

# Violence Prevention Program

## Wellness & Preventive Health

### 2025 Training and Technical Assistance Catalog

*Funded by the federal STOP Violence Against Women Act (VAWA) through the Iowa Attorney General's Office of Victim Assistance Section Project: Public Health Response to Intimate Partner and Sexual Violence & by the Center for Disease Control Injury & Violence Prevention Division, Rape Prevention & Education (RPE) Program*



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# Introduction

Iowa HHS provides high-quality programs and services that protect and improve the health and resiliency of individuals, families, and communities.

## IOWA HHS GUIDING PRINCIPLES

**Data Driven:** We make informed, data-driven, evidence-based decisions to drive quality and improve results.

**Accountability:** We use public resources responsibly to improve lives through the programs and services we provide.

**Integrity:** We generate trust through honest, respectful, and reliable work that we can be proud of.

**Equity:** We actively identify and remove barriers to access and inclusion so that we can provide all individuals an opportunity to succeed.

**Communication:** We communicate in a thoughtful and coordinated way to ensure individuals are well-informed about our work.

**Collaboration:** We facilitate meaningful partnerships focusing on the voices of the individuals and communities we serve.

The Violence Prevention Program at Iowa HHS uses the public health approach to collaborate across sectors to implement evidence-based and community-informed activities that prevent violence and improve response to survivors of violence.

We provide training and technical assistance under federal STOP Violence Against Women Act funding through the Iowa AG's office and CDC's Injury & Violence Prevention Rape Prevention and Education Program (RPE).

We also oversee the Iowa Violent Death Reporting System (VDRS), provide administrative support to the Iowa Domestic Abuse Death Review Team (DADRT), and contract state and federal funding.

## Purpose

Our training and technical assistance improve medical systems, public health programs, community settings, employers, businesses, and allied victim services providers' response to survivors of intimate partner violence, sexual violence, and human trafficking through public health informed policy, protocol, or practice implementation.

## Scheduling

To establish a collaborative project or to receive training and/or resources on violence prevention that improve your programs' response to individuals, families, and communities experiencing current or past harm, abuse, or violence, email [Derma.L.Rivera-Aguirre@hhs.iowa.gov](mailto:Derma.L.Rivera-Aguirre@hhs.iowa.gov) or [Monica.Goedken@idph.iowa.gov](mailto:Monica.Goedken@idph.iowa.gov). We can schedule a consultation with your team to determine your priority areas.

*\*\*Violence prevention takes all of us. We work closely with our statewide training and technical assistance (TTA) collaborators at IowaCASA, ICADV, and the Iowa AG's Victim Assistance Section Training and Outreach team, as well as national TTA partners, so depending on your needs, we may refer you to one of those providers if it seems like a better fit.*

*We believe that community-driven solutions are essential to preventing violence. When possible, we will connect you to local violence prevention specialists and/or community leaders working to improve the health, safety, and well-being within your community.*

# Definitions

The following definitions are from the Center for Disease Control (CDC) Violence Prevention Division, which guides the violence prevention program at Iowa HHS.

## **PUBLIC HEALTH APPROACH**

Public health focuses on the health, safety, and well-being of entire populations. This approach is unique in that it strives to provide the maximum benefit for the largest number of people.

Public health draws on a multidisciplinary science base. It relies on knowledge from a wide range of disciplines, including medicine, epidemiology, sociology, psychology, criminology, education, and economics. This broad knowledge base has allowed the field of public health to respond successfully to a range of health conditions worldwide.

The public health approach also emphasizes input from diverse sectors, including health, education, social services, justice, policy, and the private sector. Collective action by these key collaborators can help address problems like violence.

## **The Four Steps to a Public Health Approach**

### Step 1: Define and Monitor the Problem

The first step in preventing violence is to understand the “who,” “what,” “when,” “where,” and “how” associated with it. Grasping the magnitude of the problem involves analyzing data such as the number of violence-related behaviors, injuries, and deaths. Data can demonstrate how frequently violence occurs, where it occurs, trends, and who the victims and perpetrators are. This data can be obtained from police reports, medical examiner files, vital records, hospital charts, registries, population-based surveys, and other sources.

### Step 2: Identify Risk and Protective Factors

Knowing the magnitude of a public health problem is not enough. It is also important to understand what factors protect people or put them at risk for experiencing or perpetrating violence. Why are risk and protective factors useful? They help identify where prevention efforts need to be focused.

Risk factors do not cause violence. The presence of a risk factor does not mean that a person will always experience violence, and victims are never responsible for the harm inflicted upon them.

- Risk Factor – Characteristic that increases the likelihood of a person becoming a victim or perpetrator of violence.
- Protective Factor – Characteristic that decreases the likelihood of a person becoming a victim or perpetrator of violence or provides a buffer against risk.

### Step 3: Develop and Test Prevention Strategies

Findings from the research literature and data from needs assessments, community surveys, key collaborator interviews, and focus groups help design prevention strategies. Using this data and its findings is known as an evidence-based approach to program planning. Once prevention strategies are developed or existing strategies are identified, they are evaluated rigorously to determine their effectiveness.

