

Project Connect Virginia: Implementing Systems Change in the Public Health Response Domestic and Sexual Violence

Overview

- Virginia Department of Health (VDH)was one of ten grantees selected by Futures Without Violence
- Two target populations: family planning/reproductive health clinics and home visiting programs
- Major partners: VDH's Injury and Violence Prevention Program, VDH's Women and Infants' Health Program, the Virginia Home Visiting Consortium, and the Virginia Sexual and Domestic Violence Action Alliance
- Leadership Team includes advocates and health professionals at both the state and local level

Training

- Train-the-Trainer model utilized
- Seven Train-the-Trainer Events in 2010-2011
- Over 1,100 family planning/reproductive health providers and home visitors attended 36 training sessions across the state in CY2011. (Most sessions co-facilitated by a provider and an advocate, both who attended a Train-the-Trainer event)
- 13 sessions scheduled in Winter/Spring 2012.
- Half-day training program on dv/sv and health, reproductive coercion, family planning and home visiting services for dv/sv program staff (in development)

Project Connect Pilot Communities

- Northern Neck and Charlottesville/Albemarle
- On-site Health Services in Shelter
- Intake to include assessment, referral and data collection on/for Emergency Contraception
- Formalized policies/procedures for intake/access for health services and cross referrals between victim advocates and health care professionals
- Clinic/Program Sites to:
- \circ Train staff
- Implement evidence-based intervention
- $\circ\,$ Participate in client outcomes/client satisfaction evaluation
- Promote culture of wellness in shelters

Policy

- Family planning nurses in Local Health Departments and home visitors required to attend four-hour Project Connect training session.
- Revised family planning clinic health history forms and visit sheets to include questions that assess for domestic violence, sexual violence and reproductive coercion
- Integrated reproductive health questions (to assess for EC) into shelter intake forms
- Reproductive coercion questions added to PRAMS
- Standardized "model" health history forms for use in shelter-based health clinics
- Recommendations for health data to collect from patients/clients in shelter-based clinics

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