

# ORANGE COUNTY WOMEN'S HEALTH POLICY BRIEF: DOMESTIC VIOLENCE, MENTAL HEALTH, AND SUBSTANCE ABUSE

April 2017

*Understanding and addressing the mental health and substance abuse needs of domestic violence survivors in Orange County*

## EXECUTIVE SUMMARY

In 2016, the Orange County Women's Health Project led the Orange County Health & Domestic Violence Task Force in a Needs Assessment and Planning Process to understand the intersection between domestic violence, mental health, and substance abuse in Orange County and to develop recommendations addressing any gaps. Two questions guided this process:

1. What are the mental health and substance abuse needs of domestic violence survivors in Orange County?
2. Does the county have the capacity to meet these needs?

After reviewing data, conducting a focus group, interviews, and surveys, and scanning the research literature, the Health & Domestic Violence Task Force concluded as follows:

- Domestic violence survivors often experience serious co-occurring mental health and/or substance abuse issues that complicate the delivery of domestic violence services.
- There appears to be adequate mental health counseling services, but not enough *psychiatry* services, accessible to domestic violence survivors in Orange County. The county must do a better job reducing barriers and connecting domestic violence survivors to mental health resources.

- In contrast, there are not enough substance abuse services in general, and those that do exist are not accessible to domestic violence survivors in the county. The county must increase capacity around substance abuse services.

In response, the Health & Domestic Violence Task Force offers the following recommendations:

1. Provide **Cross-Training** to domestic violence, mental health, and substance abuse providers on the intersection of these three issues, emphasizing the heightened privacy/safety needs of domestic violence survivors;
2. **Co-Locate** domestic violence, mental health, and substance abuse services in a holistic and family-friendly fashion where possible; and
3. Develop and distribute **Resource Materials for First Responders** about the intersection of domestic violence, mental health and substance abuse.



# OVERVIEW

## BACKGROUND

The Orange County Women’s Health Project (OCWHP) is a nonprofit dedicated to advancing women’s health in Orange County through education, collaboration, and advocacy. In 2012, the OCWHP determined that local health care providers were not screening their female patients for domestic violence (DV), even though domestic violence affects over one in four Orange County women and produces significant health consequences for these women and their families. Accordingly, in the spring of 2013, the OCWHP partnered with the four state-funded DV organizations based in Orange County – Human Options, Interval House, Laura’s House and Women’s Transitional Living Center – to launch the Orange County Health & Domestic Violence (HDV) Task Force. The original purpose of the HDV Task Force, which has engaged over fifty organizations and individuals, was to raise awareness that domestic violence is a health issue and to train local health care providers how to screen, counsel, and make appropriate referrals for domestic violence.

In October 2013, Blue Shield of California Foundation (BSCF) awarded a planning grant to the OCWHP to lead the HDV Task Force in developing a vision for a countywide, integrated and collaborative Health & Domestic Violence System in Orange County. The OCWHP spent six months conducting a Needs Assessment (on the gaps between the healthcare sector and other sectors that support DV survivors) and scanning the research literature for best practices and validated screening tools. Ultimately the

OCWHP and HDV Task Force recommended a set of four strategies that would, if implemented in a coordinated manner, integrate services and strengthen referrals between healthcare and other DV service providers in Orange County. These strategies are:

1. Develop and deliver **Cross-Disciplinary Training** (CDT) programs about health and domestic violence for health care and social service providers.
2. Establish a comprehensive, user-friendly, and up-to-date **Central Clearinghouse** (CC) for domestic violence resources and referrals.
3. Develop and launch a **Public Health Campaign** (PHC) with the message that domestic violence affects your health and help is available from your health care provider.
4. Assess the **Mental Health and Substance Abuse Needs** (MH/SA) of domestic violence survivors.

