

Serving Survivors with Mental Health Concerns

Tennessee Domestic Violence Shelter Best Practices Manual / Section I



Because both abuse and mental health concerns are highly stigmatized in American culture, survivors may hesitate to disclose aspects of the abuse that are related to mental health. They may fear being judged, blamed, or not given help because they suffer from mental health issues. Advocates can normalize the clients' experiences by letting them know that attacking a victim's mental health is a common tactic that people use to justify abusive behavior or to undermine and control their partners. Advocates

should be calm, respectful, and non-judgmental.

Experiencing abuse can affect how a person responds to others, just like many mental illnesses. If someone has a mental health condition, experiencing abuse may cause their symptoms to get worse. In addition, abusers sometimes deliberately try to worsen survivors' mental health symptoms and use their responses to control and belittle them.

Many abusers deliberately make it hard for survivors to trust their own perceptions of what's happening; this is a tactic called *gaslighting*. Though this abuse tactic is used against many survivors, it is particularly common and effective in those with existing mental health conditions.

Gaslighting is a form of manipulation that seeks to sow seeds of doubt in a targeted individual, hoping to make victims question their own memory, perception, and sanity.

For example, according to the National Center for Domestic Violence, Trauma, and Mental Health, many survivors with mental health disorders report that their abuser:

- Calls them “crazy”, “disturbed”, “Psycho”, etc.
- Does or says things to make them feel confused or “crazy.”
- Justifies or excuses the abuse by saying that their partner is “crazy,” out of control, or sometimes needs to be restrained.
- Tells them that no one will believe them because they are “crazy” or because they have a mental health history.
- Tells them that they are lazy, stupid, “crazy,” or a bad parent because of their mental health history.
- Interferes with their mental health treatment.
- Controls their prescription medications.
- Has forced them to be committed to an inpatient psychiatric unit or threatens to do so.
- Threatens that they will lose custody of their children because of their mental health status.

It is important to note that not all survivors will voluntarily mention these experiences. Asking specifically about what has happened to them in a non-judgmental way can communicate that you are open to hearing about their experiences and can help reduce feelings of isolation and shame even if they do not choose to disclose at that time. You may say something like, “Many people who experience abuse tell us that..., has anything like that happened to you?”

Interacting with Survivors who have Mental Health Conditions

1. **Do not expect everyone to connect, interact, respond, and communicate in ways you consider “normal.”**

A survivor’s symptoms of mental illness can be very distracting, keeping their attention focused elsewhere. They may have to concentrate very hard to keep track of what you are saying and may respond more slowly. Symptoms may interfere with being able to read facial expressions or to feel safe in unfamiliar situations or with new people. It may take all of a survivor’s energy just to stay physically and emotionally present in the room.

2. **Stay on track.** Advocates may become judgmental, frustrated, blame the survivor, or distance themselves when they take a survivor’s communication and interaction styles personally, instead of understanding them as a symptom of trauma or mental health concerns. Staying on track means continuing to use the skills, caring, and commitment that advocates offer to any survivor, regardless of the symptoms or struggles that a survivor is experiencing.



3. **Give information transparently.** Advocates should not promise more than they can actually deliver. Avoid secrets and surprises. Be open about what you are going to do, how your program operates, and who makes decisions in your organization. When advocates give a survivor information consistently and clearly, they will be better equipped to make decisions and trust their experience in shelter.
4. **Meet them where they are.** It is an advocate’s responsibility to offer support and information in ways that survivors can use. Speak clearly and check in to make sure that you are saying things in a way that makes sense to the survivor. Some people may be embarrassed to admit that they don’t understand all that you’ve said. Saying something like: “I hope I said that clearly. Was there anything that didn’t quite make sense?” can ease that embarrassment.
5. **Remember that mental illness does not make someone less worthy to receive services.** Denying a survivor shelter or supportive services based on their real or perceived mental illness is not tolerated under VAWA, VOCA, FVPSA, or Tennessee State Shelter Performance

Standards. If survivors truly need more resources and support than your agency can provide, the answer is collaboration and referral, not denying them services.

