



# Community Implementation Guide to Prevent Maltreatment of Children with Disabilities

A companion to  
*EVERY CHILD SPECIAL-EVERY CHILD SAFE:*  
Protecting Children  
With Disabilities From Maltreatment

2000

Oregon Health Sciences University  
Child Development and Rehabilitation Center  
Oregon Institute on Disability and Development/UAP  
and  
Department of Human Services  
Oregon Health Division



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# Table of Contents

INTRODUCTION	5
COMMUNITY-BASED INTERVENTIONS	7
Checklist for Developing and Implementing a Community Plan	7
Defining the Terms	10
Families	10
Cultures	10
Communities	12
Community Collaboration	12
What to Do?	15
GOALS, RESULTS AND STRATEGIES	21
FAMILY STORIES	29
Introduction	29
Looking Back and Moving Forward <i>Sara J. Green</i>	31
Reflections on My Daughter Who Lives with Fetal Alcohol Related Condition <i>Suzie Long Braids Kuerschner</i>	34
Immigrating to America: Some Lessons Learned <i>Hanh The Vuong</i>	38
Specialist Mother Without Consent <i>Irene Rojas Orozco</i>	41
RESOURCE DIRECTORY	45
Statewide Organizations-Cultural Competency, Disability, Maltreatment, Other	45
National Organizations-Cultural Competency, Disability, Maltreatment	51
Additional Resources-Web Sites	55

# Who We Are

The Oregon Alliance for Kids with Special Needs (OAKS) is a coalition of organizations and families dedicated to preventing maltreatment and supporting families of children with disabilities. Coalition members are:

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*We gratefully acknowledge the visionary contribution  
of Judith Hylton to this report.  
Her leadership and expertise in the field of  
child maltreatment and disability have already changed  
children's lives for the better.  
Thank you, Judith!*

# Introduction

This Community Implementation Guide is intended as a user-friendly tool for community-based intervention to prevent maltreatment of children with disabilities. It encourages community-level coalitions to develop and implement community plans that they tailor to the specific needs and resources of their communities. It offers family stories that provide personal contexts for understanding, and provides a listing of resources that can support community intervention.

The Community Implementation Guide is a companion to *Every Child Special-Every Child Safe: Protecting Children with Disabilities from Maltreatment, A Call to Action*. These documents represent the efforts of child protective and disabilities agency representatives and diverse family members who are concerned about the maltreatment of children with disabilities. They came together as the Oregon Alliance for Kids with Special Needs (OAKS) with funding from the Administration on Developmental Disabilities.

The Call to Action documents the problem of maltreatment of children with disabilities and identifies goals and results to address the problem in Oregon. It identifies next steps for Oregon based on identified needs. The Community Implementation Guide is based on the Call to Action and helps communities take these ideas and move them into action. These two documents are best used in tandem.

## Introduction

The vision of the Alliance is that “*all* children live in safe, caring communities where their development is nurtured and their families are supported.” The following goals serve as the framework for this work:

- STRONG, RESILIENT CHILDREN who use safety skills, disclose maltreatment if it occurs, seek help when needed, and recover quickly.
- NURTURING, SUPPORTED AND RESPONSIBLE FAMILIES who recognize and respond to maltreatment and who are supported through appropriate, accessible services.
- COORDINATED AND COMPREHENSIVE SERVICES that are culturally appropriate and address the relationship between child maltreatment and disability.
- SUPPORTIVE COMMUNITIES that are accountable for the well-being of *all* children.
- A SOCIETY THAT VALUES AND PROTECTS ALL CITIZENS through public support for maltreatment prevention and protection, and zero-tolerance for discrimination or violence.

The OAKS Alliance believes that children develop best when they are nurtured by their families who are, in turn, supported by their communities and the larger society. Cultural heritage of the child, family and community influence the ways in which families are supported. All these environments combine to cause or prevent maltreatment. Children cannot be viewed as separate from their families, and families cannot be viewed separately from their cultural heritage, their community or the society at large. Decisions made on behalf of children need to address the ways in which these systems are interconnected. These connections happen best at the community level where people live, work and play together. Action plans at the community level have the greatest potential, community by community, to protect *all* children from maltreatment, including those with disabilities.

# Community-based Interventions

## Checklist for Developing and Implementing a Community Plan

Each of us are members of our communities. By following some basic steps we can effectively address child maltreatment in our own communities.

### 1. Determine what's available and what's needed

- Collect data about our community, including:
  - the number of children with special needs or disabilities (see Oregon Department of Education, Special Education child count<sup>1</sup>)
  - the number of children reported maltreated last year (see Oregon Services to Children and Families, Child Abuse and Neglect Report<sup>1</sup>)
  - the number and sizes of different cultural and linguistic groups (see Portland State, Center for Population Research and Census<sup>1</sup>)
  - the age distribution of community members (see Portland State, Center for Population Research and Census<sup>1</sup>)
- Assess the physical and social accessibility of our community (e.g., transportation systems, physical and social barriers for children with disabilities to participate in church, sports, and social activities)
- Talk with families and children to see what works well, what doesn't work, and what's missing (e.g., focus groups, surveys, town hall meetings).

### 2. Identify who needs to get involved

- Determine who has interest in the issue and who has access to the resources we may need; then get their commitment.
- Include families and children with disabilities in every step of the planning.
- Identify one or more leaders who will champion this cause.

<sup>1</sup> See Resource Directory in this document.

## Community-based Interventions

- Include leaders of the cultural communities in our area.
- Consider including representatives from business, schools, parks and recreation, community health, police, transportation, child care, service agencies, Parents Anonymous, spiritual leaders, and others.
- Continue to add people as we need them or as they become interested.

### 3. Plan to work with what is there

- Work with the people and agencies identified in our resource and needs assessment; build on what exists rather than plan new and separate systems.
- Determine what needs to be added or changed; what else needs to occur.
- Develop a shared vision of what we will do; get agreement on the priorities.
- Develop communication links across agencies, organizations and families.

### 4. Provide training

- Determine what new knowledge is needed.
- Arrange for training sessions to provide needed knowledge (e.g., cultural awareness; disabilities and special needs issues; sharing data about our community; how to identify maltreatment and what to do).
- Provide training collaboratively across groups and over time.

### 5. Implement our plan

- Identify core responsibilities, leaders for each area, time lines and accountability measures.
- Based on our priorities, implement the plan, whether it is increased coordination of services, additional services, public awareness, or training programs.
- Communicate to all the relevant audiences in ways so they will hear about our activities.

## Community-based Interventions

### 6. Monitor the impact of our actions

- Determine who and how many people are being served by our plan activities; who and how many are not served, and why not.
- Determine what participants think of how well it is working and decide on revisions to make.
- Look broadly at the impact of our actions, including consequences we didn't intend but that have resulted.
- Examine the data on community access (e.g., number of events that are accessible) and on maltreatment within our community (e.g., number of abuse hotline calls, percent of abuse reports where disability status is known) to see where our actions are making a difference
- Look for ways to financially sustain our activities.

### 7. Celebrate our success

- Celebrate the successes of our collaborative community team.
- Share information with others about our success.

## Defining the Terms

### Families

Families are the social unit who hold as their responsibility the care and nurturance of their offspring. Families are composed in many different ways. Today, many children are not raised in households with both biological parents. Extended family members and family friends often play a large part in family life. Alternative families and same-sex families are increasing in numbers. Ultimately, it is the family who defines who they are.

*Ultimately,  
it is the family  
who defines  
who they are.*

Practices, policies and values need to reflect and accommodate to this diversity in family definition. The Family Stories Chapter provides several illustrations of families' experiences that can inform our understanding.

### Cultures

Culture is the integrated pattern of human behaviors that include the beliefs, language, actions, social norms and traits of racial, religious or social groups. Culture is more than ethnicity and includes lifestyles, values and belief systems that are related to economic, educational and geographic factors. For example, rural Oregon is home for many families of Appalachian descent whose attitudes and beliefs as "Hill People" define specific strengths and needs. For supports and services to be effective for families, they need to accommodate to the cultural practices and language of the families of that community. These supports can then build on the strengths of the child and family's traditions, and remove the sense of struggle between family and service provider.

## Community-based Interventions

All cultures promote the nurturing of children; but they differ in the attitudes and practices of how to raise and discipline children. Ultimately, the legal systems of the states define what behavior is regarded as maltreatment in this country. Families of all cultures are expected to abide by those laws. As community members, we need to be able to distinguish culturally different practices from those that represent neglect or abuse. We also need to recognize those practices that are part of a culture and those that have come about because of oppression, poverty, forced assimilation or substance abuse.

Cultural competency and congruence is:

- Responding to others in non-judgmental ways.
- Knowing some of the ways in which cultural groups differ or are similar.
- Learning more about cultures and cross-cultural communication.
- Respecting different cultural practices.
- Knowing that diversity has many sources.
- Supporting self-determination by the cultural community.

Cultural brokers can be very important to agencies who are working to improve their services to families of different cultures. Cultural brokers are people who serve as a liaison between cultural groups, providing an understanding of the differing values, expectations, beliefs and practices.

*No culture teaches or promotes maltreatment of its children... As we become more knowledgeable about different cultures, we can move beyond balancing between culture and maltreatment.*

# Community-based Interventions

## Communities

Communities can be defined in many ways, by geography, culture, type of employment, place of worship, school district, or shared values and beliefs. Community-based intervention means local planning to address the needs of the community and its families and children.

Communities have a unique role in preventing child maltreatment by supporting families, establishing norms for child nurturance and discipline, providing services, and enforcing laws to protect its citizens. Different types of communities can develop and implement plans that will support families in nurturing their children and prevent maltreatment.

Community includes:

- Family, children, parents, extended family
- Neighborhoods and friends
- Schools from early intervention to adult education
- Businesses and chambers of commerce
- Places of worship (e.g., churches, synagogues, temples, mosques)
- Social service providers and agencies
- Recreation facilities (e.g., parks, sports centers, libraries, theaters)
- Transportation
- Health clinics and services
- Work places
- Police, courts and legal systems
- City hall and city planners.