### Step 4: Assure Widespread Adoption

The strategies shown to be effective in Step 3 are then implemented and adopted more broadly. Communities are encouraged to implement strategies based on the best available evidence and to continuously assess whether the strategy fits the community context and achieves its goal of preventing violence. Dissemination techniques to promote widespread adoption include training, networking, technical assistance, and evaluation.

## **Intimate Partner Violence (IPV)**

IPV is abuse or aggression that occurs in a romantic relationship. “Intimate partner” refers to current and former spouses and dating partners. IPV can vary in how often it happens and how severe it is. It can range from one episode of violence that could have a lasting impact to chronic and severe episodes over multiple years. IPV can include any of the following types of behavior:

- Physical violence is when a person hurts or tries to hurt a partner by hitting, kicking, or using another type of physical force.
- Sexual violence is forcing or attempting to force a partner to take part in a sex act, sexual touching, or a non-physical sexual event (e.g., sexting) when the partner does not or cannot consent.

- Stalking is a pattern of repeated, unwanted attention and contact by a partner that causes fear or concern for one's safety or the safety of someone close to the victim.
- Psychological aggression is the use of verbal and non-verbal communication with the intent to harm a partner mentally or emotionally and/or to exert control over a partner.

IPV can directly impact reproductive and sexual health, increasing the risk of unintended pregnancies, miscarriage, and sexually transmitted infections. IPV is connected to other forms of violence and is related to serious health issues and economic consequences. However, IPV and other forms of violence can be prevented. IPV is a significant public health issue that has many individual and societal costs. About 75% of female IPV survivors and 48% of male IPV survivors experience some form of injury related to IPV. IPV can also result in death. Data from U.S. crime reports suggest that about 1 in 5 homicide victims are killed by an intimate partner. The reports also found that over half of female homicide victims in the United States are killed by a current or former male intimate partner.

## Sexual Violence (SV)

Sexual violence is sexual activity when consent is not obtained or freely given. It is a serious public health problem in the United States that profoundly impacts lifelong health, opportunity, and well-being. Sexual violence impacts every community and affects people of all genders, sexual orientations, and ages. Anyone can experience or perpetrate sexual violence. The perpetrator of sexual violence is usually someone the survivor knows, such as a friend, current or former intimate partner, coworker, neighbor, or family member. Sexual violence can occur in-person, online, or through technology, such as posting or sharing sexual pictures of someone without their consent or non-consensual sexting.

Sexual violence affects millions of people each year in the United States. Researchers know the numbers underestimate this problem because many cases are unreported. Survivors may be ashamed, embarrassed, or afraid to tell the police, friends, or family about the violence. Victims may also keep quiet because they have been threatened with further harm if they tell anyone or do not think anyone will help them.

The data shows:

- **Sexual violence is common.** Over half of women and almost 1 in 3 men have experienced sexual violence involving physical contact during their lifetimes. On average, 1 in 4 women and about 1 in 26 men have experienced completed or attempted rape. About 1 in 9 men were made to penetrate someone during his



lifetime. Additionally, 1 in 3 women and about 1 in 9 men experienced sexual harassment in a public place.

- **Sexual violence starts early.** More than 4 in 5 female rape survivors reported that they were first raped before age 25, and almost half were first raped as a minor (before age 18). Nearly 8 in 10 male rape survivors reported that they were made to penetrate someone before age 25, and about 4 in 10 were first made to penetrate as a minor.
- **Sexual violence disproportionately affects some groups.** Women and racial and ethnic minority groups experience a higher burden of sexual violence. For example, more than 2 in 5 non-Hispanic American Indian or Alaska Native and non-Hispanic multiracial women were raped in their lifetime.
- **Sexual violence is costly.** Recent estimates put the lifetime cost of rape at \$122,461 per survivor, including medical expenses, lost productivity, criminal justice activities, and other costs.

Certain factors may increase or decrease the risk of perpetrating or experiencing sexual violence. To prevent sexual violence, we must understand and address the factors that put people at risk or protect them from violence. We must also understand how historical trauma and structural inequities impact health.

## Human Trafficking (HT)

According to the Trafficking Victims Protection Act of 2000, or TVPA, human trafficking is a crime involving the exploitation of someone for the purpose of compelled labor or a commercial sex act through the use of force, fraud, or coercion. According to federal law, “a commercial sex act means any sex act on account of which anything of value is given to or received by any person. Anything of value could include food, shelter, protection, gifts, or clothing. Where a person younger than 18 is induced to perform a commercial sex act, it is a crime regardless of whether there is any force, fraud, or coercion.”

Human trafficking occurs when a trafficker exploits a person by using force, fraud, or coercion to make them perform compelled labor or commercial sex. There are two types of trafficking: labor and sex.

### Labor Trafficking

Labor trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery (Victims of

Trafficking and Violence Protection Act of 2000, Pub. L. No.106-386, 8 U.S.C. §1101, §7101, 114 Stat. 1464 (2000)).

