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DV-HC
Leadership Council for
Domestic Violence & Health Care

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ADVANCING A COUNTYWIDE LISTENING INITIATIVE TO TRANSFORM SYSTEMS AND IMPROVE SURVIVOR OUTCOMES

A LEADERSHIP COUNCIL FOR DOMESTIC VIOLENCE AND HEALTH CARE REPORT

A synthesis of learnings from a countywide listening sessions conducted by:

Jenesse Center, Inc.
DOMESTIC VIOLENCE INTERVENTION PROGRAM

East Los Angeles WOMEN'S CENTER
WHERE YOUR *Silence* IS *Heard*

Community Legal Aid SoCal
Advocates for Justice in Orange and Los Angeles Counties

eliminating racism empowering women
ywca
San Gabriel Valley

www.dvhcla.org

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EXECUTIVE SUMMARY

BACKGROUND
Domestic violence (DV) is a significant public health crisis, with widespread impacts. National statistics show that more than 1 in 3 women and 1 in 4 men have experienced physical or sexual violence or stalking by an intimate partner. Additionally, certain communities—such as LGBTQ+ individuals, people with disabilities, immigrants, and people of color—experience disproportionately higher rates of DV. The health consequences of interpersonal violence and abuse are broad, affecting general health, mental/behavioral health, reproductive health, and more. To address this issue effectively, a trauma-informed, survivor-centered approach is essential.

In 2017, a consortium of four domestic violence advocacy organizations—Jenesse Center, East Los Angeles Women's Center, YWCA of San Gabriel Valley, and Community Legal Aid SoCal—formed the Domestic Violence and Health Care Leadership Council (DVHCLA) to change systems within Los Angeles County and develop survivor-centered care networks.

PURPOSE
In 2023, the DVHCLA launched a countywide listening initiative aimed at engaging key stakeholders, including survivors, to break down silos between sectors and improve outcomes for DV survivors. The initiative's goal was to identify barriers, lift promising practices, and promote collaboration to address inequities across the five supervisorial districts of Los Angeles County.

METHODOLOGY
Over a series of listening sessions conducted from June 2023 to September 2024, more than 160 participants—including survivors, healthcare providers, and domestic violence advocates—came together. These sessions were designed to foster dialogue, provide expert insights, and identify service gaps, barriers, and opportunities for improvement. Key themes emerged from the discussions, highlighting the need to center survivor voices and develop trauma-informed, culturally responsive care for DV survivors.

KEY THEMES & FINDINGS
- **Survivor Voices:** Survivors consistently expressed feelings of being unseen, unheard, and retraumatized in healthcare settings. There was a universal call for care that is trauma-informed, culturally

affirming, and survivor-led.

- **Best Practices:** Successful strategies include warm handoffs between healthcare and DV support providers, service co-location, and community-based awareness events.
- **Gaps and Barriers:** Key issues included fragmented services, long wait times, provider bias, and systemic failures to support survivors dealing with multiple traumas. Inadequate funding and resources for programs were also common concerns.
- **Training and Capacity Gaps:** There is a critical need for enhanced training for service providers on DV screening, trauma-informed care and responses, and cultural competency.

CROSS-DISTRICT HIGHLIGHTS

Across the five districts, participants highlighted unique challenges, including the need for housing models that affirm gender-diverse survivors, reform of mandatory reporting laws, and better integration of healthcare and DV services. Specific gaps included the need for substance use treatment access, support for male survivors, and systems that address intersecting issues (i.e. homelessness, mental health, and substance abuse).

CONCLUSION

This report emphasizes the importance of systems-level changes to improve care for DV survivors in Los Angeles County. These recommendations serve as a blueprint for a coordinated, survivor-centered care system, requiring collective efforts from funders, policymakers, service providers, and survivors themselves. By embracing these recommendations, Los Angeles County can create an equitable system where every survivor receives the care and support they deserve.