*Many families have overlapping community circles. Where these circles overlap we will find the strongest supports for our interventions.*

## Community Collaboration

Community collaboration is the bringing together of different resources within the community to provide comprehensive supports to families. The importance of coordinating efforts and of checking with families about their needs cannot be emphasized enough. The Alliance repeatedly heard the frustrations of families, service

## Community-based Interventions

providers and policy makers about the ineffectiveness of supports when they are not coordinated, or when they do not address the needs the family identifies. This is a particular problem for families whose children have disabilities, and where the family needs to deal with even more providers. Community collaborations can play a critically important role in coordinating services, making services easier to access and identifying gaps in services that are available.

There are many valuable efforts underway to improve the ways communities support and serve families. However, reports from families and the data on child maltreatment indicates that we still have a long way to go to ensure that all children live in safe and caring communities where their development is nurtured and their families are supported.

Community collaboration includes:

- Coordinated community resources to address the family's needs in a culturally competent way.
- A way to prioritize the needs and resources of each family.
- A continuum of coordinated support across child protective agencies, law enforcement, schools, hospitals and public and private agencies.
- Joint planning and monitoring.
- Systems of communication across these service providers.
- Shared data and consistent paperwork across agencies.

Please refer to the Goals, Results and Strategies Chapter for examples of community-based activities, and the Resource Directory for information on national and state organizations that may help.

*Collaborative programs use the strengths of extended family members, cultural and spiritual mentors, 'non-agency' community resources, school personnel and agency providers.*

# Community Collaboration that Works: One Mother's Perspective

**In the Beginning:** Her black hair shone from the lights in the hallway, but her dark eyes were dulled. "Another meeting." Another chance to hear what is wrong with her life. Juggling the baby in his cradle board to calm him, she thinks that Baby is just as overwhelmed by the room full of people as she is... But if he isn't good, maybe "they" will say she's a bad mom, and they'll try to take him... Well, they can try all they want but she will run and hide because this baby is the first person that has ever really loved her. They need each other. Neither of her parents are able to help her, they're still trying to climb out of their addictions... they are getting some help from ceremony and sweat lodge. That program was the only thing that helped. It made her realize that her pregnancy was a sacred gift. It helped her to be strong and stop drinking. Now she knew why she had such a hard time in school...her mom had not known not to drink when she got pregnant. She hoped that by having stopped drinking Baby would make it better in life than she had. Still the fancy people, the "clinicians," said her precious Baby had problems. As far as she is concerned, Baby is just perfect.

Well, here it goes, time to go in the room and face the faces and hear the lists of "need to do's"...things she would never remember.

Entering the room, she struggles to find familiar faces. How is it that so many people have a part in her life? And why do they have to know everything about her life? Her "community of support," she had been told. Everyone said who they were, but it was too much to take in. The services that they talked about wouldn't work for her because she didn't have a way of getting there. Besides, she lived with her family "up the mountain," so these people were not really her community.

Slowly she realized a lady was asking her a question. "Who's missing here? Who is part of your life that is not here?" She answered, "My grandmother, my mother, my father, my brother, my auntie down the

road, my, well... 'spiritual advisor' (that's what the lady at the program suggested to say if she didn't think these people would understand the words, "medicine man")." She remembered with embarrassment how some people called her cradle board a "contraption," and how the smoke from the smudge that clung in its covering always made people wrinkle their noses and sometimes accuse her of smoking pot.

She realized that it was the lady from the teen parent program who was talking to her. Cool, she was here to help...maybe she could make the others understand things better. Or, maybe there was nothing good to understand about her anyway.

To her surprise, she heard the lady saying, "Well, since we are missing these important people in your life and some of them apparently didn't get invited...let's try again. I know that it is difficult for everyone's schedule, but it is critical that all members of her support system be included to plan with her. This is her community and the strengths that we need to build our plan on."

**Four Months Later:** "I've been meeting with Barb, Marsha, Marv, Seata hut, Nisha, Lennie, Chuck, Auntie, Cuthla, my Nunnahs, Kevin and Linda off and on for four months now." She realized that she was thinking of "these people" by their first names, not their titles. And she realized that this must be the "community of support" that Marsha, the teen parent director, had talked about. Because Marsha was the first agency person she'd said she felt comfortable with, the team had chosen Marsha as her case manager. Things seem easier to figure out now...she isn't confused anymore by who is supposed to do what. Marsha really helped her figure it all out. Marsha and Seata hut, her medicine man, seemed to like each other and learn from each other. Best of all, Baby was growing and happy; mom and dad were still going to sweat lodge. Smiling to herself, she thought, "I really am part of a big community and that community is really here for Baby."

# Community-based Interventions

## What To Do?

We can develop plans that address our community's needs and resources. We can use these action plans to move beliefs and values into strategies. These strategies are part of a continuous, dynamic process to result in safe children in supported families. The process of community-based intervention takes time, effort and continuous evaluation. Here are examples of what different "communities" might plan to do; more are presented in the Goals, Results and Strategies Chapter.

As **Service Agencies and Providers**, we can

- Include families in planning to develop policies and specific services.
- Develop procedures to coordinate and where possible, integrate services across agencies.
- Respond to families' short-term needs in ways that strengthen families and communities for the long-term.
- Make our services culturally and linguistically appropriate for the families that we serve.

As **Local Service Organizations**, we can

- Include families with disabilities in planning to identify needed resources.
- Develop policies to include children with disabilities and their families.
- Work with cultural brokers and community leaders to improve services for families from different cultures.

As **Business Groups and Chambers of Commerce**, we can

- Serve as leaders in developing and adopting family friendly policies.
- Learn about people with disabilities and share that information with all employees.
- Require that sponsored events allow *all* families to participate, including those whose children have disabilities.

*Community partners can build the structures needed to effectively protect children and support families.*

## Community-based Interventions

### As Youth Organizations, we can

- Determine how accessible our organization is for youth with disabilities both in physical access and attitudinal welcome.
- Sponsor events for *all* children and youth that teach abuse awareness and what to do.
- Sponsor events that teach leadership and communication skills to youth with disabilities and the people that serve them.

### As Professional Organizations, we can

- Provide training to increase awareness among professionals about maltreatment and disabilities.
- Provide training on mandated reporting of child maltreatment.
- Provide training on family-centered, culturally competent care.

### As Schools, we can

- Ensure that abuse awareness training includes the issues of children with disabilities.
- Collaborate with Child Protective Services in planning for individual families and for *all* children.
- Provide training on how to be an effective parent, including how to recognize the danger signs of abuse.

### As Cultural Groups, we can

- Provide information to new immigrants about acceptable child discipline practices and child abuse laws in their native language.
- Support families in identifying supports such as child care and respite care.
- Provide training on parenting practices.
- Serve as cultural brokers with service agencies; explain and advocate for members of our community.

## Community-based Interventions

### As Recreational Facilities and Parks, we can

- Assess how accessible our facilities are for families whose members have disabilities; consider both physical access and attitudes of staff.
- Develop promotional events that address access for persons with disabilities.

### As Substance Abuse Programs, we can

- Recognize the increased risk for maltreating their children among the adults we serve and include it in our recovery program.
- Make our program and facilities accessible to persons with disabilities.

### As Private Foundations, we can

- Fund model programs and research that address disability and maltreatment.
- Promote awareness of the capabilities of persons with disabilities.

### As Local Government, we can

- Gather and monitor data on maltreatment in our community.
- Determine how accessible our community is for persons with disabilities.
- Develop public awareness campaigns that promote the capabilities of persons with disabilities.

### Principles for Effective Services

- Every family is supported in ways that meet its needs and support its self-direction.
- Services support families' confidence and sense of connectedness.
- Interventions address short-term needs in ways that strengthen families and the community over the long term.
- The family's culture is respected and understood as a source of support.
- Families' natural supports are included and strengthened by interventions.
- Services are coordinated across all needed agencies and resources.
- Service agencies provide ongoing training for their staff.
- Community organizations serve as catalysts for improvements.
- Agencies are accountable for community-based outcomes, not single agency activities.

### Principles for Healthy Communities

- Children develop best when nurtured within their own families and communities.
- Families thrive through connection with natural supports in their neighborhoods and communities and through extended kinship and cultural networks.
- Providers feel effective when they are able to plan and deliver services that meet the needs of families.
- Agencies function more effectively and efficiently when they collaborate.
- Systems succeed when they are based on principles that are consistently implemented at all levels.
- Ongoing evaluation that includes families, providers, and communities creates ownership and commitment.

# Goals, Results and Strategies

## ***All children live in safe, caring communities where their development is nurtured and their families are supported.***

Preventing or intervening in child maltreatment requires an approach that addresses each level: the child, the family, the community, and society. The Alliance identified broad goals for each level, with specific results and sample strategies for achieving them. Because human services organizations serve as a link between the levels, the Alliance also developed results and sample strategies for them.

### **GOAL I: STRONG, RESILIENT CHILDREN**

**Result 1: Children with disabilities are resilient, can solve problems, and can resist maltreatment.**

- Support children to maximize their independence.
- Teach children with disabilities about personal safety, sexuality and appropriate social behavior.
- Provide opportunities for healthy friendships and relationships.

**Result 2: Children with disabilities who have been maltreated can tell someone and get help.**

- Support children to maximize their communication skills.
- Help children with disabilities learn the skills to know that maltreatment is wrong and to be able to tell someone.
- Teach proper names for body parts and functions.
- Develop abuse awareness and safety planning programs that meet the unique needs of children with disabilities.

## Goals, Results and Strategies

**Result 3: Children with disabilities who have been maltreated are able to recover quickly.**

- Make treatment readily available for children with disabilities who are maltreated.
- Make sure that resiliency-based programs that are offered address the needs of children with disabilities.