## **Sex Trafficking**

Sex Trafficking is the recruitment, harboring, transportation, provision, obtaining, patronizing, soliciting, or advertising of a person for the purpose of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion or in which the person induced to perform such act has not attained 18 years of age. In the TVPA, the term “commercial sex act” means any sex act on account of which anything of value is given to or received by any person. The Justice for Victims of Trafficking Act of 2015, or JVTa, expanded the definition of sex trafficking to include the soliciting and patronizing of a person for the purpose of a commercial sex act (Justice for Victims of Trafficking Act of 2015 (JVTa), Pub. L. No. 114-22, 18 U.S.C. §1591, 129 STAT 227 (2015)).

Human trafficking is indeed a serious public health concern, both domestically and worldwide. It occurs when a trafficker compels a victim through force, fraud, or coercion to perform labor, services, or commercial sex. A trafficker can target anyone. The adverse health effects of trafficking constitute a global public health problem, affecting over 40 million people annually.

The following are common risk factors for experiencing trafficking; survivors of child sexual abuse, recent migration/relocation, individuals with substance use concerns, individuals with mental health concerns, unaccompanied refugee minors, recent financial debt, unstable housing, gang involvement, youth ages 10 – 24, formerly incarcerated/juvenile justice system involved women and girls, individuals who are foreign nationals, witnessed abuse or violence in the home, individuals with disabilities, youth who identify as Lesbian, Gay, Bisexual, Transgendered, or Queer, and homeless/runaway youth.

## **Community Violence**

Community Violence happens between unrelated individuals, who may or may not know each other, generally outside the home. Examples include assaults or fights among groups or shootings in public places, such as schools and on the streets.

Youth and young adults are disproportionately impacted by violence in their communities, including firearm injuries and death.

Community violence affects millions of people and their families, schools, and communities every year.

- For youth ages 10 to 24, homicide is the second leading cause of death
- For people 25 to 34, homicide is the third leading cause of death
- Nearly 15,000 youth and young adults lost their lives to homicide in 2021
- Over 700,000 young people are treated and released in U.S. emergency departments each year for injuries resulting from violence

Living in a community experiencing violence is also associated with an increased risk of developing chronic diseases. Concerns about violence may prevent some people from engaging in healthy behaviors, such as walking, bicycling, using parks, and accessing healthy foods.

## Youth Violence

Youth violence is the intentional use of physical force or power to threaten or harm others by young people aged 10-24.

It can include things like fighting, bullying, threats with weapons, and gang-related violence. A young person can be involved with youth violence as a victim, offender, or witness.

Thousands of people experience youth violence every day. Youth violence negatively impacts youth in all communities—urban, suburban, rural, and tribal. It can have severe and lasting effects on young people’s physical, mental, and social health by harming development and contributing to impaired decision-making and learning challenges. It can also contribute to decreased connections to peers and adults and trouble coping with stress.

## Firearm Injury and Death

A firearm injury is a wound or penetrating injury from a weapon that uses a powder charge to fire a projectile. Weapons that use a powder charge include handguns, rifles, and shotguns. Injuries from air- and gas-powered guns, BB guns, and pellet guns are not considered firearm injuries. This is because these types of guns do not use a powder charge to fire a projectile.

There are many types of firearm injuries, which can be fatal or nonfatal:

- **Intentionally self-inflicted:** suicide or nonfatal self-harm injury from a firearm.
- **Unintentional:** fatal or nonfatal firearm injuries that happen while someone is cleaning or playing with a firearm or other incidents of accidental firing without evidence of intentional harm.
- **Interpersonal violence:** homicide or nonfatal assault injury from a firearm.
- **Legal intervention:** firearm injuries inflicted by the police or other law enforcement agents acting in the line of duty. For example, firearm injuries that occur while arresting or attempting to arrest someone, maintaining order, or ensuring safety.<sup>[A]</sup>
- **Undetermined intent:** firearm injuries where there is not enough information to determine whether the injury was intentionally self-inflicted, unintentional, the result of legal intervention, or from an act of interpersonal violence.

## Child Abuse and Neglect

Includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (e.g., a religious leader, a coach, or a teacher) that results in harm, the potential for harm, or threat of harm to a child.

There are four common types of abuse and neglect:

- **Physical abuse** is the intentional use of physical force that can result in physical injury. Examples include hitting, kicking, shaking, or other shows of force against a child.<sup>1</sup>
- **Sexual abuse** involves pressuring or forcing a child to engage in sexual acts. Examples include fondling, penetration, and exposing a child to other sexual activities.
- **Emotional abuse** refers to behaviors that harm a child's self-worth or emotional well-being. Examples include name-calling, shaming, rejecting, and withholding love.
- **Neglect** is failing to meet a child's basic physical and emotional needs. These needs include housing, food, clothing, education, access to medical care, and feeling validated and appropriately responded to.

Children living in poverty experience more abuse and neglect because experiencing poverty can place a lot of stress on families, which may increase the risk of child abuse and neglect. Rates of child abuse and neglect are five times higher for children in families with low socioeconomic status compared to families with a higher socioeconomic status.

