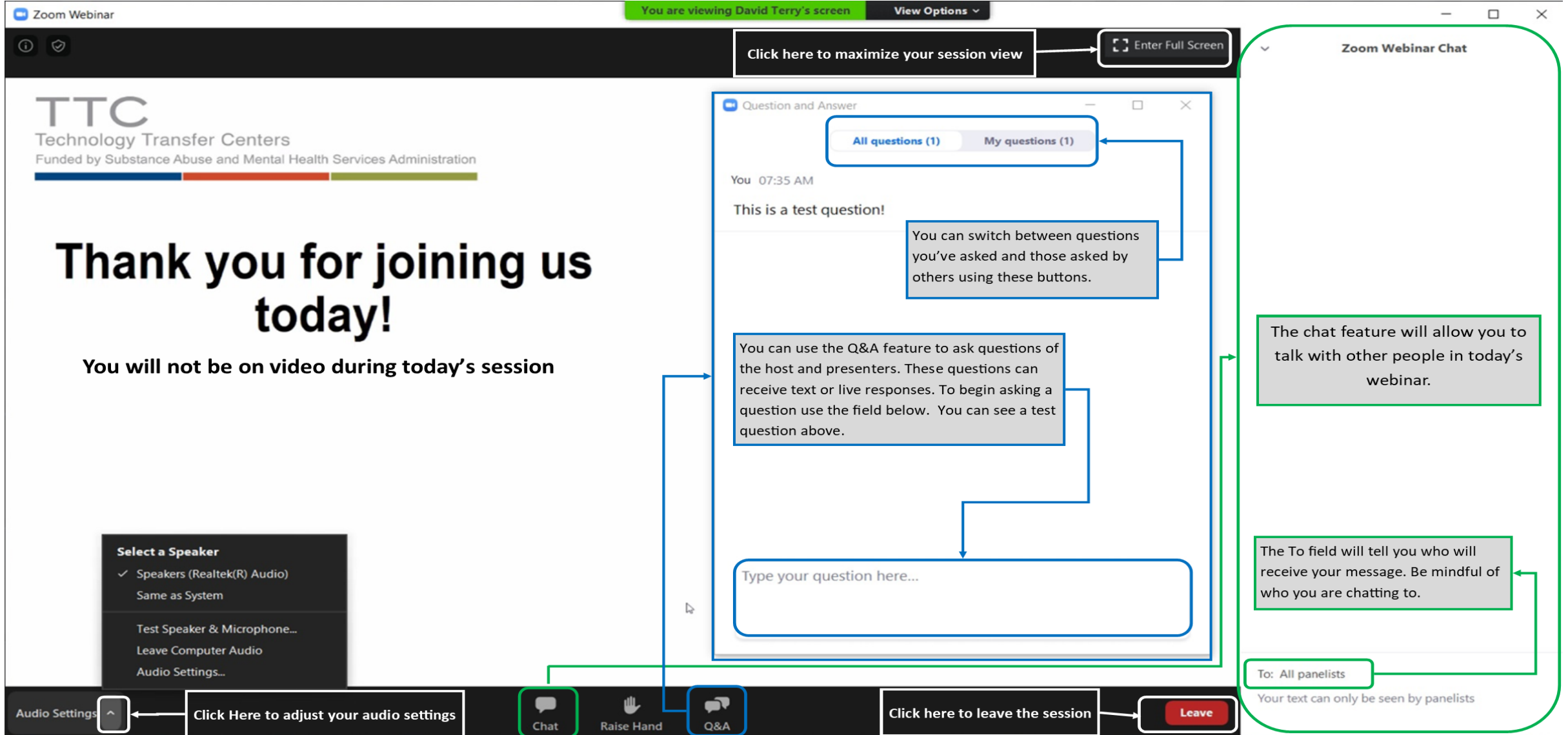


Please Note:

- All attendees are muted
- Today's session will be recorded

Get to know the Zoom Webinar interface



The screenshot shows a Zoom Webinar interface with several key elements and annotations:

- Header:** "Zoom Webinar" window title, "You are viewing David Terry's screen", and "View Options" dropdown.
- Navigation:** "Click here to maximize your session view" and "Enter Full Screen" button.
- Content Area:**
 - TTC Technology Transfer Centers logo and funding information.
 - Large text: "Thank you for joining us today!"
 - Text: "You will not be on video during today's session"
- Q&A Panel:**
 - Buttons: "All questions (1)", "My questions (1)"
 - Text: "You 07:35 AM", "This is a test question!"
 - Text box: "Type your question here..."
 - Annotation: "You can use the Q&A feature to ask questions of the host and presenters. These questions can receive text or live responses. To begin asking a question use the field below. You can see a test question above."
 - Annotation: "You can switch between questions you've asked and those asked by others using these buttons."
- Chat Panel:**
 - Header: "Zoom Webinar Chat"
 - Text: "The chat feature will allow you to talk with other people in today's webinar."
 - Text: "The To field will tell you who will receive your message. Be mindful of who you are chatting to."
 - Text: "To: All panelists"
 - Text: "Your text can only be seen by panelists"
- Audio Settings:**
 - Dropdown menu: "Select a Speaker" with options: "Speakers (Realtek(R) Audio)", "Same as System", "Test Speaker & Microphone...", "Leave Computer Audio", "Audio Settings..."
 - Annotation: "Click Here to adjust your audio settings"
- Bottom Bar:**
 - Buttons: "Audio Settings", "Chat", "Raise Hand", "Q&A", "Click here to leave the session", "Leave"
 - Annotation: "Click here to leave the session"



