

WHAT IS MENTAL HEALTH COERCION?



Mental Health coercion (MH) is when an **intimate partner uses a person's mental health against them** to harm, control, or isolate them. A person doesn't need to have mental health concerns to experience MH coercion - an unsafe partner could seek to harm them with even just accusations of mental health concerns.

COMMON TACTICS OF MENTAL HEALTH COERCION

Mental health coercion tactics are used by unsafe partners to threaten, intimidate, scare, isolate, hurt, or control someone. When society teaches people to look down on those who have mental health challenges, abusive tactics become even more harmful. The combination of abuse and public judgment leaves people, regardless of mental health challenges or not, facing discrimination, guilt, and shame.

- 🎯 Telling someone they are "crazy," "delusional," "making things up," or denying that abuse happened.
- 🎯 Doing things to make someone feel like they are "losing their mind."
- 🎯 Telling someone they are "too sick" to do things like go to work, school, or talk with friends or family because of their mental health.
- 🎯 Making someone's mental health worse by interfering with healthy routines like getting enough sleep or restricting food.
- 🎯 Blaming abuse or sexual violence on mental health.
- 🎯 Making it hard for someone to get care or work on their well-being.
- 🎯 Using someone's mental health as an excuse to control and spend their money.
- 🎯 Threatening to tell or telling police, courts, or others in positions of power about someone's mental health and health information.
- 🎯 Threatening to report or reporting someone's mental health to child protective services, claiming they're an "unfit parent."
- 🎯 Threatening to tell or telling someone's safe supports about their mental health.
- 🎯 Making someone's mental health sound worse than it is or lying to say someone has mental health challenges when they don't.
- 🎯 Using guilt, shame, or judgment about mental health to make things harder for someone.
- 🎯 Threatening to have someone or having someone hospitalized because of their mental health.
- 🎯 Controlling, stealing, or messing with someone's medications; calling someone hurtful names like "addict" for taking medications.

HOW COMMON IS MENTAL HEALTH COERCION?

an NCDVTMH survey of 2,546 callers to the National Domestic Hotline found:

4 in 5 said their partner accused them of being "crazy"

89% had experienced at least one type of mental health coercion

1 in 2 who reached out for help because they were feeling depressed or upset said their partner tried to stop them from getting help or taking their prescribed medications

MENTAL HEALTH STIGMA HARMS SURVIVORS

Negative attitudes and misunderstandings about mental health can make it easier for abusive partners to control and harm survivors, and can make it harder for survivors to get help. An NCDVTMH survey of 2,546 callers to the National Domestic Violence Hotline found:



said their partner intentionally did things to make them feel like they were going “crazy” or “losing their mind.”



said their partner threatened to report to authorities that they are “crazy” to keep them from getting things they wanted or needed (e.g. protection order, medication, or child custody).

A common way an abusive partner tries to control someone is by using mental health as a way to damage or interfere with their relationship with their children.



However, research shows that children do best when they have a strong, safe relationship with the parent or caregiver who is not abusive. This connection helps protect children’s well-being and healthy development.

EFFECTS OF MH COERCION ON SURVIVORS



- Harms a person’s mental and physical health
- Raises the risk of self-injury or suicide
- Makes people feel more alone and trapped
- Makes it harder to get or keep a job, housing, or money
- Increased risk of legal problems
- Puts a person’s relationship with their children at risk
- Makes it harder to heal and get the support they want

IN A SURVIVOR’S WORDS



He’d tell me I shouldn’t get any help or take medications because he didn’t want anyone to know about my depression. He’d say things really softly, under his breath... and when I’d ask what he had said, he’d tell me I’m crazy and that he didn’t say anything.

- Survey Participant



He told me that if I tried to leave he was going to take the kids and I would be in a Psych Ward

- Survey Participant



GET SUPPORT

Locating Domestic Violence and Sexual Assault Advocacy Resources:

<https://ncdvtmh.org/resource/locating-domestic-violence-and-sexual-assault-advocacy-resources/>

Locating Mental Health Support Resources:

<https://ncdvtmh.org/toolkit/locating-mental-health-support-resources/>

REFERENCES

¹ Warshaw & Tinnon. (2018). [Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence](#). National Center on Domestic Violence, Trauma, and Mental Health.

² Warshaw et al. (2014). [Mental Health and Substance Use Coercion Surveys](#). National Center Domestic Violence, Trauma, and Mental Health.