet federal definitions of "poverty" (Marcenko, Hook, Romich, & Lee, 2012).

The effects of being low income are difficult to isolate, however, as poverty is associated with multiple other stressors that increase the risk of abuse, such as homelessness, unemployment, single parenting, lower education, social isolation, and community violence (Brooks-Gunn & Duncan, 1997). Socioeconomic conditions that increase poverty, or increase the stressors associated with poverty (e.g., by decreasing support services to those most in need) are likely to be associated with increased rates of child maltreatment (Marcenko et al., 2012).

Theoretical models of child maltreatment often focus on the role of parenting stress as a key risk factor for maltreatment, emphasizing that the multiple chronic stressors of poverty contribute to higher parental stress and increased risk of abuse (Abidin, 1990; Rutter, 2007). Comprehensive programs such as Healthy Families Oregon that help reduce

parenting stress, improve family self-sufficiency, increase parenting skills, provide social support, and link families to other needed services have been postulated to being critical to the prevention of maltreatment, especially among at-risk families.

CUMULATIVE RISK

While a number of independent risk factors have been associated with increased risk of maltreatment (e.g., poverty, substance abuse, domestic violence, family conflict, etc.), what is particularly clear is that children in families with greater numbers of risk factors are most vulnerable (Appleyard, Egeland, van Dulmen, & Sroufe, 2005; Nair, Schuler, Black, Kettinger, & Harrington, 2003). This model of "cumulative risk" suggests that the odds of maltreatment increase as the number of family, social, and child risk factors increase, and has been supported in a number of large-scale studies. Despite innumerable efforts to identify specific indicators that can accurately predict which children are most likely to be maltreated, or which adults are most likely to maltreat, models of cumulative risk have, to date, been shown to be the most predictive (although even these models lack precision; Green, Ayoub, et al., 2013; Stith et al., 2009).

In Healthy Families Oregon, the role of cumulative risk has been documented in numerous evaluation reports, which consistently show that the odds of a founded maltreatment report increase as the number of family risk factors increases (Green & Lambarth, 2009).

PROTECTIVE FACTORS

Risk and protective factors often represent opposite ends on a continuum (e.g., poverty versus financial security), co-occur (e.g., a difficult child is born to a depressed mother), and aggregate in children's lives. Whereas greater numbers of risk factors increase the risk of maltreatment and other negative outcomes for children, an accumulation of protective factors is associated with resilient child trajectories (Masten, 2006). The Children's Bureau, the federal office that oversees funding and research related to child welfare services as well as a number of maltreatment prevention programs has developed a framework that lays out the protective factors identified in theory and research as important for reducing children's risk and promoting their well-being (USDHHS, 2003). These include:

- Parental resilience
- Nurturing and attachment
- Social connections
- Knowledge of parenting and child development
- Effective problem solving and communication skills
- Concrete support in times of need
- Social and emotional competence of children
- Healthy marriages

These factors represent a number of the key short-term outcomes for the HFO program.

ADDRESSING RISK & PROTECTIVE FACTORS TO PREVENT CHILD MALTREATMENT

The Centers for Disease Control and Prevention (CDC) has identified child maltreatment as a public health issue, and called for programs that promote Safe, Stable, and Nurturing Relationships (SSNRs) between children, caregivers, and communities to prevent and ameliorate the effects of child abuse and neglect (Hammond, 2003; CDC, 2008, 2011). This model is based on empirical evidence that a multitude of factors influence caregiving quality, including risk and protective factors at the child, parent, family, and environmental level (Bronfenbrenner & Morris, 2006). Preventive interventions are thought

to be more effective when they attend to both the family's social environment (e.g., social support, economic stability, housing, neighborhood conditions, parental mental health, community linkages and resources) as well as to the quality of parent-child relationships (CDC, 2011). HFO's strong two-generational program model that focuses on improving parent-child relationships while helping families achieve self-sufficiency and family stability, coupled with its community-based approach is promising in this regard. HFO programs work in cooperation with other key community services and systems (e.g., early intervention systems, health care providers, domestic violence, substance abuse, and mental health treatment services, child welfare agencies), in addition to providing direct parenting education and parent-child relationship support to families with young children. Further, HFO is one of a number of early childhood services that work together to enhance young children's development and support well-being and school readiness for children.

Home Visiting Programs Can Prevent Maltreatment

There is growing evidence that home visiting is an effective means of preventing abuse and neglect. High-quality, intensive home visiting services delivered to those most at risk of poor child and family outcomes has been found to reduce the incidence of child maltreatment (Sweet & Appelbaum, 2004; Green, Lambarth, Tarte, & Snoddy, 2009; Harding, Galano, Martin, Huntington, & Schellenbach, 2007; Olds et al., 1999). In their meta-analysis of more than 60 home visiting research studies, Sweet and Appelbaum (2004) concluded that programs that were more successful at reducing the risk factors for child maltreatment were those programs that: (1) identified preventing child abuse as an explicit program goal; and (2) focused on high-risk parents.

Conversely, home visiting programs that have not been well implemented, and that are less successful at identifying and working with serious problems such as parental substance abuse, mental illness, and severe parenting stress have been less successful (Aos, Lieb, Mayfield, Miller, & Pennucci, 2004).

