Project Catalyst: Statewide Transformation on Health and Intimate Partner Violence

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Workshop Objectives

Participants will acquire increased understanding on the intersections of health and intimate partner violence and human trafficking.

Participants will demonstrate increased knowledge in the services offered by community health centers and victim services programs, and how they can partner with them to best serve their clients.

Participants will identify strategies for engaging in systems change transformation in their respective agency as a result of participating in the workshop.
Workshop Agreements

Because domestic and sexual violence, and human trafficking are so prevalent, assume that there are survivors among us.

- Be aware of your reactions and take care of yourself first.
- Respect confidentiality.
- Please turn off your phones, laptops, etc.
- Audience additions?
Project Catalyst: Statewide Transformation on Health and Intimate Partner Violence

5 State Leadership Teams include partners from each state’s:
✓ Primary Care Association
✓ Department of Health
✓ Domestic Violence Coalition

Project Catalyst States: AR, CT, IA, ID, MN

Training and TA: FUTURES
Evaluation: University of Pittsburgh
Project Catalyst Partnership Goals

**Warm referral** from DV agency to health center

**Warm referral** from health center to DV agency.

*DV Advocacy Partner*
*Improve health and wellness for DV/SA/HT survivors*

*Community Health Center Partner*
*Improve health and safety through CUES*
State Leadership Team

- **ICADV (Lead Agency)** - Monica Goedken (Program Development & Training Specialist)
  - 22 member sites (6 are Culturally Specific)
  - Utilize a Mobile Advocacy Model

- **Iowa PCA** - Julie Baker (Director of Preventive Services)
  - 13 FQHCs (+ 1 Migrant Health Program) with 84 delivery sites
  - Utilize a system-wide approach in allocating resources and trainings to its 13 health centers across the state of Iowa.

- **IDPH** - Tiffany Conroy (Injury Prevention Program Manager)
  - Public Health Approaches to Violence Against Women Program
Project CATALYST Overview

● Trauma-Informed Understanding
  ○ Vicarious Trauma
  ○ Common Reactions for Caring for Survivors of Trauma
  ○ Cost of Burnout Among Providers
  ○ Mindfulness Based Intervention (MBI)

● Intimate Partner Violence and Human Trafficking Definitions and Dynamics
  ○ Populations disproportionately impacted by IPV/HT
    ■ LGBTQ+
    ■ Immigrants/Refugees
    ■ Elders
    ■ Rural Communities
    ■ Persons Living with HIV (PLWH)

● Health Impact of IPV and Human Trafficking

● Moving Beyond Screening Through CUES
Iowa Training Sites

**DV Programs**
1. Council on Sexual Abuse & Domestic Violence
2. Family Resources, SafePath Survivor Services
3. Crisis Intervention Service
4. Crisis Intervention & Advocacy Center
5. Waypoint

**Health Centers**
1. Community Health Care, Inc.
2. Community Health Center of Fort Dodge
3. Community Health Centers of Southern Iowa
4. Peoples Community Health Clinic, Inc.
5. Siouxland Community Health Center
Iowa Primary Care Association (Iowa PCA)

About Us

The Iowa PCA is a non-profit membership association comprised of community health centers and other safety net providers in the state. Iowa PCA provides technical assistance to the state’s 13 community health centers and one migrant health program.

Our Mission

To provide leadership by promoting, supporting, and developing quality health care for underserved populations in Iowa.
Who We Serve

- **779,547** Patient Visits
- **216,738** Total Patients
- **10,013** Homeless Patients
- **3,618+** Veterans Served
779,547 total clinical visits
216,738 total patients*

47% of patients are covered by Medicaid. Health centers serve 17% of the Medicaid population in Iowa.