### **GOAL II: NURTURING, SUPPORTED AND RESPONSIBLE FAMILIES**

**Result 4: Family members of *all* cultures are good at parenting their children with disabilities.**

- Support families to learn about child development and parenting children with disabilities.
- Empower families to support their children's abilities, culturally-appropriate autonomy, problem-solving skills, and personal safety.

**Result 5: Families of *all* cultures know what behaviors constitute maltreatment in this country.**

- Provide information about the laws and behaviors that constitute child maltreatment to all families, including immigrant families.
- Provide information on community resources to families in culturally competent ways.

**Result 6: Family members recognize child maltreatment and stop it from recurring.**

- Educate families of *all* cultures about signs of child maltreatment, how to respond to it, how to report it, and how to get help for their child and family.
- Help families see the link between substance abuse and maltreatment, and to seek treatment.
- Support families of children with disabilities to seek help to prevent maltreatment from recurring.

## Goals, Results and Strategies

- Increase access to family supports such as crisis lines<sup>2</sup>, in-home assistance, therapy, respite care, culturally compatible support groups, and information for families of children with disabilities.
- Partner with families to develop culturally competent family support programs that include group family sessions for parents, child care, and group training sessions for children that teach strategies, such as how to stay strong and safe.

### **Result 7: Family members who have maltreated their children are held accountable.**

- Build the skills of human services workers to recognize maltreatment, to protect the child, and to intervene for the child and the family.
- Support providers to hold families accountable. Providers report maltreatment and refer for treatment.
- Provide training to those in the legal and judicial system about disabilities.

## **GOAL III: COORDINATED, COMPREHENSIVE SERVICES FROM KNOWLEDGEABLE PROVIDERS**

### **Result 8: Human services providers understand and address the link between child maltreatment and disability.**

- Screen for the presence of disabilities at the time of intake into the child welfare system.
- Increase awareness of service providers and policy makers about the problem.
- Increase the number of providers trained to distinguish between signs of disability and of maltreatment, and how disability can affect an assessment of maltreatment.
- Improve data collection on child maltreatment to include information on disability status.

<sup>2</sup>Parent Help line is a state-wide 24-hour support line for families. It is listed in the Resources section of this report

## Goals, Results and Strategies

**Result 9: Services are comprehensive, culturally competent, coordinated across agencies, and continue throughout the child's life.**

- Improve coordination of information and services across state and local agencies.
- Collaborate with law enforcement, child protective services, and other agencies to develop, share, and track data between systems.
- Providers partner with leaders identified by the communities themselves, cultural competency experts, and families from diverse cultural backgrounds, to develop appropriate services.
- Identify and address geographic gaps in services.

**Result 10: Mandatory reporters can understand and report when a child with a disability discloses maltreatment.**

- Ensure that disability information is available for all mandatory reporters.
- Make sure that mandatory reporters know how to report child maltreatment and are held accountable for doing so.
- Make sure that child protective services and law enforcement data systems identify children with disabilities when maltreatment is investigated.

**Result 11: Child protection experts and child disabilities experts know about the link between disability and maltreatment.**

- Increase the number of trained professionals who can distinguish signs of maltreatment from features of disability.
- Develop knowledge that minimizes the likelihood that cultural responses to a disability will be misinterpreted as maltreatment.
- Develop formal and informal relationships between child protective services, law enforcement, education, health care, and mental health that ensure appropriate case review, assessment, and treatment for children and their families.
- Ensure that child and family advocacy organizations are sources of information, support, and advocacy for maltreated children, including those with disabilities.

## Goals, Results and Strategies

**Result 12: Assessment and crisis treatment for children with disabilities who have been maltreated is available, effective, and comprehensive.**

- Ensure that staff of child abuse intervention centers know how and when to access disabilities expertise.
- Ensure that the staff of child abuse intervention centers and child and family advocates are trained to recognize, assess and appropriately refer children with disabilities.

**Result 13: Providers who offer on-going treatment to maltreated children with disabilities and their families provide competent and culturally appropriate care.**

- Increase the number of trained therapists who address disabilities and maltreatment.
- Modify available child and family assessment tools to fit the strengths and needs of children with disabilities and their families.

**Result 14: Timely, stable and appropriate out-of-home placement is available for maltreated children with disabilities.**

- Ensure adequate screening of foster and adoptive families.
- Decrease the waiting time for adoption of children unable to return to their homes of origin.
- Maintain stable “medical homes” for children with disabilities who move into foster and adoptive homes.
- Provide training and ongoing support for adoptive parents and foster parents of children with disabilities.

## Goals, Results and Strategies

### GOAL IV: SUPPORTIVE COMMUNITIES

**Result 15: Communities are accountable for the well-being of *all* children, including those with disabilities.**

- Develop and publicize a “report card” on the well-being of communities’ families, that includes child maltreatment data and disabilities support data.
- Expand state and local planning tools, including Wellness Indicators and Oregon Benchmarks, to collect and use information on children with disabilities.

**Result 16: Schools foster the health and well-being of children with disabilities and their families.**

- Fund and promote school-based activities and learning opportunities for children with disabilities that develop their abilities, autonomy, social skills, and safety skills.
- Educate teachers and staff how to distinguish signs of maltreatment from those of disability, and what to do when a child with a disability discloses maltreatment.

**Result 17: Workplaces support the needs of families of children with disabilities.**

- Serve as leaders in developing and adopting family friendly policies for *all* families.
- Work with human service providers, other businesses, schools, law enforcement, and other community groups to learn about people with disabilities and to educate all employees.

# Goals, Results and Strategies

## GOAL V: A SOCIETY THAT VALUES AND PROTECTS *ALL* CITIZENS

### Result 18: Society values and includes its members with disabilities and their families.

- Support leadership development in persons with disabilities and their families.
- Enforce the Americans with Disabilities Act, the Individuals with Disabilities Education Act (IDEA), and other laws relating to disability and inclusion.
- Promote a positive image of children, youth and adults with disabilities.

### Result 19: There is public support for protecting children with disabilities from maltreatment and its effects.

- Increase public awareness of the link between child maltreatment and disability through advertising and media.
- Increase public support for family supports and assessment and treatment centers.
- Fund research on the relationship between maltreatment and disability.

### Result 20: There is no tolerance for abuse or neglect of any child.

- Develop and implement laws that hold abusers accountable.
- Increase public awareness about maltreatment of all children, including those with disabilities, through media campaigns.
- Increase public support for child maltreatment prevention programs through legislation and increased funding.

# Family Stories

## Introduction

Through the OAKS Family Advisory Council, we as parents of children with special needs, have come together to share our experiences and learn from each other, as well as from others in our communities. We come from five different ethnic and racial communities, Native, African-American, Latino, Vietnamese, and European-American. We have learned what we share in common, and what is unique for each of us. Our heritage, values and practices are reflected in how we manage our child's special needs and how we address maltreatment.

America is moving toward a multicultural population in which no single cultural group is predominant. Young children with disabilities and their families increasingly reflect the multiculturalism of our society. Children of diverse backgrounds are consistently over represented in all disability counts; yet, families of diverse backgrounds are twice as likely not to use services for young children with disabilities than European-American families. This reflects a problem that we must all come together to solve.

The most frequent cultural conflicts in our society occur around **language, child rearing practices, and family roles**. When families are supported in ways that are congruent with their cultural beliefs and practices, they are more likely to access services, they are less isolated, less stressed, and less likely to be in circumstances that lead to child maltreatment. It is crucial that the systems for nurturing and protecting children with disabilities embrace this reality and function in ways that best support *all* families to raise their children.

## Family Stories

From our personal and professional experiences we have identified the common threads that add to the pressures of families in our diverse communities as we raise our children with special needs. Among those pressures are:

*“I have learned,” said the philosopher, “that the head does not hear anything until the heart has listened, and that what the heart knows today the head will understand tomorrow.”<sup>3</sup>*

*From James Stephens, Crock of Gold. NY:MacMillan, 1912*

- Historic and current mistrust between the “system” and our communities, and mistrust of the government in general
- Community-based services that do not respect our cultural values, beliefs, and practices
- Service providers who do not know and use our family’s language
- Services to prevent and intervene in maltreatment that look at our weaknesses only and do not recognize the strengths of our families, our communities and our cultures
- Little information about available services
- Attitudes of racism that devalue us
- And for new immigrants, the added pressures of not understanding the English language; the demands of surviving in a new culture; not knowing the laws and practices of our new country government; and, resettlement program orientations that are too brief

We offer the following collection of stories to you, the reader, as gifts from the heart. These reflections, from various cultural perspectives, are about parenting, living with a child with a disability, and dealing with being a new immigrant to this country. These stories tell about our personal histories, and about the hopes, fears, hurts, and dreams that are common to all of us. They talk about how culture serves as a well from which a person can dip throughout life for direction and meaning. They come from an emotional and spiritual level in the hope that they will bridge understanding and fuel your desire to continue to work to make Oregon’s systems for nurturing and protecting children responsive to *all* of Oregon’s children and their families.

<sup>3</sup>Quotation cited in: Macdonald M.R. (1993) The Story-Teller’s Start-Up Book: Finding, Learning, Performing, and Using Folktales, p. 43. August House Inc.: Little Rock, Arkansas.

### Looking Back and Moving Forward

by Sara J. Green

I am 28 years old and my daughter is ten years old and in fifth grade. She and I live together in our own place, just she and I, and we like it very much. Today I have a better relationship with my daughter. When we need to talk to each other about any issue that comes up, we know how to approach the issue in much healthier ways.

I am also a family advisory council member for the Oregon Alliance for Kids Project (OAKS) at Oregon Health Sciences University's Child Development and Rehabilitation Center, the parent leader of my Parents Anonymous<sup>SM</sup> group, and a national leadership team member of Parents Anonymous<sup>SM</sup>, not to mention that at anytime, twenty-four hours a day, seven days a week, I am an advocate for Parents Anonymous<sup>SM</sup>.