RECOMMENDATIONS

- **Engage Survivors**: Actively involve survivors in policy advocacy and legislative reform, particularly regarding mandatory reporting laws.
- **Expand Service Access**: Advocate for Medi-Cal policy changes and better integration of DV and healthcare services. Support the creation of a countywide shared database to improve service coordination.
- **Improve Funding and Training**: Secure flexible funding for survivor-centered services and prioritize capacity building efforts for service providers.
- **Prioritize Primary Prevention**: Expand primary prevention to include boys and men, while strengthening awareness and visibility of resources in public spaces.
- **Formalize Partnerships**: Develop formalized partnerships with community-based organizations, including faith-based and culturally specific services, to strengthen service networks.

BACKGROUND

Domestic violence (DV) is a critical public health issue that demands focused attention. The national prevalence of DV is astounding. According to the CDC and the National Intimate Partner and Sexual Violence Survey, more than 1 in 3 women and 1 in 4 men have experienced physical or sexual violence or stalking by an intimate partner in their lifetime. About 1 in 7 women have been injured by an intimate partner. And, some communities experience DV at disproportionately higher rates. For example, LGBTQ+ individuals, people with disabilities, immigrants, and communities of color experience heightened rates of DV, often compounded by systemic barriers to accessing services. Moreover, DV remains grossly underreported.

The health impacts of DV are very well documented, spanning general health, mental and behavioral health, reproductive and perinatal health, impacts on early childhood development, and overall well-being and life expectancy. Additionally, DV causes a myriad of impacts on the health of families and communities. Given what is known about DV, it requires an effective, trauma-informed, and survivor-centered public health approach.

In 2017, a consortium of four committed DV advocacy programs joined forces to develop the Domestic Violence and Health Care Leadership Council (DVHCLA). These organizations–Jenesse Center, East Los Angeles Women's Center, the YWCA of San Gabriel Valley, and Community Legal Aid SoCal–have been leading the charge to change systems in Los Angeles County ever since. From self-organizing around a shared vision to forging new pathways to strengthen promising practices around DV and health care partnerships, the Leadership Council has been advancing transformative collaboration and strategies toward a truly survivor-centered care network.

PURPOSE

In 2023, the Leadership Council embarked on a countywide listening initiative designed to engage a diverse range of key stakeholders, partners,

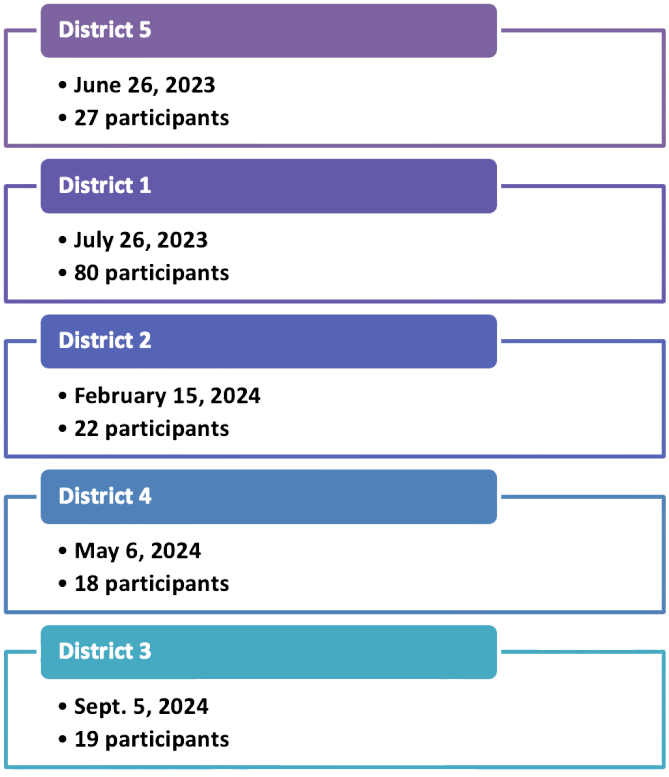
community-based organizations, and, most importantly, survivors. The goal was to learn directly from those with lived experience and those on the frontlines, help to break down silos between sectors, and inform actionable strategies to improve access to supports and outcomes for survivors throughout Los Angeles County. The Leadership Council aimed to listen and learn in order to intentionally address inequities, identify barriers across each district, lift promising practices, elevate survivor voices, and promote collaboration.

