

## “Strategies for Working with Domestic Violence Survivors with Mental Illness”<sup>1</sup>

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Domestic violence can affect anyone, including people with mental illness. There are times that a survivor with a mental illness may require support to ensure their safety and access to obtain crisis intervention services. Trauma survivors, including those with mental illness, experience their situation in various ways; therefore, support/services need to be developed to meet each individual’s particular needs. Following are several tips for working with abuse survivors with mental illness:

### **Respect**

Keep in mind that people with mental illness are PEOPLE FIRST. Respect what the person is feeling, thinking and deciding for themselves. Always respect a person’s understanding, analysis, and knowledge about the reasons for their emotional distress.

Mental health labels can be stigmatizing, misleading, and shaming and they may not help a person obtain education, employment, decent affordable housing, or daycare. A label may actually hinder achievement of these goals and influence the person’s feelings of being different, sick or incapable.

Consider re-framing a mental illness as an organic disorder and/or an understandable response to a history of trauma, terror, entrapment, and/or violence. Focus on the level of functioning and practical needs to gain a sense of safety as well as emotional and economic stability.

### **Communication**

Your comfort level is highly important when communicating with a person with mental illness. Be aware of your posture, eye contact, and personal space with the individual. Take your cues from the individual, and be flexible in adapting your communication style (e.g., the individual might be uncomfortable being close to you in a small office).

If you are having difficulty understanding a person, listen carefully, and wait for them to finish speaking before clarifying. It is not helpful to pretend you understand. Clarify by asking short yes/no questions or by reflecting what you heard. Listen attentively as the person responds.

If a person is having trouble processing information or sounds, they are more likely to understand your message if you use clear, simple, and direct communication. Listen to the person’s feelings and reactions. Most people need to talk about traumatic events and grieve losses. Help the individual identify their feelings and practical problems.

When responding to distressful mental health symptoms or behaviors, try not to panic. Assess the level of safety. If an individual is having an outburst or psychiatric crisis/episode, be aware that

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<sup>1</sup> Information is excerpted from SafePlace fact entitled Strategies for Working with Domestic Violence Survivors with Mental Illness.  
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there may not be an immediate need to contact the police, mental health deputy, or ambulance. Remain calm and ask the person how you can help. Listen to their response and suggestions. Give the person some space. Closing in on their personal space may be experienced as threatening.

### ***Problem solving and decision making***

Strategize with the person on ways to solve the practical problems and basic life needs whenever possible (i.e., safety, financial, education, housing, employment, medical and parenting). As immediate problems are resolved, a sense of achievement, purpose and order may return.

People labeled or diagnosed as having a mental illness can take on risks and responsibilities. Like everyone else, they need a chance to try, to make mistakes, and to participate. Opportunities for responsibility and productivity may increase the individual's positive feelings about themselves. Create opportunities for the individual to identify their preferences and make their own decisions (in accordance with program guidelines).

Learn more about mental illness and support needs for functioning in the community. Consider contacting a nearby chapter of the National Alliance for the Mentally Ill ([www.nami.org](http://www.nami.org)), National Mental Health Association ([www.nmha.org](http://www.nmha.org)), or your city or county mental health association or center.

#### Source

1. King Akers, Dianne, Schwartz, Michelle "Shell", Abramson, Wendie H. (2007). *Beyond Labels, Working with Abuse Survivors with Mental Illness Symptoms or Substance Abuse Issues*. SafePlace, Austin, Texas.
2. This document also includes information compiled from The *Elizabeth Stone House Handbook: Sheltering People in Emotional Distress* (1991); Brown, Vivian (1997, June), *Breaking the Silence: Violence/Abuse Issues for Women Diagnosed with Serious Mental Illness; For Shelter and Beyond: Ending Violence Against Battered Women and Their Children* (Second Edition, 1990). Information and suggestions are intended to be used only as a guide, are not all-inclusive. *Disability Services ASAP (A Safety Awareness Program) of SafePlace, Austin, Texas*.