Subsequently, BSCF awarded a significant implementation grant to the OCWHP to realize this vision over four years. The OCWHP awarded over half of the funds to local service providers, and collectively, the OCWHP and the funded sub-grantees, together with members of the HDV Task Force who participate in the implementation of the strategies and related evaluation activities, are referred to as the Domestic Violence & Health Collective – Orange County (DVHC-OC).

OCWHP DETERMINES  
HEALTH CARE PROVIDERS  
NOT SCREENING FOR DV

HDV PLANNING  
PROJECT

NEEDS ASSESSMENT  
& PLANNING  
RE: MENTAL HEALTH  
& SUBSTANCE ABUSE

2011

2012

2013

2013-2014

2015

2016

OCWHP  
FORMS

OCWHP  
FORMS HDV  
TASK FORCE

IMPLEMENTATION  
BEGINS

Domestic violence survivors often experience mental health and/or substance abuse issues that complicate the delivery of domestic violence services in Orange County

## DOMESTIC VIOLENCE AND HEALTH

Domestic violence, also referred to as intimate partner violence (or IPV), is defined as “a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic or psychological actions or threats of actions that influence another person.”<sup>1,2,3</sup>

Nationwide, between one-quarter and one-third of American women report being physically or sexually abused by a husband or boyfriend at some time in their lives.<sup>4,5</sup> Locally, 26.3% of Orange County women report having experienced physical or sexual violence by an intimate partner as an adult.<sup>6</sup>

The U.S. Centers for Disease Control and Prevention (CDC) as well as the World Health Organization (WHO) characterize domestic violence as a national and international public health problem.<sup>7,8</sup> According to numerous studies published over the last two decades, DV survivors experience serious medical issues, including not only the physical injuries sustained during an attack, but also significant mental health and/or substance abuse problems (see table 1).<sup>9</sup> Women who have

experienced IPV are at higher risk for problems of depression, anxiety, Post-Traumatic Stress Disorder (PTSD) and substance abuse than those who have not.<sup>10,11,12,13</sup>

## INTERSECTION WITH MENTAL HEALTH OR SUBSTANCE ABUSE

As mentioned above, DV survivors often have unmet needs related to mental health and/or substance abuse that can complicate the delivery of domestic violence services. During the original Needs Assessment in 2013, the local DV organizations reported they were not able to house such clients because the shelters have neither the medical staff, nor equipment, nor licensure to manage such conditions, and because the client’s behavior may put the other residents or staff at risk.

Further, the DV organizations shared that DV survivors struggling with serious mental health or substance abuse issues face multiple day-to-day challenges that can hinder their progress in a DV program. For example, some DV clients forget to bring their medications with them in their haste to leave a violent relationship. Others refuse to visit their regular doctor because their abusive partner knows the location or appointment time. Some clients will not use their insurance for fear that

Table 1. HEALTH PROBLEMS RESULTING FROM EXPOSURE TO DOMESTIC VIOLENCE

| GENERAL HEALTH   | MENTAL HEALTH  | SUBSTANCE ABUSE  | SEXUAL & REPRODUCTIVE HEALTH  |
|--|--|--|---|
| <ul style="list-style-type: none"> <li>• Homicide</li> <li>• Injuries</li> <li>• Headaches</li> <li>• Back pain</li> <li>• Abdominal pain</li> <li>• Fibromyalgia</li> <li>• Gastrointestinal disorders</li> <li>• Limited mobility</li> <li>• Poor overall health</li> <li>• Chronic pain</li> <li>• Reoccurring central nervous system symptoms (fainting and seizures)</li> </ul> | <ul style="list-style-type: none"> <li>• Depression</li> <li>• Post-Traumatic Stress Disorder (PTSD)</li> <li>• Anxiety disorders</li> <li>• Sleep difficulties</li> <li>• Eating disorders</li> <li>• Suicide attempts</li> </ul> | <ul style="list-style-type: none"> <li>• Increased smoking</li> <li>• Drug and alcohol misuse</li> </ul> | <ul style="list-style-type: none"> <li>• Gynecological problems</li> <li>• Sexually Transmitted Infections</li> <li>• Unintended pregnancies</li> <li>• Induced abortions</li> <li>• Increased risk of:                             <ul style="list-style-type: none"> <li>• Miscarriages</li> <li>• Stillbirths</li> <li>• Pre-term delivery</li> <li>• Low birth weight babies</li> </ul> </li> </ul> |

Source: World Health Organization, *Violence Against Women*, Nov. 2016.  
Jacquelyn C. Campbell, *Health Consequences of Intimate Partner Violence*, The Lancet, 2002.