Reflecting back on my own childhood, I was adopted and have never known any of my blood relatives. My relationship with my adoptive parents was challenging during my early childhood and teen years, both before and after my daughter was born. I wanted my adopted mother's respect! I respected her greatly! She worked full time and she had to deal with my brother a lot. He was always displaying behavioral problems. I was a child that wanted attention like all the time. Much later, we learned that I am dyslexic which I now understand complicated my struggles, especially during my teen years. I now feel that my mother did the best that she could with the time and energy that she had; but then, it was very hard.

My daughter was born when I was seventeen years old. Because I had her at such a young age, in some ways we have grown up together. As a teen parent, I felt a lack of support from my own parents and from society at large with respect to their confidence in my ability to parent.

"She has a child now, she can't do this, she can't do that."

Those are the words I remember hearing most of the time. The lack of support and mentoring fed into my own lack of confidence and increased the pressures I was already experiencing as an

*"I wanted my adopted mother's respect! I respected her greatly!"*

## Family Stories

*“Communication around her medical needs at school...often felt like one more battle to fight. I did not feel supported and I did not feel that my daughter’s medical condition was taken seriously.”*

African-American teen mom. From the time that my daughter was 18 months of age I had been pretty much a single parent. Before that, to some extent, her father was involved, not that that made things easier, because it did not!

At three years of age my daughter was diagnosed with juvenile diabetes. I had to spend one week in the hospital with her alone. I was the only one there for her. Her own dad didn’t even make it to the hospital. His sister and mother came up once. I was 21 years of age handling a three year old; trying to single parent; trying to work (two, sometimes three jobs at a time to stay on top of the bills!); trying to attend community college; and, trying to handle my child with her newly diagnosed medical condition.

These day to day stresses became more complicated in someways when my daughter began school. Her diabetes continued to be quite difficult to control and the school personnel were inexperienced in dealing with children with severe special health care needs. Communication around her medical needs at school were (and to some degree still are!) less than optimal and for me often felt like one more battle to fight. I did not feel supported and I did not feel that my daughter’s medical condition was taken seriously. I frequently worried about her safety at school. I also felt her behavior, complicated by low blood sugar, was misunderstood and that she was judged unfairly. I would not describe my relationship with the school as positive at that time! I believe that I was perceived as difficult and incompetent, a feeling that as you can see from the above, I had bought into myself to some degree. I was exceedingly stressed by my responsibilities; I was frightened; I lacked confidence; and, I lacked the skills to know how to advocate for my daughter in a more constructive manner. I needed help!

Granted my daughter’s behavior was at times difficult for me to understand and manage as well. Once, during that time, in my frustration, I disciplined my daughter physically to the point that the school called the police who then came to her school and took pictures. I had to talk to them, this was a very hard thing to do. Not because I felt that I wasn’t wrong, I knew that I was wrong, it was just hard to face because, this was not our everyday way of living. Also, I felt there was a lot of people in the picture who felt, from day one, that I was a failure!!! I sure felt like a failure that day too!

## Family Stories

No, I did not abuse my child; yes, I was becoming very afraid that I would! There are moments as a parent, and your child just, let's say, pushes your very last button. After a long day of work; stress from being a young mom with a child who has a chronic health condition; on Welfare, trying to work my way out of poverty; stressed that I felt I would never find a good man; feeling very alone; feeling very much like a worthless person, let alone a parent... anyway, I'm sure you get the picture. I felt that I was at the end of my rope! I was going to lose it, I mean lose it!

At that very moment, I knew that my daughter was the most important responsibility in my life, and my love for her, immense. There was no way in God's green earth that I wanted to hurt her; yet, I felt alone and I knew that if I didn't get help, it could happen. I picked up the yellow pages of the phone book and I called Parents Anonymous<sup>SM</sup>'s help line, a help line that I now volunteer on four hours a week.

I am currently going on my third year with Parents Anonymous<sup>SM</sup>. With their support and the help of my Higher Power, I have had the chance to look at my life, in a very new and healthy way. I have learned that everyone has choices and options. I have learned skills to make healthier choices for myself and my family. I am gaining knowledge that helps me to be a more effective advocate for my child. I am learning that the challenge of advocating for children with special health care needs is somewhat universal and is not due to my individual failings.

Today I am off of welfare and purchasing my own home! I am still a single parent. I am happy with who I am. I have a job that I am very proud of (one job!). My daughter and I go through our ups and downs, and we learn and move on. I have more confidence in myself; therefore, I can encourage my daughter to become more self motivated, strong and in charge of her life. She will know that she has options, and opportunities. She will know that she can become anything she has an interest in becoming. I know that I always have somewhere to go to get help if I need it. I know that we will continue to learn and grow. I know that I am not alone!

*"I knew that my daughter was the most important responsibility in my life."*

*"I have learned that everyone has choices and options. I have learned skills to make healthier choices for myself and my family."*

*Sara Green*

### Reflections on My Daughter Who Lives With Fetal Alcohol Related Condition

by Suzie Long Braids Kuerschner

She is nine years old now. Her grandmothers, grandfather, her sisters and aunts, uncles and cousins, teachers and friends continue to shape and support, honor and respect that spirit that is my daughter: the wonderful singer, excellent observer, spiritually inspired, beautiful girl.

With laughter and kindness, with quiet introspection and stubbornness, she continues her journey through the developmental process of growing up with the effects of fetal alcohol.

She confronts academic frustrations, social misconceptions and misinterpretations, but the survival skills, strategies and self concept developed in her early childhood have proven to be the basket of provisions and tools sustaining and building her growth. They provide resilience to meet these challenges.

The motivations and perseverance with which she confronts these frustrations and challenges are impressive. The attitude which she maintains is outstanding. Very seldom does she sink into that sad self image of failure so frequent in her early childhood.

At these moments, her stubbornness serves her well because it is complemented and reinforced by a confidence and a positive self concept reflected in the environment in which she lives.

There is much in these past four years that I have learned as the parent of my daughter. All of it has been built on the early foundations that recognize:

- The need for environmental structure, visual cues, and teaching methods that “show” rather than “tell”.
- Behavioral strategies that reinforce positive behaviors and provide a map of what to do, rather than what not to do.

*“Very seldom does she sink into that sad self image of failure so frequent in her early childhood.”*

## Family Stories

- A spiritual base that makes her relationship to her Creator real. This provides a secure knowledge of her cultural identity and a resilience that puts the hard, stressful times in perspective. It pulls her out of those less frequent times of a “sad self image of failure.”

As extensions of those earlier foundations, some of the things we have learned are:

- To use a day planner, or day-by-day calendar, that describes the day’s schedule of activities both in words and pictures.
- To interview and select the next year’s teacher the previous Spring. Selecting the teacher by their demonstrated responsiveness to verbal and written information about Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Related Condition (FARC). (Give it to all of them and see who gets excited and interested. Pick that one!)
- Within the school setting, to insist upon the development of an Individualized Educational Program that identifies both strengths and weakness and describes specific goals and methodologies for supporting the strengths and for addressing the weaknesses.
- Within the school setting, to identify a “resource room” or other quiet classroom space where she can work without distractions by visual (sight) and auditory movement.
- To provide a diet that is low in sugars, synthetic or natural (despite the recent findings by the sugar manufacturer’s lobby), and a diet that is high in grains and B vitamins.
- To offer a daily schedule that has frequent periods of both structured and unstructured exercise, but to unwind or slow down that activity pace step-by-step before requiring or asking her to sit still. In other words, if my daughter has been running or playing basketball, I cannot ask her to immediately come in and sit at the table, or sit down and read. Her brain, her neurology, does not permit her to shift gears so quickly. She needs time to slowly and sequentially bring her central nervous system to that point of quiet.

- To continue to give not more than two-part directions, and usually only a one-part direction, such as, “Please come in and wash your hands.” Then, “Please put the dishes and the silverware on the table.” Not: “Please come in, wash your hands and set the table.”
- To give her the name of her disability, and help her understand what it does and does not mean; but do it in the context of her strengths, as well as her weaknesses. And to help her remember that she is, most importantly, a whole person, a Native girl child with many other characteristics.

When she was five, she knew she had “issues” and “needs”, but I had not wanted to give her a label. Afterwards, she said, “Am I that thing you’re always talking about?” (Professionally, I am an FAS/FARC Specialist.) Thinking her not old enough to understand, I tried to slide out from her questions, but she pressed on, so I said, “Yes.” Her response was, “*Well, thank goodness I’m not stupid! Now I know what’s wrong.*”

Our children deserve to know. We must tell them. We must support them, and then we must help them not use it as an excuse, but as an understanding.

As my daughter gets older and understands more and more about FAS/FARC, she will sometimes say, “*Oh, you know I have a bad memory, I forgot to clean my room,*” to which I say, “*It’s on your daily schedule; you only need to look at it.*” However, when I am rushing, running late for work in the morning, and lapsing into “hyper” behavior and multi-step directions, she tells me, “*You are stressing me out. Please slow down and quiet down.*” That is a very appropriate piece of self-knowledge. Her behavior of absolutely stopping, sitting down and putting her hands over her ears is also a very effective visual cue for me!

- To provide a spiritual life of ceremony and practice that begins and ends each day. Practice the gratitude for the beauty that is in front of us if we will only choose to look, and practice the prayers during some days when you feel you want to give up.

## Family Stories

- To understand behavior as communication, not as a “desire to be bad”, and to respond to that behavior with natural consequences that are shown and can be understood. For instance, a messy room with toys all over doesn’t result in a punishment of no TV, but rather in a verbalized spoken response of, “I see you have too many toys to keep them cleaned up. Let me help you by putting some away until you are able to keep a few put away.”

Even more important than these consequences, is the act of showing her what she is doing right, especially in the areas of which she still has problems. For instance, every time she uses her schedule, I tell her how responsible she is being and how it means I don’t have to follow her around and “nag”. These actions become her maps for good behavior.