93% of health center patients are 200% or below the Federal Poverty Level

20% of patients are best served in a language other than English; 55% identify as an ethnic or racial minority

Enabling Services: Reducing Barriers
- Outreach
- Transportation
- Interpretation
- Housing
- Case Management
- Health Education
- Eligibility Assistance
- Food Insecurity

PATIENT TRENDS
Patients Served 2014-2018

3,618+ veterans served
10,013 homeless patients
148,225 adult patients
68,513 children or adolescents
IOWA’S COMMUNITY HEALTH CENTERS

Community health centers provide primary and preventive healthcare services at 44 full-service sites and an additional 40 satellite sites that include schools, nursing homes, homeless shelters and other locations where special populations are served. In total, Iowans can access healthcare services at 84 sites statewide.
What is a Community Health Center (CHC)?

- Local, non-profit, community owned healthcare providers serving low-income and medically underserved communities, often in rural areas
- Provide care to Iowans regardless of their insurance status or ability to pay (sliding fee scale)
- Provide quality, affordable, comprehensive care tailored to fit the needs and priorities of the community it serves
  - Medical (Adult/Pediatrics)
  - Dental
  - Behavioral Health
  - Vision
  - Women’s Health
  - Referrals to specialists
  - Labs
  - Chronic Disease Management
  - Enabling services - interpretation, transportation, case management, health education, home visitation
The Iowa Coalition Against Domestic Violence seeks to engage all people in a movement to change the social and political systems that perpetuate violence. We do this through education, advocacy and quality services.

Culturally Specific Member programs:

1. Deaf Iowans Against Abuse (DIAA)
2. Monsoon Asian and Pacific Islanders in Solidarity
3. NISAA African Family Services
4. Latinas Unidas por un Nuevo Amanecer (LUNA)
5. Resources for Indigenous Survivors and Empowerment (R.I.S.E.)
6. Amani Community Services
Advocates

What is an Advocate?

Confidentiality benefit/“victim privilege” under IA code 915.20A

Services are FREE

Crisis response and advocacy support services

Mobile advocacy
SFY18 Crime Victims Served

**Domestic Abuse:** 40,698
Sexual Assault: **17,103**
Stalking: **1,678**
Human Trafficking (Sexual): **689**
Human Trafficking (Labor): **85**

SFY18 CVAD Annual Report (Total theft, etc.)
Intimate Partner Violence & Human Trafficking Stats
Definitions of Domestic Violence

• Legal definitions are often more narrowly defined with particular focus on physical and sexual assault.
• Public health definitions include a broader range of controlling behaviors that impact health including:
  - emotional abuse
  - social isolation
  - stalking
  - intimidation and threats
Prevalence of Intimate Partner Violence

1 in 4 (25%) U.S. women report ever experiencing IPV

(2010 CDC National Intimate Partner and Sexual Violence Survey)
1 in 5 women in the U.S. has been raped at some time in her life and half of those women reported being raped by an intimate partner.

(2010 CDC National Intimate Partner and Sexual Violence Survey)
Male Victims of IPV

• **1 in 59** men has been raped in their lifetime.
• **1 in 7** men has been the victim of severe physical violence by an intimate partner
• **1 in 19** men has been stalked during their lifetime

*The majority of perpetrators against both men and women are other men.*
(2010 CDC National Intimate Partner and Sexual Violence Survey)
LGBTQ Communities

61% of bisexual women and 37% of bisexual men experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime. (NISVS, 2010)

44% of lesbian women and 26% of gay men experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime. (NISVS, 2010)

Of transgender individuals, 34.6% reported lifetime physical abuse by a partner and 64% reported experiencing sexual assault. (Breiding, 2011; Landers, 2009)
Considerations for Immigrant Survivors of IPV/HT

Unique controlling behaviors:

• Threats of deportation
• Taking kids outside the U.S.
• Lying about immigration status
• Forbidding English classes
• Using language privilege
• Holding on to important documents
Elders and IPV

For many middle-aged and older women, leaving may not be an option.
• Studies have revealed that support must be within the context of their marriages to be viable. (Beaulaurier, 2006)

• Older victims often experience shame, pain, economic loss, spiritual and physical anguish, institutionalization, and poor quality of life. (Beaulaurier, 2008; Brandl, 2007; Dong, 2010)
Definition of Human Trafficking

Human trafficking is a form of modern-day slavery in which traffickers use force, fraud, or coercion to control victims for the purpose of engaging in commercial sex acts or labor services against their will.

