

SAMHSA and ACF Information Memorandum

Working at the Intersections of Domestic Violence, Substance Use and Mental Health: Research, Resources and Recommendations

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The National Center on Domestic Violence, Trauma & Mental Health

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U.S., DHHS, Administration on Children, Youth and Families, Family and Youth Services Bureau, Family Violence Prevention and Services Program:

Special Issue Resource Center Dedicated to Addressing the Intersection of Domestic Violence, Trauma, Substance Use, and Mental Health

- Comprehensive Array of Training & Technical Assistance Services and Resources
- Research and Evaluation
- Policy Development & Analysis
- Public Awareness

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Welcome and Agenda

- **Context and Purpose of the Information Memorandum**
- **Key Information Memorandum Content**
 - Research on the intersection of domestic violence, substance use and mental health
 - Mental health and substance use disorder treatment in the context of domestic violence
 - Recommendations, strategies, and resources for developing more effective responses
- **Opportunities for State-Level Collaboration**
 - Examples of state-level partnerships
 - Input from the field: 2 national surveys
 - COVID-19 specific policies impacting access to MH and SUD services
- **Discussion of Issues, Concerns, and Strategies**
- **Partner Guide, Resources, and Potential Next Steps**



Impetus for the Information Memorandum

- Intimate partner violence (IPV), substance use, and mental health conditions impact large numbers of people across the U.S. and have significant consequences.
- Abuse targeted toward a person's mental health or use of substances impacts their ability to engage in treatment and has implications for *all* the systems with which they interact.
- Historically, these issues have been addressed by separate systems, despite being closely intertwined.
- Addressing policy and research gaps, offering integrated approaches, and increasing collaboration and coordination between systems can help ensure individuals and families have the support they need to address these intersecting concerns.



Information Memorandum: Background and Context

In order to address these critical intersections, SAMHSA and ACF issued an Information Memorandum on DV, substance use and mental health, in collaboration with NCDVTMH.

The Information Memorandum provides:

- research,
- resources, and
- recommendations for state and local providers and systems.



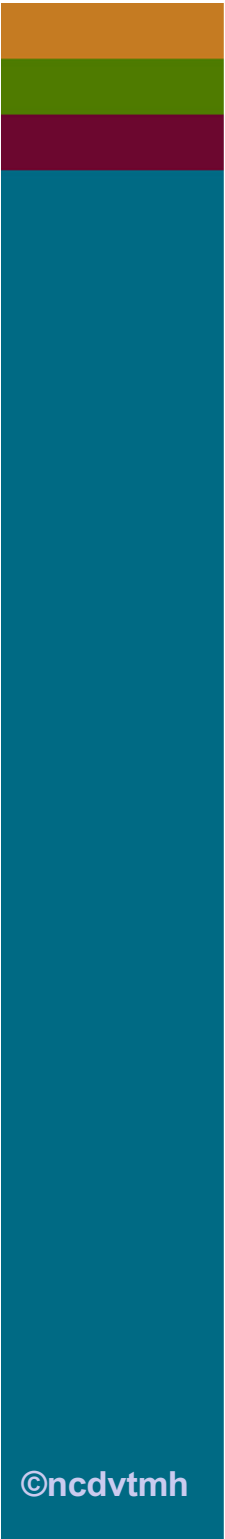
Purpose of the Information Memorandum

To Provide State Mental Health and Substance Use Disorder Treatment Directors with:

- Information about domestic violence, including the prevalence of DV among individuals receiving services in mental health and substance use disorder treatment settings
- Evidence of the impact of DV on substance use and mental health
- Available training, resources and potential partners for developing effective responses to individuals and families experiencing DV

To Provide State Family Violence Prevention and Services Act Administrators with:

- Information about the mental health and substance use effects of domestic violence
- Available training, resources, and potential partners for supporting DV programs in responding effectively to survivors, youth, and children experiencing the mental health and substance use-related consequences of DV



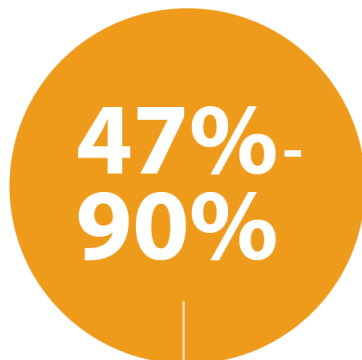
Research on the Intersection of Mental Health, Substance Use and Domestic Violence:

**What is important for local, state,
territory, and tribal providers and
systems to know?**

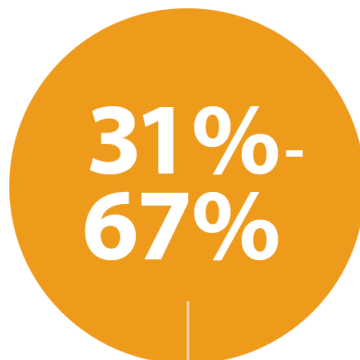
Domestic violence is prevalent among people accessing mental health and substance use treatment



High rates of DV among women accessing substance use disorder treatment



Report DV in their lifetime



Report DV in the past year

High rates of DV among women accessing mental health treatment

On average ›

30% of women in outpatient settings

33% of women in inpatient settings

30%-60% of women in psychiatric ER settings

Report victimization by an intimate partner

Intimate Partner Violence Has Significant Mental Health and Substance Use Effects