# NEEDS ASSESSMENT



the Explanation of Benefits or other insurance paperwork will be sent to the abusive partner, while others have no insurance and cannot afford medical care in the first place.

Domestic violence service providers (including the four state-funded DV organizations as well as other social services agencies that serve DV survivors in Orange County) want to help their clients access needed mental health and substance abuse services, and they want to facilitate their clients' compliance with treatment protocols. However, these DV service providers do not have relationships with many behavioral health providers, and they believe that there are not enough mental health or substance abuse providers to serve their clients at their time of need. They also assert that their clients cannot access such services due to cost, lack of coverage, childcare, transportation and other barriers.

Thanks to generous grant funding from the BSCF and the Orange County Community Foundation - Margaret E. Oser Fund for Women, in 2016 the OCWHP led the HDV Task Force in a yearlong Needs Assessment, reviewed existing data about the prevalence of domestic violence, mental health and substance abuse in Orange County, and scanned the literature for promising practices for addressing these conditions together. The HDV Task Force then discussed the findings, evaluated different strategies, and issued recommendations.

## NEEDS ASSESSMENT OVERVIEW

To better understand the current landscape and barriers to serving DV survivors in Orange County, the OCWHP conducted a Needs Assessment that inquired as follows:

- What are the mental health and substance abuse needs of DV survivors in Orange County?
- What mental health and substance abuse services are available for DV survivors in Orange County?
- What are the biggest obstacles to accessing, counseling, and referring DV survivors to mental health and substance abuse services in Orange County?
- How can the county integrate services and systems to mitigate the impact of domestic violence in Orange County?
- What are the opportunities to achieve this integration?

The data collection activities included a review of existing data and the following:

1. Focus Group – One focus group with six individuals representing the four state-funded DV organizations based in Orange County.
2. Interviews – 12 interviews with individuals representing community-based, county, and faith-based organizations that provide services or programs to individuals experiencing domestic violence, mental health, and/or substance abuse, plus follow-up interviews with the four state-funded DV organizations based in Orange County.
3. Provider Surveys – 67 surveys (with 30 questions) completed by providers.
4. Client Surveys – 175 surveys (with 31 questions) completed by survivors, including 15 completed in Spanish.

## FINDINGS - BARRIERS AND GAPS

The Needs Assessment identified various barriers and gaps facing DV survivors seeking mental health and substance abuse services in Orange County. The interviews, focus group, and surveys revealed that local DV survivors experiencing **mental health** issues (most commonly anxiety, depression, and PTSD) struggle with the high cost and wait lists for mental health services, especially psychiatric services, in Orange County (see figure 1). Although all of the state-funded DV organizations in Orange County offer on-site psychological care, such as individual therapy, counseling, and group sessions, none provides on-site psychiatric care, such as diagnosis or medication management. Admittedly, the need for psychiatric care is sporadic, but when it is needed the cost and current wait times prove prohibitive for most clients. Notably, DV survivors typically exit emergency shelter within 30-45 days, which may be before they can see a psychiatrist or stabilize a new medication.