## Abuse of Older Persons (Abuse in Later Life)

It is an intentional act or failure to act that causes or creates a risk of harm to an older adult. An older adult is someone aged 60 or older. Due to age-related physiological changes, older victims tend to sustain more severe physical and psychosocial injuries during an assault than younger victims.

The abuse occurs at the hands of a caregiver or other trusted person. Common types of abuse include:

- **Physical abuse** is illness, injury, functional impairment, or death resulting from the intentional use of physical force. Examples include hitting, kicking, or pushing.
- **Sexual abuse** is forced or unwanted sexual interaction. Examples include unwanted sexual contact or penetration or non-contact acts such as sexual harassment. Examples of injuries can consist of genital injuries, bruising, human bite marks, and imprint injuries.
- **Emotional or psychological abuse** refers to verbal or nonverbal behaviors that inflict anguish, fear, or distress. Examples include humiliation, threats, or harassment.
- **Neglect** is failing to meet an older adult's basic needs, including food, water, shelter, clothing, hygiene, and essential medical care.
- **Financial abuse** is the illegal, unauthorized, or improper use of money, benefits, property, or assets for the benefit of someone other than the older adult.

## Technical Assistance

Technical assistance is the process of providing targeted support to an organization with a development need or problem, typically delivered over an extended period.

## Training

Our training is delivered by subject matter experts. Training content is intended to inform and educate in areas impacting Iowans. We share facts, information, and current model policies, protocols, and practices.

# Technical Assistance

Violence prevention staff provide evidence-based and community-informed resources, referrals, and examples of policies, protocols, or promising practices that can be implemented by your program to improve your response to those experiencing past or current violence, harm, or abuse within their lives, their family, or their community. Additionally, we can provide support to your community or organization by implementing activities that prevent violence before it happens. We can also connect you with other national, state, and local partners in violence prevention, such as IowaCASA and ICADV. Below are a few examples.

## **Policy or protocol review**

Developing and implementing policy strategies is important in addressing injury and violence prevention at the population level. Our staff can review your current policies, protocols, and practices to identify areas for improvement.

## **Collaborative grant writing**

A financial assistance support mechanism provides money, property, or other direct assistance in lieu of money, or both, to an eligible entity to carry out an approved project or activity in support of a public purpose and not the direct benefit of the government. A grant is used whenever the awarding office anticipates no substantial programmatic involvement with the recipient during the performance of the financially assisted activities.

Grants and cooperative agreements provide the means to transfer money, technical assistance, and expertise to partners in exchange for their contributions to federal public health goals and objectives. Assistance or “financial assistance mechanisms” are terms used to refer to grants and cooperative agreements collectively, although they have different meanings.

<https://www.cdc.gov/grants/already-have-grant/index.html>

## Workgroup Participation

We can provide the public health perspective to your workgroup, committee, coalition, or community space to help you achieve your goals for responding to or preventing violence. We are interested in partnering with you if you have an upcoming project, report, action plan, evaluation project, or other related initiative.

## Developing or Updating Data Briefs

Would you like a one-page document highlighting the connection between violence exposure and health outcomes? Is there something you would like talking points for your program to use? Our team can put together a document containing talking points and information on violence prevention activities that can improve health outcomes. We include a bibliography of data sources.

## Share Safety-Related Resources

Providing support to survivors is an evidence-based activity that prevents intimate partner violence across the lifespan. Below are three of the most commonly shared safety resources. There are culturally relevant resources available;

### Health Safety Cards


[HOME](#)
[HRC RESOURCES \(A-Z\)](#)
[COACHING BOYS INTO MEN](#)
[CONTACT US](#)
[FAQ](#)



The *General Health* safety card features 10 panels, 5 panels each side, and folds to the size of a business card (3.5" x 2") for discretion. Designed for women receiving health care services, the card helps women recognize how their relationship impacts their health and the lives of their children, in addition to providing information on safety planning and hotlines for support. This tool identifies specific health problems that may be associated with chronic stress from an abusive relationship and offers women guidance on how to talk to their children or a trusted friend about their experience.

Availability:  In Stock    Sku: **PROD-Health-PSC-0014**

In 2018, Iowa HHS collaborated with ICADV and the Iowa Primary Care Association under a Project Catalyst grant from Futures Without Violence. Since then, we have been using this evidence-based and trauma-informed safety tool to educate healthcare providers and



public health programs on the benefits of universal education through health safety cards. We are able to provide your team with support on implementation, placement, and patient engagement. Cards are available in multiple languages and by setting.

## Aging with Respect

Aging with Respect is an intervention addressing elder abuse, neglect, and intimate partner violence with those later in life. It is developed for those patients/clients with agency and capacity in non-crisis, non-emergency situations that provide information about healthy and safe relationships and the impact of unhealthy relationships on health and well-being. Topics include financial, emotional, and physical abuse and exploitation, education and prevention strategies, and information on seeking support (Futures without violence).



## Victim Services Referral & Your Life Iowa

The state victim service call center is an entry point for many survivors of violence. All services are free and confidential. We can help your program establish a protocol that allows for third-party calling to connect a survivor directly to a certified victim counselor. Additionally, we can guide you through identifying your local victim service provider, culturally specific programs, and resources available through our state coalitions.



