



Bright Horizons

Resources for Survivors of Domestic Violence & Sexual Assault

Mental Health and Substance Abuse

RESEARCH SUPPORT

Over the past 20 years, researchers have consistently found correlations between surviving sexual and domestic violence and the occurrence of mental health disorders and problems including drug and alcohol abuse, depression, anxiety disorders, post-traumatic stress disorder, and suicide.

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Research had also found that the best predictor of experiencing sexual or domestic violence during adulthood is having prior experience, though the reason for this correlation has not been determined.

RESEARCH SUPPORT

Other studies have documented the effectiveness of supportive interventions in shortening the amount of time a person exhibits symptoms of rape-related posttraumatic stress disorder.

RESEARCH SUPPORT

This illustrates the importance of appropriate supportive interventions; not only are they beneficial to the emotional recovery from a traumatic event, but interventions may also preclude future victimizations.

WORKING CLUES OF MENTAL HEALTH ISSUES IN CRISIS LINE CALLERS

Pay Attention To:

- Tone/Speech
- Flat or monotone
- Rapid and pressured speech
- Extreme excitement or hyperactivity
- Aggressive or angry
- Inappropriate affect
- when compared to the content, e.g., happy tone while describing something unpleasant

WORKING CLUES OF MENTAL HEALTH ISSUES IN CRISIS LINE CALLERS

Pay Attention To:

- Content
- Disorganized speech or “word salad,” e.g., “I’ve got two in the sun so it’s all out for the trees.”
- Stringing sentences together without appropriate pauses or breaks.
- Description of the impossible, e.g., “I just had lunch with Abraham Lincoln.” “I can fly.”
- Description of unlikely events, e.g., “Aliens are speaking to me through the radio.”
- Disclosure of extreme paranoia, e.g., “The C.I.A. has poisoned all the food in the grocery store.”

KEEP IN MIND...

- Not any one or all of these clues are an absolute indicator that your caller has mental health issues. It is not our job to diagnose.
- This list is by no means exhaustive or comprehensive. Callers with mental health issues may present with other clues not listed.
- ALL CALLERS, regardless of what they're saying, are to be treated with dignity and respect.
- Anyone or more of these clues present in the call will require further investigation, inquiry, and advocacy.

BEST PRACTICES FOR CALLERS WITH MENTAL HEALTH ISSUES

- Keep compassion, kindness, and patience at the forefront.
- Remember that some people with mental illnesses ARE in domestic violence situations and DO need your help.
- Validate the emotion behind the information. “ I hear that you’re scared and upset.”
- It’s best to give the caller the benefit of the doubt.
- It is okay to redirect, refocus, and interrupt for the sake of clarity and understanding what the caller needs.
- You may need to ask the caller/chatter directly and repeatedly (but politely) what they need from us today. Inquire if the caller/chatter has a caseworker, counselor, doctor, or another professional individual who has assisted them in the past and encourage them to reconnect with that person.

AVOID...

- Arguing with reality is a delusion or hallucination. You don't want to get caught in a real tug of war with the caller/chatter.
- Supporting or encouraging a delusion or hallucination by talking about it as if it was real, e.g., "You should defiantly put foil on your head to block the alien radio probes."
- Anger or frustration by ASKING FOR HELP! IM another advocate or coordinator assistance if you find yourself losing patience or out of ideas on how to assist.

THE INTERSECTION OF DOMESTIC VIOLENCE AND MENTAL HEALTH

Victim Challenges:

May encounter barriers to services and shelter.

Shelters and shelter workers may not have the training or resources to serve a person with mental illness and may refer to a local state hospital or facility initially for services.

Mental health providers may not have adequate training in domestic violence dynamics and may mistake domestic violence coping strategies as part of a disorder.

May encounter discrimination and\ stigmatization because of mental illness by the police, while in the shelter, or through the legal system.

May be at risk for losing access to medication or insurance if s/he leaves the abuser.

DOMESTIC VIOLENCE AND MENTAL
HEALTH/SUBSTANCE ABUSE CAN INCLUDE:

Sleep

Post Traumatic Stress

Disturbances

Eating Disorders

Anxiety

Depression

Substance Abuse

Suicidal Thoughts

STATISTICS:

- Victims of Domestic Violence and Sexual Assault are 3 X's more likely to experience the above effects than those that are not.
- 1/3 of all suicide attempts can be linked to past domestic violence and sexual assault experiences.
- 80% of Domestic Violence /Sexual Assault victims utilize mental health services.