

**“You Can’t Believe a Word She Says!”:  
Credibility Issues for Survivors of  
Violence with Mental Health and  
Substance Abuse Histories**

**Rachel White Domain, JD**, National Center  
on Domestic Violence, Trauma & Mental Health



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**many survivors experience  
psychological trauma as a  
result of being abused**

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## DV & Mental Health

80% of women who experienced rape, stalking, or physical violence by an intimate partner reported significant short- or long-term effects including posttraumatic stress disorder

Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., Stevens, M.R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 4 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

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## DV & Substance Use

25%-50% of women receiving DV services have substance abuse conditions

67%-80% of women in substance abuse treatment are survivors of domestic violence

Patricia Bland, M.A., CDP, *In Harm's Way: Substance Abuse and Safety Issues in the Context of Violence Against Women* (citing studies by Bennett & Lawson, 1994; Downs, 2001; Ogle & Baer, 2003). ( 5 )

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**trauma responses are often misinterpreted as reflecting a lack of credibility**

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**Trauma Responses Often Misread as "Signs of Lying"**

- Not making eye contact
- Being angry instead of scared
- Describing an attack with no emotion or with a different emotional expression that we would usually expect

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**Trauma Responses Often Misread as "Signs of Lying"**

- Not remembering details of an attack
- Being confused about details of the attack
- Going back and forth about whether to seek help or press charges

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**In your work, have you seen trauma responses interpreted as signs that the survivor is lying?**

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**survivors who have mental health or substance use-related conditions experience high rates of violence and significant obstacles to getting help**

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**some survivors are targeted for abuse in part because abusers know that no one will believe them**

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**some individuals abuse their partners in ways that are sometimes difficult to believe**

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**unbelievable  
things  
are  
sometimes  
true**

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**many survivors also  
experience mental health and  
substance use coercion as a  
form of abuse**

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**What is mental health and  
substance use coercion?**

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### MH Coercion Tactics

- Calling survivors "crazy," etc.
- Trying to undermine survivors' perceptions of reality
- Trying to make survivors' mental health conditions worse
- Encouraging survivors to commit suicide
- Discouraging or preventing a partner from getting help or support

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### MH Coercion Tactics – cont'd

- Trying to have survivors involuntarily committed
- Interfering with psychiatric medications
- Using a MH diagnosis or history to undermine relationships with family and friends
- Trying to convince MH professionals that the survivor is "crazy," suicidal, etc., and that the abuser is "only trying to help"

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### SU Coercion Tactics

- Making survivors use substances or use more than they want
- Controlling access to alcohol or drugs
- Inducing withdrawal symptoms
- Justifying sexual abuse or other abuse based on drug use
- Sabotaging recovery efforts
- Coercing survivors into illegal activities (e.g., dealing, stealing, trading sex for drugs)

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**How often does this happen?**

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**The Mental Health & Substance Use Coercion Surveys**

National Domestic Violence Hotline & NCDVTMH

Has your partner or ex-partner ever called you "crazy" or accused you of being "crazy"?

**85.7% (2,149) said yes.**

Do you think your partner or ex-partner has ever deliberately done things to make you feel like you are going crazy or losing your mind?

**73.8% (1,740) said yes.**

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**The Mental Health & Substance Use Coercion Surveys**

National Domestic Violence Hotline & NCDVTMH

In the last few years, have you ever gone to see someone like a counselor or social worker or therapist or doctor to get help with feeling upset or depressed?

**53.2% (1,231) said yes.**

IF YES: Has your partner or ex-partner ever tried to prevent or discourage you from getting that help or taking medication you were prescribed for your feelings?

**49.6% (560) said yes.**

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## The Mental Health & Substance Use Coercion Surveys

National Domestic Violence Hotline & NCDVTMH

Has your partner or ex-partner ever pressured or forced you to use alcohol or other drugs, or made you use more than you wanted?

**27.0% (801) said yes.**

In the last few years, have you ever tried to get help for your use of alcohol or other drugs?

**15.2% (306) said yes.**

IF YES: Has your partner or ex-partner ever tried to prevent or discourage you from getting that help?

**60.1% (181) said yes.**

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**mental health and substance use coercion tactics include leveraging stigma to undermine efforts to get help**

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## The Mental Health & Substance Use Coercion Surveys

National Domestic Violence Hotline & NCDVTMH

Has your partner or ex-partner ever threatened to report to authorities that you are 'crazy' to keep you from getting something you want or need (e.g., custody of children, medication, protective order)?

**50.2% said yes.**

Has your partner or ex-partner ever threatened to report your alcohol or other drug use to anyone in authority to keep you from getting something you want or need (e.g., custody of children, a job, benefits, or a protective order)?