Working at the Intersection of Intimate Partner Violence and Mental Health

*Intimate Partner Violence and Mental Health
Amidst the COVID-19 Crisis and Beyond*

Wednesday, July 8, 2020



Presented by:

Carole Warshaw, MD, Director, NCDVTMH

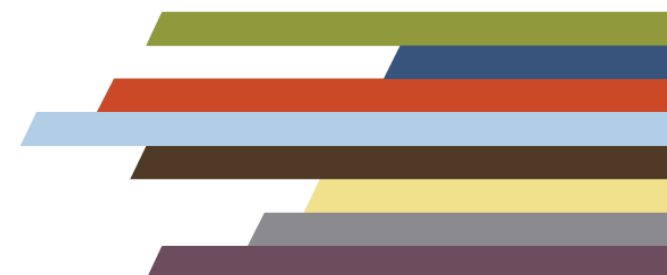
Gabriela Zapata-Alma, LCSW, CADC, Director of Policy and Practice on Domestic Violence and Substance Use, NCDVTMH



Housekeeping Items

- We have made every attempt to make today's presentation secure. If we need to end the presentation unexpectedly, we will follow-up using your registration information.
- All attendees are muted and cannot share video.
- Have a question for the presenters? Use the Q&A
- Have a comment or link for all attendees? Use the Chat
- You will receive an email following the presentation on how to access a certificate of attendance
- Follow us on social media:   @MHTTCNetwork

Please Note:
The session recording and slide deck will be posted on our website within a few days.



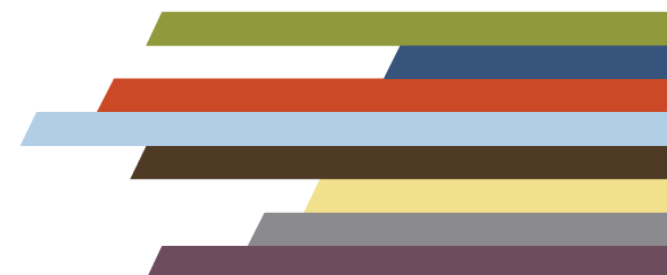


MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

- The MHTTC Network accelerates the adoption and implementation of mental health related evidence-based practices across the nation
 - Develops and disseminates resources
 - Provides free local and regional training and technical assistance
 - Heightens the awareness, knowledge, and skills of the mental health workforce
- 10 Regional Centers, a National American Indian & Alaska Native Center, a National Hispanic & Latino Center, and a Network Coordinating Office
- www.mhttcnetwork.org



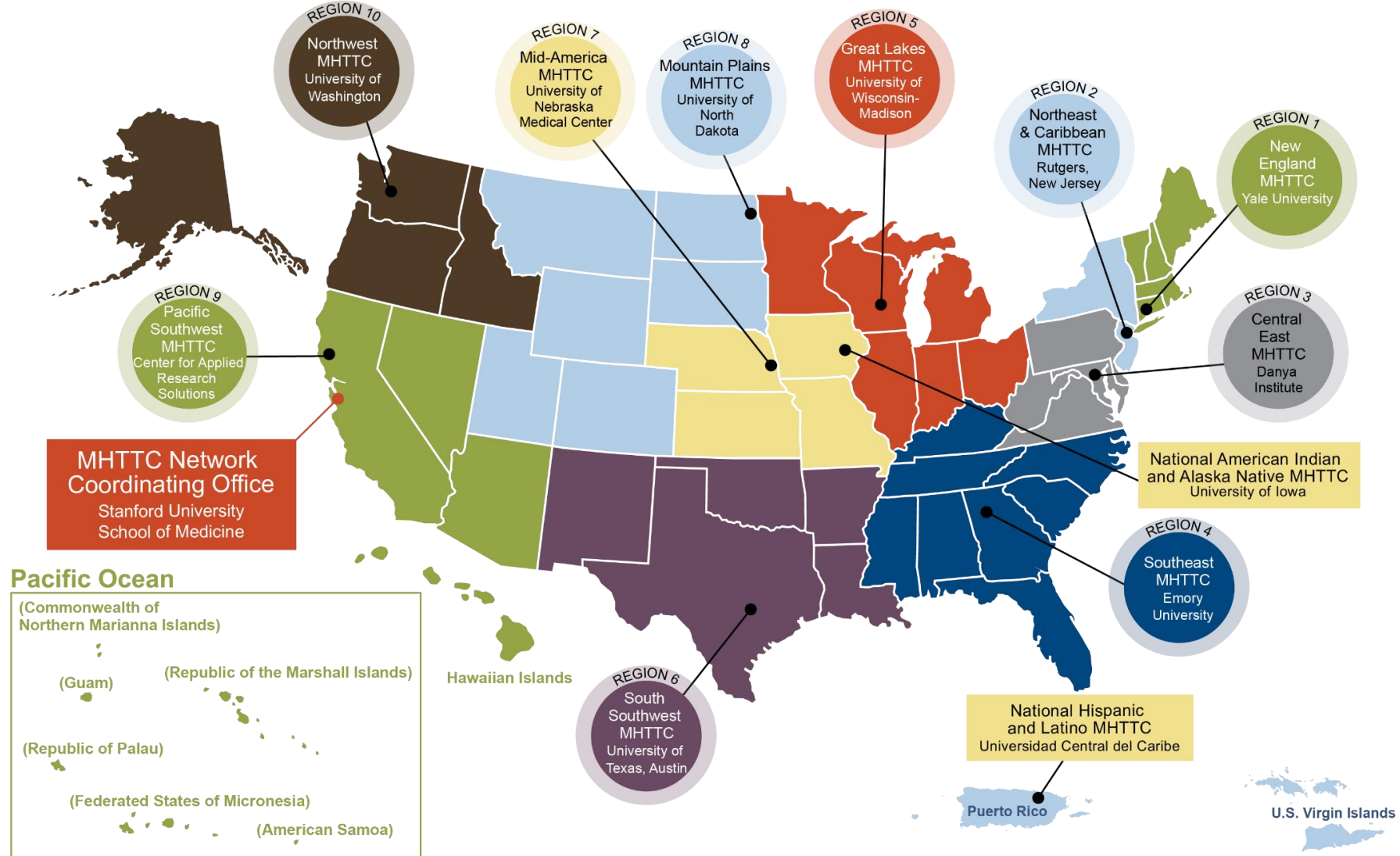
Connect with Your MHTTC at www.mhttcnetwork.org



MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

MHTTC Network



Working at the Intersection of Intimate Partner Violence and Mental Health

- 3 sessions
- July 8, August 12, September 9
- 10am PT / 11am MT / 12pm CT / 1pm ET
- Register at bit.ly/IPV-series



MHTTC

Mental Health Technology Transfer Center Network

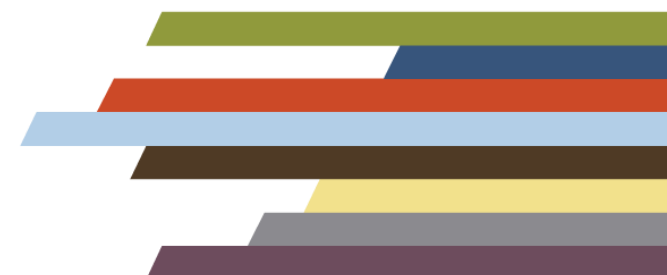
Funded by Substance Abuse and Mental Health Services Administration

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Disclaimer

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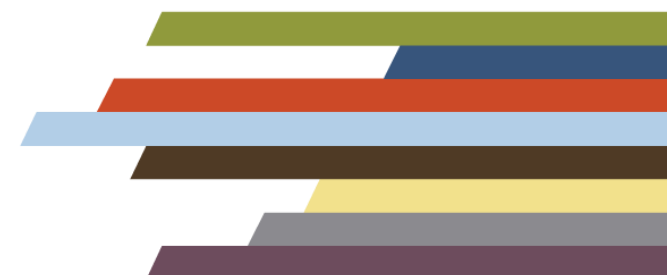
At the time of this presentation, Elinore F. McCance-Katz served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of Carole Warshaw, MD and Gabriela Zapata-Alma, LCSW, CADC, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.



Evaluation Information

The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

At the end of today's training please take a moment to complete a **brief** survey about today's training.





Working at the Intersection of Intimate Partner Violence and Mental Health

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Presenters



Carole Warshaw, MD, is the Director of the National Center on Domestic Violence, Trauma & Mental Health and a faculty member in the Department of Psychiatry at the University of Illinois. Dr. Warshaw has been at the forefront of developing collaborative models and building system capacity to address the mental health, substance use and advocacy concerns of survivors of DV and other trauma, and to create accessible, culturally responsive, domestic violence- and trauma-informed services and organizations.



Gabriela Zapata-Alma, LCSW, CADC, is the Director of Policy and Practice on Domestic Violence and Substance Use at the National Center on Domestic Violence, Trauma & Mental Health. Gabriela brings over 15 years of experience supporting people impacted by violence, mental health conditions, substance use disorders, trauma, housing instability, and HIV/AIDS; providing counseling, training, advocacy, and policy consultation; and leading programs using trauma-informed approaches, Motivational Interviewing, harm reduction, gender-responsive care, Housing First, and third-wave behavioral interventions.



Intimate Partner Violence and Mental Health Amidst the COVID-19 Crisis and Beyond

