



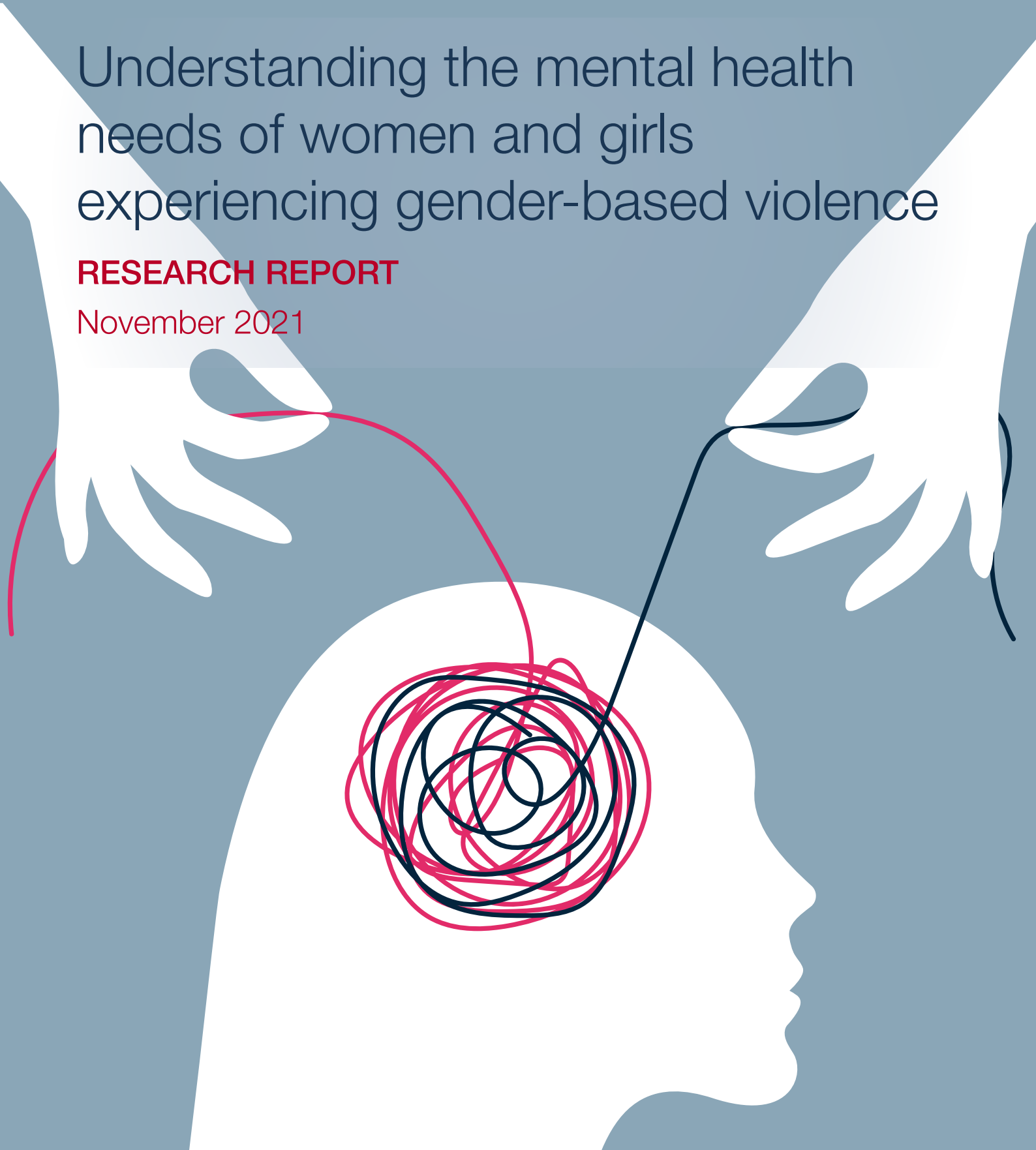
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Understanding the mental health needs of women and girls experiencing gender-based violence

RESEARCH REPORT

November 2021



Research Background

Many factors can impact women and girls' mental health and wellbeing, including poverty and socio-economic disadvantage. Social characteristics – such as gender, disability, age, race and ethnicity, sexual orientation and family status – impact on both the likelihood that someone will experience mental health and wellbeing problems during their lifetime, as well as their ability to access support and services for these issues. Experiences of trauma and adversity can have a significant impact on mental health and wellbeing. Across most aspects of mental health, outcomes for women and girls are poorer than for men and boys, with women who face additional barriers due to protected characteristics and/or multiple/complex needs experiencing further inequality of outcomes.