- **Women:** Increased PTSD, depression, suicidality, chronic pain, insomnia, substance use/opioid us; High rates of DV among women dx with a SMI
- **LGBTQ individuals:** Higher rates of depression and substance use among gay men; Incr. SU associated with gender abuse of transgender women

Victimization by an intimate partner increases one's risk for depression, PTSD, substance use and suicidality



PTSD, Major depressive disorder, Self-harm



Suicide attempts



Substance use disorder



**In addition to experiencing
the traumatic effects of
abuse....**

Domestic violence is often targeted towards undermining a partner's mental health or substance use disorder treatment and recovery



of the 2,733 National Domestic Violence Hotline callers who had sought help for feeling depressed or upset said their partners had tried to prevent or discourage them from getting help or taking prescribed medications.

A large orange '60%' is centered within a dashed black rectangular border. The border is set against a light blue circular background that has a soft gradient and is partially obscured by the text and border.

of the 3,224 National Domestic Violence Hotline callers who had sought help for substance use said their partners had tried to prevent or discourage them from getting help.

Mental Health Coercion Survey

National Domestic Violence Hotline & NCDVTMH Survey

N=2,733

- **86%** ■ Ever **called “crazy”** or accused of being crazy
- **74%** ■ Deliberately did things to **make you feel like you are going “crazy”** or losing your mind
- **53%** ■ Ever **sought help for feeling upset or depressed**
- **49%** ■ *If “yes”* Has your partner or ex- **tried to prevent or discourage from getting** that help or taking prescribed meds for those feelings
- **50%** ■ Partner or ex ever **threatened to report to authorities that you are “crazy”** to keep you from getting something you want or need (e.g., custody of children, medication, a PO)

Substance Use Coercion

National Domestic Violence Hotline & NCDVTMH Survey

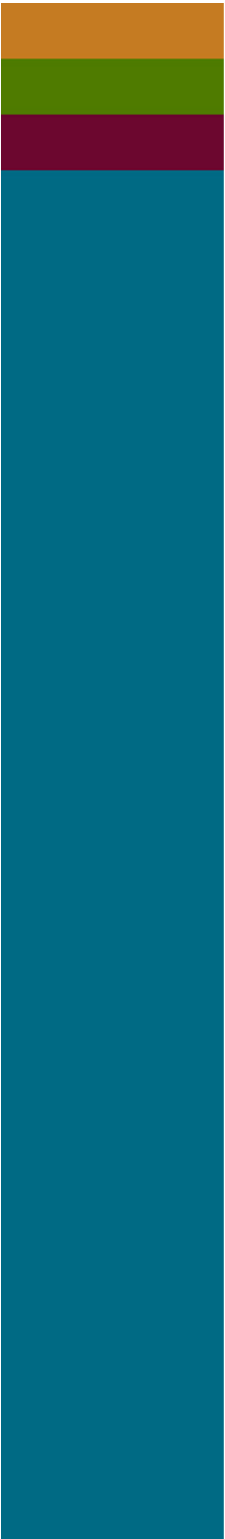
N = 3,224

- 26% ■ Ever **used substances to reduce pain** of partner abuse?
- 27% ■ **Pressured or forced to use** alcohol or other drugs, or made to use more than wanted?
- 15.2% ■ **Tried to get help** for substance use?
- 60.1% ■ **If yes, partner or ex-partner tried to prevent or discourage you from getting that help?**
- 37.5% ■ **Partner or ex-partner threatened to report** alcohol or other drug use to someone in authority to keep you from getting something you wanted or needed?
- 24.4% ■ **Afraid to call the police** for help because partner said they wouldn't believe you because of using, or you would be arrested for being under the influence?

People who perpetrate domestic violence actively try to undermine their partners' relationships with their children creating risks for their children's health, mental health and well-being



Yet, research consistently shows that attachment to the non-abusive caregiver is what is most protective of children's resilience and development



Experiencing a mental health or substance use disorder places individuals at greater risk for being controlled by an abusive partner

Stigma associated with substance use and mental illness contributes to the effectiveness of abusive tactics and can create barriers for survivors when they seek help



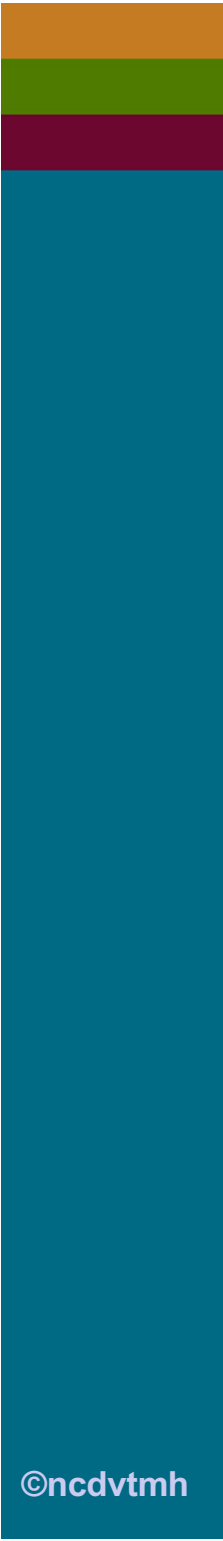
Mental Health and Substance Use Disorder Treatment in the Context of DV

Unique Considerations



Role of the Mental Health and Substance Use Disorder Systems in Addressing DV

- Understanding DV and its intersections with substance use and mental health is important for clinicians working with people who have experienced past and ongoing abuse.
- Knowing how to respond appropriately when a person is in immediate danger or contending with an abusive, controlling partner is essential to supporting the safety and well-being of survivors and their children.