These are some of the most important things that I have learned as a parent these last few years. Although I am also an FAS/FARC trainer and specialist with formal education in this area, it is my daughter who has taught me and who has taken me from theory into function. It is my daughter whose courage has inspired me and shown me how to move beyond the “gloom and doom” to remember and recognize—as our ancestors did—that each child is a sacred gift indeed; that each child has a special mission on our Mother Earth.

I am so grateful for what she—and all of the other children and adults I have had the honor to work with—has shown me: there is hope and there is beauty in all that happens.

My daughter said it best one day at a training when she got up in front of the group of counselors, teachers and parents. She said:

*“My name is Cow-ish-kah-nee-xla. When I was born, the doctors said I would never grow to be normal size, that I was always going to need special education, and that I could probably not be in sports because of my hearing. Well, they were wrong.”*

I am so grateful for all those who have helped her to make those doctors wrong.



### Immigrating to America: Some Lessons Learned

by Hanh The Vuong

*"...prior to the War, my family and I had a good life."*

**O**n November 22, 1993, I immigrated to the United States of America with my wife and two of our six sons. We came from South Vietnam when the Humanitarian Organization (HO) Program opened for us and liberated us from the communist government.

By training, I am a language professor and privileged to speak five languages. In South Vietnam, prior to the War, my family and I had a good life. I taught English to high school, college and university students. In the early 1970's, I worked with the U.S. Embassy, South Vietnam, as a Green Beret Captain Commander for the Province Reconnaissance Unit (PRU).

After the fall of South Vietnam, I was sent to prison in North Vietnam by the communist. I remained in prison for ten years until my release through the International POW Program. The first thing that I did after my release was to send four of our six sons overseas because it was not safe for my family to be in South Vietnam. They came to the United States in 1989 and 1990.

While waiting for my own opportunity to emigrate, I earned my living teaching English at evening English centers and at universities in Saigon. The communists were opposed to anyone teaching English. Consequently, I had to take care with my choice of work. I got around on bicycle, which was once taken from me by the communist. I routinely worked from 6:30 a.m. to 10:30 p.m. We never felt completely safe.

Finally in 1993 the Humanitarian Organization (HO) Program opened for us and liberated us from the communist government. As noted above, we arrived in Portland, Oregon in November of that year to be reunited with the rest of our family.

After one week in the U. S., without English barrier, I went to work for the International Refugee Center of Oregon (IRCO). I worked there for nine months then applied to Portland Public Schools (P.P.S.) for a position. I am still with P.P.S. currently

## Family Stories

teaching Vietnamese exploratory classes and helping ESL students to improve their academic skills as well as orienting them to face their new life in America. To protect our culture, every year we also organize a cultural day for students at the school.

After one month living in the U.S.A. (December 1993), I also organized a Vietnamese Boy and Girl Scout Troop under Boy Scouts of America (Cascade Pacific Council). Our group has approximately 100 boy and girl scouts (Pack-Troop-Post 636). Most of them are newcomers. We have recently started a radio broadcasting program. Our program is aired every Sunday evening from 9:00 - 9:30 p.m. on Vietnamese Public Radio. This program can be accessed with an FM-SCA receiver. The program provides Vietnamese youth an important avenue to voice their activities and their concerns. Despite such programs, we have suffered a lot from lack of fund support. Also, scout families themselves have limited resources and time to support scout activities.

Like ourselves, most immigrants are deeply affected in their daily lives by the traditional cultures they bring with them to America. Vietnamese people with traditional backgrounds believe in the fate and destiny from what they are coming from. For example, if there is a family who has a disabled child, the family is very ashamed because they believe that their ancestors had made big mistakes so their child had to pay debt of destiny from his or her ancestors. Then the family tries to keep secret or sends the child to another place for living because they don't want their close friends or relatives to know about this.

When the child with a disability goes to school, his or her classmates make jokes about his or her family. The poor boy or girl has been growing up in bad reputation from his or her surroundings.

Most of the newcomers receive a month training at the International Refugee Center of Oregon (IRCO), through their JET Program (Job and English Training Program). They then in a hurry to look for jobs to pay bills. They, most of whom are very hard working, haven't enough time to take care of their own children. Most of them have to work on swing or graveyard shifts. Their children come from school with a house key hung on their necks from 2:00 P.M. to 11:00 P.M. When their parents arrive home from work, their children are asleep. This is not because they do not care about their children. The opposite is true, this is because they are trying hard to do best by their families and provide for them.

*“Vietnamese people with traditional backgrounds believe in the fate and destiny from what they are coming from.”*

*“When their parents arrive home from work, their children are asleep.”*

## Family Stories

To help with the poor situation Vietnamese parents face, the Lutheran Family Service's Nurturing and Parenting Program was started in February of 1995. This program, for which I serve as lead facilitator, offers a 12-week course on nurturing and parenting for Vietnamese newcomers. The course is offered every three months to a new group. Each class has between 25 and 48 participants. This program helps them to learn the new life in the U.S.A., especially the raising their children properly and avoiding the simple violation of laws.

Because of my work with newcomers, I have so many stories that I could tell you. Some are very sad and many could have been different had there been more orientation, more training and culturally appropriate support for these new immigrant families. The police have sent a number of families, who abused their children, to our Nurturing Program.

The husband of one of these families, who has settled their life here for fifteen years, disclosed to me that when they arrived here there was no program like this. He said to me, "I wish we had received the training earlier so we could not violate simple laws. We didn't know any thing about general laws of the U.S.A."

Once there was a student who was in my class. She was disabled. Her left leg could not work well. Whenever she walked she had to have help from her arm to hold her knee. She was then sent to OHSU for a surgery. After one month at the hospital, she recovered. Now she is in high school. She has told me that her mother is very busy with her work, even weekends. She feels so lonely at home and she has to take care of herself.

If I were to make just one recommendation to providers wanting to help Vietnamese families, it would be that they receive special training to help them understand the people's culture. Smooth relations with them is based on this; otherwise, the misunderstanding between culture and culture will create the lost feeling many Vietnamese people have here. Prejudice and discrimination may deeply disrupt the intent of providers to be helpful. The transition of Vietnamese people to life in America can also be facilitated by time for proper orientation; adequate resources; connections; education, especially in English so that people do not get locked into low paying jobs; and support of their religious beliefs.

*"If I were to make just one recommendation to providers wanting to help Vietnamese families, it would be that they receive special training to help them understand the people's culture."*



### Specialist Mother Without Consent

by Irene Rojas Orozco

I was raised in a Hispanic home, the 3rd youngest of nine children. I remember fondly the great holidays we had as a big family. But the most important thing that I will remember, are the wonderful ways of our mother, carried on through my sister, Connie. When my mother contracted Alzheimer's Disease, Connie just picked up and somehow all of us kids adopted her as "mom". Connie has always been there, even and especially during my years of greatest need. We know it's been hard, and to Connie I say, "We love you and God bless you, Sis!"

I frequently tell her, "If mom could see us today, she would be so proud!"

But as is often the case in life, were mom still with us today, she would have had to share so much pain and she was not a person for pain. As it is, it is mom to whom I owe it all. She is the person who made me strong. She is the person who gave me then what I have needed to live my life—the strength, courage, and faith to endure my son's accident; to embrace it; to hold my family together; to eventually rediscover my creativity and sense of humor; and, to become my son's "special needs" advocate. A life which I fear would have been a tragedy for her, ironically, has been bearable for me because of her. Thank you too, dear mother.

You see, "specialist" mother is who I am. When our precious son, Rafael, was just six years old, he was hit by a car while happily riding his bicycle to the neighborhood park with his brothers. It was the day before his seventh birthday.

I can still vividly feel the pain of every word the doctor was trying to say. In response, all I wanted was to be left alone. Or for someone to tell me,

"Your boy will be FINE, Mrs. Orozco."

All I wanted was my boy back. Monitors all over the room. OFF and ON, OFF and ON, screeching in our ears and tearing at our hearts. People, so many people! People that I did not know but already hated.

*"She is the person who gave me then what I have needed to live my life – the strength, courage and faith to endure my son's accident."*

“Hi Mrs. Orozco, I’m so and so, and so and so, and so and so.” That’s about all I heard.

“Just leave me alone!” is what I wanted, yet could not say.

All of their big sounding words didn’t mean much to me. Not then, not six months later. And I wondered, as I reeled in this unwelcomed world, would they ever? Would anything ever really matter again?

“Just leave me alone!”, that was all I wanted.

“Make this all go away. Make this not be so,” I recall thinking every waking moment.

Then, our pain and that of Rafael, worsened when they put him, my little angel, in a Halo Brace. I had never seen, and hope never again to see, such a horrible looking thing. How could things be getting even worse?

“Let us out of this nightmare!” I wished so.

So, perhaps you can begin to imagine, being a parent of a child with disabilities is a painful life. But now, as I reflect back, I have seen worse. I have been blessed to be a strong person and there have been so many people in the helping professions who I owe a very big, “thank you” for eventually making my life more understandable. People who helped me to become the “special needs” advocate that I am today. These wonderful people, along with the attributes of courage and faith, have been the lifelines that have gotten me and our family through. Because, you see, it has taken so much to make me the person I am today, “specialist mother, without consent”. These people and attributes have made my son’s and our family’s early years as pleasant and pain free as humanly possible.

Today, Rafael is ready for high school, we have survived, and the future is hopeful and filled with love. It has taken a lot to get to this point. I am aware and grateful that we have not only survived but have thrived. I am aware too that many families are just trying to make it and I understand. Having a loved one with any disability is hard enough not to mention a loved one with multiple disabilities or, as is sometimes the case, more than one loved one with disabilities.

To face language barriers, cultural misunderstandings, and cultural misinterpretations adds to what already feels like an insurmountable challenge—that of readjusting healthily to a new way of life, one that embraces your child with a disability. The learning of new knowledge, skills, and resources to help you, as parents, again feel confident and able to care for your child.

