



Beyond Labels:

Ensuring Access to Crime Victims with Mental Illness

Part II

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SafePlace (www.SafePlace.org)

Austin, Texas

Human Barometer Activity

Identifying our own
understanding and biases related to
people with history of mental illness

Frequently Asked Questions

Sometimes, when I am providing hospital support for a sexual assault survivor, I hear staff talk about the person's mental illness diagnosis as if they were not telling the truth, particularly if they are frequent visitors to the emergency room.

How can I handle this situation?

Frequently Asked Questions

Sometimes we work with survivors who have been previously diagnosed with schizophrenia, major depression, or bipolar disorder who decide to stop taking their medication.

Is there ever any occasion where a program can require that a survivor be assessed for need for medication in order to continue with services?

Frequently Asked Questions

If a person with mental health issues is really upset and having difficulty controlling emotions, how do I handle the situation?

Frequently Asked Questions

What is needed to effectively interview and communicate with crime victims with symptoms of mental illness?

Suggestions for professionals

- Education to erase stereotypes.
- Practice the qualities of safe and healthy relationships.
- Learn more about intersection of violence, mental health, substance abuse.
- Consider adopting trauma-informed practices and collaborate with allied agencies.
- Inform survivor about who you are and our role.
- Structure meetings and make agreements with each other. If/when an agreement is broken, discuss it.

Suggestions for professionals

- Ask what works for the person and listen to them.
- Know that emotions, visual processes, and memories of trauma are located on the right side of the brain. Logic, language, and verbal skills are on the left side of the brain. Yet, we expect crime victims to access their left brain.
- Know my agency's crisis management plan.

Practical suggestions for professionals

- Listen carefully.
- When you do not understand, ask for clarification.
- Use clear, simple, direct communication.
- To assist person staying on topic, refocus the conversation in a respectful manner, call the person by their name, ask her/him to look at you.
- Let individual talk about the traumatic events experienced. Ask questions later.
- Validate the person's feelings and reactions. Yet, be honest with feedback and respectful when setting limits.

Practical suggestions for professionals

- It may take extra time to develop and build a trusting relationship.
- When a survivor tells you that she/he has a mental illness diagnosis, be calm, matter-of-fact, accept the information with respect and appreciation, and offer to talk further or be of assistance, if the individual needs it.
- Let the person know that you may need to share some information and with what types of staff.
- Respect individual's decisions about medication, therapy, lifestyle changes, holistic treatments, goals, and peer support groups.

Practical suggestions for professionals

- When some individuals have difficulty following agency guidelines developed for the safety of all survivors receiving services, talk about the issue, find out what is getting in the way of following guidelines, work together to remove barriers, make changes without compromising safety.
- If needed, be direct with survivors when your program may not be a good fit for them at that time, yet they may request services at a later date.
- Offer to develop a safety plan and refer to alternative services.

When working with people in emotional crisis, staff can increase their skill level and effectiveness by:

- Paying attention to body language, voice, speech content.
- Separating your own sensitivities, fears, from interactions with survivors.
- Setting a positive example by treating person with dignity.
- Being patient.
- Remembering that a crisis may be an attempted solution to a problem. Understand what problem the person is trying to solve with that behavior.

When working with people in emotional crisis, staff can increase their skill level and effectiveness by:

- **Assessing when crisis behaviors are escalating.**
- **Using your relationship with survivor to defuse crisis as early as possible.**
- **Assisting person to focus in the present moment.**
- **Helping person exercising control and choice.**
- **Helping person stay connected to people who care about them.**
- **Helping survivor recognize the connections between past experiences and present feelings and behaviors.**
- **Helping the survivor recognize and strengthen her/his capacity to manage strong feelings and memories.**

Beyond Labels

This presentation is based on information published in:

*Beyond Labels: Working with Abuse Survivors with Mental
Illness Symptoms or Substance Abuse Issues, © 2007*

SafePlace

For more information, please visit the SafePlace website.

www.SafePlace.org

For information, www.safeplace.org/MovingForward

Moving Forward in Challenging Times Exploring Our Collective Capacity for Trauma-Informed Service Delivery

2011 Conference focusing on the intersection of domestic violence, sexual assault, mental illness and substance abuse

- Recommended reading materials
- Power Points and Handouts
- List of Trauma Resources

Please complete evaluations.

Thank you for your participation!



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**SafePlace is ending sexual and domestic violence
through safety, healing, prevention, and social change
for individuals, families and our community.**

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