In addition, DV survivors experiencing mental illness may *not* be considered an immediate danger to self, and therefore are ineligible for certain publicly funded services, but nevertheless remain in need of, and unable to secure, mental health care. Likewise, DV survivors are occasionally referred out-

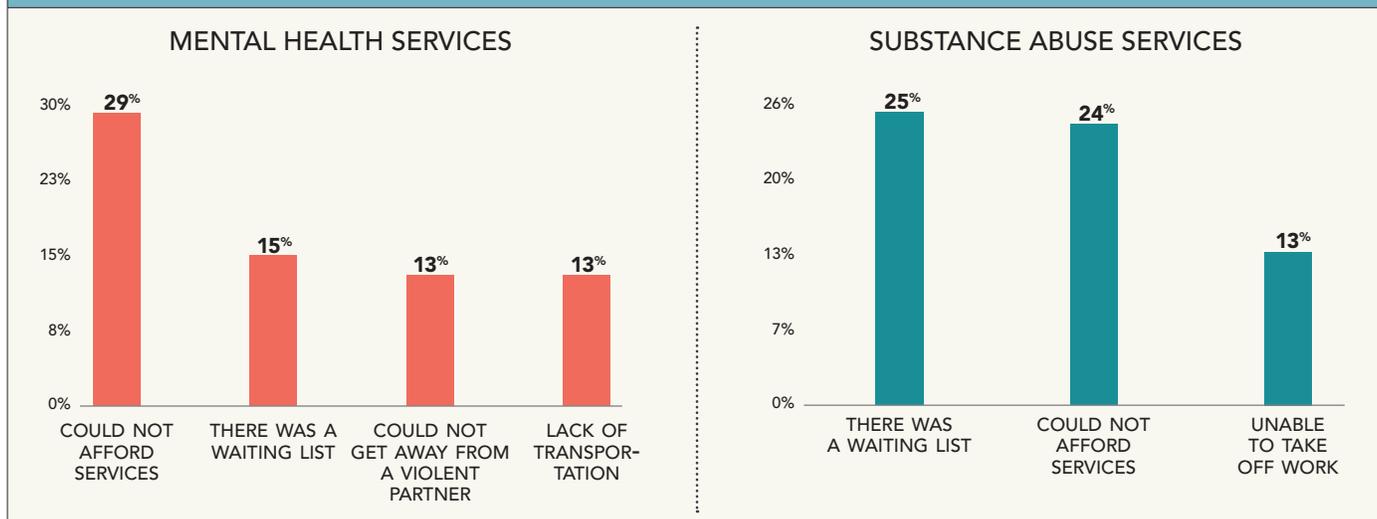
of-county for services but do not have transportation to access such services.

Moreover, DV survivors have heightened concerns about their safety, privacy and confidentiality when seeking non-DV services, and the stigma associated with mental health and substance abuse services may further discourage DV survivors from seeking care.

Similarly, the Needs Assessment revealed that DV survivors with **substance abuse** issues (most commonly alcohol, heroin, and marijuana) struggle with the high cost and wait lists for treatment, eligibility issues, inflexible hours, childcare, and other barriers in Orange County (see figure 1). Although some of the state-funded DV organizations in Orange County offer Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings on-site, none provides advanced substance abuse treatment on-site. Moreover, most local substance abuse treatment centers are not family-friendly. This is particularly challenging for DV survivors, who must suspend contact with their families and friends when they enter a residential DV shelter and therefore cannot tap into their pre-existing support network for help with childcare while receiving mental health or substance abuse treatment.

The Needs Assessment also revealed that services for domestic violence, mental health,

Figure 1. TOP BARRIERS FOR DOMESTIC VIOLENCE SURVIVORS WHEN ACCESSING SERVICES IN OC:





and substance abuse are not commonly integrated or co-located. Research on these problems also tends to be compartmentalized. According to various studies, substance abuse providers typically do not offer concurrent DV services,<sup>14</sup> DV shelters typically do not provide in-house substance abuse treatment,<sup>15</sup> and mental health providers do not routinely screen for domestic violence.<sup>16</sup> There is therefore a growing call for coordinated community services.<sup>17,18,19,20,21</sup>

