Press Kit

NATIONAL CENTER ON DOMESTIC VIOLENCE, TRAUMA, AND MENTAL HEALTH

About Us:

The National Center on Domestic Violence, Trauma, and Mental Health (NCDVTMH) is a leading organization dedicated to addressing the complex intersections of gender-based violence, trauma, mental health, and substance use.

For over two decades, NCDVTMH has been providing comprehensive support, resources, and education to survivors, advocates, and professionals in the field.

Through innovative research, training programs, policy advocacy, and collaborative partnerships, NCDVTMH enhances understanding of the unique challenges faced by survivors and promotes evidence-based, trauma-informed practices.

NCDVTMH serves as one of four national Special Issue Resource Centers funded by the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Violence Prevention and Services; and is a member of the Gender-Based Violence Resource Network (GBVRN). We are funded through a combination of unrestricted private funds and federal grants.

Mission and Vision

The National Center on Domestic Violence, Trauma, and Mental Health promotes survivor-defined healing, liberation, and equity by transforming the systems that impact survivors of domestic and sexual violence and their families.

We envision a society where all people are free of systemic, collective, and individual trauma.

Our areas of expertise:

- Gender-Based Violence (GBV)
  - Domestic Violence
  - Sexual Violence
  - Human Trafficking
- Trauma
  - Individual, Intergenerational, Collective, Historical, and Complex Trauma
  - Prevention, Treatment, and Recovery
  - Trauma-Informed Services and Organizations
  - Public Emergencies, Disasters, and GBV
- Mental Health and Substance Use
  - Prevention, Treatment, and Recovery
  - Substance Use Coercion
  - Gender-Responsive Care for Women
  - LGBTQIA2S+ Affirming Care
  - Peer-Based Support
  - Harm Reduction
  - Overdose
  - Suicide
- Healthcare *(intersecting with GBV, MH, SU)*
  - Maternal Violent Deaths (overdose, suicide, homicide)
  - Trauma- and GBV-Informed Services
- Housing and Houselessness

Our team brings a wealth of experience and expertise to the field, with backgrounds spanning psychiatry, social work, political science, public health, sociology, education, and lived experience. NCDVTMH has become a leading voice in the movement to support survivors and promote trauma-informed, culturally responsive services.

We work collaboratively with survivors and partners across the country to raise public awareness, conduct groundbreaking research, develop innovative models, build system capacity, and influence policy change.

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@ncdvtmh

Meet Our Leaders

Currently available for interviews, comments, and statements

Carole Warshaw, MD
Director

Carole Warshaw, MD, (she, her) is the Director of NCDVTMH, and is a nationally recognized expert on the intersection of domestic violence, trauma, substance use, and mental health. With over 40 years of experience, she has pioneered accessible, culturally responsive, and trauma-informed services, fostered cross-sector collaboration, and improved system capacities to address the complex needs of survivors and their children.

A leading voice in raising awareness about substance use coercion, Dr. Warshaw has advised numerous organizations and federal agencies, and is a sought-after speaker and published author. She founded NCDVTMH in 2005 and previously served as an internist, emergency room physician, and Director of Behavioral Science at John H. Stroger Jr. Hospital, where she co-founded the Hospital Crisis Intervention Project.

Dr. Warshaw maintains a private psychiatry practice and is a faculty member at the University of Illinois Department of Psychiatry, with board certifications in psychiatry and internal medicine.

Gabriela Zapata-Alma, LCSW CADC
Associate Director

Gabriela Zapata-Alma, LCSW, CADC (they, them) is the Associate Director of NCDVTMH, as well as faculty at the University of Chicago, where they direct the Alcohol and Other Drug Counselor Training Program. Gabriela brings nearly 20 years of experience supporting people impacted by structural and interpersonal violence through innovative and evidence-based clinical, housing, harm reduction, peer-based, and HIV-integrated care programs.

Gabriela has been recognized with numerous awards, including Health and Medicine Policy Research Group's Health Award, and NAADAC IL's Rising Star Award. Currently, Gabriela authors best practices, leads national capacity-building efforts, and provides trauma-informed policy consultation to advance health equity and social justice.