## Your Life Iowa



Your Life Iowa is a statewide resource that provides help for alcohol, drugs, gambling, suicide, adult mental health, and children’s mental health. On their website, you can find resources on community trauma, crisis services, facility locator, help for family and friends, help for college students, help for teens, maternal health, prevention, recovery, and more.

## myPlan Safety App

[myPlan | Everyone Deserves to Be Safe in Their Relationships \(myplanapp.org\)](https://myplanapp.org)



This safety app is available in English and Spanish. Our team can guide you through tech safety guidelines and discuss strategies for incorporating them into your case management or community resources. myPlan is designed to expand access to individualized safety information and encourage the majority of survivors who never seek services to reach out for help. Advocates, health care providers, or other service providers can also add myPlan to their existing resource toolbox.

Everyone deserves to be safe in their intimate relationships.

Built-in safety features include:

- Entirely anonymous for use - no account setup required
- Set your secure PIN code to keep info private
- “Dummy code” hides the contents of the app if forced to log in
- Changeable icon to hide the app on your home screen

**Tech safety disclosure:** Technology is often monitored by a person who causes harm. Having an app about relationship abuse on a device or in your browser history could increase harm. The safest way to use it is on a device that a harmful partner does not have access to. **Please visit the Tech Safety page for more information before downloading or using myPlan.**

*\*\*It is recommended to collaborate with local victim service providers on safety planning and receiving training on these safety resources before implementation.*

# Training

The intended audience of our training program is healthcare providers, public health programs, community settings, employers or businesses, and other allied victim service providers. Our training includes evidence-based and community-informed content. While we can tailor our training to meet the specific needs of your organization or program, below are frequently requested trainings. We conduct a pre-training survey to assess current interests and to structure learning objectives. After our training we ask participants to complete a post-training survey to inform the future direction of our training delivery. We create collaboration plans with programs and organizations to ensure ongoing training and support when improving systems response to survivors of multiple forms of violence. Let us know your priorities, and we will be happy to connect with you.

## Violence Prevention 101

### Description:

This content introduces violence prevention concepts that connect violence and population health. We use the Principles of Violence Prevention training and resources from VetoViolence. In addition, we provide a guided discussion with your team on how the concepts relate to your mission, vision, and goals. We end by identifying how you can adapt your current policy, protocol, or practice to incorporate violence prevention activities.

### Learning Objectives:

- 1) Identify how violence prevention overlaps with population health and health outcomes
- 2) Apply evidence-based tools and resources into program planning
- 3) Understand the importance of primary prevention in improving population health

## Health Safety Cards

CUES (Confidentiality, Universal Education, Empowerment & Support)

### Description:

The CUES intervention is evidence-based and trauma-informed in health settings with women. ADDRESSING DOMESTIC AND SEXUAL VIOLENCE IN HEALTH SETTINGS:

<https://www.futureswithoutviolence.org/wp-content/uploads/CUES.pdf>

### Learning Objectives:

- 1) Identify one policy change to support patients who are survivors of violence within your clinic
- 2) Use policy templates to improve the physical environment of your clinical practice
- 3) Change one thing about your current practice to better connect with patients who have been exposed to violence

## **Language Access**

### Description:

This training will cover some basics around language access and the importance of plain language in public health messaging.

According to the U.S. Census Bureau, at least 350 languages are spoken in U.S. homes. Federal agencies and organizations that receive federal funds must create and follow plans to meet the needs of people with limited English proficiency (LEP). Before creating web content, social media messages, and other digital products for people with LEP, consult the following resources:

Improving Access to Public Websites and Digital Services for Limited English Proficient (LEP) Persons (Limited English Proficiency Committee, Title VI Interagency Working Group, December 2021)

As the title suggests, this resource describes, in plain language, best practices for improving access to public websites and digital services for people with LEP. It includes examples of websites, social media messages, and other digital products.

### Learning Objectives:

- 1) Understand why language access is essential for service delivery
- 2) Identify how to secure language services
- 3) Modify one policy, protocol, or practice about language access

## Human Trafficking

### Description:

The SOAR eGuide provides resources on how to use the SOAR framework to address human trafficking.

SOAR is a nationally recognized, accredited training program delivered by NHTTAC on behalf of the Office on Trafficking in Persons in partnership with the Office on Women's Health at the U.S. Department of Health and Human Services. SOAR-

<https://nhttac.acf.hhs.gov/soar>



### Learning Objectives:

- 1) Use a patient-centered approach to supporting survivors of Human Trafficking in medical settings
- 2) Identify how to implement the SOAR framework in medical settings
- 3) Modify one protocol, policy, or practice to improve screening for patients exposed to Human Trafficking

## Protective Workplace Policies

### Description:

Participants review evidence-based resources and templates for incorporating proactive policies that create protective workplace environments. Our primary resource for this work is from [Workplaces Respond to Domestic and Sexual Violence](#). Additionally, we share how paid leave policies improve health outcomes. For example, did you know paid leave (including safe days) is one way you can provide support to survivors at work? Paid leave and safe days are workplace supports to help keep survivors and their co-workers safe and productive. Safe days allow staff to address the health consequences of violence or to attend to other critical safety needs, such as filing for an order of protection or cooperating with law enforcement, without compromising their jobs or economic stability (National Network to End Domestic Violence).