A recent review by the Home Visiting Evidence for Effectiveness project (HomVEE, Avellar, Paulsell, Sam-Miller, & Del Grosso, 2012) reviewed hundreds of studies of programs designed to promote child development and prevent negative child outcomes, and identified Healthy Families America, Nurse-Family Partnership, and several others as meeting their criteria for positive evidence of program benefits across eight key outcome areas, including parenting, child development, family stability/self-sufficiency, and health (Howard & Brooks-Gunn, 2009).

Evidence regarding the impact of home visiting programs in terms of directly impacting rates of maltreatment, however, has been elusive (Selph, Bougatsos, Blazina, & Nelson, 2013). This is likely due to a combination of challenges in using substantiated maltreatment reports as a primary indicator of child maltreatment, variability in the quality of program implementation, and the paucity of rigorous, long-term follow-up studies that have evaluated program effectiveness in this area.

There is controversy over the use of actual reported maltreatment rates as an outcome in studies of the effectiveness of home visiting programs (Olds, Eckenrode, & Kitzman, 2005). The primary concern is that because home visitors are mandated reporters of maltreatment, the very act of providing home visits for very at-risk families may increase, rather than decrease, reported maltreatment. Home visitors work closely with very high-risk families and thus may identify neglect or abuse that would otherwise have gone unreported, a consequence sometimes referred to

as a *"surveillance effect."* Because of this possibility, many studies have elected not to measure actual maltreatment rates. A more common approach is to measure a program's ability to strengthen family protective factors and reduce family risk factors that are associated with increased risk for maltreatment. Healthy Families Oregon program does conduct an annual evaluation of these risk and protective factors and finds positive results (Green, Tarte, Lambarth, Snoddy, & Nuzzo, 2009).

A further complication in evaluating child abuse prevention is the overall low incidence of child maltreatment in the population (State of Arizona Office of the Auditor General, 2000). For example, in Oregon, only about 2% to 3% of the age 0-3 population is maltreated. Detecting reductions in these so-called "low frequency events" is challenging for statistical reasons, and requires extremely large research samples. However, given the potential costs to individuals and society, even small reductions in maltreatment incidents can have significant and cost-beneficial long-term effects (Miller, Cohen, & Wierseman, 1996).

Finally, at least two major studies have found that the impact of home visiting programs on substantiated abuse may not emerge until children are age five or older (Green, Ayoub, et al., 2013; Zielinski, Eckenrode, & Olds, 2009). This research suggests that early home visiting, by reducing family risk and promoting protection, puts families on a more positive trajectory that prevents more serious abuse and neglect over the long term. Child maltreatment represents one extreme (negative) end of the continuum of parenting quality, and it may be that the long-term benefits of programs such as Healthy Families Oregon are best assessed in the short term by more proximal outcomes related to reductions in risk factors and promotion of positive parenting and child development. The Healthy Families Oregon Annual Status Report (Green et al., 2009) presents results for parenting and child outcomes for Healthy Families Oregon families.

However, because reducing incidents of child maltreatment is one of the primary goals of the Healthy Families Oregon program, the program has elected to examine actual reported maltreatment rates as a benchmark of program success. The reader should keep in mind, however, that for Healthy Families' high-risk families, rates of maltreatment may be higher than general state or community maltreatment rates both because of the families' higher risk status as well as because of the "surveillance" effects described above. This report presents the analyses of the effects of Healthy Families Oregon program on child maltreatment for fiscal year 2010-11.

METHODOLOGY

Child Maltreatment Data

Through collaborative data-sharing agreements between the NPC Research, the Oregon Department of Human Services (Child Welfare), and Oregon Department of Human Services (Office of Forecasting, Research, and Analysis), data regarding substantiated reports of child abuse and neglect for children served by Healthy Families Oregon were obtained. Because of recent changes to Oregon's Statewide Automated Child Welfare Information System (SACWIS), which underwent conversion to a new data platform, the most recent data available as of fall 2013 were for program year 2010-2011. All HFO families included in the evaluation have provided written consent for this information sharing.

To obtain this information, NPC Research provides a dataset comprised of Healthy Families Oregon participant identifiers. This dataset is, in turn, provided to staff at the Office of Forecasting, Research and Analysis, who have developed an Integrated Client Database that compiles information about participants in various state-funded programs into a single dataset. HFO families are then linked to their Department of Human Services identification numbers. This file is submitted to Child Welfare research office analysts, who match the Healthy Families Oregon sample with records of substantiated maltreatment reports. The dataset is then stripped of identifiers except for numeric Healthy Families Oregon ID numbers and returned to NPC Research for analysis.

Research Sample

HEALTHY FAMILIES OREGON GROUP

The results presented in the next section of the report include data for Healthy Families Oregon children ages 0 to 3 years during the program year July 1, 2010, through June 30, 2011.[1] Maltreatment reports were included in the analysis if they occurred during this period. Analyses include all children served through Healthy Families Oregon's screening and referral process, as well as those served through Intensive Home Visiting.

Because the outcome of interest for the Oregon Healthy Families Oregon program is *prevention* of child abuse and neglect, families who had open child welfare cases prior to being screened by Healthy Families Oregon were eliminated from these analyses. Additionally, families in which the Family Support Worker indicated that a Child Protective Services report had been made by the program at the time of family enrollment were also removed from these analyses. A total of n=137 children were eliminated from analyses because of child welfare involvement prior to enrollment by Healthy Families Oregon.

