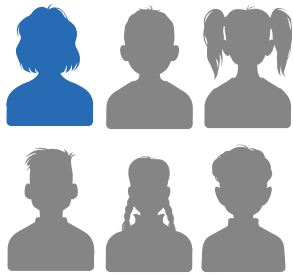


Summary of Strategies to Address and Prevent Intimate Partner Violence (IPV) among Children, Youth, and Families through California's Behavioral Health Initiatives



1 in 6 Children
in the US 1 month – 17
years have witnessed IPV

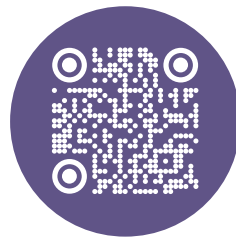


1 in 3 Teens
in the US 14-17 have
witnessed IPV

Child and adolescent exposure to IPV is linked with:

- / Anxiety and depression
- / Aggression and attention problems
- / Suicidality
- / Child maltreatment
- / Poly-victimization
- / Multigenerational cycles of violence

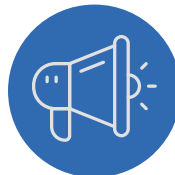
For more details on these recommendations click the link here blueshieldcafoundation.org or **scan the QR code**.



California's efforts to expand and strengthen behavioral healthcare (BH) services for children, youth, and families offer opportunities to prevent and address IPV. Policymakers, funders, payers, BH providers, and community agencies can partner with IPV experts to make a difference. Here's how:



Require managed care plans (MCPs) to **fund IPV training for BH providers**, including documentation strategies that protect survivors' privacy.



Ensure MCPs and BH and primary care providers are **aware of and know how to implement** behavioral health benefits that help prevent IPV (like the **dyadic services and family therapy benefits**).



Train community health workers, peer support specialists, and doulas to identify and address IPV.



Publicize new behavioral health benefits and services to IPV service providers and other community-based organizations.



Fund and incentivize IPV service providers to partner with BH providers for IPV prevention and intervention programs.



Educate communities about the dynamics of IPV, available IPV services, and BH benefits.



Name survivor-centered and trauma-informed care in new BH benefits and MCP contracts.



Require and fund case management and care coordination to holistically address survivors' IPV-related needs and ensure cultural and linguistic congruence.