



North Carolina Coalition Against Domestic Violence
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House Select Committee on Involuntary Commitment
c/o Jessica Boney
North Carolina General Assembly
16 West Jones Street
Raleigh, NC
27601

To Chairs Blackwell, Reeder and Members of House Select Committee on Involuntary Commitment:

The North Carolina Coalition Against Domestic Violence is a statewide organization working to end domestic violence and strengthen the safety net for survivors. We support local programs across North Carolina with training, advocacy, and resources so they can provide lifesaving services like shelter, legal support, and crisis intervention. By advancing policy, raising awareness, and empowering communities, we are building a safer North Carolina for everyone.

We are submitting this public comment requesting that you consider the enclosed recommendations to ensure safeguards for domestic violence survivors impacted by North Carolina's involuntary commitment system. North Carolina faces a mounting behavioral health crisis, especially among domestic violence survivors experiencing trauma-related conditions. Millions of North Carolina residents live in mental health provider shortage areas, and many survivors struggle to access trauma-informed, culturally responsive care. Simultaneously, DV and mental health professionals alike report a critical gap in cross-sector training and coordination.

Involuntary commitment should be a last resort. However, in instances where a survivor is involuntarily committed, protocols are needed to ensure safety for that individual. Screening for intimate partner violence is necessary for evaluation and treatment planning.

Survivors who are involuntarily committed should also have a clear discharge plan, including a warm handoff to vital community-based programs such as local domestic violence service providers and outpatient care. A survivor in crisis needs adequate safeguards to ensure a timely and effective response to their distress, including coordinated crisis response, well-trained system actors, adequate outpatient mental health services, and strengthened capacity for emergency shelter provided by domestic violence service providers.

Coordinated crisis response and community mental health services are critical

While the need for mental health support is growing, access remains limited: over 4 million North Carolinians live in areas federally designated as mental health professional shortage zones, and more than half of children and adults seeking behavioral health services are unable to access care.¹ A March 2026 University of North Carolina Sheps Center report, prepared with the North Carolina Department of Health and Human Services, states that nearly every county has a mental health provider shortage.² When survivors cannot get proper, affordable, and accessible outpatient mental health care, their trauma often goes untreated. This can worsen mental health symptoms, increase the risk of crisis, and make it harder for survivors to stay safe, keep stable housing, maintain employment, care for their children, or participate fully in legal proceedings.

Effective crisis response for survivors of domestic violence requires coordination amongst all first responders, including local domestic violence service providers. Domestic violence programs across North Carolina serve thousands of clients each year. Across the state, nearly two in five domestic violence service providers offer mental health services, therapy, or coaching for clients.³ Adequate resources are needed to ensure that these services

¹ Briana Lombardi, Paul Lanier, Responding to North Carolina's Behavioral Health Workforce Crisis October 3, 2023 (<https://carolinaacross100.unc.edu/responding-to-north-carolinas-behavioral-health-workforce-crisis/>).

² Brianna Lombardi, PhD, MSW, Jennifer Headley, MSW, Monica P Jimenez, PhD, MPH, Roxana Keesler, MSW Candidate, Adote Junior B. Akue-ka, MPS, Regan Gregory, MPH, Evan Galloway, MPS, Lisa de Saxe Zerden, PhD, MSW, Erin Fraher, PhD, MPP, State of North Carolina's Mental Health and Substance Use Services Workforce: Need, Supply, and Distribution Landscape Assessment <https://nchealthworkforce.unc.edu/projects/mhsu-workforce/>.

³ Based on September 2025 count for Annual DV Counts Data <https://nnedv.org/wp-content/uploads/2026/03/20th-Annual-DV-Counts-Report-North-Carolina-Summary.pdf>.

continue and that domestic violence service providers can meet client needs, especially in rural areas.

Community mental health services, mobile crisis teams, and trauma-informed services are as important for survivors of domestic violence as they are for the broader population.⁴ North Carolina already has tools that point in a better direction. 988 lifeline, a 24-hour suicide and crisis hotline, responds to hundreds of domestic violence calls a year.⁵ Mobile crisis teams, community crisis centers, community health workers and same-day walk-in clinics have also been key in ensuring survivors have much needed access to care and supportive resources.⁶ Funding these systems can help to ensure that people can get help early, nearby, and without going straight to a locked unit or emergency room.

Trauma-informed training for system actors is key to ensuring appropriate response

Law enforcement is often the first to encounter individuals experiencing domestic violence. Recent research on police reports and brain injury shows the importance of law enforcement being trained to respond appropriately so that a survivor can access supportive services as quickly as possible.⁷ Implementing lethality assessment protocols can also be a matter of life and death for survivors.⁸

⁴ INVOLUNTARY COMMITMENT IN NORTH CAROLINA: OVERUSED, MISUSED, AND HARMFUL An Urgent Call for Change, Disability Rights NC May 2025 [Involuntary Commitment in NC Overused, Misused, and Harmful](#).