COMPARISON GROUP

The primary comparison group for this report is composed of children ages 0 to 3 years of age who were *not served* by Healthy Families Oregon. Because Healthy Families Ore-

[1] The analyses include children who were under the age of 3 by July 1, 2011, and who were **ever** served by Healthy Start; they may not have been served during FY 2010-11.

gon screened only about half of all eligible children during the FY 2009-11 biennium, children born during this period but not served by Healthy Families Oregon comprise a naturally existing, although not ideal, comparison group. Several differences between served and non-served families are important to note. First, the Healthy Families Oregon group includes primarily first-born children, while the general non-served population includes subsequent births. Parents of multiple children may be somewhat more likely to abuse or neglect their children (Berendes, Brenner, Overpeck, Trifiletti, & Trumble, 1998), and children from families with more than four children appear to be particularly at risk (Sedlak et al., 2010).

Second, because of an increased emphasis on reaching and serving high-risk families, Healthy Families Oregon programs have focused their screening and outreach on higher risk populations. As described in the most recent Healthy Families Oregon Annual Status Report (Green, Tarte, Aborn, & Talkington, 2013), families screened and served by Healthy Families Oregon are significantly higher on multiple risk indicators than the Oregon general population. For example, Healthy Families Oregon parents are significantly more likely to be teenage, single, unemployed, and have less than a high school education, compared to other first-time parents in Oregon.

Finally, using this general population comparison group does not allow an analysis of the effects of the home visiting component of the program specifically. Because Healthy Families Oregon home visiting services are offered only to those families at highest risk of maltreatment and other negative outcomes, families receiving intensive home visiting services are much higher in risk factors compared with the general population. However, in the general population, where there is likely to be a combination of both higher and lower risk families, it is not possible to identify the high-risk families who are most similar to those served by Healthy Families Oregon. For this reason, it is most appropriate to use the entire Healthy Families Oregon population (both families that received intensive home visiting services and those that received only screening, information, and service referrals) as the point of reference for comparison.

RESULTS

Healthy Families Oregon vs. Non-Healthy Families Oregon Children

The first set of analyses compares all families served by Healthy Families Oregon (both screening- and referral-only and intensive home visiting families) to all Oregon children up to three years of age who were not served by Healthy Families Oregon. As described previously, Healthy Families Oregon is not able to reach all families with newborns within each county. Hence, non-served families provide a naturally existing comparison group for examining the incidence of child abuse.

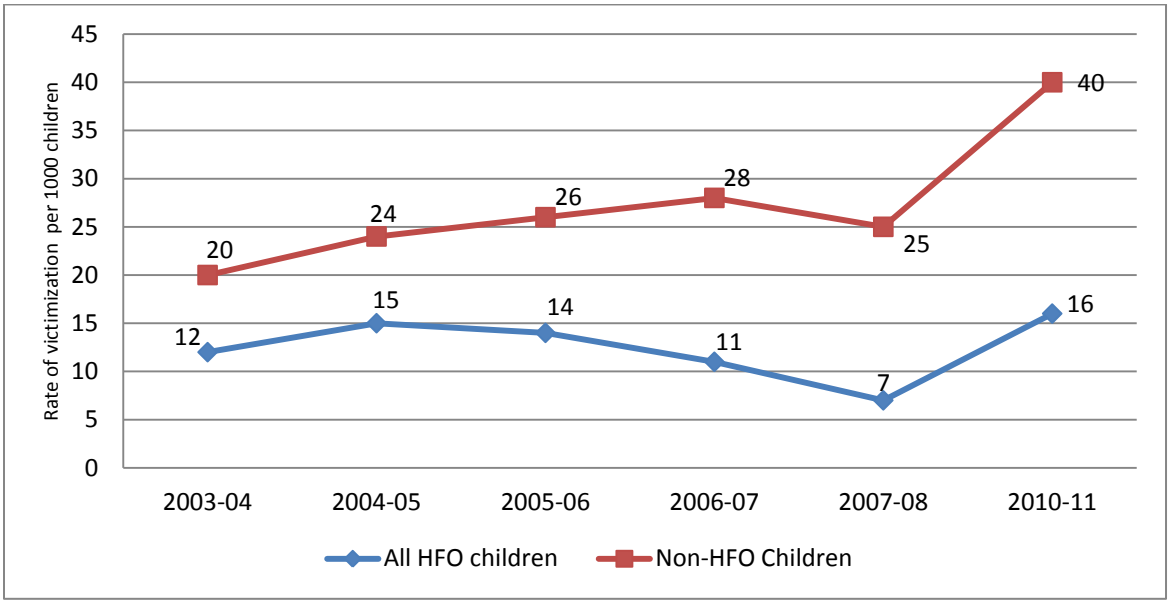
As shown in Figure 1, children served by Healthy Families Oregon had lower victimization rates compared with similar-age non-served children (16 per 1,000 compared with 40 per 1,000; county-level data are shown in Table 1 in Appendix A).

"Children in Healthy Families Oregon are 2 ½ times less likely to be maltreated than children not served by the program."

