

Considerations for Survivors with Mental Health Concerns or Psychiatric Symptoms

- Focus on the survivor as a complete person.
- Be patient and allow enough time for the survivor to communicate.
- Remember that people with disabilities, especially psychiatric disabilities are 2-10 times as likely to be targeted for sexual assault than the general population.
- Do not laugh at/make fun of, appear shocked by, minimize or dismiss bizarre content in survivor's speech/conversation. This could be related to psychiatric symptoms.
- If the survivor appears to be responding to internal stimuli/hallucinations, do not try to talk them out of it or say, "this is not real". The feelings are very real. You will not be able to talk them out of the hallucination. These symptoms may be particularly pronounced after a recent sexual assault, as a new trauma can make mental health symptoms get worse.
- **Remember that the fact that some thoughts or experiences may not be based in reality does not mean that an assault did not occur.** People with mental health concerns are targeted by abusers/offenders because they are often not believed when the survivor tries to report sexual assault to law enforcement.
- Remember that people with mental health concerns or psychiatric symptoms are not "out of reality" most of the time, only when symptoms are active.

Having mental health symptoms are not the same as “making up stories” or having a “wild imagination”. The hallucinations, delusions or others are symptoms of a mental illness. **These symptoms do *not* make people with mental health concerns more prone to false reporting than the general population.**

- If the survivor has a support person accompanying them, resist directing questions to the support person rather than the individual. Do not speak about the survivor as if they are not there.
- Know the difference between a mental health concern/psychiatric diagnoses and developmental or intellectual disability.
- Any adult with a mental health concern has the life experience of an adult and should be respected as one. Do not speak or refer to someone as “like a child” or speak to an individual with psychiatric symptoms, or any disability as if they are children. Phrases like “mentally challenged”, “slow”, or “mentally impaired” do not accurately describe people with mental health concerns or intellectual disabilities.
- When at all possible, explain why you need certain information or are asking detailed questions about the survivor’s history. This will help decrease defensiveness which can be triggered if a survivor does not feel safe with you.
- Allow time for the survivor to calm down, if needed. Ask basic questions first.
- If the survivor is becoming increasingly agitated, try to discern if this is caused by a substance, trauma, or other mental health symptoms. If there was alcohol or drug use involved in the sexual assault, you may need to wait in order for the survivor to feel safe and calm.

(obtained, in part, from CALCASA: Supporting Survivors of Sexual Assault with Disabilities, 2010)