Violence against women and girls covers a spectrum of violence and abuse, including, but not limited to: domestic abuse, rape and sexual assault, childhood sexual abuse, stalking and harassment, commercial sexual exploitation, and harmful practices – such as female genital mutilation, forced marriage and so-called 'honour' based violence. Experiences of violence against women and girls (VAWG) and trauma can be the cause of mental ill health, and those experiences can exacerbate existing mental health issues. Not receiving appropriate support for these issues can in itself be re-traumatising and deepen mental health issues. Emerging evidence suggests that the COVID-19 pandemic, and the restrictions put in place to address it, has also triggered a steep decline in women and girls' mental health and wellbeing and increased levels of trauma.¹ There are a number of reasons for this including women and girls being significantly more likely to have experienced heightened risks of domestic abuse and other forms of VAWG over the last 12 months, as well as additional pressures during the pandemic such as taking on additional caring responsibilities and facing reduced employment opportunities and increased financial uncertainty.

The Scottish Government is committed to supporting good mental health and wellbeing and ensuring that people receive the right support, at the right time, and in the right setting. In 2020, the Scottish Government published the [Coronavirus \(COVID-19\): Mental Health - Transition and Recovery Plan](#) which includes a commitment to engage with women's organisations and other key stakeholders to:

- ▶ Better understand and respond to the gender-related mental health inequalities exacerbated by the COVID-19 outbreak; and
- ▶ Identify, and follow up on, actions that can be taken to support women and girls' mental health in relation to the threat and reality of violence against women, building on existing initiatives and the principles set out in Equally Safe.

¹ [Coronavirus \(COVID-19\) Supplementary National Violence Against Women Guidance](#), COSLA and Scottish Government, 2020

This short-term research project, coordinated by the Improvement Service, was commissioned to ensure that the Scottish Government and other key partners have a robust understanding of:

- ▶ The mental health and wellbeing needs of women and girls who have experienced all forms of VAWG;
- ▶ How these needs, and the systems and services in place locally to address them, have been impacted by the COVID-19 pandemic; and
- ▶ Tangible actions that can be progressed by the Scottish Government and other key partners to ensure that women and girls who have experienced VAWG receive the appropriate mental health and wellbeing support they need, at the time they need it, as we move towards COVID-19 recovery and renewal.

Equally Safe: Scotland's Strategy to Prevent and Eradicate Violence Against Women and Girls, is underpinned by the understanding that VAWG is both a cause and consequence of gender inequality. Research highlights that the pandemic is likely to exacerbate the inequality of outcomes that women already experience in society, including mental health and wellbeing.² The aims of this research project contribute to Equally Safe priorities, particularly around ensuring interventions are early and effective, preventing violence and maximising the safety and wellbeing of women, children and young people.

The research aimed to understand gender-based violence and mental health from the perspective of women and girls. For the purposes of this research, 'girls' were defined as people aged 11-25 who identify as women. While not a primary focus of the activities, this research also recognised that children of any gender who grow up in families where gender-based violence is taking place are also at risk of experiencing issues with mental health, wellbeing and trauma. Consequently, learning on the specific needs of children and how they can be addressed has been captured throughout the research project, where appropriate.

2 [Engender Briefing: Women and COVID-19](#)



Executive Summary

Where are we now?

- ▶ Many survivors of VAWG in Scotland have unmet mental health and wellbeing needs and while all women experience barriers in accessing appropriate support for these needs, some women are likely to experience additional barriers as a result of age, race, disability, sexual orientation and/or other factors.
- ▶ While there are many examples of good practice taking place across Scotland to address the mental health needs of women and children affected by VAWG, the impact of this work is often limited by siloed-working, a lack of person-centred pathways and short-term funding. This is a particular challenge for survivors with multiple support needs including those with those with experience of substance use and homelessness, and women involved in the criminal justice system.
- ▶ There is an increased need for adequate mental health support for women and children who have experienced VAWG, given the impact of COVID-19 and increased experiences of isolation. It is necessary that this demand is met with sufficient resource, which reduces waiting lists and builds the capacity of services.
- ▶ Both before and since the pandemic, the perception from survivors is that services are under resourced and this creates a barrier to accessing support. Many survivors of VAWG anticipate that it may take a long time to access mental health support, and there is a risk of being re-traumatised in the process of seeking support due to not meeting service thresholds or facing complicated referral pathways.
- ▶ It was highlighted that women are not always confident they will receive the right support, and services highlighted that there are significant gaps in training and workforce development around the impact of VAWG on mental health.
- ▶ Many survivors doubted whether their needs were significant enough to seek support for their mental health, despite citing that experiences of VAWG had a moderate or severe impact on their mental health. Over half of survey respondents cited shame or embarrassment as a barrier to accessing support.
- ▶ There is significant stigma around both experiences of abuse and mental health problems. More work is needed on raising survivors' awareness about the prevalence and impact of their experiences so they know that what they're feeling is a normal reaction to trauma, which would also encourage more people to seek support for their mental health.

Where do we want to be?