## Family Stories

So this is what I would like to pass along to you, the reader, the care givers for children with special needs and their families:

Please remember always that each little patient for whom you care is someone's precious loved one. Do not forget this because you cannot imagine the pain it causes when you remember just the medical part of what you do and somehow forget the more caring aspects. We, your patients and their families, cannot hear you nor learn what we eventually need to know about our loved one's medical condition without the caring part. We mothers, fathers, sisters, brothers, aunties, all need your caring in order not to perceive you as the enemy. In order not to say, if not out loud, then to ourselves, "just leave me alone!"

We are hanging on your every word, your every move. The "caring" aspects of what you do, in the end, are as important, if not more important, than the medical knowledge and skills that you impart. Your compassion is our lifeline. Speak to us from your heart, in our languages, and be respectful of our cultural values and beliefs. Find a cultural guide to help you bridge understanding and world views when you need to.

Find a way to care for yourselves too as you do the important work that you do for others. Know that who you are and what you do really matters. Unless you care for yourselves, you cannot be expected to open your heart and heal others.

It has been nine years now since Rafael's accident and things are okay. During those nine years there were minutes, hours, and days at a time when I needed so much to hear that there would be a future for Rafael and for us that would be okay. Not perfect, but new and different and ok. We needed to hear that we would survive and indeed could even thrive as we have done.

So many specialists have been in and out of our life, many of whom have given us the gifts of time and caring. To them we say, "Thank You!"

Last but not least, although it has been difficult to step back so fully into the pain of our early years after Rafael's accident, I am grateful for the opportunity to have served as a family consultant to the OAKS Project and to have had this opportunity to write about our lessons learned for others to consider. It has been healing and I think, "Mom, you would be proud!"

*"Please remember always that each little patient for whom you care is someone's precious loved one."*

*"Find a cultural guide to help you bridge understanding..."*



# Resource Directory

## Statewide Organizations — Cultural Competency

Agency	Program Description
<b>Asian Family Center</b> 4424 NE Glisan St. Portland, OR 97213 ph. (503) 235-9396 fax (503) 235-0341	Provides a variety of services for Asian families including: parenting education, parent-child development, case management, host homes, recreation, skill building cultural enhancement, career guidance, summer employment for youth, interpretation, year round employment services for adults.
<b>Ecumenical Ministries of Oregon</b> 0245 SW Bancroft, Suite B Portland, OR 97201 ph. (503) 221-1054 fax (503) 223-7007	Provides refugee resettlement, emergency food boxes, international high school for refugees, immigrants, and multi-cultural students, mentors for mothers in recovery, medical clinic in Old Town, Drug Education Program, offers proactive parenting trainings to congregations.
<b>International Refugee Center of Oregon (IRCO)</b> 1336 E. Burnside Portland, OR 97214 ph. (503) 234-1541 fax (503) 234-1259	IRCO's mission is to assist refugees, immigrants, and multi-ethnic communities to develop self-sufficiency and cultural awareness while affirming and preserving each culture within an ever-changing environment.
<b>Love Makes a Family</b> PO Box 11694 Portland, OR ph. (503)	An organization that provides services to sexual minority families and to self-identified youth.
<b>National Indian Child Welfare Association</b> 3611 SW Hood, #201 Portland, OR 97201 ph. (503) 222-4044 fax (503) 222-4007	Develops and provides cultural-specific child abuse prevention materials to direct service providers. Provides consultation to tribes on parent involvement in systems of care for children who are seriously emotionally disturbed. Provides cultural competency training and consultations for organizations and agencies.
<b>Office on Multicultural Health, Oregon Health Div.</b> 800 NE Oregon Street, #950 Portland, OR 97232 ph. (503) 731-4582 fax (503) 731-4079	The Office of Multicultural Health plays a strong leadership role in helping the Oregon Health Division focus attention on communities of color, Indian tribal governments, and other multicultural groups.
<b>Oregon Commission on Asian Affairs</b> 310 SW 4th Avenue, Suite 612 Portland, OR 97204 ph. (503) 227-7514 fax (503) 227-7570 e-mail: asian.affairs@state.or.us	Planning and advocacy group with 11 appointed commissioners who plan, coordinate, advocate, and work for the enhancement of economic and social appointments for Asian American residents in the state of Oregon.
<b>Oregon Commission on Black Affairs</b> 255 Capitol St., 4th floor Salem, OR 97310 ph. (503) 378-3720 ext. 4183 fax (503) 378-8282	An advocacy group with 11 appointed commissioners who advocate for Black Americans on public policy, equal employment, and access to social services.

# Resource Directory

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**Oregon Commission on Hispanic Affairs**

255 Capitol St., 4th floor  
Salem, OR 97310  
ph. (503) 378-3725 ext. 4184  
fax (503) 378-8282

An advocacy group with 11 appointed commissioners who advocate for Hispanics on public policy, equal employment, and access to social services.

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**Sponsors Organized to Assist Refugees (SOAR)**

Ecumenical Ministries of Oregon  
5404 NE Alameda  
Portland, OR 97213  
ph. (503) 284-3002  
fax (503) 284-6445  
e-mail: [soar@teleport.com](mailto:soar@teleport.com)

SOAR provides comprehensive and compassionate resettlement services in the Multnomah, Clackamas, and Washington counties through advocacy on social justice issues, case management, community/global education, immigration and asylum counseling, and sponsorship/volunteer and resource development, to help refugees and immigrants become self-sufficient and integrated community members in the United States.

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**Statewide Organizations — Disability**

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**The Arc of Oregon**

1745 State St.  
Salem, OR 97301  
ph. (503) 581-2726  
fax (503) 363-7168

Provides advocacy through families. Some of the programs provide direct services to children and families.

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**Child Development and Rehabilitation Center**

Oregon Health Sciences University  
PO Box 574  
Portland, OR 97207  
CDRC-Portland: ph. (503) 494-8095 or  
(800) 452-3563  
CDRC-Eugene: ph. (503) 346-3575 or  
(800) 637-0700

Specialty care for children and young adults with special health needs. Wide variety of services, individualized to meet the needs of each child, are offered throughout the state. Services include identifying disabilities, providing treatment, and managing care through specialty clinics. Public health nurse assistance is offered in or near the home community for eligible families through the CACOON Program. A Community health aide (Promotora) for monolingual Spanish speaking families is available to work with the CACOON nurse in Marion County. Community multidisciplinary clinics to evaluate and plan for children with special health needs operate in 12 of Oregon's communities through the Community Connections Network (CCN).

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**Children's Developmental Disabilities Program**

MHDDSD/ODDS  
2575 Bittern St. NE  
Salem, OR 97310-0520  
ph. (503) 945-9774  
fax (503) 373-7274

Target population is children with severe developmental and physical disabilities and their families; provides mental health (MH) treatment services through community MH programs, MH organizations, direct contracts with day and residential psychiatric treatment facilities, acute and intermediate inpatient treatment facilities.

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**Coalition in Oregon for Parent Education (COPE)**

999 Locust St. NE  
Salem, OR 97303  
ph. (503) 581-8156  
fax (503) 391-0429

Mission is to educate and support parents, families, and professionals in building partnerships that meet the needs of children and youth with disabilities.

# Resource Directory

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**Oregon Advocacy Center**

620 SW 5th Ave., 5th Floor  
Portland, OR 97204-1428  
ph. (503) 243-2081  
fax (503) 243-1738

A law firm and Oregon's Protection and Advocacy System mandated under federal law to pursue legal, administrative and other appropriate remedies to protect and advocate for the rights of individuals with disabilities.

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**Oregon Department of Education  
Office of Special Education**

255 Capitol St. NE  
Salem, OR 97310-0203  
ph. (503) 378-3598 ext. 642  
fax (503) 373-7968

Ensures compliance of school districts with federal and state regulations. Also contracts with 8 state regions to provide early intervention and early childhood special education services to children with disabilities (birth to five years).

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**Oregon Developmental Disabilities Council**

540 24th Place NE  
Salem, OR 97301-4517  
ph. (503) 945-9941 or (800) 292-4154 (in Oregon)  
fax (503) 945-9947

Policymaking body which directs system change to eliminate barriers and build programs. The Council also advocates for individuals and families and provides training. A quarterly newsletter, The Clarion, is published and circulated to individuals upon request.

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**State Inter-Agency Coordinating Council  
Oregon Department of Education**

255 Capitol St. NE  
Salem, OR 97310-0203  
ph. (503) 378-3598 ext. 644

Supports the ongoing development of quality statewide services for young children with disabilities and other special needs and their families. Advises, advocates, and collaborates to maximize each child's unique potential and ability and works to improve the quality of life for each family.

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## Statewide Organizations — Maltreatment

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**Boys & Girls Aid Society**

18 SW Boundary Ct.  
Portland, OR 97201  
ph. (503) 222-9661  
fax (503) 224-5960

Provides a variety of programs for children, youth, and families; including, adoption, crisis intervention, juvenile justice programs, shelter care, mental health services, 24-hour hot line, and prevention programs.

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**CAMI - Child Abuse Multi-Disciplinary Intervention**

500 Summer Street NE, 2nd Floor South  
Salem OR 97310-1017  
ph. (503) 945-5691

Child abuse assessment and advocacy center in Oregon. Please call (503) 945-5691 for information on the Multi-Disciplinary Team in your county.

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**Child Welfare Partnership**

Portland State University  
PO Box 751  
Portland, OR 97207  
ph. (503) 725-8010

Research on children, child abuse and neglect, and child welfare. Graduate education/training for child welfare workers.

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**Children First for Oregon**

921 SW Morrison, #418  
Portland, OR 97205  
ph. (800) 544-0376  
fax (503) 294-1806

Non-partisan/non-profit advocacy and education organization. Provides education on the condition of Oregon's children (birth through 18 years of age). Offers training on advocacy and engages in campaigns to increase awareness about children's issues.

