

Healthy Start of Oregon, Annual Report on Maltreatment Prevention 2006-07 *Executive Summary*



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HEALTHY START OF OREGON, ANNUAL REPORT ON MALTREATMENT PREVENTION REPORT 2006-2007

EXECUTIVE SUMMARY

One of the primary goals of Healthy Start 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 Oregon's Healthy Start program, as well as those not served through Healthy Start. Information on other important outcomes of the Healthy Start program can be found in the Healthy Start Annual Status Report (www.oregon.gov/OCCF).

Child Maltreatment in Context

In Oregon, there were 11,255 reported victims of child abuse or neglect in 2005-06; in 2006-07 there were 12,043 total victims, an increase of 7% overall. This finding reflects a trend over the past 5 years of increasing numbers of maltreatment reports and victims in Oregon. The increase in child maltreatment has been attributed to two primary factors:

1. The dramatic increase in methamphetamine abuse among Oregon families;
2. The reduction in funding for DHS child welfare, and other, services during the 2004-06 biennium.

In Oregon, as is the case nationwide, the youngest children are the most likely to be victims of maltreatment. Forty-nine (49%) of all substantiated victims of abuse or neglect in Oregon in 2006 were under age 6, and 29% (3,522 victims) were under age 3. Infants (children under 1 year of age) represent 14% of the overall victims, by far the largest single age group. In addition, of the 17 child fatalities related to abuse and neglect in Oregon in 2006, 15 were younger than age 5.

These figures make intervention to successfully prevent maltreatment critical for the health and well-being of Oregon's children.



There is growing evidence that home visiting is one such means of preventing child 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; Olds et al., 1999), especially when programs are well-implemented. Most recently, the Healthy Families America (HFA) model was named a "Promising Practice" by Rand, Inc. based on an evaluation that found significant reductions in the use of harsh discipline techniques that are strongly related to maltreatment (Mitchell-Herzfeld, Izzo, Greene, Lee, & Lowenfels, 2005). This, as well as other evaluations (Norton, 1998; Olds, et al., 1999) suggest that home visiting generally, and the HFA model in particular, can prevent child maltreatment. Oregon's Healthy Start program became an accredited HFA multi-site state system in 2007.

Child Maltreatment Data

Through a collaborative data-sharing agreement between the Oregon Commission on Children and Families (OCCF), NPC Research, and the Oregon Department of Human Services, Children, Adults, and Families Division (CAF), it is possible to obtain data regarding the incidence of substantiated reports of child abuse and neglect for Healthy Start children. The rate of maltreatment for Healthy Start children can then be compared to children who are not served by the Healthy Start program.

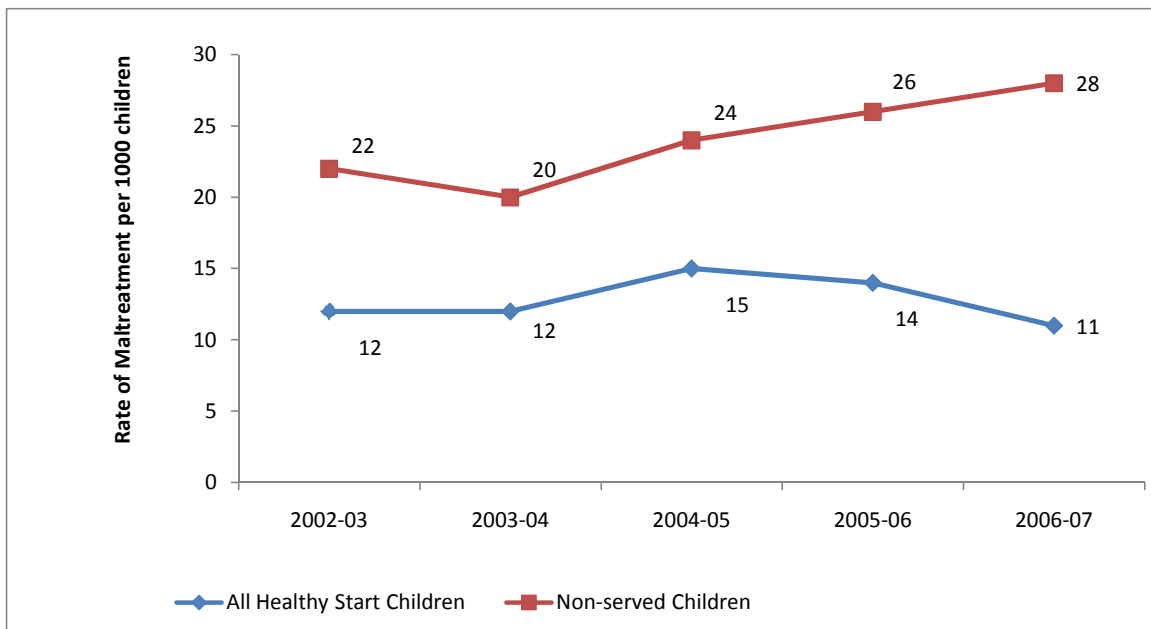
Results

Results indicate that children who were not served by Healthy Start had rates of victimi-

zation almost 2 ½ times greater than the rates of children served by Healthy Start (28 per 1,000 compared to 11 per 1,000).

A comparison of child abuse statistics for the past 8 years shows that the vast majority of Healthy Start children between 0 and 3 years of age do not have substantiated reports of child maltreatment. As shown in Figure 1, the rate of maltreatment for Healthy Start children has not varied markedly over the past several years, ranging from 12/1,000 in FY 2002-03, to 11/1,000 in FY 2006-07; however, the rate of maltreatment in the non-served population appears to be increasing, from 20/1,000 in 2003-04 to 28/1,000 in 2006-07.

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



Intensive Service Families

The data presented in Figure 1 include all families served by Healthy Start, and thus do not isolate the effects of families served through the Intensive home visiting component. This Intensive Service group is at considerably higher risk for maltreatment than the general population. Despite their higher level of risk, however, the rate of maltreatment within the Intensive Services group is actually *lower* than the rate for the general population of non-served Healthy Start families (17 per 1,000 vs. 28 per 1,000). This is striking, given the preponderance of risk factors that characterize Healthy Start Intensive Service families. These families, on average, had about three risk factors; families served with only screening, information, and referrals had just over one risk factor, on average. Data collected through Healthy Start's evaluation have consistently shown that as the number of family risk factors increase, the risk of maltreatment increases (see Green et al., 2008). For example, families with two risk factors were about 6 times more likely to have a founded maltreatment report, compared to families with no risk factors, while families with six risk factors were almost 30 times more likely to have a founded report.

Summary & Discussion

Overall, the findings from our analyses of the FY 2006-07 child maltreatment data indicate that children served by Healthy Start had a considerably lower victimization rate than non-served children. Even among higher-risk Intensive Service families, the rate of mal-

treatment was markedly lower (17/1000) compared to same-age children not served by Healthy Start (28/1000).



The 2006-07 fiscal year was a time of reduced funding for Healthy Start, so the overall positive results in terms of continuing reductions in the rates of child maltreatment are striking. While the rates of maltreatment have generally increased in Oregon, the maltreatment rates among Healthy Start families has declined. This has continued despite the across the board budget cuts for all Healthy Start programs.

Further, other important services for Oregon's at-risk families struggled under limited budgets during FY 2006-07. Reductions to services such as health insurance, mental health, and, perhaps most importantly, substance abuse treatment, limited the ability of Healthy Start providers to successfully link families to needed services. Given this statewide context, it is especially encouraging that Oregon's Healthy Start program continues to be associated with supporting positive family outcomes and reducing the incidence of child maltreatment.