⁵ Brianna Lombardi, PhD, MSW, Jennifer Headley, MSW, Monica P Jimenez, PhD, MPH, Roxana Keesler, MSW Candidate, Adote Junior B. Akue-ka, MPS, Regan Gregory, MPH, Evan Galloway, MPS, Lisa de Saxe Zerden, PhD, MSW, Erin Fraher, PhD, MPP, STATE OF NORTH CAROLINA'S MENTAL HEALTH AND SUBSTANCE USE SERVICES WORKFORCE: Need, Supply, and Distribution Landscape Assessment,

https://nchealthworkforce.unc.edu/pdf/DMH%20Workforce%20Report_Mar1_2026_Updated.pdf.

⁶ NCDHHS Crisis Care Services <https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-use-services/crisis-services>;

⁷ Sophia Sobota, J.D. Candidate; Rachel Ramirez, LISW-S, RASS; Julianna Nemeth, PhD, Documenting Danger: What Police Reports Reveal about Documenting Domestic Violence Cases, 2026 https://www.odvn.org/wp-content/uploads/2026/03/DocumentingDanger_FullReport_web.pdf.

⁸ Christopher D. Maxwell, Tami P. Sullivan, Bethany L. Backes, Joy S. Kaufman New Approaches to Policing High-Risk Intimate Partner Victims and Those Committing the Crimes, 2020.

<https://nij.ojp.gov/topics/articles/new-approaches-policing-high-risk-intimate-partner-victims-and-those-committing>.



Court actors and medical professionals often lack trauma-informed training on domestic violence and screening for intimate partner violence. These are crucial skills when evaluating individuals for involuntary commitment. Magistrates decide if an involuntary commitment moves forward, but they may not be trained in effectively assessing for domestic violence. We recommend mandatory training on domestic violence, including specific elements of coercive control, trauma responses, and the use of screening questions at IVC determinations such as determining if there is a protective order or whether the petitioner is a partner. A “bench card”—a quick-reference guide used in states like Oregon, Michigan, and Colorado—would also be useful to identify when a petition may be part of abuse. UNC School of Government has already created a bench card for domestic violence courts that could be adapted for involuntary commitment proceedings.⁹

Medical professionals have long recognized the importance of appropriate screening for domestic violence. The American College of Obstetrics and Gynecology recently reaffirmed an opinion that intimate partner violence screening is critical for patient care and acknowledging the long-term physical and psychological consequences of past and ongoing abuse.¹⁰ From North Carolina medical school classrooms to emergency rooms, training should be required on the traumatic impacts of domestic violence, including how DV trauma and strangulation-related brain injury mimic psychiatric disorders. Mental health clinicians also need to understand the legal implications of involuntary commitment for a patient, as it affects custody, housing, employment, and court credibility.

Additional funds are needed for emergency domestic violence shelters

Living in crisis and needing a roof over your head should not be grounds for involuntary commitment. More shelter beds for domestic violence service providers and affordable housing are impactful interventions that help address crises more directly. According to

⁹ National Council of Juvenile and Family Court Judges provides training and technical assistance for judges on domestic violence matters <https://www.ncjfcj.org/family-violence-and-domestic-relations/judicial-education-development-initiative-on-domestic-violence/>; UNC School of Government Benchcard: Judicial Strategies for Domestic Violence Courts https://www.sog.unc.edu/sites/default/files/course_materials/Judicial%20Strategies%20for%20DV%20Courts%20Bench%20Card.pdf.

¹⁰ Committee on Healthcare for Underserved Women, American College of Obstetrics and Gynecology, Committee Opinion no. 518, <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2012/02/intimate-partner-violence>.

the most recent Domestic Violence Counts Survey (DV Counts), 83% of North Carolina’s approximately 85 DV agencies provide emergency shelter.¹¹ However programs do not have enough funding, support, or resources to meet the need. Domestic violence programs are stretched thin due to limited staff and funding, and when shelter capacity is met, programs often must turn survivors away. The 2025 DV Counts survey showed that there were 170 unmet requests in a 24-hour period in North Carolina.¹² When survivors have access to domestic violence service providers’ emergency shelter and housing programs, they can gain stability and reduce strain on local communities.

North Carolina Coalition Against Domestic Violence requests that involuntary commitment protocols in North Carolina consider the impacts on survivors of domestic violence, from coordinated crisis response to adequate resources for shelter. More shelter beds, affordable housing for people with limited income or damaged credit, and same-night emergency housing would keep many survivors out of ERs and out of the IVC process entirely.

Investments in community-based mental health services, including through domestic violence programs, are paramount. When survivors have adequate, trauma-informed interventions, survivors, their families, and their communities are better able to thrive.

Signed,



Carianne Fisher, MSW
Executive Director
North Carolina Coalition Against Domestic Violence

¹¹ 20th Annual DV Counts Data <https://nnedv.org/wp-content/uploads/2026/03/20th-Annual-DV-Counts-Report-North-Carolina-Summary.pdf>.

¹² 20th Annual DV Counts Data <https://nnedv.org/wp-content/uploads/2026/03/20th-Annual-DV-Counts-Report-North-Carolina-Summary.pdf>.