- ▶ Survivor responses highlighted that free, easy access to a range of therapeutic options to meet their mental health needs, without feeling bounced around and unable to access the correct support, was key. There is a need for services to be more joined up and provide holistic pathways to support. Professionals recommended stronger partnership working amongst services, and increased resource to allow services and organisations to build relationships and develop joined-up working, locally and nationally.
- ▶ Ensuring that mental health support services are accessible for survivors is critical to women being able to engage with them. Having women-only spaces, childcare provision and information/support tailored to different languages and cultures was highlighted by both survivors and professionals as being key to this.
- ▶ Participants in the research activities highlighted that increasing the visibility and accessibility of mental health services, as well raising awareness of the links between mental health and VAWG, would improve service access. The research findings highlight the need for increased communications, education and engagement on the impact of VAWG on mental health and VAWG at a national level, with an aim to make mental health support more visible and easier to access.
- ▶ It was identified that survivors want to be able to access trauma-informed and person-centred support for their mental health. Participants across the research activities recommended building workforce capacity and capability on responding to mental health in relation to VAWG. This included ensuring that all staff working in relevant sectors receive appropriate training on trauma, VAWG, and mental health.³
- ▶ Participants in the research identified that mental health and VAWG need to be prioritised at decision making level to ensure that women and girls receive the support they need, when they need it. Leaders and senior decision-makers have a key role in recognising gender equality in mental health provision and ensuring a gendered approach to tackling VAWG is mainstreamed in COVID-19 recovery, renewal and transformation.

Recommendations

Develop a whole systems approach to tackling VAWG, and the impact of VAWG on mental health:

- ▶ Provide opportunities for multi-agency working through the creation of a community of practice on VAWG and mental health.
- ▶ Resource a specialist service within all NHS health boards providing mental health support to women and children who have experienced VAWG

³ It was also recognised in the research activities that in building workforce capacity and capability, workforce wellbeing needs to be prioritised to ensure professionals are well and feel supported themselves in order to support others and provide high-quality care.

Increase awareness raising, education, and engagement on VAWG and women and girls' mental health:

- ▶ Develop robust data collection on women and girls' experiences of mental health, pathways to accessing support, and consult with women with lived experience on the opportunities to improve interventions.
- ▶ Create a national communications campaign to encourage survivors to engage with mental health services if they need support.

Implement sustainable training and workforce development on violence against women and girls and mental health:

- ▶ Develop practice standards for GPs and mental health professionals on identifying and responding to experiences of all forms of VAWG.
- ▶ Develop a practice-based [Companion Document](#) on trauma and mental health to support professionals in mental health strengthen their understanding of working with women and girls affected by VAWG in a trauma-informed way.⁴

Encouraging commitment from leadership on tackling VAWG, and supporting mental health needs:

- ▶ Develop tailored awareness raising and engagement on VAWG and the impact of VAWG on mental health for leaders, encouraging decision makers to champion trauma-informed, person-centred mental health support for women and children affected by VAWG.
- ▶ Establish a cross-policy group on VAWG and mental health to ensure the needs of women and girls are adequately considered across key policy areas.

4 The document linked is the first in a series of Companion Documents being developed by the Improvement Service and partners to highlight how developing a trauma-informed approach can help improve outcomes within various practice areas.



What would improved mental health support mean for survivors of VAWG?

“If it was better funded therefore more robust - more counsellors available to take on patients, reduced waiting times.”

“A dedicated team of mental health professionals for women & girls perhaps in GP health centres, hospitals, homeless units & refuges.”

“Trauma informed education and health care settings and professionals who recognise and respond to adversity and trauma responses.”

“I think there should be awareness raising sessions at school and college level. Including who to turn to for support or to report a matter. I didn't consider myself to have been a victim of sexual harassment/abuse until I was much older as at the time I didn't understand what was happening to me. If I had, I think I would have been more likely to seek help sooner.”



Methodology – Summary of Research Activities

In August 2021, the Improvement Service was commissioned by the Scottish Government to undertake a 3-month research project to capture learning on the mental health and wellbeing needs of victims/survivors of VAWG in Scotland, and to identify the improvement actions required to address these needs. The following activities were undertaken between 1 August – 31 October 2021 to inform this research.

Research and evidence review

The research activity began with a review of existing evidence and research on the mental health needs of women and girls who have experienced VAWG, and the impact of COVID-19. As well as scoping published research and evidence, an open call for learning was disseminated via specialist agencies/networks who have experience and learning of responding to the needs of survivors of VAWG in local communities across Scotland. The responses in this exercise provided contextual learning on the impact of COVID-19 on both services and survivors. This helped shape the discussion topics for the deep dive events and our engagement with lived experience groups. A list of additional resources from the scoping exercise is available in Appendix 1.

Deep dive workshops

The Improvement Service facilitated a series of deep dive events with stakeholders from across the VAWG and mental health sectors to capture learning on issues and improvement actions identified by these stakeholders. In order to ensure that the needs and experiences of women and girls experiencing all forms of VAWG are fully considered, we held four separate events considering: (i) Domestic Abuse, (ii) Rape and Sexual Assault, (iii) Commercial Sexual Exploitation and (iv) so-called ‘Honour-Based Violence’.⁵ However, in recognition that many women and girls will experience multiple forms of VAWG, stakeholders at each session were encouraged to share any learning about the specific needs and experiences of women and girls who have been affected by multiple forms of VAWG, and the impact this has had on their mental health and wellbeing. Stakeholders were also encouraged to share learning about additional barriers that women may experience as a result of protected characteristics, such as BME women, LGBTI women, disabled women (including women with learning disabilities), as well as women at different stages in their lives (e.g. young women aged 11-25).