# Resource Directory

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**Children's Trust Fund of Oregon**

800 NE Oregon St., Suite 1140  
Portland, OR 97232  
ph. (503) 731-4782  
fax (503) 731-8614

Awards grants to prevention programs focusing on the preventable factors associated with child abuse and neglect.

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**Community Advocates**

KIDS CAN - Confidence Building for Children  
5315 N. Vancouver  
Portland, OR 97211  
ph. (503) 280-1388  
fax (503) 280-1392

KIDS CAN is a primary prevention/early intervention program for children ages 3-12, their parents, and teachers. The program includes a school staff workshop, parent/primary caregiver workshop, and children's workshops. KIDS CAN staff present parent and staff workshops at each school site prior to the children's sessions. Using an informal discussion format, we dispel misconceptions about child abuse, give information about abuse indicators, and address what to say/do when children disclose abuse.

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**Community Safety Nets**

DHR  
500 Summer St., NE, 2nd Floor  
Salem, OR 97310-1017  
ph. (503) 945-5729

Provide outreach and linkage to resources for families who have been "screened out" by the SCF Hotline. Please call (503) 945-5729 for information on the Safety Net in your community.

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**Court Appointed Special Advocates (CASA)**

CASA State Coordination Office  
Oregon Commission on Children and Families  
530 Center Street, NE  
Salem, OR 97310  
ph. (503) 373-1570 x. 257  
fax (503) 378-8395

CASA is a private non-profit organization that trains and supports citizen volunteers who serve as advocates for individual children under the protection of the juvenile court who have been abused or neglected. Their mission is to seek to assure safe, permanent families for these children as quickly as possible.

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**Family Nursery**

Volunteers of America of Oregon, Inc.  
537 SE Alder Street  
Portland, OR 97214-2231  
ph. (503) 235-3903

Respite care for children ages six weeks to six years where they receive nurturing attention while their parents find the education and support they need. Call (503) 235-3903 for the family resource center in your particular county.

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**March of Dimes**

1220 SW Morrison, Suite 510  
Portland, OR 97205  
ph. (503) 222-9434  
fax (503) 222-5965

National non-profit organization whose mission is to improve the health of babies by preventing birth defects and infant mortality. Founded in 1938, the March of Dimes funds programs of education, research, community services, and advocacy that save babies.

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**Oregon Commission on Children and Families**

530 Center St. NE  
Salem, OR 97310  
ph. (503) 373-1570  
fax (503) 378-8395

Established by the legislature in 1993, it funds programs geared to maintaining the wellness of families and supporting families in the early stages of a crisis.

# Resource Directory

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**Oregon District Attorneys Association**

610 Hawthorne Ave., SE, Suite 210  
Salem, OR 97301  
ph. (503) 378-6347  
fax (503) 378-7004

By design, there are no services geared to children specifically. They prosecute criminal neglect and abuse cases.

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**Oregon Network of Child Abuse Intervention Centers**

P. O. Box 229  
Salem, OR 97308  
ph. (503) 540-0288  
fax (503) 540-0293

This network of centers works collaboratively to ensure quality, comprehensive child abuse intervention services for all of Oregon's children. Centers, located throughout the state, are designed to minimize trauma to child abuse victims by coordinating the local community's response for the purpose of investigation, assessment and intervention in reports of suspected child abuse.

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**Oregon Professional Society on the Abuse of Children**

ph. (503) 331-2400  
fax (503) 331-2410  
e-mail: bstilde@pacifier.com

Organization ensuring that everyone affected by child maltreatment receives the best possible professional response.

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**Oregon Services for Children & Families**

500 Summer St. NE  
Salem, OR 97310-1017  
ph. (503) 945-6637

Oregon's child protective services agency. Provides case planning, child abuse/neglect assessment/investigative services, referrals to treatment resources or contracted treatment services, counseling, parent training, mediation.

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**Oregon State Police**

400 Public Service Bldg.  
Salem, OR 97310  
ph. (503) 378-3720

By design, there are no services geared to children specifically. Law enforcement get involved in domestic violence situations.

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**Statewide Organizations — Other**

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**Department of Justice**

Support Enforcement Division  
1495 Edgewater NW, Suite 170  
Salem, OR 97304  
ph. (503) 986-6090  
fax (503) 986-6158

Provides services, such as: accounting, locating parents, establishing paternity, establishing support orders, modifying a support order, work with out-of-state orders, enforce support.

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**Portland State University**

Center for Population Research and Census  
ph. (503) 75-3922

This Center provides population analyses based on the US Census. It provides population information broken down by a number of categories and posts some of these analyses on its website at [www.upa.pdx.edu/CPRC/](http://www.upa.pdx.edu/CPRC/)

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**Migima Designs**

PO Box 5217  
Portland, OR 97208  
ph. (503) 244-0044  
fax (503) 244-0600

Specialize in projects relating to crime, social issues, gender, sexuality, and programs for children and families; design educational programs, community campaigns, needs assessments, and research/evaluation studies.

# Resource Directory

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**Oregon Health Division**

School Based Health Center  
800 NE Oregon St., #825  
Portland, OR 97232  
ph. (503) 731-4771  
fax (503) 731-4083

The School Based Health Center (SBHC) provides primary care and preventative health education and screening. Some centers also provide mental health assessment and counseling; treatment for acute, chronic, reproductive health concerns.

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**Oregon Health Division**

State Technical Assistance Team  
800 NE Oregon St., #825  
Portland, OR 97232  
ph. (503) 731-8597  
fax (503) 731-4083

Collects and provides data on all child fatalities, including fatalities from maltreatment, for the public. An annual report is available.

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**Oregon Medical Association**

5210 SW Corbett Ave.  
Portland, OR 97201  
ph. (503) 226-1555  
fax (503) 241-7148

A professional association for physicians whose work/services focus towards physicians. Produce materials for patients/general public that physicians can make available to patients.

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**Oregon Pediatric Society**

15740 Springbrook Ct.  
Lake Oswego, OR 97034  
ph. (503) 635-6525

Promotes optimal physical, mental and social health and well-being for all infants, children and adolescents of Oregon. It is the primary pediatric advocacy group in Oregon and is the pediatric counterpart to the Oregon Medical Association

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**Oregon SAFENET**

(Multnomah County Health Dept.)  
421 SW 5th Ave., 2nd Floor  
Portland, OR 97204  
ph. (503) 306-5858 or (800) 723-3638  
fax (503) 248-3446  
(800) 723-3638

A health information and referral telephone information line that operates Monday - Friday from 8:00 a.m. until 9:00 p.m. Staff answer questions and provide resource information on a broad spectrum of health and safety issues. Does not provide direct services.

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**Parents Anonymous of Oregon, Inc.**

9045 SW Barbur Blvd., Suite 9  
Portland, OR 97219-4027  
ph. (503) 452-4785  
fax (503) 977-5541  
Helpline (503) 452-4789  
(800) 345-5044

Provides a multi-lingual, parent helpline to anyone in a parenting role; support groups for parents; nurturing children's groups for children ages birth to 12 years.

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**United Way of the Columbia-Willamette**

619 SW 11th Ave.  
Portland, OR 97205  
ph. (503) 228-9131  
fax (503) 226-9550

Allocates funds to programs that provides services to children.

# Resource Directory

## National Organizations — Cultural Competency

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### **Center for Cross-Cultural Health**

410 Church St., SE, Suite W227  
Minneapolis, MN 55455  
ph. (612) 624-0996  
fax (612) 625-1434

Minnesota-based clearinghouse of information, training, and research on the relationship between culture and health.

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### **Intercultural Communication Institute (ICI)**

8835 SW Canyon Lane, Suite 238  
Portland, OR 97225  
ph. (503) 297-4622  
fax (503) 297-4695  
e-mail: [ici@intercultural.org](mailto:ici@intercultural.org)  
website: [www.intercultural.org](http://www.intercultural.org)

The Intercultural Communication Institute (ICI) is a nonprofit, private foundation that offers summer professional development workshops, has an extensive intercultural research library, co-sponsors a master's degree in intercultural relations, and offers resources and referrals for those seeking intercultural training or consulting.

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### **Maternal & Child Health-National Center for Cultural Competence**

Georgetown University Child Development Center  
3307 M Street NW, Suite 401  
Washington, DC 20007-3935  
ph. (800) 788-2066  
fax (202) 687-8899  
e-mail: [cultural@gunet.georgetown.edu](mailto:cultural@gunet.georgetown.edu)

Increases the capacity of health care programs to design, implement and evaluate culturally competent service delivery systems.

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### **National Indian Child Welfare Association**

3611 SW Hood, Suite 201  
Portland, OR 97201  
ph. (503) 222-4044  
fax (503) 222-4007

Provides cultural competency training workshops for family services providers with the intent to develop system-wide organizational cultural competence. In particular, workshops examine how problem identification and solution seeking are shaped by world view and how service providers can adapt their services to better meet cross-cultural challenges of working in diverse communities.

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### **Office of Minority Health**

US Dept. of Health & Human Services  
5515 Security Lane, Suite 101  
Rockville, MD 20852  
ph. (301) 230-7874  
ph. (800) 444-6472  
fax (301) 230-7198  
TDD (301) 230-7199

Provides minority health information, referral, and policy analysis. Bilingual resource center staff respond to requests for information using data bases on minority health, funding, media, research, and resource persons.

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### **People of Color Leadership Institute**

714 G Street, SE  
Washington, DC 20003  
ph. (202) 544-3144  
fax (202) 547-3601

Seeks to develop specific strategies and approaches that can assess and enhance the cultural competency of child protection agencies. Develops materials on cultural competence in relation to addressing issues of child abuse and neglect and conducts cultural competence workshops.

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### **Resources for Cross-Cultural Health Care Network**

8915 Sudbury Road  
Silver Springs, MD 20901  
ph. (301) 588-6051

A Washington D.C.-based, non-profit national network of individuals and organizations working to improve access to health care services for linguistically and culturally diverse populations. They provide technical assistance and information on linguistic and cultural competence in health care.