### Learning Objectives:

- 1) Identify proactive workplace policies that prevent violence
- 2) Understand how to provide support when protective orders are involved
- 3) Adapt one protocol, policy, or practice related to paid time off

## Increasing Health Access through Promotora Programs

### Description:

A promotora is Latino/a community member who receives specialized training to provide basic health education information within a key impacted community. We share evidence-based examples and tools to get you started, including rural health considerations and partnerships.

### Learning Objectives:

- 1) Understand the significance of culturally relevant services being delivered by a community member
- 2) Identify how to create a promotora program
- 3) Adapt policy, protocol, or practice

### Salud es Vida Cervical Cancer Education

#### **Summary**

- **Need:** To deliver information about cervical cancer to rural Hispanic women in the United States.
- **Intervention:** The development of a lay health worker (promotora) curriculum that provided information on cervical cancer, HPV, and the HPV vaccine to Hispanic farmworker women living in rural southern Georgia and South Carolina.
- **Results:** Significant increases in post-test scores relating to cervical cancer knowledge and increases in positive self-efficacy among promotoras.

## Connected Parents

### Description:

Connected Parents, Connected Kids is a health safety card that can be used by health care and community-based providers to discuss Adverse Childhood Experiences (ACEs), relationships, and resilience. We will guide you through evidence-based and community-informed programming, including the HOPE framework for creating positive childhood experiences and building connections.



The Connected Parents, Connected Kids Safety Card is a universal education < > that health care and community-based providers can distribute as part of universal education with families to discuss Adverse Childhood Experiences (ACEs), relationships (healthy and unhealthy), and resilience. This resource is appropriate a variety of settings, including pediatrics, reproductive health, home visitation and other early childhood professionals.

A one page explainer is included with this card. We suggest downloading a **copy** f each provider using the card.

### Learning Objectives:

- 1) Identify programs and activities for parents
- 2) Practice how to use and share the health safety card
- 3) Improve one policy, practice, or protocol that supports parents

## Economic Stability and Violence Prevention

### Description:

Various financial programs prevent violence. Some examples are just-in-time emergency cash assistance, microfinance programs, microlending, and asset building. We have developed an economic stability toolkit and provide an overview of model programs that can improve health outcomes. We also highlight local programs providing financial education, literacy, or empowerment programming for Iowans.

**Referral to ICADV**—We will connect you to our partners at ICADV to learn how to participate in the domestic violence survivor Individual Development Account (IDA) Match Savings Account, Alice Barton Scholarship, and the National Independence Project.

### Learning Objectives:

- 1) Understand how microlending improves credit scores and the connection to housing
- 2) Assess your organization for opportunities to increase economic stability in your service delivery
- 3) Identify partners within your community for building economic stability programs

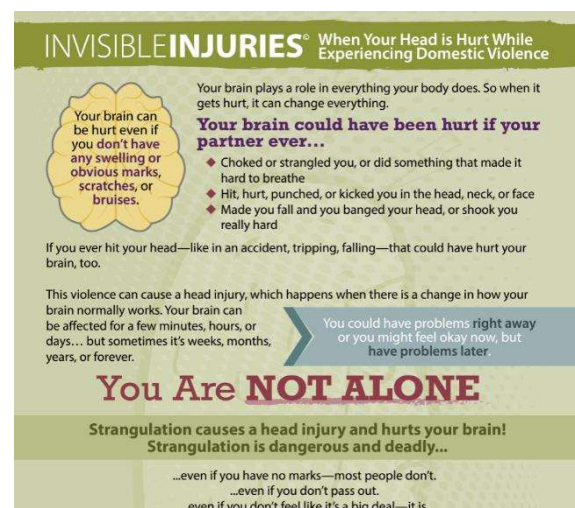


## Partner-Inflicted Brain Injury

### Description:

Individuals exposed to abuse, harm, and violence are at increased risk of experiencing a traumatic brain injury. Additionally, those living with a brain injury or disability are at increased risk for violence exposure. We provide training on improving policy, screening, services, referrals, and accommodations regardless of diagnosis.

We predominantly use resources from the National Center on Partner-Inflicted Brain Injury, NASHIA, Brain Injury Alliance of Iowa, and Safe States and work in partnership with the Injury & Disability program at Iowa HHS.





### Learning Objectives:

- 1) Understand the connection between traumatic brain injury and violence
- 2) Identify resources for improving your support to individuals living with a TBI who have been exposed to violence
- 3) Modify one policy, protocol, or practice

## **Promising Practices for Mental Health Providers**

### Description:

Using resources from SAMHSA, NSVRC, and the National Center on Domestic Violence, Trauma, and Mental Health, we examine current data and trends on mental health and violence exposure across the lifespan. This training is intended for mental health providers who want to increase their skillset when working with survivors of multiple forms of abuse, assault, and violence.