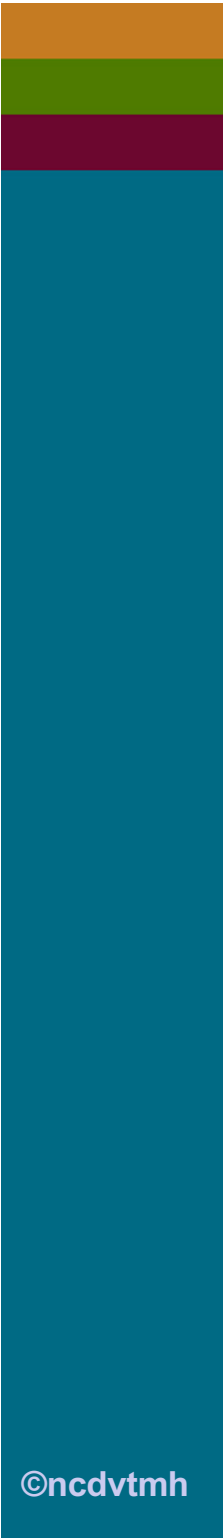
Mental Health and Substance Use Disorder Treatment in the Context of DV

- Numerous evidence-based treatments for PTSD
- Majority focus on past trauma
- For survivors of DV, trauma is often unremitting and symptoms may reflect a response to ongoing danger and coercive control
- Abusive partners may discourage or prevent survivors from accessing treatment or taking medications as prescribed or coerce them to use substances when in recovery



Evidence-Based Practices for Survivors of Domestic Violence

- Research on EBPs for people experiencing DV is still limited
- Promising evidence is available for:
 - addressing symptoms of depression and PTSD (few have been specifically designed for or evaluated with survivors from culturally specific or historically marginalized communities)
 - substance use disorder treatment
 - children exposed to DV
- Resources for specific EBPs are cited in the Information Memorandum



Responding to the needs of DV survivors in mental health or substance use disorder treatment settings involves a **combination** of:

- **DV-specific approaches** that can be incorporated into any treatment modality, and for some survivors,
- **Trauma-specific treatment** that has been specifically adapted for survivors of DV.



DV Survivors Often Face Other Challenges that DV Programs are Highly Experienced at Addressing:

- In-depth safety planning
- Support interfacing with the civil and criminal legal systems
- Economic supports, housing, job training
- Services for children that support parenting
- Ongoing counseling and support groups
- Emergency and transitional housing programs
- Programs for teens
- Community outreach and prevention programs
- Systems advocacy



Need for Collaboration with State and Local DV Service Systems

- The uniqueness of the challenges faced by survivors of DV underscores the need for collaboration among the DV, mental health, and substance use fields.
- Responding effectively to individuals experiencing DV requires specific training and support as well as ongoing partnerships with DV organizations.



Creating Opportunities for Collaboration



Strategies that State Mental Health and SUD Tx Directors Could Implement in Their States

- ❑ Encourage training for mental health and substance use providers on responding effectively to DV
- ❑ Develop strategies for incorporating responses to DV into state and local policy and practice to safely link individuals and families to DV services
- ❑ Promote whole-family treatment approaches
- ❑ Develop partnerships with state FVPSA administrators and state, territory and tribal DV/SA coalitions



Strategies that State FVPSA Administrators Could Implement in Their States

- ❑ Encourage your state's DV programs to serve all victims of DV and their families, including those with mental health and substance use needs without unnecessary barriers
- ❑ Encourage training on mental health, substance use, and trauma-informed best practices for staff at DV programs
- ❑ Foster collaboration between DV and mental health and substance use service providers in your state



**What are some ways
this can work?**

**Examples of State-
Level Collaborations**



Examples of State-Level Collaborations

- **Colorado** Office on Children Youth & Families Domestic Violence Program and Colorado Office of Behavioral Health
- **West Virginia** Coalition Against Domestic Violence and WV Department of Health and Human Resources, Bureau for Behavioral Health
- **Alaska** Network on Domestic Violence & Sexual Assault
- **Maine** Coalition to End Domestic Violence



What Other Types of Collaborations Are You Engaged In?



Additional Potential Areas for Collaboration:

What are we hearing from survivors and from the DV, mental health and substance use fields?