At each deep dive session we invited stakeholders in relevant organisations leading on work responding to mental health and VAWG to provide an introductory input.

⁵ So-called ‘honour-based’ violence or abuse may include dowry related violence, FGM, forced and child marriage, and so-called ‘honour’ crimes.

Speakers at the sessions included:

- ▶ Rape and Sexual Assault deep dive: **Fiona Drouet**, [Emily Test](#)
- ▶ ‘Honour-based’ Violence deep dive: **Mariam Ahmed**, [AMINA](#)
- ▶ Commercial Sexual Exploitation deep dive: **Bronagh Andrew**, [TARA](#), and **Dr Laura Jones**, [University of Dundee](#)
- ▶ Domestic Abuse deep dive: **Jen Douglas**, [SafeLives](#)

These sessions were each attended by around 20-60 stakeholders working in the VAWG and mental health sectors and other relevant organisations/policy areas. The workshops focused on identifying key recommendations relating to the research aims. A learning event was held at the end of the research activities, bringing together key local and national stakeholders to share key learning from the scoping exercise, survey and deep dive events in order to collectively agree priorities and recommended next steps. The learning event embedded the voices of survivors of VAWG throughout the research findings, including key messages from the survey and contribution from a member of a lived experience panel.

Survivor Survey and Lived Experience Engagement

Recognising that learning and recommendations need to be shaped by both experts by profession and experience, the Improvement Service aimed to ensure survivor voice was embedded throughout the research activities. In order to ensure that this engagement was carried out in a high-quality and trauma-informed way, we partnered with specialist VAWG organisations in undertaking these activities. The SafeLives Authentic Voice Panel⁶ were asked to participate in a consultation session focused on experiences of mental health and wellbeing issues. The panel were asked to comment on what would improve experiences of accessing support for mental health for survivors. We also engaged with the Encompass Network and, based on advice around trust and safety from professionals working in these services, adapted the consultation by asking for written feedback from women engaged in selling or exchanging sex. Again, this engagement focused on recommendations on reducing barriers and improving access to support for mental health. Other organisations with existing lived experience groups/panels were approached throughout the research and where the capacity of these groups was limited, they were invited to contribute to the call for evidence and survivor survey. Following the deep dive workshops and learning event, the SafeLives Authentic Voice Panel reviewed the draft learning report and recommendations to ensure these reflected survivor voice and experiences.

The Improvement Service also developed a Scotland-wide survey with SafeLives, to ensure that the widest group of survivors with mental health and wellbeing needs had the opportunity to share their experiences in this research. The survey provided an opportunity to develop a more robust understanding and evidence base of experiences and needs of women across Scotland. Studies repeatedly highlight that

⁶ This is a panel of women with lived experience of domestic abuse who review policies, procedures and outputs through a survivor lens, ensuring victims’ voices are heard and listened to.

there are a significant number of survivors in local communities across Scotland who have never accessed specialist support from VAWG or mental health services, so the survey provided an opportunity to understand any barriers to accessing support. The survey was designed to reach women who both have and have not accessed support, and ensure that women had an opportunity to safely feed into this work even if they are not accessing services. The SafeLives Authentic Voice Panel reviewed the survey questions in advance of publication to ensure they could properly capture survivors' views and would provide adequate findings on VAWG and mental health.

The survey was shared for a one-month period and gathered 111 responses from survivors across Scotland. The survey was disseminated via email and social media across the National VAW Network of local multi-agency VAW Partnerships and national partners, networks of specialist mental health and/or trauma organisations, NHS mental health and VAWG networks, and across staff in relevant organisations and professional bodies. Survey responses included women from 24 of the 32 Scottish local authorities. The full survey results are available in [Appendix 2](#).



Summary of Findings and Recommendations

Where are we now?

Experiences of mental health and VAWG and the impact of COVID-19

Women and girls who have experienced VAWG are likely to experience poor mental health as a result, and are more at risk of having multiple mental health needs. VAWG is recognised as a factor that increases the risk of a child or young person having poor mental health across their lifetime. **In the survivor survey, the majority (78%) of respondents said their mental health needs started after their experiences of VAWG and that this had a severe or moderate impact on their mental health.** Anxiety, depression, and sleep difficulties were the most common mental health needs reported. Two thirds of respondents said they'd had suicidal thoughts and almost a quarter identified suicidal behaviour.

