

OREGON

Improving Services in Child Welfare and Health Care Systems for Pregnant and Parenting Women Who are Victims of Intimate Partner Violence

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SUMMARY/ABSTRACT

The Oregon Department of Justice, Crime Victims' Services Division (CVSD) seeks funding through the Pregnancy Assistance Fund Program for "*Improving Services in Child Welfare and Health Care Systems for Pregnant and Parenting Women Who are Victims of Intimate Partner Violence.*" The primary goal of the project is to improve pregnant and parenting women's safety and well-being by increasing access to advocacy services within child welfare and health care systems.

Intimate partner violence (IPV) is a critical problem for pregnant and parenting women. 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.

CVSD will use funding to place advocates on-site in both Child Welfare branch offices and local Public Health departments. Three projects will be funded to implement on-site advocacy services in Child Welfare. Four projects will be funded to implement on-site advocacy

services in Public Health and to develop partnerships with other health care providers within the community. For each cohort of projects, CVSD will fund at least one culturally specific project that will focus on providing culturally and linguistically appropriate services to the population it serves. In addition, CVSD will fund training and technical assistance related to IPV for Child Welfare and health care professionals. All project sites will engage in an evaluation to inform the evidence-base that supports on-site advocacy services.

Additional goals for the project include: improving health care provider identification of and response to women who are pregnant and parenting and who are victims of IPV; building capacity and competency for providing IPV advocacy services to pregnant and parenting women in health care systems, and; improving Child Welfare interventions in cases with pregnant and parenting women who are victims of IPV.

By the end of the four year project period, CVSD anticipates that it will deliver services to 2,500 pregnant and parenting women who are victims of IPV. CVSD also expects to reach as many as 75 non-profit victim advocacy organization staff, 300 Child Welfare staff, and 400 public health and health care providers through its trainings over the four year project period.