NCDVTMH Surveys on Integrated Services and Cross-Sector Collaboration

Three National Surveys

- Survey of 527 local and Tribal DV programs
- Survey with NASADAD of 26 State Substance Use Disorder Treatment System Administrators/Women's Services Coordinators
- Survey with NASMHPD of 43 State Mental Health Program Directors

Similar Findings

- High level of need
- Limited collaboration; Multiple barriers to effective collaboration
- High desire for cross-training, access to collaborative and/or integrated services, and policy strategies to address system barriers



NCDVTMH: DV Programs Needs Assessment Survey

- Conducted June – September 2019
- States, territories and Tribal nations
- 527 programs responded
- Asked about needs and capacity related to substance use and mental health



DV Needs Assessment: Top 3 Resources Wanted by DV Programs

- 69%: Expedited referrals for SUD treatment
- 57%: Training for staff on DV, trauma and substance use
- 51%: Funding for more on-site substance use services
- 48%: Cross-training
- 41%: Partnerships with peer support or recovery
- 33%: Guidance from successful DV programs
- 27%: Co-located addiction specialists

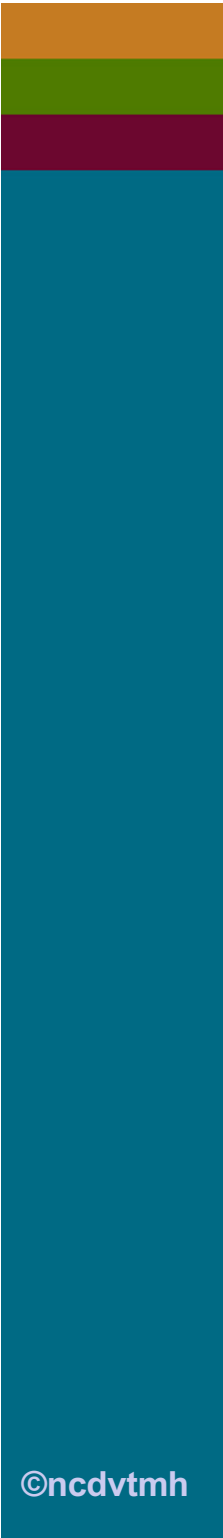


DV Needs Assessment: Top 3 Resources Wanted by DV Programs

- 77%: Expedited referrals for mental health treatment
- 62%: Training for staff on DV, trauma and mental health
- 50%: Funding for more on-site mental health services
- 49%: Cross-training
- 33%: Guidance from successful DV programs
- 27%: Partnerships with peer support or recovery



How Does This Fit With What You Have Been Seeing and Hearing?



Survey of State Substance Use Disorder Treatment Systems (State Survey)

- Partnership between NCDVTMH and the National Association of State Alcohol and Drug Abuse Directors (NASADAD)
- Conducted May – August 2019
- Representatives from 26 states and territories
 - 19 work within state SUD treatment and recovery agencies, 14 of whom serve as Women’s Services Coordinators

State Survey: Suggestions

- **Examples for improving service delivery:**
 - Increase access to co-located/integrated services
 - Decrease barriers; Transportation to treatment on demand
 - Enhance training
- **Examples of state/territory/federal responses:**
 - Requirements included in funding that are focused on screening and treatment for DV survivors and/or cross-training



State Survey: Policy Recommendations

- **Include requirements and/or incentives for training and collaboration in:**
 - State and federal FOAs (Funding Opportunity Announcements)
 - Substance Abuse Prevention and Treatment Block Grants
 - Discretionary grants
- **Requirements should focus on:**
 - Screening and treatment for DV survivors
 - Cross training on DV and substance use and the intersection with human sex trafficking



Incentivizing Cross-Sector Collaboration: Additional Strategies

- Licensing of providers and service sites
- Funding requirements and/or funding incentives
- Specialized workgroups or taskforces
- Legislative initiatives and state statutes
- Interagency policy development
- Federal policy guidance to states



Issues and Strategies for Cross-Sector Collaboration in the Time of COVID-19

Federal Guidance Regarding Access to Mental Health and Substance Use Services

- Expansion of telehealth coverage to include in-home services
- Allowance for the use of non-HIPAA compliant video platforms
- Allowance for expanded coverage for telehealth services by Medicare, Medicaid, and private insurance
- Increased access medication assisted treatment (MAT) for opioid use disorder via telehealth (video and telephone prescribing; video counseling; longer take-home prescriptions)
- Loosening of 42CFR Part 2 privacy regulations for medical emergencies and HIPAA protections for public health/oversight activities

Supporting Survivors' Access to Substance Use Disorder and Mental Health Services During the COVID-19 Emergency

ASK QUESTIONS



- **Ask service providers** about their emergency plan for maintaining access to essential treatment services during the current pandemic, both in the case of a survivor exhibiting symptoms, as well as in the case of the program needing to limit hours/services.
- **Ask survivors** what might happen if they have a delay in accessing services. What are some things that might help during a potential service disconnection? What are some potential risks they may face? Offer to brainstorm safety strategies and safe social supports.

GET TECHY



- Offer assistance and resources for survivors to be able to **safely access expanding telehealth** options, including both telephone and video-based services.
- Expand access to **safe mobile devices and telehealth platforms**.
- **Advocate** with providers and local health dept.'s to prepare for continued safe access during the current emergency.

MEDICATION ACCESS



- Support **continuous access** to prescribed medications.
- For people prescribed **buprenorphine (or suboxone)**, advocate that they receive a 30-day prescription.
- For people who access **methadone** services, advocate for 28-day take-home privileges. If they are not eligible, advocate for 14-day take-home, seek clarification on the requirements for 28-day take-home, and offer support and resources to help survivors meet requirements for 28-day privileges. States may need to apply for blanket exceptions from SAMHSA in order for treatment providers to increase take-home privileges.