# Resource Directory

## National Organizations — Disability

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### **Children's Defense Fund**

25 E Street, NW  
Washington, D.C. 20001  
ph. (202) 628-8787  
website: [www.childrensdefense.org](http://www.childrensdefense.org)

Exists to provide a strong and effective voice for all the children of America, who cannot vote, lobby, or speak for themselves. Particular attention is paid to the needs of poor, minority and disabled children.

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### **Disability Rights Education & Defense Fund**

2212 Sixth Street  
Berkeley, CA 94710  
ph. (510) 644-2555

Training information and legal advocacy to parents of children with disabilities to help them secure the education and services guaranteed to their children by law.

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### **National Association of Protection & Advocacy Systems**

900 Second St. NE #211  
Washington, DC 20002  
ph. (202) 408-9514  
fax (202) 408-9520  
TDD (202) 408-9521

Non-profit organization that provides technical assistance to members of the protection and advocacy and client assistance programs. Call (202) 408-9514 for the agency listing in your state.

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### **National Center for Law and Deafness**

Gallaudet University  
800 Florida Ave., NE  
Washington, DC 20002  
ph. (202) 651-5373 (Voice/TDD)  
fax (202) 651-5381

Provides legal services to the deaf community, including representation, counseling, information, and education.

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### **National Coalition on Abuse & Disability**

PO Box "T"  
Culver City, CA 90230-0090  
ph. (310) 391-2420, ext. 333  
fax (310) 390-6994  
TDD (310) 398-7225

Provides services to children and adults with disabilities of all types.

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### **National Information Center for Children and Youth with Disabilities**

PO Box 1492  
Washington, DC 20013-1492  
ph. (800) 999-5599  
fax (703) 893-1741  
TDD (703) 893-8614

Information and referral center that provides information on disabilities and disability-related issues for families, educators, and other professionals focusing on children and youth (birth to age 22 years).

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### **National Organization on Disability**

910 16th Street NW, Suite 600  
Washington, DC 20006  
ph. (202) 293-5960  
fax (202) 293-7999  
TDD (202) 293-5968

Disability network organization concerned with all disabilities, all age groups, and all disability issues.

# Resource Directory

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**The Arc of the United States**

500 E. Border St., Suite 300  
Arlington, TX 76010  
ph. (800) 433-5255

National advocates for legislature, education service provision, helping individuals and families who face challenges and rewards of disabilities.

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**National Organizations — Maltreatment**

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**American Bar Association**

740 15th St., NW  
Washington, DC 20005-1022

National organization of the legal profession. It has initiated hundreds of programs addressing a wide range of public concerns, including child abuse, problems of the elderly, legal services, the high cost of justice, law practice management, domestic violence, juvenile crime, and fair trial and free press.

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**American Academy of Pediatrics**

Section on Child Abuse  
141 NW Point Blvd.  
Elk Grove Village, IL 60007-1098  
ph. (847) 228-5005  
fax (847) 228-5097

Committed to the attainment of optimal physical, mental and social health and well-being for all infants, children, adolescents, and young adults.

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**American Professional Society on the Abuse of Children**

407 S. Dearborn, Suite 1300  
Chicago, IL 60605  
ph. (312) 554-0166  
fax (312) 554-0919  
e-mail: [apsacmems@aol.com](mailto:apsacmems@aol.com)

Organization ensuring that everyone affected by child maltreatment receives the best possible professional response.

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**ARCH National Resource Center**

800 Eastowne Dr., Suite 105  
Chapel Hill, NC 27514  
ph. (919) 490-5577  
fax (919) 490-4905  
(800) 473-1727  
e-mail: [Ylayden@intrex.net](mailto:Ylayden@intrex.net)

Temporary relief for caregivers and families, is a service in which care is provided to individuals with disabilities and other special needs; to individuals with chronic or terminal illnesses; or to individuals at risk of abuse and neglect. Planned and crisis respite is a vital part of the continuum of family services intended to reduce family stress, support family stability, prevent abuse and neglect, and minimize the need for out-of-home placements.

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**Center for the Future of Children**

The David & Lucile Packard Foundation  
300 Second St., Ste 102  
Los Altos, CA 94022  
fax (650) 948-6498  
e-mail: [circulation@futureofchildren.org](mailto:circulation@futureofchildren.org)

Seeks to promote the health, development and economic security of vulnerable children; to protect them from violence; and to strengthen the capacity of families, communities, and the nation to care for all of America's children.

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**Child Welfare League of America**

440 First St., NW, Third Floor  
Washington, D.C. 20001-2085  
Ph. (202) 638-2952  
website: <http://www.cwla.org>

The Child Welfare League of America (CWLA) is the nation's oldest and largest organization devoted entirely to the well-being of America's vulnerable children and their families.

# Resource Directory

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**Disability, Abuse & Personal Rights Project**

PO Box "T"  
Culver City, CA 90230-0090  
ph. (310) 391-2420, ext. 333  
fax (310) 390-6994  
TDD (310) 398-7225

Dedicated to issues of personal rights for persons with disabilities; information and referral on abuse and disability issues for both children and adults.

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**International Society for the Prevention of Child Abuse and Neglect**

401 N. Michigan Ave., Suite 2200  
Chicago, IL 60611  
ph. (312) 644-6611  
fax (312) 321-6869  
e-mail: kim svevo@sba.com  
website: <http://child.cornell.edu/ipscan/ipscan.html>

The International Society for Prevention of Child Abuse and Neglect, founded in 1977, is the only multidisciplinary international organization that brings together a worldwide cross-section of committed professionals to work towards the prevention and treatment of child abuse, neglect, and exploitation globally.

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**National Association of Counsel for Children**

1825 Marion St., Suite 340  
Denver, CO 80218  
ph. (888) 828-NACC

Dedicated to enhancing the well-being of children by promoting excellence in the field of children's law, the NACC works to improve the legal protection and representation of children by training and educating child advocates, providing resource information to members and the public, and by effecting policy and legal system improvements.

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**National Clearinghouse on Child Abuse and Neglect Information**

P. O. Box 1182  
Washington, D.C. 20013  
(800) FYI-3366  
e-mail: [nccanch@calib.com](mailto:nccanch@calib.com)  
website: <http://www.calib.com/nccanch>

The Clearinghouse is a national resource for professionals seeking information on the prevention, identification, and treatment of child abuse and neglect and related child welfare issues.

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**National Committee to Prevent Child Abuse**

332 S Michigan Ave., Suite 1600  
Chicago, IL 60690  
ph. (312) 663-3520

Advocacy organization dedicated to involving concerned citizens in actions to prevent child abuse. Call (312) 663-3520 for your state chapter.

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**People of Color Leadership Institute**

714 G Street, SE  
Washington, DC 20003  
ph. (202) 544-3144  
fax (202) 547-3601

Seeks to develop specific strategies and approaches that can assess and enhance the cultural competency of child protection agencies. Develops materials on cultural competence in relation to addressing issues of child abuse and neglect and conducts cultural competence workshops.

# Resource Directory

## ADDITIONAL RESOURCES — WEB SITES

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International Coalition on Abuse & Disability ICAD	<a href="http://www.quasar.ualberta.ca/ddc/ICAD/icad.html">http://www.quasar.ualberta.ca/ddc/ICAD/icad.html</a>
West Virginia Rehabilitation Research & Training Center	<a href="http://www.icdi.wvu.edu">http://www.icdi.wvu.edu</a>
American Bar Association Commission on Domestic Violence	<a href="http://www.abanet.org/domviol/home.html">http://www.abanet.org/domviol/home.html</a>
American Professional Society on the Abuse of Children	<a href="http://child.cornell.edu/APSAC/apsac.home.html">http://child.cornell.edu/APSAC/apsac.home.html</a>
Child Abuse Prevention Network	<a href="http://child.cornell.edu/">http://child.cornell.edu/</a>
Children's Safety Network	<a href="http://www.edc.org/HHD/csn/">http://www.edc.org/HHD/csn/</a>
Early Prevention of Violence Database	<a href="http://www.csnp.ohio-state.edu/webfm/csnp/vpdb.html">http://www.csnp.ohio-state.edu/webfm/csnp/vpdb.html</a>
Family Violence Prevention Fund	<a href="http://www.igc.apc.org/fund/">http://www.igc.apc.org/fund/</a>
Justice Information Center	<a href="http://www.ncjrs.org">http://www.ncjrs.org</a> (Select "Victims")
Maternal & Child Health-National Center for Cultural Competence	<a href="http://www.dml.georgetown.edu/depts/pediatrics/gucdc">http://www.dml.georgetown.edu/depts/pediatrics/gucdc</a>
Minnesota Higher Education Center Against Violence and Abuse	<a href="http://www.umn.edu/mincava">http://www.umn.edu/mincava</a>
Kids' Art Gallery	<a href="http://www.umn.edu/mincava/kart.htm">http://www.umn.edu/mincava/kart.htm</a>
National Center on Child Abuse and Neglect	<a href="http://www.acf.dhhs.gov">http://www.acf.dhhs.gov</a>
Safety Net	<a href="http://www.cybergrrl.com/planet/dv">http://www.cybergrrl.com/planet/dv</a>
People of Every Stripe! Dolls Representing Humanity	<a href="http://www.teleport.com/~people/index.shtml">http://www.teleport.com/~people/index.shtml</a>
National Clearinghouse on Child Abuse & Neglect Information	<a href="http://www.calib.com/nccanch">http://www.calib.com/nccanch</a>
US Government Census Bureau	<a href="http://www.census.gov/">http://www.census.gov/</a>
Children's Defense Fund	<a href="http://www.childrensdefense.org/links">http://www.childrensdefense.org/links</a>

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OHSU includes the schools of dentistry, medicine and nursing; University Hospital; Doernbecher Children's Hospital; dozens of primary care and specialty clinics; three research institutes; and several outreach and public service units.

*OHSU is an equal opportunity, affirmative action institution.*