Women who have experienced VAWG frequently experience other issues alongside mental ill health. **Alongside mental ill health, 92% of survey respondents identified having at least one additional support need.** The most common were physical health problems, difficulties in other relationships, financial problems and employment issues. A third of women identified alcohol use, and a tenth identified both alcohol and drug use. Women facing severe and multiple disadvantage (including problem substance use, history of offending behaviour, and/or homelessness) who are experiencing VAWG may experience additional challenges and support needs. Across the research activities, it was highlighted that more recognition is needed of the impact of severe and multiple disadvantage⁷ in the response to women's mental health needs.

Many women who have experienced VAWG have had increased experiences of isolation, compounded by existing mental health issues such as anxiety and depression since the COVID-19 pandemic began.⁸ Specialist service providers have highlighted that many women have experienced prolonged, intense trauma, isolation and other health-related harm during the periods of lockdown, as well as increased risk. The pandemic and restrictions have compounded the impact of the trauma of VAWG at a time when other challenges have also been exacerbated, such as poverty and socio-economic inequality. These issues can all have an effect on mental health and wellbeing. Women engaged in selling or exchanging sex often experience complex mental health needs and don't know where they can safely access support due to feeling judged, misunderstood, or unable to disclose details of their experiences. Women

7 Severe and multiple disadvantage (SMD) is the term used in the Hard Edges Scotland report , <https://www.therobertsontrust.org.uk/publications/hard-edges-scotland/>

8 [COVID-19: Domestic abuse and other forms of violence against women and girls during Phases 1, 2 and 3 of Scotland's route map \(May 22 to August 11, 2020\)](#), Scottish Government (2020)

who experience so-called 'honour' based abuse are often reluctant to disclose these experiences due to fear of bringing shame and dishonour upon their family/community, or fear of their culture being misunderstood by services and not receiving appropriate support.

It was also highlighted in the research activities that the pandemic has increased the risk of mental health problems for children and young people who have experienced VAWG, including those living in homes where VAWG takes place. The actions taken to control the pandemic (e.g., physical distancing) may impact children's mental health, socialisation and attachment, and children who have experienced VAWG and trauma may be further adversely impacted by this. The research activities highlighted that women with children have been concerned over increased and prolonged anxiety for their children due to living in restrictions and facing increased risk, such as challenges with perpetrator contact. Furthermore, young women and girls who have experienced VAWG within their own relationships often face limited access to support. Participants in the research highlighted that there is a gap in service provision and awareness of support for young women and girls in school and university age groups. Not having access to high-quality, person-centred support could impede women, children and young people's recovery and have a serious long-term impact on their health and wellbeing.

Services supporting women and girls with their mental health and experiences of VAWG have seen an increase in reported mental health issues and have faced capacity/workload increase since COVID-19 began. Lockdown restrictions often lessened access to mainstream services which normally undertake routine enquiries. Adaptions to service provision due to COVID-19, such as replacing face-to-face with online support, has presented both challenges and opportunities. Some survivors have found it easier to access support using virtual methods, but this has also exposed digital inequalities and accessibility concerns, particularly in rural areas. Virtual support has also presented safety concerns for survivors when accessing support in the home where children and/or possible perpetrators may be present. Staff in specialist VAWG, trauma, and mental health services have reported increased levels of stress and burnout due to coping with the impact of the pandemic, and prolonged periods of uncertainty/risk.

Quotes from survivors:

"When I receive support I feel less: alone, weird, terrified, worried, powerless, worthless."

"It has changed my life. I wish I had felt up to accessing this support earlier. If I had known more about how therapy could help me I might have accessed it before I did."

"The waiting times were too long that I tried to commit suicide on more than one occasion or self-harmed. I was left waiting for hours to be assessed and having the police. I feel Let down and failed."

What would have made it easier for you to access mental health support when you needed it?

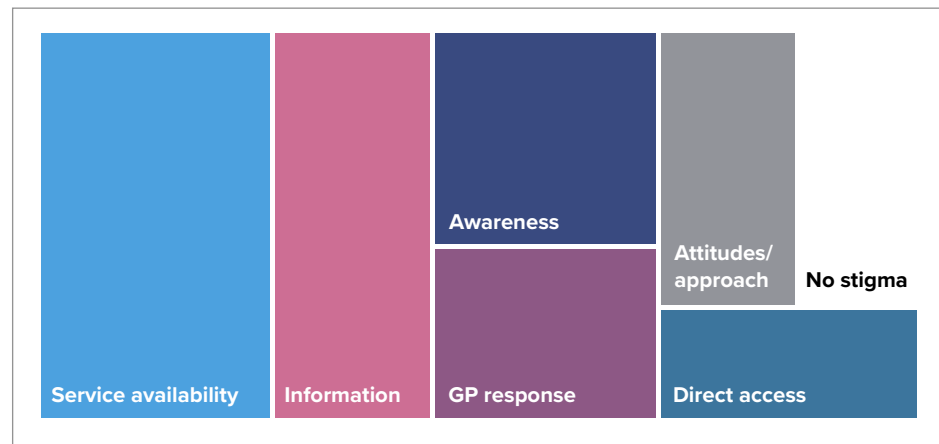


Figure 1: Survey responses on what would improve access to mental health support for women

