



Success Story: Oregon Department of Justice

Improving Pregnant and Newly Parenting Women's Safety and Well-Being by Increasing Access to Intimate Partner Violence Advocacy Services

Intimate partner violence (IPV) is a critical problem for pregnant and newly parenting women. Nearly one third (31%) of Oregon women aged 20-25 who were surveyed in 2004 reported that they had experienced one or more types of violent victimization, including threats of violence, physical assaults, sexual assaults or stalking.¹ In 2007, 16.3% of Oregon women reported that at some time during their life someone had had sex with them against their will or without their consent, and 14.1% reported having had injuries as a result of being hit, slapped, punched, shoved, kicked, or otherwise physically hurt by an intimate partner.² Pregnancy-related problems are significantly higher for abused women, such as prenatal fetal injury and complications of pregnancy including low weight gain and infections.³ At its extreme, IPV is the leading cause of maternal death. ^{4, 5} There is also well-established evidence that high incidences of IPV and child maltreatment co-occur within the same family.⁶ Oregon Child Welfare statistics for 2011 show 35.2% of child protective cases with founded child abuse had domestic violence as a “family stress indicator”.⁷

Not only is IPV a significant social determinant of a woman's overall health, safety and well-being, it is a substantial issue for child welfare programs and health care systems in Oregon. On-site advocacy services offer a form of intervention within these systems that supports positive outcomes for both pregnant and parenting women and for the systems in which they are involved. The focus of the Oregon Department of Justice (ODOJ) project, titled “Oregon Safer Futures” is to improve pregnant and newly parenting women's safety and well-being by increasing access to IPV advocacy services within child welfare and health care systems.

Oregon Safer Futures funds seven non-profit victim advocacy organizations to place advocates on-site at Child Welfare branch offices, local Public Health departments and in other healthcare settings. Each Oregon Safer Futures project site engages in three main strategies including 1) advocacy intervention, accompaniment and supportive services provided by the on-site advocate, 2) case consultation and provider training and technical assistance, and 3) capacity building efforts designed to sustain the project beyond the grant funding. In addition, ODOJ and its partners provide training and technical assistance for Child Welfare staff and healthcare professionals to increase their knowledge of IPV and to improve their assessment, identification and response to IPV. Oregon Safer Futures' state and national partners include Futures Without Violence, Oregon Coalition Against Domestic and Sexual Violence, Oregon Health Authority, Oregon Department of Human Services, Portland State University - Child Welfare Partnership, David Mandel & Associates, LLC, and Portland State University – Regional Research Institute.

Research suggests that on-site advocacy interventions have important implications for reducing violence and improving a woman's well-being over time.⁸ Advocates are uniquely qualified to help women who are victims of IPV with crisis counseling, safety planning, emotional support, help navigating complex systems, assistance in finding safe housing and parenting support. Immediate access to these services is pivotal for victim advocacy to be effective. This is important given that a pregnant or newly parenting woman who is a victim of IPV often has a narrow window of



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opportunity to receive assistance because of her batterer's controlling behavior. Having on-site advocacy services also communicates to a woman that she has the power to make her own decisions about the safety and wellness of herself and her children. Additionally, on-site advocates consult with Child Welfare staff and healthcare providers to determine a course of action that promotes good health and increases the woman's safety.

ODOJ conducted an evaluation of its previous Pregnancy Assistance Fund grant project, which contributes to the evidence-base for the current Oregon Safer Futures project. The evaluation yielded positive outcomes connected with the on-site advocacy services, including an increase in the number of women reached who would otherwise not have received services. Additionally, a majority of Child Welfare and Public Health staff reported changes in their case practice related to IPV as a result of the project, including increased assessment and screening for IPV and referrals of women who are victims of IPV to advocacy services. Most significantly, of the participating women who responded to ODOJ's survey, 96% reported they had more ways to keep themselves and their children safe. Comments from survey respondents tell the story even better. One wrote "I was so happy (to meet the advocate) because then I realized I wasn't alone; in a maze of bureaucracy, I had found a person who understood me, whose position was made just to help me."

CONTACT INFORMATION

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¹ Oregon Department of Human Services. (2011). *Know the Facts About Domestic and Sexual Violence*. Salem, OR. Retrieved from: <http://www.oregon.gov/dhs/abuse/domestic/dvcouncil/factsheet-2011.pdf>.

² Oregon Health Authority. (2011). *Oregon Title V Maternal and Child Health: Five Year Needs Assessment*. Portland, OR. Retrieved from: <http://public.health.oregon.gov/HealthyPeopleFamilies/Babies/Documents/title-v/MCHB-Report.pdf>

³ Parker, B., McFarlane, J., and Soeken, K. (1994). Abuse during pregnancy: Effects on maternal complications and birth weight in adult and teen age women. *Obstetrics & Gynecology*, 3, 323-328.

⁴ Horon, I., & Cheng, D. (2001). Enhanced surveillance for pregnancy-associated mortality – Maryland, 1993-1998. *Journal American Medical Association*, 285, 1455-1459.

⁵ Nannini, A., Weiss, J., Goldstein, R., Fogerty, S. (2002). Pregnancy-associated mortality at the end of the twentieth century: Massachusetts, 1990-1999. *Journal of the American Women's Association*, 57, 140-143.

⁶ Family Violence Prevention Fund. *The Facts on Children and Domestic Violence*, Family Violence Prevention Fund. San Francisco, CA. Retrieved from: <http://www.lessonsfromliterature.org/docs/Children-and-Domestic-Violence.pdf>

⁷ Oregon Department of Human Services. (2011). *Oregon Child Welfare Data Book*. Salem, OR. Retrieved from: <http://www.oregon.gov/dhs/abuse/publications/children/2011-cw-data-book.pdf>.

⁸ Coker, A.L., Smith, P.H., Whitaker, D.J., et al. (2012). Effect of an In-Clinic IPV Advocate Intervention to Increase Help Seeking, Reduce Violence, and Improve Well-Being. *Violence Against Women*, 18:118. doi: 10.1177/1077801212437908