The literature also indicates that DV clients, in their own perception, may compartmentalize their care needs, not recognizing their inter-relatedness.<sup>22</sup> For example, among ethnic minority women, clients are embarrassed to disclose they are being abused, and they are also reluctant to acknowledge having a mental health problem. Their lack of familiarity with the mental health system is compounded by their fear that their families, who are also unfamiliar with the system, will disapprove of their receiving mental health care. As with general health care access, language deficiencies, lack of financial resources or insurance coverage, social isolation, and fear of government agencies (especially among Latinas) are prominent barriers. Some women want to protect their partners, but various forms of partner intrusion impede women's receipt of mental health care. Moreover, there can be culturally-based stigma-related concerns, and some religious communities might reinforce the thought that it is best to keep domestic violence a secret.<sup>23</sup>

## FINDINGS – OPPORTUNITIES

In addition to identifying barriers and gaps, the Needs Assessment explored potential opportunities to reduce barriers and close gaps. The good news is that local providers are aware of and take advantage of existing referral networks. A majority of providers who responded to the provider survey reported that they use 211-OC, Family Resource Centers (FRCs), and the OC LINKS behavioral health line (855-625-4657) to connect clients to mental health services. A similar (albeit smaller) majority also uses these networks for substance abuse referrals, plus they refer to AA and NA for community programs, local hospitals for detox services, and treatment centers for recovery services.

## MENTAL HEALTH

Importantly, the expansion of Medi-Cal and other efforts to achieve behavioral health integration with physical health under both the Affordable Care Act and Mental Health Services Act (Proposition 63) present exciting new opportunities to improve access to mental health services for DV survivors. For example, beginning in 2014, Medi-Cal expanded to provide outpatient mental health services for enrollees with mild-to-moderate mental health conditions. To this end, CalOptima (the local Medi-Cal Administrator) has developed a behavioral health network to respond to the mental health needs of its beneficiaries in Orange County. Moreover, the Orange County Health Care Agency (OC HCA) recently opened a [Community Counseling and Supportive Services site](#) to provide mental health services for uninsured and underinsured individuals with mild-to-moderate conditions.

Notwithstanding the emergence of these new mental health services and networks, the Needs Assessment found that individuals do not fully utilize these services because they do not know about them, fear having to navigate the system, and/or wish to avoid the stigma associated with mental health. There is therefore an opportunity to increase

outreach and educate DV survivors and service providers about existing and new mental health services, eligibility criteria, and how mental health impacts physical health and well-being.<sup>24</sup> Stigma can also be addressed through efforts such as the statewide “Each Mind Matters” mental health awareness campaign.<sup>25</sup>

## **SUBSTANCE USE**

As mentioned above, the Needs Assessment confirmed that providers use existing referral networks to link individuals to services. Moreover, many local mental health and substance abuse providers utilize trauma-informed care and harm reduction models that focus on meeting their clients/patients where they are, which is an approach favored by the state-funded DV organizations. However, as mentioned above, there are not enough substance abuse treatment services to meet the current need of DV survivors in Orange County, and very few welcome clients with their children.

Fortunately, several cross-sector, countywide collaboratives, such as the WE CAN Coalition<sup>26</sup> and the Families and Communities Together (FaCT) program,<sup>27</sup> have launched initiatives to address the substance abuse service gaps among families that are at risk for or have been impacted by child abuse and domestic violence. These efforts should help raise awareness of the service gaps, leverage resources, and enhance the provision of family-friendly substance abuse services.

## **RECOMMENDATIONS**

### **1. CROSS-TRAINING**

As explained earlier, the DVHC has developed a Cross-Disciplinary Training (CDT) and is delivering the CDT to health care and social service providers in Orange County through mid-2018. The purpose of the CDT is to promote consistent screening, counseling and referrals for DV services by health care and social service providers. The HDV Task Force recommends that the CDT be updated to address the intersection of domestic violence,

mental health and substance abuse, and that a modified version of the CDT be developed for a behavioral health provider audience. This modified version should include information about barriers, screening methodology, and eligibility criteria for different DV shelters and programs. In addition, a behavioral health provider should participate on the training team along with a DV provider. The aim of this modified training is to increase DV screening and referrals by behavioral health providers.