**Sex trafficking** has been found in a wide variety of venues within the sex industry, including residential brothels, escort services, fake massage businesses, strip clubs, and street prostitution.

**Labor trafficking** has been found in diverse labor settings including, domestic work, small businesses, large farms, and factories.

(National Human Trafficking Hotline)
Trafficking Prevalence Data is Complicated

Because trafficking is illegal, secretive and lucrative, the best we can do is estimate:

• Approximately 600,000 to 800,000 victims are trafficked annually across international borders worldwide and approximately half of these victims are younger than age 18.

• Here in the United States, there were more than 7,500 tips to the U.S. National Human Trafficking Hotline in 2016, more than 2,000 of which involved children and youth under the age of 18.

• Traffickers often target homeless youth.

(“From 2007 to 2017, the National Human Trafficking Hotline received over 1,000 calls referencing Iowa.”)
Key Components of Trainings
Health Impact of IPV and Human Trafficking
Small Group Exercise: (5 Minutes)  
Please be prepared to report back

- Break into 4 Groups and come up with lists of how IPV impacts health in your group. Think broadly: chronic health, reoccurring issues, medication adherence, etc.

  Group 1. Primary Care (please do not focus on any of the other areas covered in this list)

  Group 2. Behavioral Health (Including mental health and substance abuse)

  Group 3. Adolescent Health

  Group 4. Perinatal, Reproductive and Sexual Health
More Than Broken Bones and Black Eyes

**Examples of health conditions associated with IPV include:**
- Asthma
- Bladder and kidney infections
- Circulatory conditions
- Cardiovascular disease
- Fibromyalgia
- IBS

- Chronic pain syndromes
- Central nervous system disorders
- Gastrointestinal disorders
- Joint disease
- Migraines and headaches

(Black/CDC, 2011)
Why Medical Settings May be Distressing for People with Trauma Experiences:

- Invasive procedures
- Removal of clothing
- Physical touch
- Personal questions that may be embarrassing or distressing
- Negative past health care experiences
- Assuming gender of patient or their partner
- Language barrier

- Fear of deportation/ICE
- Power dynamics of relationship
- Gender of health care provider
- Vulnerable physical position
- Loss of and lack of privacy
- Unfamiliar with provider, or health system
How Often Do We Miss Trafficked Victims?

Often.

- A 2014 study revealed **88%** of participants identifying as sex trafficking survivors had some contact with health care while being exploited. (Lederer, 2014)

- How many survivors has your health center identified?
Women who talked to their health care provider about experiencing abuse were four times more likely to use an intervention such as:

- Advocacy
- Counseling
- Protection orders
- Shelter
- or other services

(McCloskey, 2006)
Provider Barriers in Addressing IPV/HT

Clinicians identified the following barriers:

- Comfort levels with initiating conversations with patients about IPV/HT
- Feelings of frustration with patients when they do not follow a plan of care
- Not knowing what to do about positive disclosures of abuse
- Lack of time
- Vicarious trauma or personal trauma
- Child protection service involvement (CPS) /Deportation reporting fears

(Sprague, 2012)
Shifting From Bad Screening...

“No one is hurting you at home, right?”
(Partner seated next to client as this is asked — consider how that felt to the patient?)

“Within the last year has he ever hurt you or hit you?”
(Nurse with back to you at her computer screen)

“I’m really sorry I have to ask you these questions, it’s a requirement of our clinic.” (Screening tool in hand — What was the staff communicating to the patient?)
Universal Education

Provides an opportunity for clients to make the connection between violence, health problems, and risk behaviors.

* If you currently have IPV/HT screening as part of your health center requirements: we strongly recommend first doing universal education.
Moving Upstream

Shifting to offering patients universal education about the impact of IPV/HT on health may serve as:

- **primary prevention** (for those never exposed)
- **secondary prevention** (for individuals with histories of IPV/HT)
- **intervention** for those experiencing IPV/HT (including those who do not disclose).
CUES: An Evidence-based Intervention

- Confidentiality
- Universal Education
- Empowerment
- Support
CUES: Who/When?