METHODOLOGY

The Leadership Council conducted a series of listening sessions across the five supervisorial districts of Los Angeles County from June 2023 to September 2024. These sessions convened over 160 participants, including survivors, health care providers, domestic violence advocates and program administrators, community-based organizations, County and national partners, and other key stakeholders.

The sessions were hosted and facilitated by DVHCLA members and featured expert panels, survivor speakers, and intentional discussion exercises to facilitate a meaningful exchange around the prevalent issues in each district, best practices, and important service needs, gaps, and barriers. The Leadership Council aimed to create safe spaces for reflection and dialogue, ensuring that all voices, especially those of survivors and marginalized communities, were heard.

This report highlights the common threads and insights that emerged from the series. It will call out specific opportunities, barriers, and challenges across each district and share critical recommendations for transforming systems within Los Angeles County. Ultimately, it will provide a potential blueprint for advancing the next phase of this work.



CROSS-DISTRICT SYNTHESIS: KEY THEMES AND FINDINGS

While there were some marked distinctions , recurring themes emerged across the five districts: the critical need to center lived experience in services, supports, practice, policy, and systems; and the identification of key barriers and challenges in providing trauma-informed, culturally responsive care to survivors in Los Angeles County.

Centering Survivor Voices
Survivor voices were central to every listening session. Across all districts, survivors consistently described feeling unseen, unheard, or retraumatized in various health care settings. The stories they shared amplified the common and unfortunate absence of trauma-informed care, the stigma they experienced from providers, and systemic failures that compounded their trauma (i.e. homelessness, substance use/misuse, and chronic health conditions). Throughout the series, survivors underscored the need for systems and providers that are able to listen without judgment, offer culturally affirming care, integrate survivor-led support, and create pathways to safety and healing. For survivors with intersecting identities, including LGBTQ+ individuals, undocumented people, and people with disabilities, meeting these needs is even more critical to ensure equitable access to care and healing-centered support.

Best Practices
Each listening session dedicated ample time to exploring the tried and true best practices that are making a difference across the County. These strategies include making warm handoffs between healthcare and DV support service providers; developing and maintaining intentional partnerships to expand their service network; co-location of staff; and convening various community-based awareness events to increase visibility of support resources available.

Gaps and Barriers
Unfortunately, conversations about gaps, needs, and barriers were the most extensive, demonstrating the critical need for real systems change in Los Angeles County. Despite efforts to build partnerships, services across the County remain fragmented. Survivors expressed concerns around having to navigate a

a maze of disconnected systems, made worse by long wait times, and rigid protocols not adaptable or sensitive to their unique needs. Participants also discussed inadequate response to supporting survivors with multiple traumas and intersecting issues, such as mental health issues, substance use/misuse, chronic homelessness, and poverty.

Many programs are under-resourced and understaffed, creating even more limitations in service provision. Other significant barriers and service gaps discussed included elements around limited or restricted funding to meet the needs of survivors, lack of adequate funding to support service provision, the common experience of provider bias in care, and challenges with care navigation and data sharing due to HIPAA and confidentiality laws.

Mandated reporting laws were consistently cited as a deterrent for help-seeking for fear of child welfare involvement. Participants discussed the ways in which current mandated reporting laws pose barriers across districts, discourages disclosure, and increases the odds of family separation.

Lastly, participants talked about the harm that is often created through healthcare systems due to stigma experienced from providers, navigating provider bias and judgment, not being believed, and a lack of person-centered, culturally-responsive care.

Training and Capacity Gaps
Participants discussed the dire need for provider and staff training and overall capacity building across districts (and sectors). They discussed an overarching theme of providers lacking confidence and comfort when addressing and responding to DV, such as screening and universal education approaches, what to do and say after a disclosure, where to refer for support, and how to best navigate the mandated reporting landscape.