6. **Remember that mental illness does not mean someone is lying about the abuse they've experienced**, and can in fact make them more vulnerable to experiencing domestic violence. Furthermore, mental illness does not make someone too 'dangerous' for shelter. Millions of individuals in America suffer from mental illness, and are more likely to have violence perpetrated against them than to be violent. If your organization is concerned about survivors being violent in shelter, regardless of mental health status, then you should create or review policies for responding to violence, and make sure staff are trained in what to do if violence occurs.

7. **Collaborate to meet survivors' needs.**

Plan around the kinds of services and supports that have been helpful to a survivor in the past. Safety and confidentiality may make it impossible for us to connect with a prior therapist or case manager who has been helpful, but we can help a survivor to reach out or to brainstorm new resources. Create collaboration agreements with local mental health providers, offer cross-training, or provide co-location of services to more completely respond to the needs of survivors with mental health concerns.

- Become familiar with resources that exist across Tennessee to help survivors with mental health concerns.
 - Mental Health America of Tennessee- <http://www.mhamt.org>
 - Tennessee Suicide Prevention Network- <http://tspn.org>
 - Tennessee Association of Alcohol, Drug, & other Addiction Services- <https://www.taadas.org>
 - TN.gov listing of mental health services for adults- <https://www.tn.gov/behavioral-health/mental-health-services/mental-health-services-for-adults0.html>
 - TN.gov listing of behavioral health resources- <https://www.tn.gov/behavioral-health/mental-health-services.html>

The National Center on Domestic Violence, Trauma, and Mental Health offers tools on making mental health referrals and collaborating with community resources in the following tip sheets:

<http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Locating-Mental-Health-and-Substance-Abuse-Supports-for-Survivors.pdf>

http://nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Tipsheet_MH-Referral_NCDVTMH_Aug2011.pdf



8. **Don't be afraid of acute response.** The impact of trauma on survivors can create an acute mental health response, or worsen existing mental health issues. The presence of acute mental illness does not make a survivor inherently dangerous, in fact those with acute mental health disorders are less likely to perpetrate violence, and more likely to become a victim, than the general population. Seek out mental health first aid and crisis intervention training for your staff. This can help advocates gain hands-on experience in working with those with acute mental

health symptoms without fear and anxiety. Learn more here- <http://www.mhamt.org/mental-health-101/>.

Resources:

Tool Kit For Advocates, <Http://Www.Nationalcenterdvtraumamh.Org/Publications-Products/Resource-For-Advocates/>

Tips For Making Connections With Survivors Experiencing Psychiatric Disabilities, Http://Nationalcenterdvtraumamh.Org/Wp-Content/Uploads/2012/01/Tipsheet_Making-Connections_Ncdvtmh_Aug2011.Pdf

Asking About & Responding To Survivors' Experiences Of Abuse Related To Mental Health, Http://Www.Nationalcenterdvtraumamh.Org/Wp-Content/Uploads/2012/01/Tipsheet_Asking-Responding-To-Abuse-And-Mh_Sept2012_Final.Pdf

How Abuse Might Affect Your Mental Health, <Http://Nationalcenterdvtraumamh.Org/Wp-Content/Uploads/2012/01/How-Abuse-Might-Affect-Your-Health.Pdf>

Tips For Discussing A Mental Health Referral With Dv Survivors, Http://Nationalcenterdvtraumamh.Org/Wp-Content/Uploads/2012/01/Tipsheet_Mh-Referral_Ncdvtmh_Aug2011.Pdf

Locating Mental Health & Substance Abuse Supports For Survivors: A Reference Sheet For Domestic Violence Advocates, <Http://Www.Nationalcenterdvtraumamh.Org/Wp-Content/Uploads/2012/01/Locating-Mental-Health-And-Substance-Abuse-Supports-For-Survivors.Pdf>

10 Things I've Learned About Gaslighting As An Abuse Tactic, <http://everydayfeminism.com/2015/08/things-wish-known-gaslighting/>