July 8th 2020

Session 1 of 3

Working at the Intersections of Intimate Partner Violence and Mental Health

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

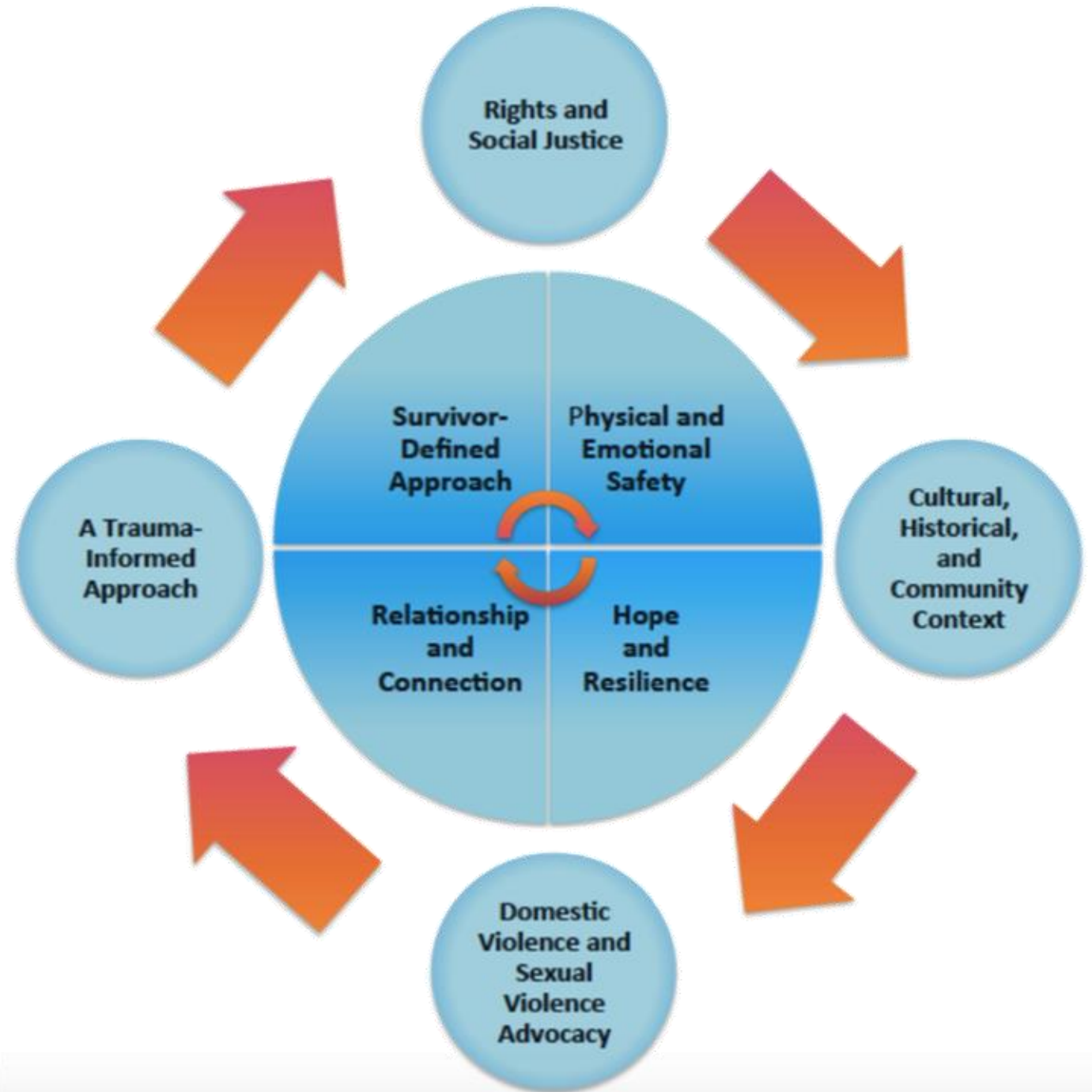
Special Issue Resource Center Dedicated to Addressing the Intersection of Domestic Violence, Trauma, Substance Use, and Mental Health

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

NCDVTMH is supported by Grant #90EV0437-01-00 from the Administration on Children, Youth and Families, Family and Youth Services Bureau, Family Violence Prevention and Services Program (FVPSA), U.S. Department of Health and Human Services. Points of view in this document are those of the presenters and do not necessarily reflect the official positions or policies of the U.S. Department of Health and Human Services.



Our work is informed by...



Learning Objectives

- Name at least two ways that abuse by an intimate partner can impact mental health in general, and in the context of COVID-19 and other public crises.
- Describe at least two ways that the COVID-19 pandemic has created new safety risks for survivors of IPV and impacted safe access to resources and supports.
- Identify at least 3 ways IPV and mental health coercion might manifest in the context of mental health treatment.
- Implement at least one strategy for safely asking about IPV in the context of mental health services, including tele-based services.
- Link individuals to local Domestic Violence and Sexual Violence (DV/SV) advocacy resources to improve care for survivors of DV/SV.

Trauma, Mental Health, Substance Use, and Intimate Partner Violence (IPV): What Are the Connections?

A Brief Overview

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



IPV is prevalent among people accessing mental health and substance use services

High rates of DV among women accessing substance use disorder treatment

47%-
90%

Report DV in
their lifetime

31%-
67%

Report DV in
the past year

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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

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Domestic Violence, Trauma & Mental Health

Survivors of IPV Often Experience Multiple Types of Trauma

- Significant proportion of IPV survivors experience multiple types of trauma, including collective, historical, and migration trauma
- Abuse in childhood increases the risk for adult victimization as well as for a range of mental health and substance use conditions
- Gender-based violence increases risk for mental health and substance use disorder conditions
 - 89% of women who experience 3-4 types of GBV develop a diagnosable mental health condition
- Discrimination, racism, and homo/transphobia, historical trauma, and deportation fears also increase risk

Less well recognized are the ways that people who abuse their partners engage in coercive tactics targeted toward a partner's mental health or substance use...

Mental Health and Substance Use Coercion

Include a Range of Abusive Tactics Designed to:

- Undermine a partner's sanity and sobriety
- Control a partner's ability to engage in treatment
- Sabotage a partner's recovery efforts
- Discredit a partner with potential sources of protection and support and jeopardize custody
- Exploit a partner's mental health and/or substance use for personal or financial gain

Many survivors experience mental health coercion...



...as well as substance use coercion.

26%

Had used substances to reduce the pain of DV.

27%

Had been pressured or forced to use substances or made to use more than they wanted.

24%

Were afraid to call the police because their partner said they would be arrested or not believed.

