

**APPLY NOW FOR PARTICIPATION:**

The Family Violence Prevention Fund's

***Project Connect: A Coordinated  
Public Health Initiative to Prevent  
Domestic and Sexual Violence***

Supported by  
The Department of Health and Human Services,  
Office on Women's Health

**Project Connect:  
A Coordinated Public Health Initiative to Prevent Domestic and Sexual Violence**

**The Family Violence Prevention Fund (FVVPF)** is launching a new multi-state initiative, *Project Connect: A Coordinated Public Health Initiative to Prevent Violence against Women*, supported by the Department of Health and Human Services (HHS), Office on Women's Health (OWH). This initiative is a result of funding from the Violence against Women and Department of Justice Reauthorization Act of 2005. The FVVPF is working with the OWH to identify and partner with statewide teams to develop policy and public health responses to domestic and sexual violence in women's health programs. We are inviting proposals now to work with us on this exciting new initiative. The period of funding is for March 2010 through August 30, 2011.

**The elements of the initiative include:**

- Educating providers and public health professionals on the impact of domestic and sexual violence and coercion on health, and how to assess and respond in specific settings including family planning, State Title V; Healthy Start; perinatal health, home visitation, and adolescent health programs.
- Promoting education for patients accessing those public health services about the connection between domestic and sexual violence, reproductive coercion and their health.
- Changing program policy to support assessment of and coordinated responses to victims of abuse.
- Strengthen strategies to improve data collection and monitoring of the prevalence and health impact of violence and reproductive coercion in your state.
- Developing and supporting model programs to offer primary care, reproductive health and preventive health services on site in domestic and sexual violence programs.
- Identifying sustainable funding that can support the work at the State, local, tribal or territorial level.
- Dissemination of models for integration to other States and service settings.
- Evaluating the impact on the health and safety of victims of abuse.

**Definitions:**

Domestic Violence: The term 'domestic violence' includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Sexual Assault: The term 'sexual assault' means any conduct prescribed by chapter 109A of title 18, United States Code, whether or not the conduct occurs in the special maritime and territorial jurisdiction of the United States or in a Federal prison and includes both assaults committed by offenders who are strangers to the victim and assaults committed by offenders who are known or related by blood or marriage to the victim.

Reproductive Coercion: includes intentionally exposing a partner to sexually transmitted infections (STIs); attempting to impregnate a woman against her will; intentionally interfering with a partner's birth control, or threatening or acting violent if she does not comply with the perpetrator's wishes regarding contraception or the decision whether to terminate or continue a pregnancy.

Public Health Programs: For the purposes of this initiative, public health programs include State, local, territorial or tribal department of health programs focused on improving maternal, child and adolescent health including: family planning, perinatal health programs, home visitation programs, STI/HIV prevention programs, adolescent health programs and other related public health programs such as injury prevention.

**Values:**

- The success of *Project Connect* depends upon the cooperation and collaboration between health care and domestic and sexual violence experts.
- In all planning and implementation of programs or policies, input from communities of color, immigrants, lesbian/gay/bi and transgender, rural populations and other underserved communities should be considered and leadership teams should reflect the diverse communities of their States, Territories, or tribes in order to do so.
- All programs will promote the safety, autonomy and confidentiality of victims of domestic and sexual violence and coercion.

In each program described below there is an opportunity to implement systems changes that support sustainable responses to violence and coercion. The ultimate goal is that by working with these programs to identify and respond to domestic and sexual violence, we can decrease risk for unintended pregnancy, and HIV/STI, and improve maternal, child and adolescent health and safety as well as build partnerships between public health providers and domestic and sexual violence prevention advocates. At the same time as the public health programs integrate responses to abuse at the statewide level, we will also work with participating domestic and sexual violence partners to establish strategies for their local programs to better respond to health needs of victims they are serving.

Each grantee would be required to implement violence prevention and intervention education into at least two of the programs below:

1. Reproductive and Sexual Health Programs: Exposure to domestic and sexual violence significantly increases risk for unplanned pregnancy, rapid repeat pregnancy and STI's. Clients may not be able to negotiate safe sex with an abusive partner, and intimate partner violence (IPV) may be a more immediate threat to a client than a sexually transmitted infection or unplanned pregnancy. Educating decision makers and professionals about these connections and offering strategies to respond is critical. Interventions designed to decrease unplanned pregnancy by identifying risks for birth control interference and offering alternate birth control options can decrease the risk for unplanned pregnancy and increase the safety of women. Grantees would work with the FVPF to integrate this intervention into State and local family planning programs and initiate policies that promote and evaluate this tailored intervention statewide.