***Available for English and Spanish-language media interviews**

Experts in Our Field

"Our work is to support the DV field in responding to mental health, substance use, and trauma-related needs of survivors and their families and to help organizations be accessible, culturally responsive, and trauma-informed. We aim to try to improve the responses of the mental health and substance use systems, as well as other systems where mental health and substance use are used against survivors, like child welfare, family court, and the criminal legal system. A large part of our work is not only looking at what happens at the individual level but also what happens at the societal and political levels that create structures that perpetuate abuse and violence."

-Carole Warshaw, MD; National Association of Social Workers podcast

"We've known for decades at this point that domestic violence can have mental health and substance use effects. Now what we're learning about more recently, over the past decade, is that there are specific patterns of abuse that specifically target a person's mental health or their relationship with substances. These tactics are targeted in a few different ways... causing problems related to mental health or substance use as well as using the stigma of mental health and substance use to really harm, threaten, and isolate survivors."

-Gabriela Zapata-Alma, LCSW, CADC; **Podcast on Crimes Against Women**

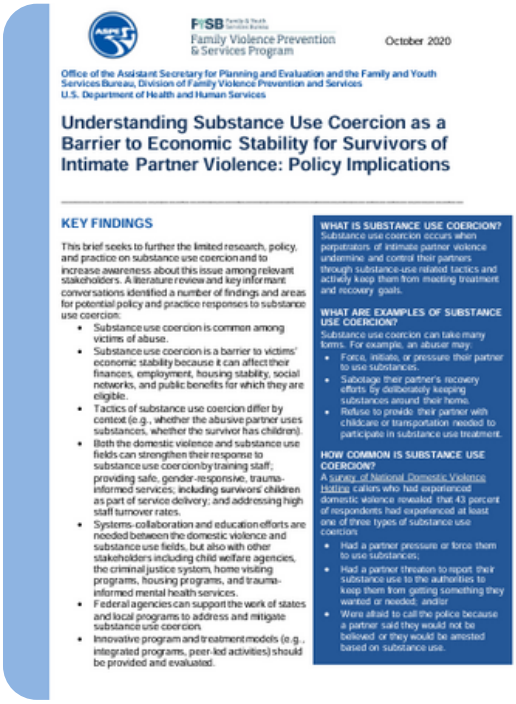
As featured on.... NBC The New York Times npr SELF Dr. Phil Medscape

Subject Matter Expertise

NCDVTMH stands as a leading authority providing subject matter expertise, training, and consultation at the intersections of gender-based violence, mental health, substance use, and trauma. From first-hand survivor accounts to the latest research data, we offer an unparalleled depth of knowledge on these overlapping issues.

In addition to understanding the problems, we know solutions. NCDVTMH develops innovative models and resources that build local capacity and transform systems to better support the safety and well-being of survivors and their families.

For journalists covering interpersonal violence, behavioral health, or social services, NCDVTMH serves as an invaluable source for making sense of these complex topics through a survivor-centered lens.



FYSB Family Violence Prevention & Services Program

October 2020

Office of the Assistant Secretary for Planning and Evaluation and the Family and Youth Services Bureau, Division of Family Violence Prevention and Services
U.S. Department of Health and Human Services

Understanding Substance Use Coercion as a Barrier to Economic Stability for Survivors of Intimate Partner Violence: Policy Implications

KEY FINDINGS

This brief seeks to further the limited research, policy, and practice on substance use coercion and to increase awareness about this issue among relevant stakeholders. A literature review and key informant conversations identified a number of findings and areas for potential policy and practice responses to substance use coercion:

- Substance use coercion is common among victims of abuse.
- Substance use coercion is a barrier to victims' economic stability because it can affect their finances, employment, housing stability, social networks, and public benefits for which they are eligible.
- Tactics of substance use coercion differ by context (e.g., whether the abusive partner uses substances, whether the survivor has children).
- Both the domestic violence and substance use fields can strengthen their response to substance use coercion by training staff; providing safe, gender-responsive, trauma-informed services, including survivors' children as part of service delivery; and addressing high staff turnover rates.
- Systems collaboration and education efforts are needed between the domestic violence and substance use fields, but also with other stakeholders including child welfare agencies, the criminal justice system, home visiting programs, housing programs, and trauma-informed mental health services.
- Federal agencies can support the work of states and local programs to address and mitigate substance use coercion.
- Innovative program and treatment models (e.g., integrated programs, peer-led activities) should be provided and evaluated.