Supporting Survivors' Access to Substance Use Disorder and Mental Health Services During the COVID-19 Emergency (cont.)

COMMUNITY RECOVERY GROUPS



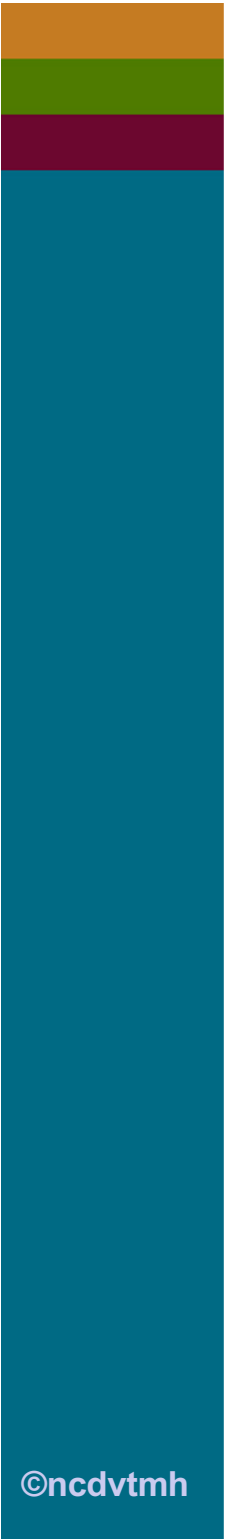
(12-Step, AA,
SMART, etc.)

- Many communities are pausing or severely **limiting** their in-person recovery meetings.
- For people who want to access these, Advocates can:
 - Offer to help them safely access meetings and support resources **online or by phone**
 - Have accessible **informational materials** from the different recovery traditions available
 - Within shelters – if someone on staff or in the program is a member of one of these traditions, they could offer to **lead a recovery group** in their tradition

OVERDOSE PREVENTION



- Risk of overdose can increase when someone is **disconnected** from treatment services and/or medications.
- **Illness** can also increase overdose risk.
- Help prevent fatal overdoses by:
 - Knowing the **signs** of overdose
 - Having **naloxone** (the opioid overdose antidote) accessible and helping survivors to access
 - Knowing how to **respond** to a potential overdose
 - **Talking with survivors** about how they are staying safe and preventing overdose
 - Having **agency procedures** on preventing and responding to overdose as well as training and support for staff



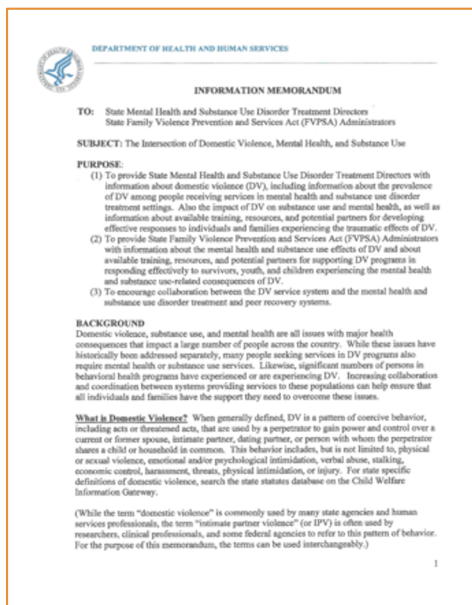
What COVID-Related Issues Are Coming Up for Survivors and Programs Regarding Mental Health and Substance Use-Related Needs and Service Access?



**What Are Your Goals and Ideas
for Enhancing Cross-Sector
Collaboration?**

**What Additional Resources and
Support Would Be Most Helpful?**

Sharing the IM and Partners' Guide



- Access the full Information Memorandum: bit.ly/DVcollaboration

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An Urgent Call for Collaboration at the Intersections of Domestic Violence, Mental Health, and Substance Use:

Research, Resources, and Recommendations for State Mental Health and Substance Use Disorder Treatment Directors, State FVPSA Administrators, and Practitioners

- Download our Partners' Guide: www.nationalcenterdvtraumamh.org/2019/09/new-resource-memo-from-samhsa-and-acf-calls-for-collaboration-on-dv-substance-use-and-mental-health/

NCDVTMH Partners' Guide

Overview

It has long been recognized that abuse by an intimate partner can have traumatic mental health and substance use effects. At the same time, there are high rates of domestic violence (DV) among people who receive treatment in mental health and substance use disorder treatment settings. In addition, people who perpetrate DV deliberately use mental health and substance use-related issues to undermine and control their partners and to keep them from achieving their treatment and recovery goals. These forms of abuse not only jeopardize the well-being of survivors and their children, but also compromise the effectiveness of mental health and substance use disorder treatment.

While most clinicians report that they would like additional training and resources on identifying and addressing domestic violence, many also report that they have not received training on how to ask or respond to domestic violence in the context of mental health and substance use treatment. Similarly, many DV programs report challenges in accessing services for survivors and their families with more complex mental health and substance use-related needs.