2. Home Visitation Programs: Home visitation and other coordinated case management programs can decrease risk for child abuse but have been less successful in homes where domestic and sexual violence is present. Building upon emerging programs that are responding to IPV, grantees will work with the FVPF to develop policies that promote assessment for lifetime exposure to IPV, education for parents on about the long term health consequences for children exposed to abuse, and strategies for both mothers and fathers to build positive parenting skills and strategies for the health professional conducting the home visit to help improve the health and safety of the entire family.
3. Other maternal and child health and perinatal programs: Domestic and sexual violence is strongly associated with poor pregnancy outcomes, post-partum depression and poor infant health and is the second leading cause of maternal mortality. Maternal and child health programs can educate pregnant women and new parents about the impact violence has on their health and the health of their child, offering anticipatory guidance about healthy relationships and safety, and promote opportunities to promote safety and resiliency for both the mother and child. Grantees would work to implement training on assessment and intervention for IPV in maternal and child health settings, partner with domestic and sexual violence programs that provide education and support services for children, and integrate counseling services and education on preventing violence into existing maternal and child health programs.
4. Adolescent Health Settings: Adolescents face high rates of domestic and sexual violence as well as related poor health outcomes such as substance abuse, mental health issues, unplanned pregnancies and STI's. Health interventions need to be tailored for adolescents and offered in settings where adolescents seek services such as public health clinics and school based health settings. In addition, there is an opportunity to promote prevention by educating adolescents about healthy relationships.

In addition to the programs mentioned above, applicants may (but are not required to) identify one other emerging area in which to focus their violence prevention efforts as part of this initiative.

**Length of Program:**

Currently, there is funding for the first two years of this program through the Violence Against Women and Department of Justice Reauthorization Act of 2005. Year One is designated as a planning and initial implementation year; Year Two is dedicated to program and policy implementation and evaluation, and dissemination of models and best practices developed by the States, Territories and tribes to additional sites nationwide. If selected, you would receive funding for Year One and be eligible for funding in Year Two upon receipt of proposal.

**Funding:**

Participants will be responsible for guiding the program in their State, Territory, or tribe, and will receive **\$100,000** (including direct and indirect costs) each year for the first two years of their participation in the project. Successful applicants must be able to demonstrate a 25% match (**\$25,000 – can be in-kind**) in order to be selected. The FVPF will provide technical assistance

and materials, convene national meetings and develop policies to support the work of the participants.

**Selection Criteria:**

States, Territories, or tribes will be selected based on history of collaboration between public health and domestic and sexual violence prevention fields. Demonstrated creativity and vision for reform in their State, and capacity and interest in pursuing a program that is focused primarily on public health initiatives, policy reform and partnerships will be considered. States, Territories, or tribes that have the capacity to implement evaluation of health care projects are desired. States, Territories, or tribes that have applied to the program but are not selected will be invited to participate in the program and attend national meetings but will not receive any funding to do so.

**Eligible Applicants:**

Public health departments or public health programs working in collaboration with domestic and sexual violence prevention programs, or domestic and sexual violence prevention programs working in collaboration with public health departments/programs. Preference will be given to State level organizations, but applicants that represent counties or regions will be considered as long as they can demonstrate that they will be able to impact policy changes at the State level. All grantees must demonstrate a history of collaboration between the health care (i.e. medical, nursing and allied health professionals, public health and domestic violence fields with demonstrable outcomes and changes in public health programming or clinical practice. Additionally, we are seeking applicants with:

- Capacity to conduct policy reform within the public health programs
- Demonstrated cultural competency
- Capacity to participate in evaluation of the initiative
- A clearly designated lead staff person and lead agency for the program
- Demonstrated capacity of the staff person, lead agency and partners

We require that grantees designate **at least 50%** of a staff person’s time to oversee the project to ensure sustainability, accountability and oversight.