LOCATIONS

District 1	Los Angeles, CA 90033 (Los Angeles General Medical Center)
District 2	Inglewood, CA 90302
District 3	Sylmar, CA 91342 (Olive View Medical Center)
District 4	Long Beach, CA 90815
District 5	Covina, CA 91723

DISTRICT HIGHLIGHTS

DISTRICT 1
Participants described a deep erosion of trust between survivors and providers, fueled by cultural dynamics and provider biases. While the East Los Angeles Women's Center shelter-based model exemplifies an effective integrated care model, gaps persist in prevention programming for boys and men, and in services addressing the intersection of DV with homelessness and substance use.

Gaps and Needs:

- Emphasis on providers being "stuck" in siloed services and not working together around service provision
- Need for more provider training on practicing compassionate, non-judgmental, trauma-informed care
- Need for greater accessibility of outpatient and residential substance use disorder treatment services for survivors
- Need to advocate for CalWORKs benefits

Best Practices:

- Routine DV screening in the emergency department setting
- Engagement with community-based events

DISTRICT 2
Participants stressed the need for housing models that affirm gender-diverse survivors and discussed the need for reform around mandatory reporting laws. They also identified opportunities to leverage current funding opportunities and integrate newly reimbursable roles as trusted navigators embedded into healthcare settings.

Gaps and Needs:

- Emphasis on providers being "stuck" in siloed services and not working together around service provision
- Housing barriers for nonbinary survivors
- Need for expanding and leveraging funding mechanisms

Best Practices:

- Leverage ARP COVID-19 Testing, Vaccines, and Mobile Health Funds to support partnerships and health advocacy
- Leverage opportunities (and explore new ones) within Medi-Cal, such as newly reimbursable options for doula, Community Health Worker, and Promotora services

- Development of social enterprise models, such as creating and selling products and services that can directly support survivor services

DISTRICT 3

Participants underscored the critical need for complete legislative reform of mandatory reporting laws, as current requirements deter help-seeking by survivors out of fear of child welfare involvement and family separation.

Gaps and Needs:

- Need for Medi-Cal billing system improvements
- Critical data sharing limitations pose obstacles to making warm referrals and cross-system collaboration
- Resistance from healthcare professionals to partner with DV programs and change organizational policy and practice

Best Practices:

- Integration of formalized partnerships and MOUs
- Bi-directional trainings with partners

DISTRICT 4

Participants underscored the critical need for complete legislative reform of mandatory reporting laws, as current requirements deter help-seeking by survivors out of fear of child welfare involvement and family separation.

Gaps and Needs:

- Provider discomfort in addressing and responding to DV
- Need for early access to legal aid and support around building economic security for survivors
- Need for training on DV, trauma-informed care, and culturally competent screening practices
- Advocacy for systemic changes within CalAIM and broader financial support for survivors

DISTRICT 5

Participants unpacked challenges faced by male survivors and individuals with disabilities, emphasizing the need to expand culturally responsive, holistic support services and center partnership development with culturally-specific, community-based organizations, especially faith-based organizations and disability-focused programs.

Gaps and Needs:

- Need for extra support around care and service navigation
- Need for more robust partnerships with diverse community-based agencies
- Need for more robust support services for male survivors
- Urged culturally responsive practices and inclusion of survivors with complex health conditions, such as lupus and stroke
- Under-resourced DV support services

A CULMINATION OF SYSTEMS-CHANGE RECOMMENDATIONS

Center lived experience in policy advocacy.

- Engage survivors in policy advocacy, funding allocation, and systems design.
- Engage and center survivors in legislative reform of mandatory reporting laws to reduce barriers to survivors' help-seeking.
- Advocate for Medi-Cal policy change and leverage opportunities within Medi-Cal to expand safety net services and privacy for DV survivors.
- Revise organization and county-level performance metrics to include survivor-reported experiences of safety, dignity, access, and healing.

Prioritize systems-level improvements across healthcare and DV support services.

- Integrate a universal education approach for addressing and responding to DV in healthcare settings.
- Support health advocacy to address survivor health needs and improve access to care within DV support and shelter settings.
- Continue to interrogate current mandatory reporting laws and explore survivor-centered alternatives to reporting laws.
- Develop systems for a Countywide shared database within the healthcare and DV support services.
- Expand primary prevention efforts to be more inclusive of boys and men.