The rate of victimization for Healthy Families Oregon children free from maltreatment has been relatively stable for the years that data are available, ranging from 12 to 16 victims per 1,000 children, with the lowest rate documented in 2007. In all, the majority of children screened or served by HFO were free from maltreatment (98.4%). This year's victimization rates were somewhat higher overall for the Healthy Families Oregon group compared to prior years, but the odds of HFO children being maltreated *relative* to the maltreatment rate among non-HFO children is similar to what has been seen in the past, with HFO children roughly 2 ½ times less likely to be victimized. The increase in rates could be due to a number of factors. First, the conversion of the state's child welfare data system

may have resulted in some incomparability to previous years. Second, as noted previously, overall rates of victimization in Oregon have increased since the last HFO maltreatment report in 2009. This trend mirrors the overall increased rates of maltreatment reporting in Oregon, perhaps due to increased community awareness of child maltreatment and to increasingly strong policies in regards to mandated reporting. Finally, the potential impact of the economic recession may be a significant factor influencing maltreatment rates, both by increasing family poverty and stress while at the same time reducing state and federal funding for social programs needed to combat the substance abuse, mental health, housing, and other needs of families most at risk for maltreatment. Overall, however, this year's report continues to provide support that those families served by HFO are less likely to be victims of maltreatment, compared to families who do not receive these services.

Figure 1. Rate of Maltreatment for Healthy Families Oregon vs. Non-Healthy Families Oregon Children



Families Receiving Intensive Home Visiting

As expected, and consistent with prior years, rates of maltreatment for families who received Healthy Families Oregon home visiting services were higher (37 per 1,000) than those for families who were served only with screening, information, and referral services (7 per 1,000, see Table 2 in Appendix A). While this is the highest rate of substantiated reports among HFO home visited families, it is notable that the rate of victimization for HFO's highest risk families (37/1,000) is still lower than the overall rate for children not screened or served by Healthy Families Oregon (40/1,000). Given the significantly higher number of risk factors for HFO children and families, one might expect that these home visited families, absent supportive services, would have rates of maltreatment that would exceed those of the general population. However, these results suggest this is not, in fact, the case. In fact, HFO's highest risk families were 7.5% less likely to be victimized than children in the general population who were not screened or served by HFO.

Maltreatment and Risk Factors

Child maltreatment rates were strongly related to families' level of risk as assessed by the New Baby Questionnaire (NBQ). As shown in Figure 2, and in Table 3 in Appendix A, the more risks families have, the more vulnerable their children are to abuse and/or neglect. In 2011, the presence of family risk factors were more strongly associated with increased risk of maltreatment than has been seen in prior years. For example, in 2010-11, families with just two risk factors were *20 times* more likely to have a substantiated abuse report. In contrast, findings in 2007-08 showed that families with two risk factors were *10 times* more likely to have an abuse report. Even more strikingly, those with more than four risk factors in 2010-11 were between 66 and 95 times more likely to be abused, in contrast to being only 16-30 times more likely in 2007-08. Why these risk factors are so much more strongly associated with increased likelihood of maltreatment is not clear, although again, factors associated

with overall increased maltreatment coupled with higher unemployment and poverty and reduced social safety nets may be contributing influences.

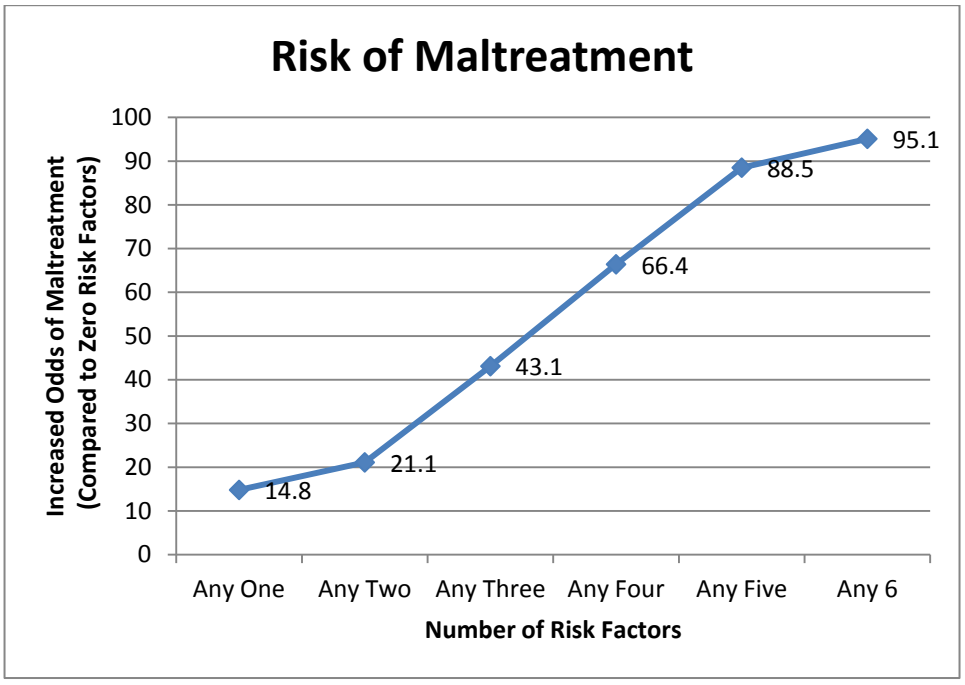
Risk characteristics include such factors as being single at the child's birth, being 17 years or younger, experiencing poverty, having a spouse/partner who is unemployed, not receiving early comprehensive prenatal care, having unstable housing, experiencing marital or family conflict, having a history of substance abuse or mental health problems, and having less than a high school education.