### Learning Objectives:

- 1) Identify one strategy for safety planning with clients
- 2) Understand the impact of abuse across the lifespan on mental health
- 3) Review grounding techniques and coping strategies commonly used within the victim service sector with survivors
- 4) Adapt one policy, practice, or protocol to improve the health, safety, and well-being of clients



## **Alcohol-density and Violence Prevention**

### Description:

This training explores the connection between alcohol density and violence. We will review evidence-based policies and community activities for reducing alcohol-related injuries and deaths that co-occur with violence.

### Learning Objectives:

- 1) Understand how alcohol-density and violence prevention are related
- 2) Identify policy, practice, or protocol for improving alcohol density and violence prevention
- 3) Develop goals to strengthen local coalitions and workgroups addressing substance use and safety

## **Iowa HHS-funded training and technical assistance provided by IowaCASA**

HHS contracts with IowaCASA to provide scholarships to nurses who want to become Sexual Assault Nurse Examiners (SANEs). We also contract with IowaCASA to deliver various sexual violence prevention training and workgroup initiatives. IowaCASA also provides training and technical assistance under our Rape Prevention and Education (RPE) program on preventing sexual violence before it happens. Our training and technical assistance catalog will complement their training and technical assistance services and prevention program. To learn more, visit [www.iowacasa.org](http://www.iowacasa.org).

## **Public Health Approach to Violence Prevention**

### Description:

The CDC has resources for action across the various forms of violence. We can provide the best available data to help inform your program's implementation of evidence-based and community-informed activities that prevent multiple forms of violence.

### Learning Objectives:

- 1) Review evidence-based resources for violence prevention
- 2) Practice building a collaboration map
- 3) Identify how coalition building can address violence through community leadership





## **Centers of Must & Centers of Trust**

### Description:

When grant funds are available, we provide culturally relevant training through a contract with Courageous Fire LLC. to increase safe spaces where Black women can receive services containing dignity and compassion as they show up fully as Black women during crisis. Courageous has always known her work would need to broaden to mitigate the harm of systems holding Black women accountable for the perpetrator's violence against them and their children. For more information, visit her [website](#).

### Learning Objectives:

- 1) Understand how to share power, be authentic, and build relationships
- 2) Identify data on the health consequences of violence exposure
- 3) Develop cultural humility

# Trainer Biographies (CVs available upon request)

## **Monica Goedken, MPA – Violence Prevention**

Monica is the Violence Prevention Coordinator with Iowa HHS. She currently works on various violence prevention programs, including; Rape Prevention and Education Program, State Sexual Violence Prevention, Preventive Health & Health Services Block Grant – Sex Offense Prevention, STOP VAWA/VOCA Public Health Response to IPV, SV, and HT, and Child Protection Centers. She has been involved with the Iowa Domestic Abuse Death Review Team, Maternal Mortality Review Committee, Abuse in Later Life CCR, Sexual Assault Kit Initiative, Human Trafficking Multi-disciplinary Team, Project Catalyst – Futures Without Violence, Dependent Adult Protective Advisory Council, and Advisory Council on Brain Injury and has provided expert witness testimony.

Before being at Iowa HHS, Monica was honored to be with the Iowa Coalition Against Domestic Violence (ICADV), where she was a Training and Program Development Specialist and the Housing & Economic Justice Action Today (HEAT) AmeriCorps Program Director. She provided certification training, facilitated Seeking Safety with survivors experiencing incarceration, hosted a Survivors' Speakers Bureau, was involved in public health initiatives, and supported victim advocates across the state.

In 2007, Monica started as an ACCESS volunteer and became the Volunteer & Internship Coordinator, Certified Domestic Abuse Advocate, and Certified Sexual Abuse Advocate. She was involved with the Story County Sexual Assault Response Team (SART), facilitated sexual assault support groups, and worked directly with survivors in emergency shelters, criminal legal settings, medical settings, and campus settings. She also was a respite care provider to children with intellectual and cognitive disabilities and was a substitute teacher for Head Start.

## **Derma Rivera, MPA – Violence Prevention**

Derma Lizeth Rivera-Aguirre has worked with communities in Des Moines, Iowa's social service programs since 1998. Her work has contributed to lessening violence and increasing human rights awareness in our community. Her experience with diverse populations and backgrounds has instilled an understanding of the issues regarding culture, language barriers, child abuse, domestic violence, sexual abuse, and the impact it has on children, their families, and the community.

Derma is bilingual as a Spanish speaker. She is visionary, creative, and able to see opportunities for process improvement. She is also a team-builder who communicates effectively interpersonally and within groups. Derma is a highly motivated individual with strong analytical and research abilities.

Derma graduated from Upper Iowa University with a Bachelor of Science with a double major in Criminal Justice and Psychology and completed a Master of Science degree at Drake University in Public Administration with an emphasis in Health Care Management.

She has managed programs that offered safe release support services, case management, and fingerprints to families and their children from different backgrounds and ethnicities who have experienced human trafficking, child abuse, intimate partner violence, and trauma.