Strengthen accessibility and navigation of survivor-centered supports and services.

- Establish clear processes for making warm handoffs to trusted service providers across DV, healthcare, mental health, and social services.
- Develop a cross-sector resource hub to centralize and maintain accessibility of survivor-centered service providers: DV, shelters, mental/behavioral health, legal aid, housing, health services, health literacy and enrollment support, prevention resources, children's services, family supports, and support for people who use harm.

- Increase visibility of resources in the community, such as schools, workplaces, and churches.

Strengthen cross-sector, bidirectional partnerships.

- Develop and formalize partnerships through MOUs.
- Strengthen partnerships with culturally specific organizations to meet the needs of high-risk communities, such as faith-based organizations, disability services, schools and youth programs, LGBTQ+ services, programs supporting people of color, and immigration support.
- Foster integrated care networks and co-location or shared space models.
- Identify and engage champions within partnerships and communities.

Leverage and seek effective funding strategies.

- Advocate for flexible, unrestricted funding to support sustainable services Countywide.
- Develop social enterprise models to help sustain support services for survivors and their families.
- Advocate for transparency in funding to ensure funds actually benefit survivors, not just administrative overhead.
- Prioritize investments in prevention efforts as well as flexible, unrestricted funding for survivor and family-serving organizations.

Prioritize training and capacity building efforts to ensure greater comfort, confidence, and competence of various service providers.

- Integrate DV and trauma-informed, survivor-centered practices within all levels of medical and nursing education programs.
- Integrate core training on DV and trauma-informed response in new hire onboarding and at least annually, and prioritize funding allocation to support ongoing training efforts.
- Foster individual and organizational-level practices of non-judgmental care and explore implicit bias.
- Provide community-based education on DV, health and supports to expand reach, support community-level awareness and service navigation, and reduce stigma.
- Take a team-based and broad-scope approach to training efforts, including administrative and support staff, law enforcement, child welfare, County partners, elected officials, community service providers and funders.

CONCLUSION

This report is intended to circulate new, relevant, and timely ideas for advancing survivor-informed systems-change work across Los Angeles County. These changes require a concerted effort—one that brings together funders, policymakers, administrators, elected officials, frontline workers, thought leaders, and, most importantly, survivors. Together, we can create a system where every survivor receives the care, dignity, and support they deserve.

Thank you to all who made this listening session series possible and contributed to these vital conversations.

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ABOUT US

The Leadership Council for Domestic Violence and Health Care—funded by Blue Shield of California Foundation—is a network comprised of leading domestic violence (DV) service providers in Los Angeles working together to:

- promote cross-sector collaboration to strengthen services and support for survivors;
- address and respond to trauma and the health impacts of violence; and
- break the cycle of domestic violence in Los Angeles County.

In response to need to transform healthcare response to DV, BSCF, with technical assistance and support from Futures Without Violence, pioneered the Domestic Violence & Health Care Partnership (DVHCP) project from 2014-2017. A total of 19 partnerships between healthcare organizations and DV advocacy programs were engaged across the state with the intent of improving DV response through practice, policy and systems change in health and advocacy program settings.

Four sites in particular—Jenesse Center, Inc., YWCA of San Gabriel Valley, East Los Angeles Women's Center, and Community Legal Aid SoCal—self-organized in 2017 out of commitment to not only change systems within their own organizations, but across the County as well. Together, they developed the Leadership Council.

The Leadership Council brings together key players to promote systems that address these critical intersections. They aim to advance an integrated care network for survivors; share best practices in intersectional approaches; and inform transformative systems and policy change recommendations to better support communities impacted by DV within Los Angeles Count. This work includes:

- Increasing training opportunities for health and DV service providers;
- Educating partners and stakeholders on policy barriers and solutions to advance service integration;
- Convening an annual symposium to foster powerful learning exchange and networking, and share new developments in sustainable models; and
- Leading the Health Committee of the LAC Domestic Violence Council to support countywide cross-sector collaboration.

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