Analyses also showed that, controlling for other risk factors, some risk factors appear to be particularly important to understanding the risk for maltreatment. Specifically, controlling for all other risk factors, families headed by a single parent and families in which the primary caregiver had less than a high school education/GED were more than twice as likely to have an abuse report as families without these risk factors. Additionally, children whose parents were unemployed, whose mothers did not receive adequate prenatal care, had difficulty paying for basic expenses, and whose mothers reported depression or family relationship concerns were at somewhat elevated risk for maltreatment (odds ratios 1.3-1.99, $p<.05$).[2]

In addition to risk screening, families that are enrolled in intensive home visiting services are interviewed using an in-depth assessment tool focusing on family and parenting stress, called the Kempe Family Stress Interview (Korfmacher, 2000). As shown in Table 4, Appendix A, families whose Kempe assessments indicate that they are experiencing more family and parenting stress are more likely to engage in child maltreatment. Families assessed at low stress had a maltreatment rate of only 14 per 1,000; families with moderate stress had a rate of 12 per 1,000, and families with high stress had a rate of 64 per 1,000. Those with the highest family stress scores had the highest maltreatment rates, 126 per 1,000.

[2] Regression models predicting abuse status included all NBQ risk factors simultaneously (models also controlled for race and county of service); odds ratios for single parent, mother with less than a high school education or GED, lack of comprehensive prenatal care, parental unemployment, difficulty pay for basic needs, depression, and relationship problems were significant, $p < .05$.

Figure 2. Likelihood of Maltreatment by Number of Risks on the New Baby Questionnaire



Types of Maltreatment

Contrary to popular belief, the vast majority of reports of maltreatment do not involve physical or sexual abuse. In Oregon, during federal FY 2010-11, only 9.4% of reports involved physical or sexual abuse; more common were neglect (37.6% of founded reports) or "threat of harm" (70.5% of founded reports). A determination of "threat of harm" indicates that there is a substantial danger to the child, often because of witnessing domestic violence or being at substantial threat of harm due to parents' drug or alcohol issues. Threat of harm is the single most frequent type of maltreatment recorded in Oregon.

Among Healthy Families Oregon families, 12.1% of founded reports involved physical or sexual abuse, 37.4% involved child neglect, and 70.3% involved reported threat of harm.[3]

[3] Note that more than one type of abuse may be reported for each victim.

SUMMARY & DISCUSSION

Results for the 2010-11 program year continue to support the effectiveness of the Healthy Families Oregon program in reducing children's risk of maltreatment. The vast majority of HFO children, 98.4%, were free from abuse and neglect. Even among the highest risk families 96% of children are free from maltreatment. Consistent with prior years, HFO children were *2 ½ times less likely to be maltreated*, compared to children not screened or served by HFO. It should be noted that there is considerable variability in rates of substantiated maltreatment from county to county, and that this variability is also seen in differences among HFO programs in maltreatment outcomes. However, the small number of children maltreated makes more nuanced site-specific analysis difficult.

Ideally, it would be possible to compare the rates of child maltreatment for the higher risk families receiving intensive home visiting services to a similarly high-risk group of families who did not receive intensive home visiting services. At this time, such a comparison is not possible, given current evaluation structure and program resources. However, an ongoing federally funded evaluation of the HFO program that involved randomly assigning families eligible for home visiting component to either receive HFO services or to receive non-HFO community services may shed further light on this issue. Preliminary results from this study found that HFO parents had lower parenting stress, compared to the control group, a key factor related to risk for maltreatment (Green & Tarte, 2013).

It is possible, however, to compare the maltreatment rates for families who received HFO home visiting to the rates found in other studies of high-risk populations. Generally, these comparisons suggest that home visited families have lower rates of abuse and neglect than these comparable populations. For

example, a randomized trial of the Nurse-Family Partnership program (NFP) found that 96% of higher risk teenage mothers who were visited by a nurse for 2 years were free of maltreatment, compared with only 79% of impoverished, unmarried teens who received no home visiting (Olds, 1997). Among teen parents in HFO, 95.5% were free from maltreatment, a rate similar to that found among teenagers served by the NFP program. It should be noted, however, that reported maltreatment rates vary across communities due to differences in such factors as child welfare reporting/investigation systems and community demographics, and thus these comparisons should be made with caution.

Specifically, participating in the Healthy Families Oregon program was associated with the following differences in maltreatment rates between children served by Healthy Families Oregon and Oregon's general 0-3 population:

- FY 2002-03: 45% difference in founded abuse reports
- FY 2003-04: 40% difference in founded abuse reports
- FY 2004-05: 38% difference in founded abuse reports

- FY 2005-06: 46% difference in founded abuse reports
- FY 2006-07: 61% difference in founded abuse reports
- FY 2007-08: 72% difference in founded abuse reports
- FY 2010-2011: 60% difference in founded abuse reports

It is important to understand both program and statewide context for this year's results, compared to the last maltreatment report produced in 2007-2008. First, there were significant reductions to the program's budget during this reporting period, including major cuts in the state's central support staff who are charged with the critical task of providing ongoing training and technical assistance to sites. Second, funds available for the statewide evaluation that tracks service implementation and short-term parenting, child development, and family risk factors were reduced by two-thirds. This resulted in considerably less data and information being available to sites for continuous program improvement, and little support from the statewide evaluation team in helping programs to use data to inform programmatic decisions. This reduction also meant that no funds were available for compilation of the statewide maltreatment report for 2008-09 or 2009-2010, resulting in a significant gap in information about program effects on child abuse and neglect. Finally, reductions to individual program budgets were made statewide, potentially increasing home visitor caseload, reducing training and supervision, and narrowing program scope and reach. These changes are in stark contrast to the program context in 2007-08, during which program funding for statewide training and technical assistance, evaluation, and program sites had been increased substantially.