WHAT IS SUBSTANCE USE COERCION?

Substance use coercion occurs when perpetrators of intimate partner violence undermine and control their partners through substance-use related tactics and actively keep them from meeting treatment and recovery goals.

WHAT ARE EXAMPLES OF SUBSTANCE USE COERCION?

Substance use coercion can take many forms. For example, an abuser may:

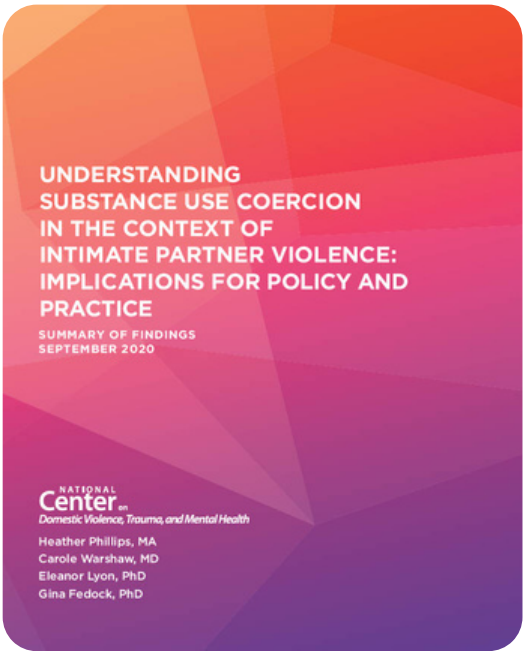
- Force, initiate, or pressure their partner to use substances.
- Sabotage their partner's recovery efforts by deliberately keeping substances around their home.
- Refuse to provide their partner with childcare or transportation needed to participate in substance use treatment.

HOW COMMON IS SUBSTANCE USE COERCION?

A survey of National Domestic Violence Hotline callers who had experienced domestic violence revealed that 43 percent of respondents had experienced at least one of three types of substance use coercion:

- Had a partner pressure or force them to use substances;
- Had a partner threaten to report their substance use to the authorities to keep them from getting something they wanted or needed; and/or
- Were afraid to call the police because a partner said they would not be believed or they would be arrested based on substance use.

Research and Evaluation



NCDVTMH leads groundbreaking research that centers survivors' priorities while using qualitative and quantitive methods to build knowledge at the complex intersections of gender-based violence, trauma, mental health, and substance use. Our work is instrumental in understanding the dangers survivors face, their strengths in meeting these challenges, and in building survivor-centered recommendations for system improvement. Our routine national needs assessments inform policy and practice enhancements to better support survivors and their families.

For journalists covering interpersonal violence, trauma, or public health, our findings offer vital insights into an often-overlooked facet of violence's far-reaching consequences and the changes needed to better support survivors.

Policy Development and Analysis

NCDVTMH is a trusted partner to federal policymakers and national organizations, providing in-depth analysis and evidence-based recommendations to inform legislation and regulations that directly affect survivors, advocates, and mental health and substance use disorder treatment providers.

In recent years, the overdose epidemic and the COVID-19 pandemic have brought the importance of NCDVTMH's work into sharp focus. These crises have highlighted the urgent need for trauma-informed, culturally responsive approaches to supporting the safety and well-being of survivors and their families in their recovery efforts.

Policy Focus Areas:

NCDVTMH prioritizes access to quality care that ensures safety and privacy while also addressing disparities and barriers survivors and their families face.