38%

Said their partner had threatened to report their substance use to authorities to prevent them from getting something they wanted or needed (e.g. protection order or custody of their children).

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Domestic Violence, Trauma & Mental Health

Abusive tactics often target a survivor's attempts to seek assistance for mental health and/or substance use disorders



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 a slight shadow.

60%

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: Interference with Treatment

Manipulation of Treatment

- Attempting to influence diagnosis
- Trying to have partner committed
- Blaming partner's mental health for relationship problems/abuse

Control of Medication

- Preventing partner from taking medication
- Forcing partner to take medication and/or over-medicate
- Stealing medication
- Calling partner an "addict" for taking prescribed medications

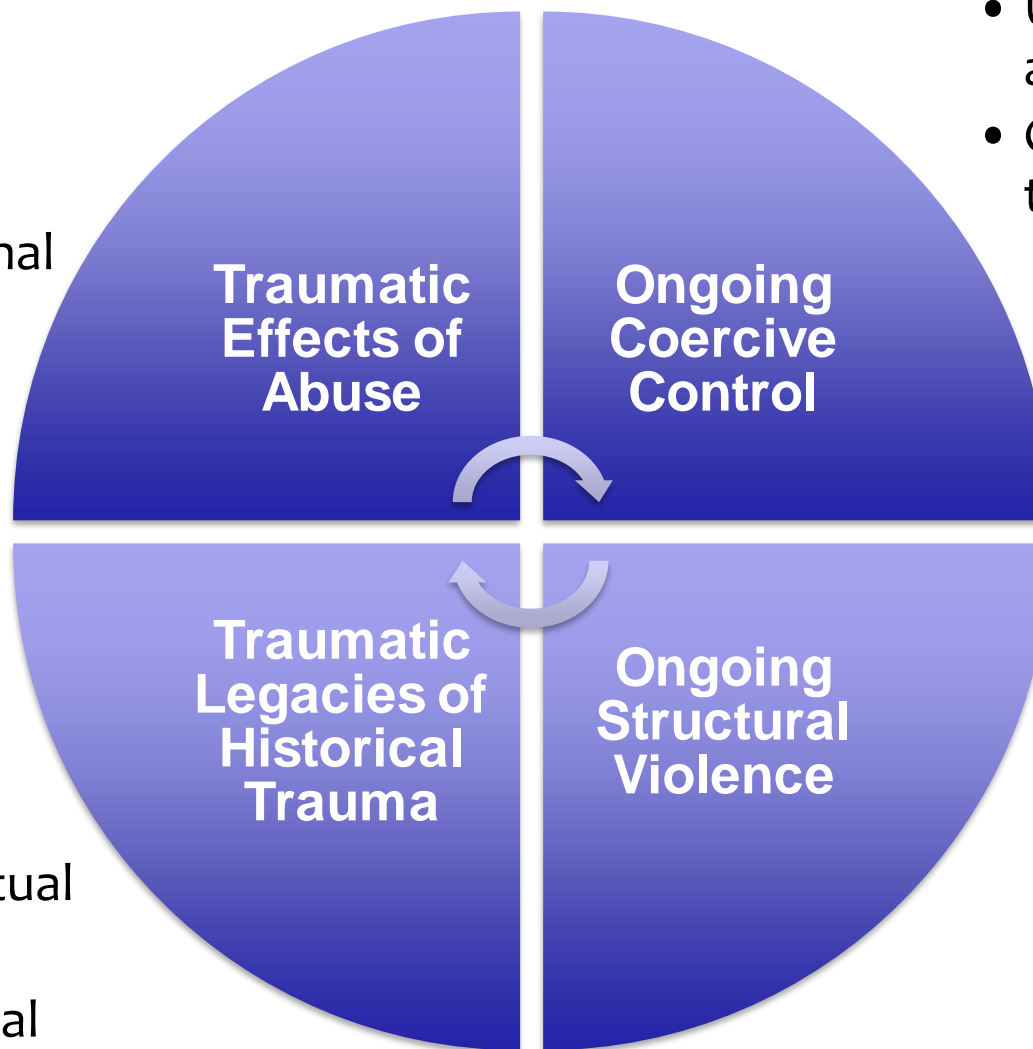
Experiencing a mental health or substance use disorder places individuals at greater risk for being controlled by an abusive partner which is further amplified in the context of COVID-19.

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

Thinking About IPV in a Broader Social Context

- Health
- Mental Health/Suicide
- Substance Use
- Intergenerational
- Interpersonal
- Economic

- Health & MH
- Economic
- Social
- Cultural & Spiritual
- Environmental
- Transgenerational



- Undermining Sanity and Sobriety
- Controlling Access to Resources

Policies and systems that perpetuate structural violence and discrimination

Impact of COVID-19 on Access to Services for Survivors of IPV

Responding to IPV in the Context of COVID-19



- **IPV more frequent and severe**
 - More use of weapons; More severe injuries
- **Increase in coercive control**
 - Greater opportunity (shelter-at-home), including mental health and substance use coercion
 - Less access to safety and support
 - New COVID-specific types of abuse