Who does it? Every health center is different. May be medical assistants, behavioral health, providers (MD, NP, PA), or nurses.

Who gets it? All adolescents, female patients, LGBTQ-identified patients

When? At least annually; with disclosures at next follow-up apt; new relationships; or onset of new health issues possibly connected to IPV/HT
“We always see patients alone”

Before implementing CUES, establish a clinic-wide policy to see patients alone for part of every visit. Post a sign in waiting rooms and exam rooms that reads:

NEW CLINIC POLICY:

For privacy compliance, every patient will be seen alone for some part of their visit.

Thank you for your help.
CUES: Trauma Informed Intervention

**C:** Confidentiality: See patient alone, disclose limits of confidentiality

**UE:** Universal Education + Empowerment—How you frame it matters

Normalize activity:

"I've started giving two of these cards to all of my patients—in case it's ever an issue for you because relationships can change and also for you to have the info so you can help a friend or family member if it's an issue for them."

Make the connection—open the card and do a quick review:

"It talks about healthy and safe relationships, ones that aren't and how they can affect your health....and situations where youth are made to do things they don't want to do and tips so you don't feel alone."

**S:** Support:

"On the back of the card there are 24/7 text and hotlines that have folks who really understand complicated relationships. You can also talk to me about any health issues or questions you have."
UE: Small Group Activity

Get into groups of three:
1. observer  *(and keeps time)*
2. client
3. staff person

Then rotate so everyone gets a chance to be the provider.

**Staff person:** Introduces and hands two cards to the client. Keeping a third card for yourself after you give out two—open up card panels. Practice using the script.

**Client** and observer: Take notes of what you liked about the provider’s approach and words.
CUES: Trauma Informed Intervention

C: Confidentiality: See patient alone, disclose limits of confidentiality

UE: Universal Education + Empowerment—How you frame it matters

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S: Support:

"On the back of the card there are 24/7 text and hotlines that have folks who really understand complicated relationships. You can also talk to me about any health issues or questions you have."
Does your health center have a policy & written protocol for assessment & response to:

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<td>Intimate partner violence (IPV)?</td>
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<td>Sexual violence (SV)?</td>
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<td>Reproductive coercion (RC: birth control sabotage, pregnancy pressure and coercion, and STI/HIV risk)?</td>
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<td>Human Trafficking (HT)?</td>
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<td>Explain to patients why you are discussing IPV/SV/HT?</td>
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<td>Inform patients about confidentiality and limits of confidentiality (any mandated reporting requirements)?</td>
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<td>Educate patients about health impact of IPV/SV/HT?</td>
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<td>Discuss resources available to patients (including hotlines, advocates) to stay safe in</td>
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This tool was developed by Elizabeth Miller, MD, PhD, University of Pittsburgh (2018)
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<td>Have sample wording or scripts about what to say</td>
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<td>and do when a patient discloses IPV, SV, and/or HT?</td>
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<td>Have sample or scripted tools and instructions on how to safety</td>
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<td>plan and offer harm reduction strategies for patients who</td>
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<td>disclose IPV, SV or HT?</td>
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<td>Have instructions on how to file a trauma-informed mandated</td>
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<td>report (e.g., child protective services) when needed?</td>
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**Color Key:**
- Green "Yes"
- Yellow "Don’t Know"
- Red "No"
- White "N/A"
- Purple "No Answer"
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<tr>
<th>Does your health center have a formal Memorandum of Understanding with a victim service agency (DV/SA) specifying referral processes between your health center and agency?</th>
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- Purple No Answer
Discuss IPV, Reproductive Coercion, and Human Trafficking

Providers report discussing with patients at least 75% of the time:

- Intimate Partner Violence
- Reproductive Coercion
- Human Trafficking

Providers reported increased understanding of the health impact of IPV, RC and HT (Post-Training):

- Strongly Agree or Agree: 98.0%
- Undecided: 2.0%
Trauma-Informed Practices

- Pre-Training
- Post-Training

Use trauma informed practices to support staff and clients 75% or more of the time

More likely to implement trauma informed principles to support themselves and clients
Warm Referral

Offer patients a warm referral to a DV program to facilitate client access to advocacy services.
DV Pilot Site Outcomes
Does your program assess for the following health concerns during intake, safety planning, and/or case management?