In order to address these intersecting issues, the U.S. DHHS, SAMHSA and ACF have issued an Information Memorandum calling for increased

collaboration between domestic violence, mental health, and substance use disorder treatment service providers and systems. In addition to highlighting the research noted above, the Information Memorandum provides State Mental Health Commissioners and State Substance Use Disorder Treatment Directors with:

- a. information about DV, including the prevalence of DV among individuals receiving services in mental health and substance use disorder treatment settings,
- b. evidence of the impact of DV on substance use and mental health, and,
- c. available training, resources and potential partners for developing effective responses to individuals and families experiencing DV.

For State Family Violence Prevention and Services Act (FVPSA) Administrators, the Information Memorandum provides:

- a. information about the mental health and substance use effects of DV, and,
- b. available training, resources, and potential partners for supporting DV programs in responding effectively to survivors, youth, and children experiencing the mental health and substance use-related consequences of DV.

Collaboration is also encouraged between DV service programs and mental health and substance use disorder treatment and peer recovery service providers and systems.

Research Cited

- There are high rates of DV among individuals seen in mental health and substance use disorder treatments settings.
- DV has significant mental health and substance use effects.
- DV is often targeted toward a partner's mental health or substance use including attempts to undermine a partner's sanity and sobriety, sabotage their treatment and recovery, and discredit them with sources of protection and support.
- Abusive partners undermine their partners' relationship with their children, creating risks for children's health, mental health and well-being.
- Experiencing a mental health or substance use disorder places individuals at greater risk for being controlled by an abusive partner.
- Stigma associated with substance use and mental illness contributes to the effectiveness of abusive tactics and can create barriers for survivors when they seek help.

Strategies Outlined For Mental Health, Substance Use Disorder Treatment And Domestic Violence System Providers:

Encouraging mental health and substance use treatment and recovery support providers to receive training on identifying and responding to domestic violence in their work.

Incorporating responses to domestic violence into state and local policy to safely link individuals and families to domestic violence services.

Promoting whole-family treatment approaches.

Developing partnerships with State FVPSA Administrators and state/territorial/tribal coalitions.

Ensuring every state's domestic violence programs are designed to serve all victims of DV and their families without unnecessary barriers for individuals experiencing mental health or substance use-related needs.

Encouraging training on mental health, substance use and trauma-informed best practices for staff at DV programs.

Fostering collaboration between domestic violence and mental health/substance use service providers.

NCDVTMH Partners' Guide

Social Media Sample Posts

Copy/paste these and share on your social media platforms.

Studies conducted in substance use disorder treatment settings have found high rates of DV victimization among women accessing services. Read the NEW Information Memo from @hhs.gov, @ACFHHS and @SAMHSAgov to learn more: <http://bit.ly/DVcollaboration>.

Read/RT NEW Information Memo on substance-use related effects of DV: <http://bit.ly/DVcollaboration>.

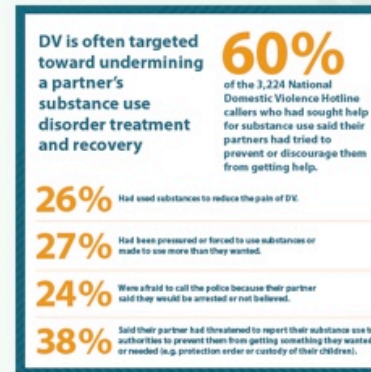
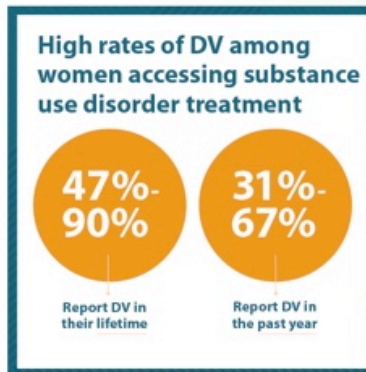
New SAMHSA and ACF Information Memo highlights the mental health and substance use-related effects of DV, including coercive tactics targeted towards a partners' mental health and substance use, and the need for more collaborative approaches to supporting survivors of DV and their families: <http://bit.ly/DVcollaboration>.

@NCDVTMH's new report with @ACFHHS and @samhsagov offers strategies, available training, resources and potential partners for developing effective responses at the intersections of domestic violence, substance use and mental health. #DV #substanceuse #mentalhealth: <http://bit.ly/DVcollaboration>.

NCDVTMH Partners' Guide

Infographics

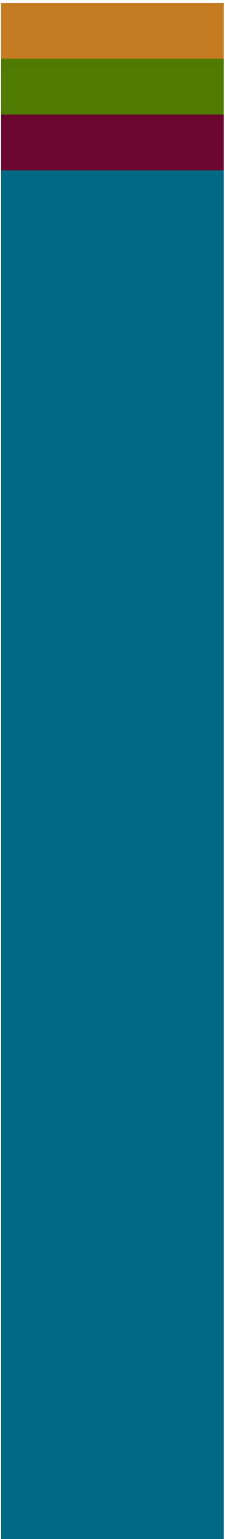
Spread the word! Use the following graphics (attached along with this Partner Guide) on social media.