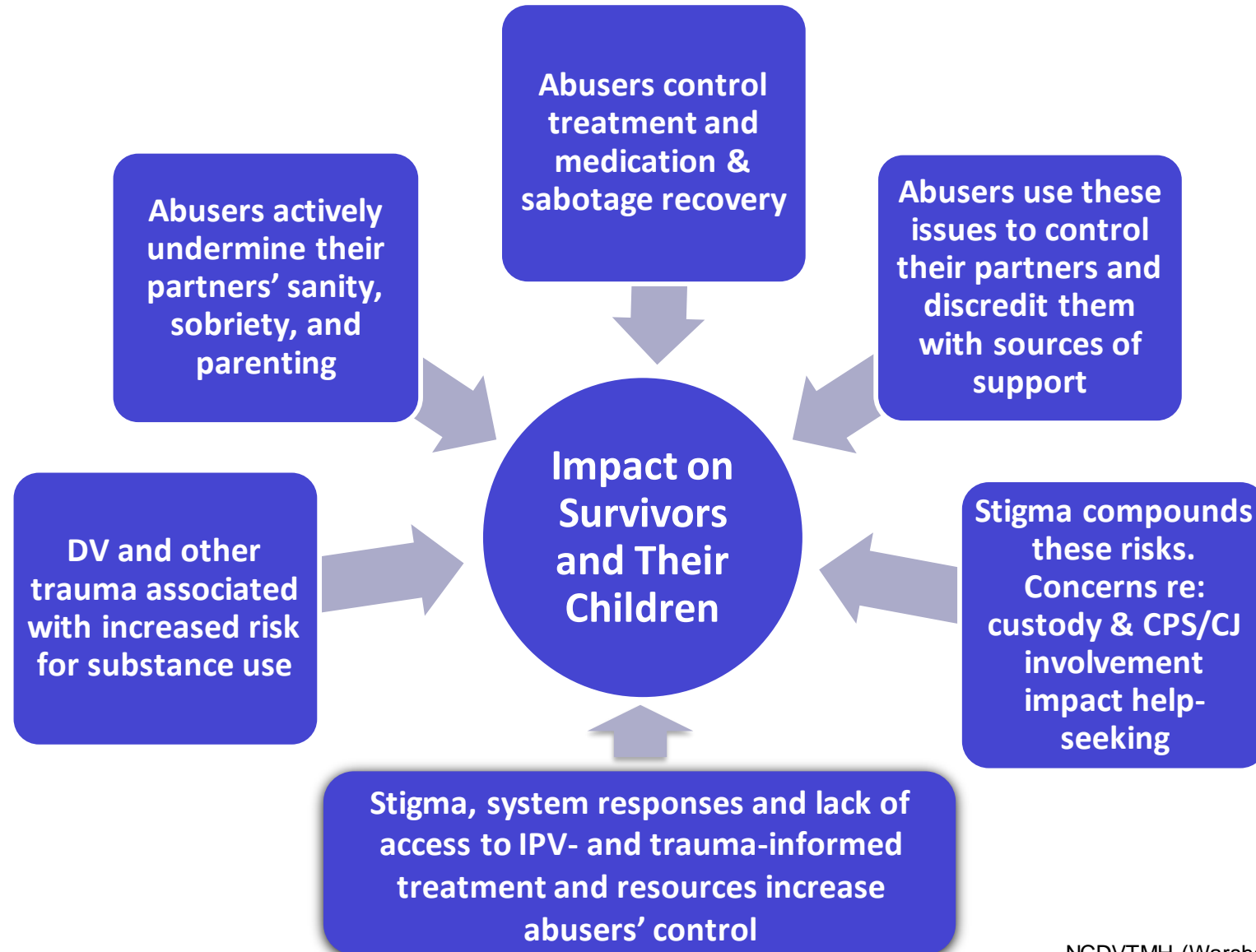
How COVID-19 and social distancing affect survivors of domestic abuse and violence



IPV in the Context of COVID-19: Impact on Mental Health and Substance Use

- **Increased stress, anxiety, fear, grief, and trauma**
 - From COVID-19 as well as entrapment with abusive partner
- **Increased substance use**
 - Stress of COVID; trauma of abuse; isolation and lack of access to coping strategies (walks, social life), supports (mutual aid, treatment groups, friends and family) and treatment
- **Increased mental health and substance use coercion**
 - Control use; control access to treatment; sabotage recovery; undermine sanity; medication diversion

Mental Health and Substance Use Coercion in the Context of Trauma and IPV: The Complexity of Control Tactics





Enhancing Safe Access to Mental Health Services for Survivors of IPV

Amidst COVID-19

Building Safety for Survivors to Talk about their Experiences

- Integrating awareness and sensitivity to IPV/trauma-related needs starts with the very first contact
- Informed consent, confidentiality, transparency
- Build trusting relationships characterized by mutuality, allow time for relationship to develop
- Engender and express nonjudgmental approach and unconditional positive regard
- Minimally invasive, focus on building safety and trust rather than focusing on collecting information
- Culturally-relevant gender-responsive care

CUES: Addressing IPV in Health Settings

CUES AN EVIDENCE-BASED INTERVENTION TO ADDRESS DOMESTIC AND SEXUAL VIOLENCE IN HEALTH SETTINGS
Proven to improve health and safety outcomes for survivors

Survivors say they want health providers to:
Be nonjudgmental • Listen • Offer information and support • Not push for disclosure

C: Confidentiality

- Know your state's reporting requirements and share any limits of confidentiality with your patients.
- Always see patients alone for part of every visit so that you can bring up relationship violence safely.
- Make sure you have access to professional interpreters and do not rely on family or friends to interpret.

"Before we get started I want to let you know that I won't share anything we talk about today outside of the care team here unless you want to tell me about [find out your state's mandatory reporting requirements]."