Experiences of accessing support and barriers

In the survey, the majority (87%) of women had attempted to access a mental health service at least once, but only just over half of those who attempted went on to receive support. Of the respondents, 92% initially attempted to access mental health support through their GP. For the women who accessed a service, more than half received support within six months of requesting support whilst two in five waited more than six months. The majority of survey respondents had been experiencing poor mental health since before the COVID-19 pandemic, but it was noted in responses that the pandemic's impact on accessing support was significant, and poor perceptions of accessing support/waiting lists had increased. Some women decided to pay for private counselling due to waiting times. Women who received mental health support overwhelmingly said it had a positive impact, though some commented on support not being trauma-informed, domestic abuse aware, or too slow and time-limited.

Half the survey respondents said they had not received mental health support, but this included those who had not attempted to access it. The most common barriers to support access identified by women were doubting that their needs were significant enough and feelings of shame. Other responses were connected to concerns over privacy when accessing services; affordability of therapy; inability to take time off work for therapy; inappropriate options being offered, such as online only sessions during COVID-19 or groupwork options only; and not being ready to access support. Women also highlighted that they faced barriers related to not knowing what services are available, services being limited depending on location, being held on long waiting lists, and being re-traumatised by repeating their story to multiple professionals. Survivors and professionals also identified that barriers in the system also include feeling as though services do not offer appropriate support needed, e.g., only providing medication or limited services; and professionals not asking about mental health or recognising symptoms. The importance of a range of therapeutic options to meet women's needs was key.

A small number of survey respondents said they were told their needs did not meet

services' thresholds, or that services did not know how to help them. However, within these small numbers, a large percentage reported experiencing suicidal thoughts, suicidal behaviour, self-harm, PTSD, emotional instability, and panic attacks. Professionals in the deep dive workshops highlighted concern over women not meeting thresholds for support, or waiting for long periods to receive support, and the consequences of this on mental health. Waiting lists were identified as being particularly challenging for women who move regularly, such as women involved in selling or exchanging sex.

In terms of improving access to mental health support, service availability was the strongest theme in the answers from women in the survey and other engagement. As detailed above, waiting lists and locality limitations impacted availability of services for women and girls. However, availability was also discussed in terms of longer opening hours and more services to physically access. It was highlighted that services need to recognise and respond to various barriers that women might face when accessing support for their mental health, and to be inclusive for different survivors. Significant barriers were highlighted for women facing intersecting inequalities, including language and cultural barriers (particularly for BME women); digital exclusion; financial barriers; lack of recognition of LGBTQ+ experiences of abuse; and lack of support for women with disabilities.

In the research activities, it was highlighted that professionals in both VAWG and mental health services face barriers to getting women the support they need, at the time they need it. This can be due to capacity constraints, gaps in training, and complicated referral pathways. To reduce these barriers, participants in the research wanted to see mental health support that is more visible and easier to access. Direct access was suggested, along with more options to access mental health services through self-referral or means other than GP referral. In the survey, the most common suggested improvements were advertising of services, the time of day that services are available, their physical place in the community,⁹ and for several, having the option to access online or by text. Improving assessment and referral processes to ease access was also important. Survivors and professionals also noted that services being fully versed in the specifics of women's health issues, e.g., perinatal mental health, and social issues, would reduce barriers to engagement.

Recommendations: what would good mental health support look like?

Across the research activities there were several overarching themes in the findings and recommendations. Below is a summary of key areas for development, and suggested actions which could facilitate initial next steps for each of these.

⁹ Women have highlighted the need for services to be more visible to them, however a balance needs to be found between ensuring women are aware of, and can safely access, services and ensuring perpetrators can't interfere with that and use this as a way to continue their abuse.

What mental health support would you like to see available for women and girls in the future?

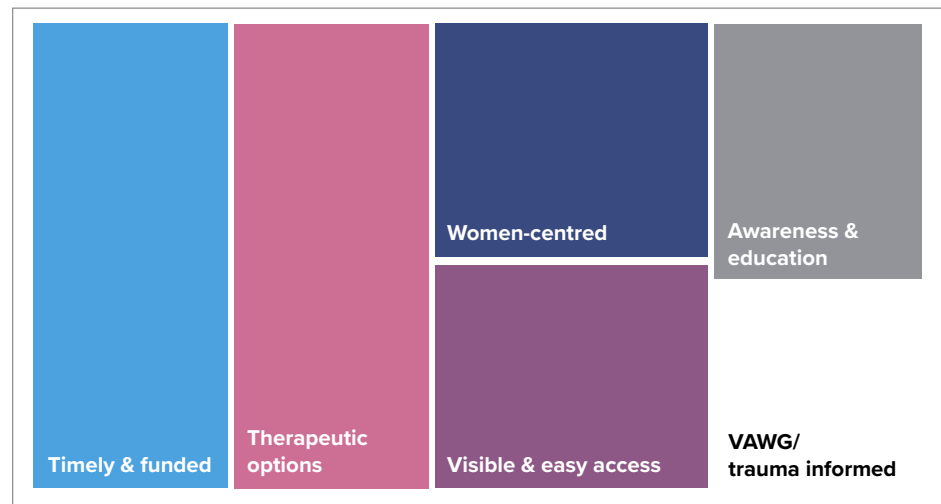


Figure 2: Survey responses on recommended mental health support for women

1. Develop a whole systems approach to tackling VAWG, and the impact of VAWG on mental health.

“Professionals understanding the extent of abuse. Nobody asked about the domestic abuse my family was suffering. It was all about prescribing anti-depressants.”