**37.5% said yes.**

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## The Mental Health & Substance Use Coercion Surveys

National Domestic Violence Hotline & NCDVTMH

Have you ever been afraid to call the police for help because your partner or ex-partner said they wouldn't believe you because you were using, or you would be arrested for being under the influence of alcohol or other drugs?

**24.4% (527) said yes.**

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**72.3%**

of those survivors whose partner discouraged them from **getting therapy or taking medications** +

**94.0%**

of those survivors who reported that their partner or ex-partner had prevented or discouraged them from **getting help for their alcohol or drug use**

**also reported that their partner or ex-partner threatened to report to authorities that they were "crazy"**

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*"He threatened countless times to call the sheriff and the pastors and report my drinking. He discouraged me from getting help for my drinking. After I got help for drinking, if/when I drank again he would say, 'See, you failed at this too.' He would leave bottles all around when I was in recovery."*

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*“That’s like hitting the nail on the head of all the things he was doing to me. He told me that if I tried to leave he was going to take the kids and I would be in the psych ward.”*

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**Have you seen these tactics in your work?**

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**survivors with MH+SU conditions face obstacles in calling the police**

- won’t be believed
- fear of arrest
- children might be taken away
- deportation may be triggered by the arrest

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*"I had one client that was profoundly disoriented due to a concussion inflicted on her by her boyfriend. The police wrote in [the] report that she was drunk because her speech was unclear due to the head injury. They arrested her as well as her partner..."*

American Civil Liberties Union, Responses from the Field: Sexual Assault, Domestic Violence, and Policing (2015). ( 31 )

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**survivors with MH+SU conditions face obstacles in getting a protective order**

- won't be believed
- the abuser got an OP, based on allegations that she was a danger, in part because of her MH/SU

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**survivors with MH+SU conditions face obstacles in custody**

- won't be believed
- allegations of abuse attributed to trauma, MH, "parental alienation"
- will be seen as a bad parent, while the abuser is "more put together"

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Lawyers said that the MH issue was raised to (1) discredit the survivor...

- “The usual defense is the survivor is crazy, is making this up, is on anti-depressants, and **therefore a liar.**”

(2) justify abuse...

- “Abusers use my client’s mental health issues, whether existent or non-existent, as **an excuse for their abuse.**”

.....  
Rachel White-Domain & Heather Phillips, NCDVTMH, When Abusers Raise the Mental Health Factor in Custody Cases: Results from a National Survey of Lawyers Who Represent DV Survivors (2015). ( 34 )

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... and (3) argue that the survivor was not a good parent.

- “Most frequently, a true history of depression or bipolar disorder is used to **claim my client is unable to parent, despite her clear ability to function well.**”

.....  
Rachel White-Domain & Heather Phillips, NCDVTMH, When Abusers Raise the Mental Health Factor in Custody Cases: Results from a National Survey of Lawyers Who Represent DV Survivors (2015). ( 35 )

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**How can we reframe how we think about survivors’ credibility?**



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*"So you were at the bar before this happened... exactly how drunk were you?"*

-v-

*"A lot of people believe that if someone is drinking or using drugs when they are assaulted, what happened is their fault. But I want you to know that I don't believe that."*

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*"You can't believe a word she says. Her story is always changing."*

-v-

*"He's attacked her multiple times. It's possible the details of the incidents have blended together in her mind. Just because the story changes, doesn't necessarily mean she is lying."*

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*"You have to be completely honest with me about everything, or I can't help you. Your choice."*

-v-

*"I think we had a good first interview today. But I know we just met and it will take some time to get to know each other. Also, you may remember things later that you can't remember now. That's normal for people who have been through a lot of trauma. If you think of anything you want to tell me later, my door is always open."*

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*"She is a really difficult client. No matter what you say, she won't be happy. Don't take it too seriously."*

-v-

*"This work is hard and our small program is overcapacity. But I'm not going to take that out on this client. She's advocating for herself, and I recognize that as a strength. She deserves help even if she is not always pleasant. I will do my best to help her, while being honest about our<sup>(40)</sup> capacity limitations."*

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**How can your agency be more accessible for survivors who are impacted by trauma?**

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**Being Trauma-Informed is an Accessibility Issue**

- Is the way that we provide help retraumatizing to survivors?
- What happens to survivors who cannot easily tell their story or cannot ask for the help they need?
- Do we penalize survivors who are too demanding when asking for help?
- Can survivors who use alcohol or other drugs still get help from us if they need it?

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**I believe  
that we  
can do  
better.**



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**Rachel White-Domain, JD**  
rwhitedomain@ncdvtmh.org  
312-726-7020 x2011  
[www.nationalcenterdvtraumamh.org](http://www.nationalcenterdvtraumamh.org)



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