Next Steps

- **State, Territory, Tribal Coalition and FVPSA Administrator Roundtable Discussion**
- **Listening Session and/or Drop-in Call with DV/SA Programs**
- **State Pilots**
- **Continued Policy and Practice Guidance and Resources**



Additional Thoughts or Questions?





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Resources for Mental Health and Substance Use Treatment and Recovery Support Providers

At the National Center on Domestic Violence Trauma & Mental Health (NCDVTMH), one of our priorities is to support collaboration between the domestic violence (DV) field and the mental health and substance use disorder treatment and recovery fields. Our work is designed to enhance system responses to survivors of intimate partner violence (IPV) who are experiencing the mental health and substance use-related effects of IPV and other lifetime trauma. A 2012 study conducted by NCDVTMH in partnership with the National Association of State Mental Health Program Directors (NASMHPD) found that the majority of states who participated had a strong interest in further coordination and/or training on these issues.

The information that follows is intended to support mental health and substance use disorder treatment and recovery support providers in their work with survivors of IPV and their children. You will find toolkits, best practice guidelines, webinars, research reviews, and policy briefs to help inform your practice. These can be found below under:

- » [Research on the Intersection of Domestic Violence, Substance Use and Mental Health](#)
- » [Responding to IPV in the Context of Mental Health and Substance Use Treatment and Recovery](#)

[Honoring the Life of Patti Bland](#)

Center Highlights

[New Resource – Information Memorandum from SAMHSA and ACF calls for collaboration on domestic violence, substance use and mental health](#)

[New Resource – Recommendations for Suicide Prevention Hotlines on Responding to Intimate Partner Violence](#)

[New Resource – Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence Toolkit](#)

[New Resource – Tools for Transformation: Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations](#)

News & Updates

[We're hiring: Communications Manager](#)



Additional Selected Resources

- **Mental Health and Substance Use Coercion Survey Report:**
www.nationalcenterdvtraumamh.org/publications-products/mental-health-and-substance-use-coercion-surveys-report/
- **A Systematic Review of Trauma-Focused Interventions for Domestic Violence Survivors:**
<http://www.nationalcenterdvtraumamh.org/publications-products/ncdvtmh-review-of-trauma-specific-treatment-in-the-context-of-domestic-violence/>
- **The Relationship Between IPV and Substance Use: Applied Research Review:** www.nationalcenterdvtraumamh.org/wp-content/uploads/2014/09/IPV-SAB-Final202.29.1620NO20LOGO-1.pdf
- **Recommendations for Suicide Prevention Hotlines on Responding to Intimate Partner Violence:**
www.nationalcenterdvtraumamh.org/publications-products/recommendations-for-suicide-prevention-hotlines-on-responding-to-intimate-partner-violence/
- **Real Tools: Responding to Multi-Abuse Trauma:**
www.nationalcenterdvtraumamh.org/wp-content/uploads/2012/09/RealTools_RespondingtoMultiAbuseTrauma_BlandandEdmund.pdf

**Coercion Related to Mental Health and Substance Use
in the Context of Intimate Partner Violence:**

*A Toolkit for Screening, Assessment, and Brief Counseling
in Primary Care and Behavioral Health Settings*

Carole Warshaw, MD and Erin Tinnon, MSW, LSW

March 2018

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Toolkit: Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence

www.nationalcenterdvtraumamh.org/publications-products/coercion-related-to-mental-health-and-substance-use-in-the-context-of-intimate-partner-violence-a-toolkit/

Online Learning and Toolkits

- **Domestic Violence: Understanding the Basics** is an online eLearning module developed by the National Resource Center on Domestic Violence and VAWnet:
<https://vawnet.org/material/domestic-violence-understanding-basics>
- **Health Cares About IPV** provides tools and resources for responding to IPV in healthcare settings:
<https://ipvhealth.org/health/ipv-health/>
- **The SAMHSA-HRSA Center of Integrated Health Solutions** provides resources on trauma and screening:
www.samhsa.gov/integrated-health-solutions
- **The National Center on Domestic Violence, Trauma & Mental Health** offers resources for mental health and substance use disorder treatment providers and on collaborative efforts between the DV, mental health and substance use fields:
<http://www.nationalcenterdvtraumamh.org/trainingta/resources-for-mental-health-and-substance-use-treatment-and-recovery-support-providers/>

National Resource Centers and Technical Assistance

- For a listing of state and territory DV coalitions see: <https://needv.org/content/state-u-s-territory-coalitions>
- For a listing of tribal DV coalitions see the National indigenous Women's Resource Center (NIWRC) <http://www.niwrc.org/tribal-coalitions> plus many other resources related to violence against Native women
- National Association of State Mental Health Program Directors (NASMHPD): www.nasmhpd.org
- National Association of State Alcohol and Drug Abuse Directors: www.nasadad.org
- TA for State Mental Health Directors and State Substance Use Disorder Treatment Directors via SAMHSA TA Tracker: <http://tatracker.treatment.org/login.aspx>