The HDV Task Force also recommends training DV providers about behavioral health issues and services. To this end, the DV organizations should collaborate with the OC HCA Behavioral Health Services, CalOptima, and other behavioral health networks to offer training on mental health and substance abuse treatment services in Orange County. The training team should explain how to recognize and assess for mental health or substance abuse, and it should determine whether a common referral protocol is needed for warm transfers between DV service providers and behavioral health providers.

### **2. CO-LOCATE SERVICES**

Co-location of domestic violence, mental health, and/or substance abuse services was highly recommended by the HDV Task Force with the understanding that the goal is not only to co-locate, but also to coordinate services to ensure optimal service delivery for clients. The HDV Task Force also recommends offering on-site childcare at outpatient programs and housing for families at inpatient programs wherever possible.

In addition, the HDV Task Force recommends providing affordable and timely psychiatry services at DV shelters, FRCs, and other community sites that serve DV survivors. This may be achieved by developing a rotation schedule for medical residents or advanced practice nursing students at various DV service sites; by coordinating with Federally Qualified Health Centers, OC HCA Behavioral Health Services, Orange County Medical Association,

# CONCLUSION



and other professional medical groups to identify providers (MDs, NPs or PAs) who can offer timely and affordable psychiatry services on call; by offering tele-psychiatry for DV survivors at DV Shelters, FRCs or other community sites; and by working with 211 to expand its database to include affordable psychiatry resources.

Similarly the HDV Task Force recommends offering DV services at behavioral health service sites. The OCWHP has recently begun working with OC HCA Behavioral Health Services to improve placement of their clients at existing Personal Empowerment Program (PEP) classes<sup>28</sup> in Orange County, and it will support piloting a new PEP class at OC HCA Behavioral Health Services' Community Counseling & Supportive Services site if necessary. In addition, the HDV Task Force recommends offering DV group/education/legal advocacy programs at other behavioral health sites.

### 3. MATERIALS FOR FIRST RESPONDERS

Lastly, the HDV Task Force recommends creating materials for first responders about the intersection of domestic violence, mental health and substance abuse. To this end, the HDV Task Force recommends reviewing promising practices for supporting first responders, taking an inventory of other materials currently under development or available, and building on emerging

partnerships between DV organizations and local law enforcement agencies. Simple materials should be replicated or adapted with information and best practices for responding to an individual affected by some combination of domestic violence, mental health and/or substance abuse, including a checklist of red flags and a list of resources. In addition, a web-based training module with different scenarios may be developed and housed at [www.211oc.org/dv](http://www.211oc.org/dv).

### CONCLUSION

To summarize, DV survivors in Orange County have significant mental health and substance abuse needs that are not being addressed. Each of these co-existing conditions has the potential to exacerbate the others, impairs a survivor's ability to reduce his/her exposure to violence, and creates negative health outcomes. The county must do a better job of documenting these needs, connecting clients to existing mental health services, and increasing the number and variety of substance abuse services available for DV survivors.

Ultimately, domestic violence, mental health, and substance abuse services should be integrated, family-friendly, holistic, flexible, culturally competent, and affordable. The HDV Task Force therefore recommends cross-training providers about the intersection of domestic violence, mental health, and substance abuse; co-locating and coordinating these services; and preparing materials and checklists for first responders.

In closing, the OCWHP and HDV Task Force wish to thank the many stakeholders that participated in this Needs Assessment and Planning Process and look forward to continuing to lead collaborative efforts to address these issues, leverage resources, and support DV survivors who are experiencing mental health and/or substance abuse issues in Orange County.