<table>
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<tr>
<th>Health Concern</th>
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<tbody>
<tr>
<td>Reproductive health needs – including desire for contraception</td>
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<td>Reproductive coercion</td>
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<tr>
<td>Need for emergency contraception</td>
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<td>Pregnancy and/or postpartum health</td>
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<td>Red</td>
<td>Green</td>
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<td>HIV testing (does client want a test?)</td>
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<td>STI testing not including HIV (e.g., gonorrhea, chlamydia, HPV, etc.)</td>
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Advocates report asking the following at intake 75% of time or more:

- Any health concerns they have?
- New clients directly about unprotected intercourse in the past week?
- New clients whether they would like a pregnancy test, EC or an STI/HIV test?

Post-Training - Advocates report that they are more likely to:

- Assess clients' health concerns as part of their intake assessment.
- Ask new clients directly about unprotected intercourse in the past week.
- Ask new clients whether they would like EC.
- Assess for reproductive coercion with any client.
Advocate Feedback on Project Catalyst

- Collaboration
- Transportation
- Health Impact
“Waypoint advocates have expanded their conversations surrounding health of survivors after receiving training on health related concerns victims of domestic violence face. Advocate’s expressed feeling more confident and comfortable asking survivors about overall health and barriers to accessing medical care. Advocates have been more consistently asking specific questions surrounding access to birth control and reproductive coercion.

Waypoint has increased outreach to local community health clinics aiming to discuss services and referral process as well as expanded/prioritized medical advocacy response to include community health clinics. Historically our on-call/medical advocacy response was mostly dedicated to local Emergency Room Departments within hospitals.

After the training we recognized that sometimes advocates simply forgot to ask health related questions due to the nature of supporting someone in crisis. Time doesn't always allow for in depth conversation surrounding health. We have considered expanding our intake paperwork to include prompts for advocates to ask specific questions related to health. We recognize that something as simple as a prompt to ask a question can provide clarity and direction to a situation.”
Let’s Discuss:

What is something that you our your organization could do in the next:

1 month?
6 months?
1 year?

to improve your response to IPV & HT?
National Health Resource Center on DV: Setting/Population-specific Safety Cards

**Population Specific**
- American Indian/Alaska Native
- College Campus
- Hawaiian Communities
- HIV+ and HIV testing
- Lesbian, Gay, Bisexual, Questioning (LGBQ)
- Parents
- Pregnant or parenting teens
- Transgender/Gender Non-conforming persons
- Women across the lifespan

*and coming soon…a new card for Muslim youth*

All cards are available in English and most are available in Spanish.

Primary care (general health) card is available in Chinese, Tagalog, and soon Vietnamese, Korean, Armenian and French.

**Setting Specific and Topical**
- Adolescent Health
- Behavioral Health
- HIV
- Home Visitation
- Pediatrics
- Primary Care (General Health)
- Reproductive Health and Perinatal
Health centers are key to violence prevention

www.ipvhealthpartners.org

Developed by and for community health centers in partnership with domestic violence programs
Iowa Resources

- Crime Victim Assistance Division
- Iowa Coalition for Collective Change
  - Local member programs
- Iowa Coalition Against Sexual Assault
  - Local member programs
- Iowa Coalition Against Domestic Violence
  - Local member programs
- Iowa Department of Public Health
- Iowa Primary Care Association
- One Iowa
- Injury Prevention Research Center - U of I
- Center for Violence Prevention - UNI

1-800-770-1650
or text ‘iowahelp’ to 20121
Contact info

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