Project Connect: Routine screening for IPV and reproductive coercion

Candace W. Burton, PhD, RN, AFN-BC, Virginia Commonwealth University
Laurie K. Crawford, MPA, Virginia Department of Social Services

Disclosures

- Research carried out under the direction of Dr. Candace Burton is or was funded by the Robert Wood Johnson Foundation, Virginia Department of Health, and the Sigma Theta Tau Nursing Honor Society
- No proprietary products or services, and no unlabeled or unapproved uses of drugs or devices are referenced in this presentation.

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

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 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
Participants

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian/White</td>
<td>25</td>
<td>53.2</td>
</tr>
<tr>
<td>African American/Black</td>
<td>15</td>
<td>31.9</td>
</tr>
<tr>
<td>Asian American</td>
<td>1</td>
<td>2.1</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>3</td>
<td>6.4</td>
</tr>
<tr>
<td>Multi-Racial</td>
<td>1</td>
<td>2.1</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>4.3</td>
</tr>
</tbody>
</table>

Highest Education

<table>
<thead>
<tr>
<th>Education Level</th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School/GED</td>
<td>4</td>
<td>8.5</td>
</tr>
<tr>
<td>Associate's Degree</td>
<td>9</td>
<td>19.1</td>
</tr>
<tr>
<td>Bachelor's Degree</td>
<td>21</td>
<td>44.7</td>
</tr>
<tr>
<td>Graduate School</td>
<td>12</td>
<td>25.5</td>
</tr>
</tbody>
</table>

Employment Status

<table>
<thead>
<tr>
<th>Status</th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Time</td>
<td>46</td>
<td>97.9</td>
</tr>
<tr>
<td>Part Time</td>
<td>1</td>
<td>2.1</td>
</tr>
</tbody>
</table>

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....