Resources on Children Exposed to DV

- **The National Child Traumatic stress Network (NCTSN)** provides a wealth of resources on child trauma treatment including information specifically on children exposed to DV:
<http://www.nctsn.org/trauma-types/domestic-violence>
- **Promising Futures Without Violence** is an online resource center of best practices for serving children, youth and parents experiencing DV. <http://promising.futureswithoutviolence.org>

National Domestic Violence Hotlines

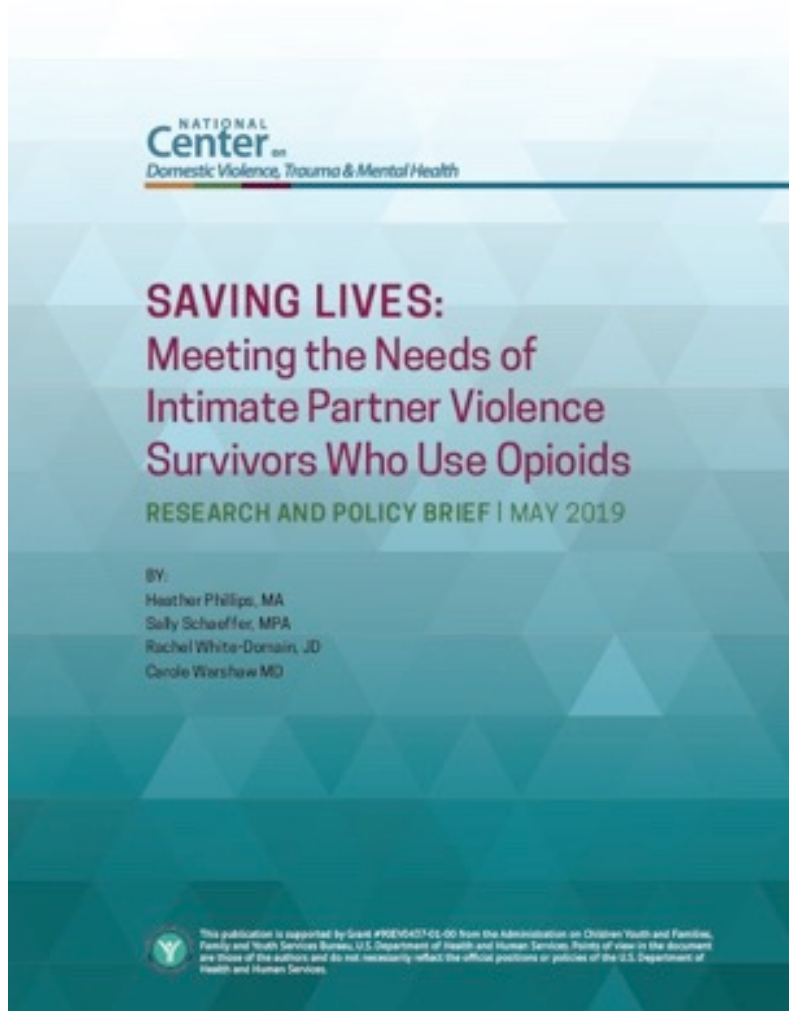
Provide free and confidential help to victims of DV 24/7 in over 200 languages and can help victims of domestic and sexual violence find support in their communities

- National Domestic Violence Hotline: 1-800-799-7233; TTY 1-800-787-3224, www.thehotline.org
- National Dating Abuse Helpline: 1-866-331-9474; <http://www.loveisrespect.org>
- National Sexual Assault Hotline (RAINN): 1-800-656-4573; <https://www.rainn.org>
- Strongheart Native Helpline: 1-844-7NATIVE (1-844-762-8483); <https://www.strongheartshelpline.org>



Additional NCDVTMH Resources

- **Fact Sheet: The Relationship Between Intimate Partner Violence and Substance Use:**
www.nationalcenterdvtraumamh.org/2016/09/new-resource-fact-sheet-the-relationship-between-intimate-partner-violence-and-substance-use/
- **Trauma in the Context of DV**
<http://www.nationalcenterdvtraumamh.org/2014/10/ncdvtmh-guest-edits-special-issue-of-synergy-in-honor-of-dv-awareness-month/>
- **Trauma-Informed Care for Mental Health Professionals:**
<http://athealth.com/trauma-informed-care-for-mental-health-professionals/>
- **Mental Health Treatment for Survivors of IPV**
<http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2015/10/Mitchell-Chapter-24.pdf>
- **Substance Use/Abuse in the Context of Domestic Violence, Sexual Assault, and Trauma:**
www.nationalcenterdvtraumamh.org/publications-products/substance-useabuse-in-the-context-of-domestic-violence-sexual-assault-and-trauma/



Saving Lives: Meeting the Needs of Intimate Partner Violence Survivors Who Use Opioids: Research and Policy Brief

Recommendations for Suicide Prevention Hotlines on Responding to Intimate Partner Violence

National Center on Domestic Violence, Trauma & Mental Health

*in Collaboration with: The National Domestic Violence Hotline,
The National Suicide Prevention Lifeline, and The University of
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Recommendations for Suicide Prevention Hotlines on Responding to Intimate Partner Violence

www.nationalcenterdvtraumamh.org/publications-products/recommendations-for-suicide-prevention-hotlines-on-responding-to-intimate-partner-violence/