UE: Universal Education + Empowerment

- Give each patient [safety cards](#) to start the conversation about relationships and how they affect health.
- Open the card and encourage them to take a look. Make sure patients know that you're a safe person for them to talk to.
- Offering safety cards to all patients ensures that everyone gets access to information about relationships, not just those who choose to disclose experiences of violence.

Safety cards are available for all lower settings, communities and in a variety of languages at [pubhealth.org](#)

"I'm giving two of these cards to all of my patients. They talk about relationships and how they affect our health. Take a look, and I've also included one for a friend or family member. On the back of the card there are resources you can call or text, and you can always talk to me about how you think your relationships are affecting your health. Is any of this a part of your story?"

S: Support

- Though disclosure of violence is not the goal, it will happen – know how to support someone who discloses.
- Make a warm referral to your local domestic/sexual violence partner agency or national hotlines (on the back of all safety cards).
- Offer health promotion strategies and a care plan that takes surviving abuse into consideration.
- What resources are available in your area for survivors of domestic and sexual violence? How about for LGBTQ, immigrant, or youth survivors? Partnering with local resources makes all the difference.

"Thank you for sharing this with me. I'm so sorry this is happening. What you're telling me makes me worried about your safety and health..."

A lot of my patients experience things like this. There are resources that can help. (Share name, phone and a little about your local DV program) I would be happy to connect you today if that interests you."

For more information or to order materials contact the National Health Resources Center on Domestic Violence: [ipvhealth.org](#) | for community health centers: [ipvhealthpartners.org](#)

M-F 9am-3pm PST | 415-678-5500 | TTY: 866-678-8901
[health@futureswithoutviolence.org](#)

FUTURES
without violence

— place this poster in your health staff break room —

1. C: Confidentiality

Always see the patient alone for at least part of the visit and disclose your limits of confidentiality before discussing IPV.

2. UE: Universal Education + Empowerment

Use our safety cards to talk with all patients about healthy and unhealthy relationships and the health effects of violence. Always give at least two cards to each patient so that they can share with friends and family.

3. S: Support

Disclosure is not the goal, but it will happen. Discuss a patient-centered care plan to encourage harm reduction. Make a warm referral to your DV partner and document the disclosure in order to follow up at the next visit.

Attention to Mental Health Coercion in Assessment

- **Relationship of feelings and symptoms to current abuse, previous trauma and coercion**
- **How partner responds when they are experiencing MH symptoms**
 - Is their partner supportive? Does their partner criticize and demean them? Use their mental health condition to justify abuse? Try to control their medication or treatment or threaten them with loss of custody because of their mental health condition? Is their partner only “nice” when they’re not okay?
- **How partner might respond to medication and treatment plans**
 - Ask whether they have any concerns about their safety, including if their partner knows they are receiving treatment. Consider whether potential medication side effects will place them at greater risk.

Mental Health Coercion: What to listen for



- **Undermining:** Does your partner tell you that you are lazy, stupid, “crazy,” or a bad parent because of your mental health condition? That no one will believe you because of your mental health condition?
- **Blaming:** Has your partner blamed you for the abuse by saying that you’re the one who is “crazy”?
- **Gaslighting:** Does your partner do things to make you feel “crazy” or like you are “losing your mind”?

Mental Health Coercion:

What to listen for 2



- **Jeopardizing:** Has your partner ever done things that cause your MH symptoms to get worse? Prevented you from eating or sleeping? Has your partner ever tried to prevent or discourage you from accessing MH services, including taking prescriptions?
- **Discrediting:** Has your partner ever used your mental health condition to undermine or humiliate you with other people?
- **Threatening:** Has your partner ever threatened to have you committed to a psychiatric institution? Has your partner ever threatened that you will lose custody of your children because of your mental health condition?

Mental Health Coercion: What to listen for 3



Controlling:

- Has your partner ever tried to control your prescription medication (such as by forcing you to take an overdose, giving you too much or too little medication, or preventing you from taking it at all)?
- Does your partner restrict or interfere with your ability to speak for yourself with doctors or mental health professionals?
- Does your partner have control of your finances or guardianship? Is your partner legally able to make decisions for you as part of a Psychiatric Advance Directive?

Beyond Screening: Accessible Information on IPV and DV/SV Resources

- Disclosing ongoing DV/SV can increase risks for survivors
- **Make information available without requiring self-disclosure of DV/SA**
- Print and digital materials are accessible
- Staff are knowledgeable about IPV as well as DV/SA resources and can share information



Telehealth: Safety for Survivors of IPV/SV

- Confidentiality is a safety need
- Strive to use secure methods of communication and address tech safety
- Adhere to HIPAA privacy regulations
- Support informed decision-making and consent
- Safety plan
- Flexibility with appointment times and rescheduling
- Ask more yes/no questions to establish safety and confidentiality at the start of sessions
- Establish an individualized safety code word or phrase so a survivor can discreetly communicate that they can't talk right now or if they need help
- Use creativity around what is a safe and confidential space for a survivor to have their session

Need for Collaboration with State and Local DV/SV Service Systems



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

Collaborate with DV/SV Programs

- DV/SV programs are operating and providing virtual (phone/video) advocacy and counseling in addition to in-person services
- Some are expanding in-person services as areas begin to re-open
- Reduced shelter capacity but expanding hotels and private rentals in some areas
- Some Federally Qualified Health Centers (FQHCs) offer sexual assault examinations for survivors who do not want to go to a hospital (due to COVID-19 concerns). SV Advocates are knowledgeable about legal and medical options.
- Crisis lines still operating (phone, chat, text, and TTY)
- Orders of Protection available virtually