# SUMMARY OF RECOMMENDATIONS

## **RECOMMENDATION 1: CROSS-TRAINING**

Sample Activities/Strategies:

- Update the Cross Disciplinary Training curriculum to address the intersection of domestic violence, mental health and substance abuse
  - Develop a training for behavioral health providers and include a behavioral health provider on the training team
  - Offer training for domestic violence providers about behavioral health issues and services
- 

## **RECOMMENDATION 2: CO-LOCATE SERVICES**

Sample Activities/Strategies:

- Offer affordable and timely psychiatry services at domestic violence shelters, Family Resource Centers (FRCs), and other community centers that serve domestic violence survivors
  - Offer domestic violence services at behavioral health service centers
  - Make services more child-friendly by offering on-site childcare at outpatient programs and housing for families at inpatient programs wherever possible
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## **RECOMMENDATION 3: MATERIALS FOR FIRST RESPONDERS**

Sample Activities/Strategies:

- Develop materials with information, resources, and best practices for responding to an individual affected by some combination of domestic violence, mental health and/or substance abuse
- Develop a web-based module with different scenarios a first responder may encounter, and house at [www.211oc.org/dv](http://www.211oc.org/dv)

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- 23 Ibid.
- 24 Indeed, after this Needs Assessment was completed, the Coalition of Orange County Community Health Centers surveyed its members to gather information about behavioral health services offered in the county, including screenings, counseling, supportive services, or treatment for mental health, alcohol/drug/chemical dependency, and/or intimate partner violence. See <http://www.coccc.org/advocacy/behavioral-health-needs-assessment>.
- 25 *Each Mind Matters*. Each Mind Matters, 2015, <http://www.eachmindmatters.org/>.
- 26 The WE CAN Coalition is a countywide collaborative that strives "to prevent, diagnose, and treat child abuse and neglect and to strengthen the health and well-being of children, families and communities." WE CAN is run by the Orange County Social Services Agency (SSA) and includes nine task forces, each addressing a different issue related to child abuse. For more information, please visit <https://drive.google.com/open?id=0B4x1WhVL2f1PZU1YcHU1WEdjZUk>.
- 27 Families and Communities Together (FaCT) is a platform that supports a network of 15 Family Resource Centers (FRCs) located in Orange County's highest risk communities, providing essential family support services, education, and resources. FaCT's vision is that all our children grow up in stable, nurturing families and safe, supportive communities. Launched in 2016, FaCT's Spark project is an initiative focused on the relationship between mental health and substance abuse services in Orange County. The project's goal is to bolster FRC and public knowledge of and access to these services by assessing service gaps and barriers to service, exploring ideas for improvement, and raising awareness of how mental health and substance abuse interplay and the effect they have on the stability and health of families. For more information, please visit <http://factoc.org/>.
- 28 Personal Empowerment Program (PEP) classes were developed and are offered by the four state-funded DV organizations in Orange County. These classes are usually 10 weeks long and educate DV survivors on the cycle of violence, how to leave an abusive relationship, and practical skills development.

## FOR MORE INFORMATION, PLEASE CONTACT:

ORANGE COUNTY WOMEN'S HEALTH PROJECT  
[info@ocwomenshealth.org](mailto:info@ocwomenshealth.org)

HUMAN OPTIONS  
[info@humanoptions.org](mailto:info@humanoptions.org)

INTERVAL HOUSE  
[admin@intervalhouse.org](mailto:admin@intervalhouse.org)

LAURA'S HOUSE  
[info@laurashouse.org](mailto:info@laurashouse.org)

WOMEN'S TRANSITIONAL LIVING CENTER, INC.  
[info@wtlc.org](mailto:info@wtlc.org)

## AUTHORS:

ALLYSON W. SONENSHINE, JD  
DENA J. RUBIN, MPH  
JACQUELINE TRAN, DrPH, MPH  
Orange County Women's Health Project

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Women's Transitional Living Center  
2-1-1 Orange County