As the HFO program moves into the 2013-2014 biennium, however, several significant positive developments should be noted. First, Federal support for home visiting programs has grown significantly in the past four years with $1.5 billion dollars in funding for evidence-based programs being provided to 54 states and territories through the Maternal, Infant,& Early Childhood Home Visiting (MIECHV) program of the U.S. Department of Health and Human Services (USDHHS, 2012). Oregon will receive a total of $11.9 million dollars in federal home visiting funds (starting with a $1.4 million dollar formula grant in 2011), including two rounds of competitive grant funding to support HFO, NFP, and Early Head Start programs, as well as basic funding provided on a population basis to all states. The first round of competitive funding is being used to expand HFO services in three of Oregon's neediest communities (Multnomah County, Tillamook County, and Malheur County); up to seven additional counties will receive funding under the most recent award made in fall 2013.

Second, the federal MIECHV program is providing funds for statewide infrastructure support to enhance the quality and integration of home visiting statewide. While this does not directly support the HFO program's system of statewide support, this work may help to strengthen the overall home visiting system in Oregon, and potentially provide more opportunities to HFO staff for training, technical assistance, and cross-program collaboration. The training, supervision, quality assurance, and evaluation systems for HFO have been dramatically reduced during the last two biennia, and such infrastructure development is critically needed to ensure ongoing program success. These and other important state and local efforts are providing a supportive context for HFO programs, staff and families that may further strengthen the effectiveness of HFO programs in reducing family risk, building resilience, and, ultimately, protecting children from abuse and neglect.

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APPENDIX A: HEALTHY FAMILIES OREGON OF OREGON 2010-2011 MALTREATMENT REPORT DATA TABLES

Table 1. Children Aged 0-36 Months Free from Maltreatment (FY 2010-11)

Site	Healthy Families Oregon Children[1]				Non-Healthy Families Oregon Children[2]			
	Child abuse victims in FY 10-11[3]	Total Healthy Families Oregon children, aged 0-36 months	% free from maltreatment[4]	Incidence rate per 1,000	Child abuse victims in FY 10-11[3]	Number children, 0-36 months not served by HF Oregon	% free from maltreatment[4]	Incidence rate per 1,000
Baker					10	294	94%	65
Benton					17	1,246	98%	20
Clackamas	26	1,724	98%	15	114	6,137	97%	28
Clatsop					15	771	97%	31
Columbia					34	847	94%	57
Coos	8	191	96%	42	58	1,071	92%	78
Crook					14	335	93%	75
Curry					10	337	96%	36
Deschutes	6	494	99%	12	57	2,924	97%	28
Douglas	9	395	98%	23	91	1,704	93%	73
Gilliam	0	3	100%	0	0	35	97%	29
Grant					0	103	98%	19
Harney								
Hood River	0	110	100%	0				
Jackson	28	1,053	97%	27	142	3,686	94%	55
Jefferson					24	542	94%	55
Josephine	13	322	96%	40	60	1,282	93%	69
Klamath	9	458	98%	20	76	1,128	91%	90

[1] **Total Healthy Families Oregon** children include both screened/referred families (no home visiting) and home visited families.

[2] **Non-Healthy Families Oregon Children** are the total number of children born in each county from July 2009 to June 2011 according to the Oregon Health Department (OHD) birth statistics (found at http://www.dhs.state.or.us/dhs/ph/chs/data/birth/birthdata.shtml) *minus* the number of children screened/served by Healthy Families Oregon. Similarly, child abuse victims among non-Healthy Families Oregon children are the total number of child maltreatment victims, aged 0 – 36 months old, for each county *minus* the number of Healthy Families Oregon victims.

[3] The Oregon Department of Human Services, Children, Adults, and Families Division (CAF) electronically checked records of 19,468 Healthy Families Oregon children born between July 1, 2009, and June 30, 2011, for confirmed incidents of child maltreatment during FY 2010-11. These results exclude reports that occurred prior to the family's involvement with Healthy Families Oregon, and/or because the Family Support Worker indicated on the Family Intake Form that a Child Protective Services report had been made by the program at the time of enrollment.

[4] Percentages are affected by sample size and can be misleading when sample sizes are small.

Note: Due to DHS restrictions on reporting data about small samples, shadowed data are unavailable for reporting.