We are an active partner and highly sought experts in these policy areas:

- Trauma-Informed
- Mental Health
- Substance Use
- Maternal Health
- Gender Equity
- Gender-Based Violence
- The Impact of Using Telehealth to Provide Services

Some of the policy institutions we've provided our subject matter expertise to:

- *The White House Gender Policy Council*
- *The White House Office of National Drug Control Policy*
- *Office on Women's Health Taskforce on Maternal Mental Health*
- *Substance Abuse and Mental Health Services Administration (SAMHSA)*
- *Health Services and Resources Administration (HRSA)*
- *Centers for Disease Control and Prevention (CDC)*

When you cover these issues, you can help amplify the voices of survivors and bring attention to the systemic changes needed to ensure that all those affected by gender-based violence, trauma, mental health, and substance use have the support and resources they need to heal, thrive, and live free from violence.

Partnering with NCDVTMH to report on these critical issues can inspire action, influence policy, and save lives.

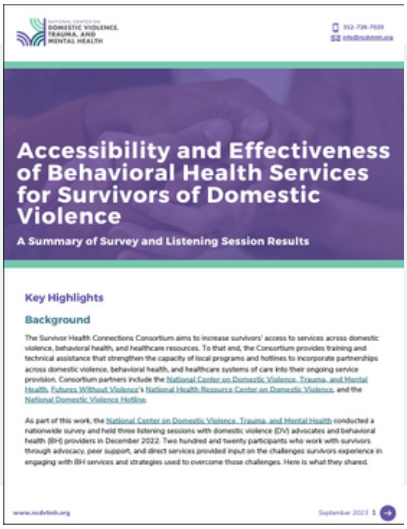
Public Awareness

Raising public awareness is essential to creating communities where survivors are believed and have equitable access to the resources and opportunities we all need to thrive.

NCDVTMH is committed to raising public awareness about the issues faced by survivors and their families, as well as survivor-driven solutions to these very issues. Through educational campaigns and national partnerships, we work to change the narrative from one that blames, stigmatizes, and revictimizes survivors, to one that understands the challenges survivors face while upholding their dignity, strengths, and human rights.

Some of our key public awareness efforts include:

- Annual Domestic Violence Awareness Month campaign every October and Mental Health Awareness Month campaign every May
- Sharing information and resources in observance of Teen Dating Awareness Month (February), Sexual Violence Awareness Month (April), International Overdose Awareness Day (August 31st), and Recovery Month (September)
- Infographics and communication guides
- Policy briefings and public comments
- Hundreds of free resources on our website, including webinars, factsheets, tipsheets, guides, toolkits, and more



Areas of Expertise

Mental and Behavioral Health

Mental Health and Substance Use Coercion

- Understanding the high rates of domestic violence and sexual violence among individuals accessing mental health and substance use disorder treatment
- Recognizing the deliberate use of abusive tactics that target a survivor's mental health and substance use by people who seek to control, harm, and isolate their partners
- Identifying the impact of mental health and substance use coercion on survivors' well-being, treatment efficacy, access to recovery, and legal outcomes, including orders of protection and child custody
- Developing policies and practices for behavioral health providers and anti-violence advocacy organizations to effectively address these forms of abuse
- Providing guidance to policymakers, helping professionals, and legal systems on supporting the safety and well-being of survivors and their children when faced with immediate danger or controlling partners

Substance Use, Overdose, and Recovery

- Recognizing the high prevalence of substance use and overdose among survivors of gender-based violence and trauma
- Understanding the role of substance use as both a tactic of abuse against survivors as well as an accessible form of coping with the physical and emotional pain of abuse given the interference by unsafe partners and systemic barriers survivors face in accessing treatment and other supports
- Identifying the unique challenges and risks faced by survivors in recovery, including the impact of trauma and the potential for recovery sabotage by unsafe partners
- Developing trauma-informed, culturally responsive approaches to substance use disorder treatment and recovery support that prioritize the safety and well-being of survivors and their families
- Advocating for policies and practices that reduce stigma, increase access to harm reduction services, and support long-term recovery for survivors
- Leading innovative initiatives across the U.S. with state behavioral health agencies, domestic violence and sexual assault coalitions and organizations, as well as substance use systems of care to enhance their capacity to serve survivors