Derma Rivera's management approaches adopt a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet children's and their families' needs.

Derma Rivera is the Violence Prevention Consultant at the Iowa Department of Health and Human Services. She manages the Violent Death Reporting System and the Iowa Domestic Abuse Death Review Team. She also provides workgroup facilitation, collaboration, training, and technical assistance within Violence Prevention programs.

## **PJ West, - Home Visiting**

Patricia (PJ) West is the Deputy Director of Iowa's Health and Human Services Maternal Infant Early Childhood Home Visitation (MIECHV) program. She has worked in the family support arena for over 25 years, starting her career at a local community action agency in southwest Iowa as the Family Development and Self-Sufficiency (FaDSS) Coordinator, where she was lucky enough to provide home visits to families.

In her current role at the department at IHSS, PJ provides program management at the state level and to local MIECHV contractors. PJ oversees many projects, and training family support professionals is one of her favorites. She is passionate about helping professionals understand their own "stuff" before they can successfully help others with theirs. She never wants anyone to forget what it's like to walk up to families' doors, knock, and have families let you in, where you become a part of their lives.

PJ serves on several councils specific to family support programming in Iowa, on a multitude of committees representing Iowa family support, and continues to serve on her local school board and childcare board. She has an incredible passion for family support

programming and simply helping people. She lives in a small town in southwest Iowa with her two daughters and all of their pets.

## **Courageous Fire. – Iowa HHS Contractor**

Courageous Fire is a Black woman who came to understand just how crushing the disparities of being a Black woman escaping violence are. Not just because of being a woman or being Black, but because she was *both*. As she continued to research after she achieved a more comfortable measure of “safety” from the abuser, she found out that she shared this truth with her sisters across the entire country. She wanted to know why.

One of the most significant factors was the historical context of who America had decided she and her Black sisters were - aggressive, hypersexual, provocative, angry, violent, malicious, sneaky, incapable of or highly tolerant of pain, strong, and loved to serve others to the point of self-sacrifice. This America could not host safe spaces to provide services to her and her sisters during crises. This America could not be trusted to meet the needs of her and the children she would often be left to raise alone. Courageous wanted to #changethenarrative.

She began Courageous Fire, LLC nearly five years ago to educate with a concentration on two distinct groups - [Centers of Trust](#) and [Centers of Must](#) - to increase safe spaces where Black women can receive services containing dignity and compassion as they show up fully as a Black woman during crisis. Courageous has always known her work would need to broaden to mitigate the harm of systems holding Black women accountable for the perpetrator’s violence against them and their children. That’s why she is diligent in forming and maintaining relationships in statewide systems in her collaborative work with organizations such as the Iowa Department of Health and Human Services, Children and Families of Iowa, and Iowa Healthiest State Initiative to make that happen.

## Additional Resources:

Futures Without Violence

<https://www.futureswithoutviolence.org/>

Centers for Disease Control and Prevention

<https://www.cdc.gov/violencePrevention/>

National Sexual Violence Resource Center

<https://www.nsvrc.org/>

National Network to End Domestic Violence

<https://nnedv.org/>

National Center on Domestic Violence,  
Trauma, and Mental Health

<https://ncdvtmh.org/>

National Intimate Partner and Sexual  
Violence Survey (NISVS)

<https://www.cdc.gov/violenceprevention/datasources/nisvs/index.html>

The Center on Partner-Inflicted Brain Injury

<https://www.odvn.org/brain-injury/>

National Organization of API Ending Sexual  
Violence (NAPIESV) National Resource  
Center on Sexual Violence

<https://napiesv.org/>

National Indigenous Women's Resource  
Center

<https://www.niwrc.org/>

National Resource Center on Domestic  
Violence

<https://www.nrcdv.org/>

Restore Forward – Black Women's Blueprint

<https://restoreny.org/black-womens-blueprint/>

Courageous Fire LLC.

[DV Tools | Courageous Fire, LLC  
\(cfirellc.com\)](https://dvtools.courageousfire.com/)

Iowa BRFSS (Behavioral Risk Factor  
Surveillance System)

<https://hhs.iowa.gov/about/performance-and-reports/brfss>

VetoViolence

<https://vetoviolence.cdc.gov/apps/main/home/>

Iowa AG's Victim Assistance Section  
Publications

<https://www.iowaattorneygeneral.gov/for-crime-victims/publications>

Iowa Domestic Abuse Death Review Team  
Reports

[2017 - 2018 IA DADRT Report Final \(2\) \(3\).pdf  
\(iowa.gov\)](https://www.iowa.gov/2017-2018-IA-DADRT-Report-Final-2-3.pdf)

Iowa Coalition Against Domestic Violence  
(ICADV)

<https://www.icadv.org/>

Iowa Coalition Against Sexual Assault  
(IowaCASA)

<https://www.iowacasa.org/>

Safe Youth Collaborative

[Home | Safe Youth Collaborative](https://www.safeyouthcollaborative.org/)

HEAL Trafficking

<https://healtrafficking.org/>

SOAR

<https://soarworks.samhsa.gov/>