

MENTAL HEALTH COERCION

THE ACTIVE USE OF MENTAL HEALTH ISSUES AGAINST PARTNER AS A TACTIC OF CONTROL



Individuals experiencing any type of DV are nearly

3

times more likely to report symptoms of severe depression

50%

of individuals experiencing DV say that their partner threatened to report their MH to limit things they wanted/needed

90%

of women hospitalized post-suicide attempt reported current severe DV

MENTAL HEALTH COERCION MECHANISMS OF CONTROL



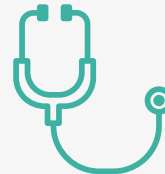
CONTROL OF MEDICATIONS: WITHHOLDING, & COERCING TO TAKE



GASLIGHTING: TWISTING SITUATIONS TO MAKE THEM LOOK OR FEEL CRAZY



THREATEN TO REPORT MENTAL HEALTH TO INFLUENCE CUSTODY HEARINGS



CONTINUOUSLY "DIAGNOSING" THEM; UNDERMINING THEIR SANITY



TELLING FRIENDS/FAMILY THAT THEY ARE UNSTABLE



USING MENTAL HEALTH DIAGNOSES TO MAKE FALSE ALLEGATIONS

TALKING ABOUT MENTAL HEALTH COERCION

Create a safe space.

Discuss Mental Health Coercion as part of your conversations about DV.

Validate perceptions, acknowledge impact, express concern

"Does your partner tell you that you are lazy, stupid, "crazy," or a bad parent because of your mental health condition? That no one will believe you because of your mental health condition?"

"Has your partner ever tried to prevent or discourage you from accessing mental health treatment or taking your prescription medication? Prevent you from eating or sleeping?"

"Even if you have had many hospitalizations, or used medication for years, you have the same right to safety and dignity as anyone else."

"What are some of the ways you cope? What do you find works the best? What are the strengths and supports you draw on?"

Strategize safe ways to access treatment and services.

Document efforts to protect and care for children.

Provide "warm referrals" to community DV resources



Citations

Edmund, D.S. & Bland, P.J. (2011). Real Tools: Responding to Multi-Abuse Trauma. Alaska Network on Domestic Violence and Sexual Assault.

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