**Grantees would perform the following tasks:**

1. Convene a Leadership Team including the State or regional domestic and sexual violence coalition and a public health leader, including partners from community-based health and violence prevention groups as well as key public health groups such as regional and State women’s health and adolescent health coordinators.
2. Develop and implement a comprehensive action plan to create sustainable changes to its State/tribal public health response to domestic and sexual violence. As part of the action plan, the grantees shall pursue policies and funding sources that advance systems changes in women’s health programs or divisions in their State.
3. Pursue and develop strategies for educating both patients and providers about domestic and sexual violence as a major public health concern, such as participation in the FVPF’s annual *Health Cares About Domestic Violence Day*

*(HCADV Day) (October 13, 2010), National Women's Health Week (the week after Mother's Day- May 9-15, 2010) or the National Women and Girl HIV/AIDS Awareness Day (March 10, 2010).*

4. Pursue plans and strategies to create or integrate violence education, policies and procedures, and data collection into on-going public health programs targeting at least two programs for in-depth integration (i.e. family planning, home visitation, HIV/AIDS, etc.).
5. Participate in a technical assistance site visit from FVPPF staff and faculty including organizing a State level training for relevant providers (offered by the FVPPF staff and faculty).
6. Send five team members to one national meeting in Washington, D.C. in the first year, two meetings in Year Two, and have at least two members participate in program webinars and regular telephone check-ins.
7. Coordinate, with the FVPPF, and other groups participating in the initiative to share materials or strategies developed as part of the program and provide input about additional resources that the FVPPF should develop for the program.
8. Convene the Leadership Team at least three times a year in person over the course of the program, create and implement an action plan and a method for communicating with all members, and designate a member of the team to be the primary contact for the FVPPF.
9. Participate in an evaluation component whose final process and methodology is yet to be determined, but which will minimally include indicators and benchmarks that track the action plan progress and identify a pilot clinic site to measure the impact of the program on health outcomes for women.
10. Collaborate across States to promote the initiative's goals, provide progress reports and regularly present to the other project grantees on project activities during conference calls and in-person meetings. Share materials developed as part of the initiative with the FVPPF and the OWH.

**Specifically, the FVPPF shall perform the following tasks:**

1. **Convene a National Meeting:** The FVPPF will convene one national meeting in Washington, DC and will convene two national meetings during Year Two.
2. **Consult on the development of each leadership team's Action Plan.**
3. **Facilitate and monitor all grantee activities:** including soliciting and managing progress reports on activities in participating States, Territories, and tribes, and administering the grant funding to teams for program implementation.
4. **Facilitate communication between leadership teams:** by providing a forum for exchanging ideas and strategies between leadership teams and national experts, convening webinars with representatives from the leadership teams to discuss policy, implementation issues, etc.
5. **Conduct site visits and training:** The FVPPF staff will travel to each grantee community and provide on-site technical assistance (TA) to the leadership team and other community members identified by the grantees. The FVPPF staff and faculty can also offer training for public health programs as part of the on-site TA visit.

6. **Provide Technical Assistance:** The FVPF will provide technical assistance and other forms of professional and logistical support to grantees including one on-site training and TA visit in each participating State, Territory, or tribe.
7. **Promote policies that support the initiative:** The FVPF will work at a national level to promote Federal, State and tribal policy initiatives that further support the work of the initiative.
8. **Provide educational materials** for patients and providers as well as training resources and to assist with technical assistance to each participating State, Territory, or tribe.
9. **Conduct an educational briefing:** The FVPF will convene an educational briefing for policy makers about the role of violence prevention in major public health initiatives during each year of the program.
10. **Share findings:** The FVPF will identify strategies and model programs, in collaboration with grantees to be included in a best practices manual at the end of program.

It is through these shared responsibilities that the project partners can work together to improve the health care response to victims of violence seeking care through women's health programs. Each project's outcomes, experiences and lessons learned will be shared with one another and with others nationwide as part of the technical assistance and dissemination the Family Violence Prevention Fund conducts through the National Health Resource Center on Domestic Violence. This has proven to be a very successful strategy in many multi-state initiatives and one that builds capacity and leadership in the states as well as informing national efforts to create change.

**Funding:**

Funding for *Project Connect* is provided by OWH and is limited to \$100,000 total (including direct and indirect) each year for the first two years.