The research findings highlight that a key change needed is to develop joined-up working across services to reduce barriers for survivors. Women want to see free and quickly available mental health support, with a range of therapeutic options to suit individual needs. Many comments from survivors in the survey and other engagement highlighted that women feel bounced around the system when seeking support for mental health, and don't always know what support is available to them. Women are not always able to access the support needed to identify their own mental health needs and understand the impact of their trauma. This was often highlighted in relation to complicated referral pathways and lack of recognition of complex needs.

Increased resource is needed to improve the availability of current services, but also to expand the range of options available was highlighted. Professionals and survivors reported that the gaps and/or challenges in service provision identified are related to a siloed approach to working, which limits how survivors of VAWG can access support, and how their needs are recognised. Women who have experienced VAWG can have complex needs and want to be able to access support for multiple needs at the same time, such as alcohol and drug use, housing, financial support, etc. Therefore, all systems and services need to have a much stronger understanding of the prevalence of VAWG, how this can be traumatic, and the impact of VAWG and trauma on mental health and other needs. This requires VAWG and mental health to be more closely linked in order to provide the holistic range of support which survivors have identified. Survivors and professionals also highlighted that the burden should not be placed solely on third sector organisations to respond to women's mental health needs. Dedicated resource is required to support joined-up working across relevant sectors to tackle the impact of VAWG on women and children's mental health.

Recommended actions identified:

- ▶ Create of a community of practice/network for stakeholders working in mental health and VAWG which facilitates multi-agency working at local and national levels, opportunities for partners to share learning and good practice, and consult on developments in system and service design.
- ▶ Funding for a specialist service within all NHS health boards providing mental health support to women and children who have experienced VAWG. This should draw on existing examples of good practice in joined-up working such as NHS Lanarkshire's gender-based violence provision, previously known as EVA Services.



Spotlight on good practice: EVA Psychology and GBV Services

NHS Lanarkshire's gender-based violence provision includes a specialist NHS Lanarkshire service for women in Lanarkshire who have experienced abuse, either as a child or as an adult. [GBV Services](#) provides consultancy, advocacy, learning and development, information resources and Board-wide support on GBV. EVA Psychology provide specialist psychology provision for women who have complex trauma as a result of GBV. Both elements of service provision can cross refer when appropriate, but are managed separately, influencing different parts of the health system to build competence on GBV cases.



Spotlight on good practice: The Anchor Psychological Trauma Service

Anchor is a specialist mental health service which offers multi-disciplinary, psychologically informed interventions to clients who present with Complex Post Traumatic Stress Disorder (CPTSD) following experiences of complex trauma. Anchor and TARA (Trafficking Awareness Raising Alliance), a service supporting women who may be trafficked and exploited, have developed joined up working supported by national funding to provide Anchor service to adult survivors of trafficking identified in Scotland. TARA and Anchor have a shared referral pathway providing women with a supported route to accessing mental health support.

2. Increase awareness raising, education, and engagement on VAWG and women and girls' mental health.

“I felt like I was a burden and very embarrassed by my problems and my inability to get things right [...] I think society seeing mental health support as normal and requesting support as something anyone might need (like going to A&E with an injury) would have helped me.”

The research findings highlight the need for increased communications and engagement on mental health and VAWG at a national level, with an aim to make mental health support more visible and easier to access. Both survivors and professionals highlighted that increasing the visibility and broadening access options for mental health would improve service access. Survivors need to know what services are available to them and the support they offer, and how this support is delivered so they can make an informed choice whether to engage with it. A clear theme in the survey responses, as highlighted above, was that women want to be more informed about services and the support available.

It was highlighted across the research, and particularly by professionals, that there is significant stigma and shame around both experiences of abuse and mental health problems. More work is needed on raising survivors' awareness about the prevalence and impact of their experiences so they know that what they're feeling is a normal reaction to trauma, which would also encourage more people to seek support for their mental health. The theme of awareness was also clear in the survey, where responses highlighted that having a greater understanding of the connection between VAWG and mental health would reduce time taken to establish needs and appropriate responses. Survivors also suggested a need for raised awareness and education, particularly for younger women, and in wider society, to reduce the stigma and shame associated with mental ill health and VAWG. It was also highlighted that general awareness raising and education around trauma and the impact on mental health is needed, to reduce stigma around experiences of abuse.