Site	Healthy Families Oregon Children[1]				Non-Healthy Families Oregon Children[2]			
	Child abuse victims in FY 10-11[3]	Total Healthy Families Oregon children, aged 0-36 months	% free from maltreatment[4]	Incidence rate per 1,000	Child abuse victims in FY 10-11[3]	Number children, 0-36 months not served by HF Oregon	% free from maltreatment[4]	Incidence rate per 1,000
Lake	0	19	100%	0	[redacted]	[redacted]	[redacted]	[redacted]
Lane	34	2,244	98%	15	207	4,738	94%	58
Lincoln	8	274	97%	29	28	612	93%	69
Linn	11	706	98%	16	68	2,177	95%	55
Malheur	[redacted]	[redacted]	[redacted]	[redacted]	24	778	95%	46
Marion	20	2,214	99%	9	205	6,880	96%	43
Morrow	0	74	100%	0	8	257	96%	39
Multnomah	77	5,553	99%	14	405	13,776	96%	42
Polk	[redacted]	[redacted]	[redacted]	[redacted]	39	1,396	96%	38
Sherman	0	12	100%	0	0	21	100%	0
Tillamook	[redacted]	[redacted]	[redacted]	[redacted]	10	412	97%	32
Umatilla	[redacted]	[redacted]	[redacted]	[redacted]	40	1,912	97%	30
Union	[redacted]	[redacted]	[redacted]	[redacted]	17	433	94%	60
Wallowa	0	34	100%	0	0	86	100%	0
Wasco	[redacted]	[redacted]	[redacted]	[redacted]	11	422	95%	47
Washington	29	1,382	98%	21	171	13,102	98%	19
Wheeler	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Yamhill	[redacted]	[redacted]	[redacted]	[redacted]	37	2,079	97%	26
Total	**319**	**19,468**	**98.4%**	**16**	**2,004**	**72,168**	**96.0%**	**40**

[1] **Total Healthy Families Oregon** children include screened/referred families (no home visiting) and home visited families.

[2] **Non-Healthy Families Oregon Children** are the total number of children born in each county from July 2009 to June 2011 according to the Oregon Health Department (OHD) birth statistics (found at http://www.dhs.state.or.us/dhs/ph/chs/data/birth/birthdata.shtml) *minus* the number of children screened/served by Healthy Families Oregon. Similarly, child abuse victims among non-Healthy Families Oregon children are the total number of child maltreatment victims, aged 0 – 36 months old, for each county *minus* the number of Healthy Families Oregon victims.

[3] The Oregon Department of Human Services, Children, Adults, and Families Division (CAF) electronically checked records of 19,468 Healthy Families Oregon children born between July 1, 2009, and June 30, 2011, for confirmed incidents of child maltreatment during FY 2010-11. These results exclude reports that occurred prior to the family's involvement with Healthy Families Oregon, and/or because the Family Support Worker indicated on the Family Intake Form that a Child Protective Services report had been made by the program at the time of enrollment.

[4] Percentages are affected by sample size and can be misleading when sample sizes are small.

Note: Due to DHS restrictions on reporting data about small samples, shadowed data are unavailable for reporting.

Table 2. Children Aged 0-36 Months Free from Maltreatment by Service Type (FY 2010-11)

Site	Children in Healthy Families Oregon Screened/Referred Families[5]				Children in Healthy Families Oregon Intensive Service Families[6]			
	Child abuse victims in FY 10-11[7]	Screened/ referred children, 0-36 months	% free from maltreatment[8]	Incidence rate per 1,000	Child abuse victims in FY 10-11[7]	Intensive service children, 0-36 months	% free from maltreatment[8]	Incidence rate per 1,000
Baker	0	29	100%	0				
Benton								
Clackamas	19	1569	99%	12	7	155	95%	45
Clatsop	0	40	100%	0				
Columbia					0	19	100%	0
Coos	6	145	96%	41				
Crook	0	28	100%	0				
Curry								
Deschutes								
Douglas								
Gilliam	0	2	100%	0	0	1	100%	0
Grant								
Harney	0	3	100%	0				
Hood River	0	79	100%	0	0	31	100%	0
Jackson	22	952	98%	23	6	101	94%	59
Jefferson	0	33	100%	0				
Josephine	8	267	97%	30				
Klamath								

[5] **Screened/Referred Families** are those families who were screened by Healthy Families Oregon and received basic information and referral services, but did not receive home visiting services. These families may or may not have been eligible to receive home visiting services.

[6] **Home Visited Families** include all families born during FY 2009-2011 who received home visiting services; these families may not have been enrolled during 2010-11.

[7] The Oregon Department of Human Services, Children, Adults, and Families Division (CAF) electronically checked records of 19,468 Healthy Families Oregon children born between July 1, 2009, and June 30, 2011, for confirmed incidents of child maltreatment during FY 2010-11. These results exclude reports that occurred prior to the family's involvement with Healthy Families Oregon, and/or because the Family Support Worker indicated on the Family Intake Form that a Child Protective Services report had been made by the program at the time of enrollment.

[8] Percentages are affected by sample size and can be misleading when sample sizes are small.

Note: Due to DHS restrictions on reporting data about small samples, shadowed data are unavailable for reporting.