Trauma and Suicide

- Recognizing the increased risk of suicide among survivors of domestic violence and trauma
- Identifying the unique risk factors and warning signs of suicide among survivors, including the role of ongoing abuse, trauma, isolation, and hopelessness
- Creating access to trauma-focused interventions that are responsive to survivors' needs and realities
- Developing trauma-informed, culturally responsive approaches to suicide prevention, intervention, and postvention that prioritize the safety and autonomy of survivors
- Providing training and technical assistance to mental health professionals, crisis responders, and domestic violence advocates to enhance their capacity to assess and respond to trauma and suicide risk among survivors, including preventing unnecessary hospitalization when it is being threatened as a tactic of abuse by an unsafe partner

Areas of Expertise

Gender-Based Violence

Intimate Partner Violence (IPV) and Sexual Violence

- Recognizing the tactics used by people who use violence to exert power and control over their partners, including coercion, intimidation, and isolation
- Identifying the unique barriers and challenges faced by survivors in seeking safety, support, and healing, including stigma, victim-blaming attitudes, and systemic inequities
- Developing trauma-informed, culturally responsive approaches to supporting survivors of IPV and sexual violence that prioritize their safety, autonomy, and empowerment
- Advocating for policies and practices that curtail punitive responses to survivors and create access to the empowering resources survivors need to establish safety and well-being, while addressing the social conditions that perpetuate abuse and discrimination

Impacts on Families and Children

- Bringing attention to the intergenerational effects of trauma and violence on children's development, mental health, and well-being, as well as pathways of intergenerational healing
- Identifying the unique challenges faced by parents who are survivors of domestic violence, including how unsafe partners leverage mental health and substance use stigma related to threaten child custody
- Understanding the complex dynamics of co-parenting in the context of domestic violence, including the potential for ongoing abuse through the manipulation of custody and visitation arrangements
- Developing trauma-informed, family-centered approaches to supporting survivors and their children that prioritize safety, healing, and resilience
- Advocating for policies and practices that counteract victim-blaming and support children's attachment with their protective caregiver through developmentally appropriate and culturally responsive approaches that promote their recovery and well-being

Addressing the Intersections of Interpersonal and Structural Violence

- Recognizing the cumulative burden of trauma that may span a lifetime or generations, and its effects
- Understanding the increased risk for and compounding effects of co-occurring concerns as a result of abuse, such as disabilities, medical conditions, poverty, houselessness, and legal system involvement
- Identifying the role of systemic oppression, societal stigma, and intergenerational trauma in exacerbating the challenges faced by survivors and their families
- Developing comprehensive, equity-based approaches to supporting survivors that address the full range of their experiences and needs, including safety, health, housing, and economic stability
- Advocating for policies and practices that reduce barriers to services, promote collaboration across systems, centers survivors' priorities, and provide culturally responsive, accessible support to survivors and their families

Branding Guidelines

The National Center on Domestic Violence, Trauma and Mental Health (NCDVTMH) brand guidelines ensure consistent and accurate representation of our organization across all media and communications. Adhering to these guidelines maintains a strong, recognizable brand identity that reflects our mission and values.

MAIN LOGO

NATIONAL CENTER ON
DOMESTIC VIOLENCE, TRAUMA, AND MENTAL HEALTH

LOGO MARK

NCDVTMH

COLOR PALLETE

#79C9B1 #6654A3 #00646B #515F62

FONTS

Lora Regular
LATO LIGHT

When abbreviating the National Center on Domestic Violence, Trauma, and Mental Health, please only use the NCDVTMH shortened version.

Logo Usage

- Always use the official NCDVTMH logo provided in the press kit.
- Do not alter, stretch, or distort the logo in any way.
- Use the logo on a contrasting background to ensure legibility.
- When using the logo alongside other logos, ensure equal prominence and spacing.

Imagery

- Use high-quality images that reflect the diversity of survivors and communities we serve.
- **Choose images that convey empowerment, resilience, and hope.**
- **Avoid using gratuitous or graphic images of violence or trauma.**
- Obtain proper permissions and give credit to the photographer or source when using images.

Tone and Voice

- Use a compassionate, empowering, and respectful tone in all communications.
- Avoid sensationalizing or exploiting the experiences of survivors.
- Use person-first language (e.g., "person experiencing domestic violence" rather than "victim").
- Emphasize the importance of trauma-informed, culturally responsive approaches.
- Highlight the expertise and leadership of NCDVTMH in the field.