Resource: DV/SV Coalitions

- For a listing of state and territory DV coalitions see: <https://nnedv.org/content/state-u-s-territory-coalitions>
- For a listing of tribal DV/SV 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
- For a listing of state and territory SV coalitions see: <https://www.nsvrc.org/organizations/state-and-territory-coalitions>

Resource: National DV/SV Hotlines



**NATIONAL
DOMESTIC
VIOLENCE
HOTLINE**

THEHOTLINE.ORG
1-800-799-SAFE (7233) | 1-800-787-3224 (TTY)



love is respect V org



National Sexual Assault Hotline
800.656.HOPE
online.rainn.org
Free. Confidential. 24/7

RAINN



STRONGHEARTS
Native Helpline
1-844-7NATIVE

chat at loveisrespect.org

SMS text "loveis" to 1-866-331-9474

call 1-866-331-9474

Discuss your options anonymously.
Peer advocates are available 24/7.

Resource: NCDVTMH's COVID-19 Resource Hub

www.nationalcenterdvtraumamh.org/trainingta/covid/

COVID-19

RESOURCES & UPDATES

In response to the current national emergency, NCDVTMH will continue to provide updates, resources, and tip sheets to support domestic violence and sexual assault advocacy organizations and coalitions in responding to the trauma, mental health, and substance use-related needs of survivors and their families.

[Click to View Resource Hub](#)

Resource: Tech Safety and IPV

Digital Services Toolkit

(National Network to End Domestic Violence)

www.techsafety.org/digital-services-toolkit



Resources: IPV & COVID-19

COVID-19 Resources (NCDVTMH)

www.nationalcenterdvtraumamh.org/trainingta/covid/

Resources on the Response to COVID-19 (NNEDV)

https://nnedv.org/latest_update/resources-response-coronavirus-covid-19/

COVID-19 for Survivors, Communities, and DV/SA Programs
(Futures Without Violence)

www.futureswithoutviolence.org/get-updates-information-covid-19/

Safety Planning (NDVH)

www.thehotline.org/2020/03/13/staying-safe-during-covid-19/

Safety Planning App: www.myplanapp.org

To be continued...

Please join us for sessions 2 and 3 -

- August 12th:
 - Mental Health Treatment in the Context of Intimate Partner Violence
- September 9th:
 - Intimate Partner Violence, Suicidality, and Disabling Psychiatric Conditions: Unique Risks, Needs, and Strategies

Find more info and register here: bit.ly/IPV-series

Stay connected and find out about future offerings

www.nationalcenterdvtraumamh.org/newsletter-sign-up/

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Instagram: [@ncdvtmh](https://www.instagram.com/ncdvtmh)

Facebook: www.facebook.com/ncdvtmh

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P: 312-726-7020

TTY: 312-726-4110

www.nationalcenterdvtraumamh.org

Additional Resources



www.NationalCenterDVTraumaMH.org

[Home](#) » [Online Training & Resource Center](#) » [Resources for Mental Health and Substance Use Treatment and Recovery Support Providers](#)

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](#)

Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence: A Toolkit for Screening, Assessment, Brief Counseling in Primary Care and Behavioral Health Settings

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Center on
Domestic Violence, Trauma & Mental Health

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

This publication is supported by Grant # 90EV0437-01-00 from the Administration on Children, Youth and Families, Family and Youth Services Bureau, U.S. Department of Health and Human Services. Points of view in this document are those of the authors and do not necessarily reflect the official positions or policies of the U.S. Department of Health and Human Services.



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SAVING LIVES:
Meeting the Needs of
Intimate Partner Violence
Survivors Who Use Opioids

RESEARCH AND POLICY BRIEF | MAY 2019

BY:

Heather Pfaffly, MA

Daily Schaeffer, MPA

Rachel White-Domain, JD

Carole Washburn, MS



This publication is supported by Grant #90DN0437-01-00 from the Administration on Children, Youth, and Families, Family and Youth Services Bureau, U.S. Department of Health and Human Services. Points of view in the document are those of the authors and do not necessarily reflect the official positions or policies of the U.S. Department of Health and Human Services.

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

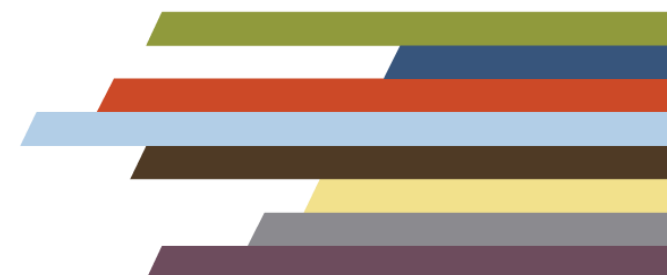
Additional NCDVTMH Resources

- **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
- **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>

Thank You!



Q&A with Presenters





Upcoming Sessions:

August 12: Mental Health
Treatment in the Context of Intimate
Partner Violence

September 9: Intimate Partner
Violence, Suicidality, and Disabling
Psychiatric Conditions: Unique
Risks, Needs, and Strategies

Register here: <https://bit.ly/IPV-series>



Evaluation Information

The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

Please take a moment to complete a **brief** survey about today's training.