Site	Children in Healthy Families Oregon Screened/Referred Families[5]				Children in Healthy Families Oregon Intensive Service Families[6]			
	Child abuse victims in FY 10-11[7]	Screened/ referred children, 0-36 months	% free from maltreatment[8]	Incidence rate per 1,000	Child abuse victims in FY 10-11[7]	Intensive service children, 0-36 months	% free from maltreatment[8]	Incidence rate per 1,000
Lake	0	18	100%	0	0	1	100%	0
Lane	22	2066	99%	11	12	178	93%	67
Lincoln	6	220	97%	27				
Linn	10	630	98%	16				
Malheur								
Marion	17	1972	99%	9				
Morrow	0	53	100%	0	0	21	100%	0
Multnomah	65	5127	99%	13	12	426	97%	28
Polk								
Sherman	0	8	100%	0	0	4	100%	0
Tillamook	0	35	100%	0				
Umatilla	0	128	100%	0				
Union								
Wallowa	0	25	100%	0	0	9	100%	0
Wasco								
Washington	21	1100	98%	19	8	282	97%	28
Wheeler	0	6	100%	0				
Yamhill								
Total	**228**	**17,000**	**99%**	**13**	**91**	**2,468**	**96%**	**37**

[5]**Screened/Referred Families** are those families who were screened by Healthy Families Oregon and received basic information and referral services, but did not receive Intensive Home Visiting services. These families may or may not have been eligible to receive intensive home visiting services.

[6] **Home Visited Families** include all families born during FY 2009-2011 who received the home visiting component; these families may not have been enrolled during 2010-11. [7] The Oregon Department of Human Services, Children, Adults, and Families Division (CAF) electronically checked records of 19,468 Healthy Families Oregon children born between July 1, 2009, and June 30, 2011, for confirmed incidents of child maltreatment during FY 2010-11. These results exclude reports that occurred prior to the family's involvement with Healthy Families Oregon, and/or because the Family Support Worker indicated on the Family Intake Form that a Child Protective Services report had been made by the program at the time of enrollment.

[8] Percentages are affected by sample size and can be misleading when sample sizes are small.

Note: Due to DHS restrictions on reporting data about small samples, shadowed data are unavailable for reporting.

Table 3. Likelihood of Child Maltreatment[9] Based on Number of Risks[10] (FY 2010-11)

	Parameter estimate	Odds of child victimization[11]
Any one risk vs. none (Sample = 3,399)[12]	2.69	14.76**
Any two risks vs. none (Sample = 3,448)	3.05	21.15**
Any three risks vs. none (Sample = 2,893)	3.77	43.15**
Any four risks vs. none (Sample = 1,959)	4.20	66.38**
Any five risks vs. none (Sample = 1,080)	4.48	88.51**
Any six risks vs. none (Sample = 457)	4.55	95.06**

* p < .01; **p < .001

[9] A logistic regression model was used to model the effects of the total number of risk characteristics shown by each family on the likelihood of child maltreatment for children aged 0 to 3 years during FY 2010-11, for which there was child victimization information.

[10] The numbers of risk factors were recorded on the New Baby Questionnaire.

[11] Odds ratios show the likelihood of child maltreatment occurrence for families with risk characteristics in comparison to families with no risk characteristics. For example, among families screened by Oregon Healthy Families Oregon, children whose families have three risks at the time of birth are 43 times more likely to have been confirmed victims of child maltreatment than children whose families had no risks.

[12] Sample sizes reflect the number of families within the targeted risk grouping (e.g., 3,399 families had only one risk factor); 5,148 families had no risk factors.

Table 4. Child Maltreatment Victims by Stress Level[13]

	2004-2005			2005-2006			2006-2007			2007-2008			2010-2011		
	N (%)	**Free from abuse**	**Victims**	**N (%)**	**Free from abuse**	**Victims**	**N (%)**	**Free from abuse**	**Victims**	**N (%)**	**Free from abuse**	**Victims**	**N (%)**	**Free from abuse**	**Victims**
Kempe Assessment[14]															
Assessed at low stress	830 (18%)	99.4%	6/1,000	620 (16.5%)	99.2%	8/1,000	767 (19.1%)	99.7%	3/1,000	687 (23.1%)	99.7%	3/1,000	511 (25.6%)	98.6%	14/1,000
Assessed at mod-erate stress	2,046 (45%)	98.3%	17/1,000	1,766 (47.1%)	98.2%	18/1,000	1,846 (46%)	99.3%	7/1,000	1,292 (43.4%)	99.2%	8/1,000	663 (33.3%)	98.8%	12/1,000
Assessed at high stress	1,508 (33%)	95.7%	43/1,000	1,270 (33.9%)	96.6%	34/1,000	1,309 (32.6%)	96.7%	33/1,000	931 (31.3%)	98.0%	20/1,000	708 (35.5%)	93.6%	64/1,000
Assessed at severe stress	125 (3%)	91.2%	88/1,000	94 (2.5%)	92.6%	74/1,000	90 (2.2%)	96.7%	49/1,000	64 (2.2%)	100%	0/1,000	111 (5.6%)	87.4%	126/1,000
Total families	4,509	97.4%	26/1,000	3,750	97.7%	23/1,000	4,012	98.5%	15/1,000	2,974	99.0%	10/1,000	1,993	96.3%	37/1,000

[13] Statistics describe confirmed reports of child maltreatment for Healthy Families Oregon children aged 0 to 3 years where families have both screening and assessment information. First, families are screened using the New Baby Questionnaire. Families with positive screens who accept intensive service are interviewed by trained assessment workers using the Kempe Family Stress Assessment.
[14] Kempe Family Stress Assessments are rated on a scale of 0 - 100. Low family stress is rated as 0 - 20, moderate family stress as 25 - 35, high family stress as 40 - 60, and severe family stress as 65 or higher.