

Project connect: Routine screening for IPV and reproductive coercion

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Disclosures

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Project Connect Overview

- National initiative to build partnerships between the public health and **violence prevention and intervention fields** to improve reproductive health, adolescent health & home visitation program responses to domestic and sexual violence
- State leadership teams working on policy systems change
- **Provider education:** In-person training, eLearning, clinical guidelines and other provider resources
- Patient education materials: Safety cards and posters



Project Connect Overview, cont'd

- Pilot programs to offer basic health services within domestic and sexual violence programs, and
- Evaluation and research on the impact of health-based interventions
- Targeted providers in VA: home visitors and family planning clinicians

Authorized by the Violence Against Women Act of 2005 and funded by the Office on Women's Health, with additional support from the Administration for Children and Families.

Project Connect Training in Virginia

- Full-Day Train-the-Trainer Sessions and Half Day (4 hour) Workshops for Family Planning and Home Visiting Providers
- Family planning sessions focused on reproductive coercion and offering less detectible methods of birth control as an intervention
- Home visitor trainings focused on the impact of violence on pregnancy and mothering and childhood exposure to violence
- Power Points, Role Plays and Vignettes
 - Time limitations made it necessary to prioritize and cut out parts of the training and activities



Project Connect Training in Virginia

- 2011-2012:
 - Over 1,100 attended workshops
 - Approximately 150 attended Train-the-Trainer sessions
- New staff required to attend workshops
- Pre and post-training survey data indicated that participants found the training beneficial and that they were better prepared them to identify and respond to clients/patients experiencing sexual/domestic violence and reproductive coercion.



Study design


- **Question:** How is Project Connect training being applied at the provider level in Virginia?
- **Sample & Data Collection:** Focus groups of direct service providers; Interviews with agency supervisors, support personnel
- **Method:** Thematic analysis




Family & Community Health	
Screening and Intervening: Evaluating a Training Program on Intimate Partner Violence and Reproductive Coercion for Family Planning and Home Visiting Providers -Manuscript Draft-	
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Abstract:	Project Connect training aims to reduce barriers to screening for and intervening women with histories of intimate partner violence and reproductive coercion. The sought to assess the effectiveness of trainings, provider facility with Project Connect, and potential areas for improvement in one pilot state. Results suggest the providers found training useful, and that those in supervisory roles particularly appreciated the universal skill set given to participants. Areas for improvement included increased emphasis on initiating screening, enhancing training for different types of providers, and developing follow-up training.

Division of Prevention and Health
Office of Family Health Services
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**Evaluation of Project Connect
Training and Outcomes in a
Sample of Family Planning and
Public Health Care Providers
in Virginia**



www.projectconnectva.com



Participants		N=47	
Ethnicity	n	Percent N	
Caucasian/White	25	53.2	
African American/Black	15	31.9	
Asian American	1	2.1	
Hispanic/Latino	3	6.4	
Multi-Racial	1	2.1	
Other	2	4.3	
Highest Education			
High School/GED	4	8.5	
Associate's Degree	9	19.1	
Bachelor's Degree	21	44.7	
Graduate School	12	25.5	
Employment Status			
Full Time	46	97.9	
Part Time	1	2.1	

Results

- Important differences emerged between Family Planning and Home Visiting providers
 - Dependent upon time, relationship with client
 - Professional focus and goals for interaction
- Concerns about impact and follow-up
 - How to open the conversation
 - Next steps?
- Need for more practice
 - Uncertainty about own skills
 - Desire to get it "right"



Conclusions

- Providers value screening and intervention
- Recognition of the need for trauma-informed strategies
- Remains a difficult issue: may need a new approach
- Moral distress: competing "goods"
- Emphasis on long-term effects: culture of safety

Ask, ask, and ask your colleagues
to ask! And ask again....