Recommended actions identified:

- ▶ Develop robust data collection on women's experiences of mental health needs, highlighting gaps and opportunities for effective interventions. This could also involve developing case studies around the current journeys women and girls face to receiving such support, to identify both barriers and opportunities for change. This must include a mechanism to ensure that women with lived experience of these issues are able to inform the design of systems and services in place locally.
- ▶ Create a national communications campaign to encourage survivors to engage with mental health services if they need support. This should include:
 - A directory of support services with detail of what support is available in local areas.
 - A key message that mental health issues and trauma are a normal reaction to what they've experienced and support is available if they need it.

- Tailored communications to address the barriers that women with protected characteristics experience when accessing support, including BME women, LGBTI women, disabled women, and women at different stages in their lives (e.g., young women aged 11-25 and older women), using examples of good practice from specialist organisations working with these women.
- Reference to Scotland's commitment to tackling VAWG (and the Equally Safe principles) and key messages on the need for prevention, early intervention, and recovery.



Spotlight on good practice: Awareness raising resources

NHS Lanarkshire gender-based violence provision (previously EVA Services) created the video resource [Trauma and the Brain: Understanding abuse survivors responses](#). This animation is for any professional working with a service user when gender-based violence is a feature in the case. It was designed to help professionals understand how and why trauma affects the brain for survivors, and help professionals recognise these responses.

'I Just Froze' is a public awareness campaign from Rape Crisis Scotland which aims to challenge and change common misconceptions that there is a right or wrong way for people to react during or after a rape. [The 'I Just Froze' campaign](#) is a response to the barriers to survivors' experience receiving support or justice after rape, and highlighted how strengthening awareness of the impact of trauma can help us to understand and overcome these barriers.

3. Implement sustainable training and workforce development on violence against women and girls and mental health.

"For professionals to see beyond my drug use and recognise my mental health problems and the effects of trauma."

Across the research activities, it was highlighted that a more holistic response to mental health is needed, particularly in relation to VAWG as a traumatic experience. Survivors described the kind of attitude and approach from professionals that could have better facilitated a route to mental health support. This included being more understanding and empathetic, more informed about pathways to support, and less inclined to medicalise mental health needs and to be more informed about the prevalence and impact of trauma and how this can impact mental health and wellbeing. A more appropriate GP response was an important element for many women, with many highlighting that being believed about abuse and being listened to and taken seriously was crucial. It was also highlighted that survivors need professionals to understand the impact of abuse and understand the trauma they have experienced, and to not reinforce the stigma, shame or blame they might feel.

Both the survey and deep dive events highlighted that many women have multiple experiences of VAWG and that mental health support needs to understand this range of experiences. At the deep dive events, it was highlighted that services need to be inclusive for BME women regarding language and cultural barriers, and understand the impact of experiences such as so-called ‘honour-based’ violence. It was also highlighted that experiences of complex needs may be higher in women who have been involved in selling or exchanging sex, and they may present differently with regards to their mental health. Therefore, responses to mental health needs must include understanding of the impact of various and multiple forms of VAWG, and the impact on mental health. Stakeholders identified that training for relevant services should include all forms of VAWG, with a particular need to ensure this includes a focus on less resourced issues such as commercial sexual exploitation, so-called ‘honour-based’ abuse, and the intersection of VAWG with other inequalities and complex needs. This should be co-designed with specialist services and equalities groups with experience of supporting vulnerable and marginalised women and girls.

Participants in this research highlighted the need for adequate training and wider workforce development support on both VAWG and mental health. Support and recovery from VAWG requires collaborative, trauma-informed systems and high-quality, sustainable services. Long-term, sustainable funding for workforce capacity building would enable development of training on both mental health and VAWG.

Recommended actions identified:

- ▶ Develop practice standards for GPs and mental health professionals on identifying and responding to experiences of all forms of VAWG, and ensure this includes recognition of additional barriers and the impact of complex needs.
- ▶ Build on existing national programmes, such as the National Trauma Training Programme, which supports a whole-system cross-policy approach to workforce development, to strengthen professionals’ understanding of the links between VAWG, mental health and trauma. This could include developing a practice-based [Companion Document](#)¹⁰ on trauma and mental health to support professionals in mental health services to strengthen their skills, knowledge and confidence in working in a trauma-informed way with people they are supporting.
- ▶ Embed a partnership approach to training on mental health and VAWG, co-designed and delivered by mental health practitioners and specialist VAWG and equalities groups. Reduction of siloes would increase the availability of support for survivors across the whole system. Scoping of this approach should draw on existing good practice, such as [CEDAR](#), which has a unique model of co-facilitation of sessions with partners from across public and third sectors, which helps to strengthen partners’ understanding of the impact of domestic abuse and encourages partnership working.

¹⁰ The document linked is the first in a series of Companion Documents being developed by the Improvement Service and partners to highlight how developing a trauma-informed approach can help improve outcomes within various practice areas.



Spotlight on good practice: CEDAR

[CEDAR \(children experiencing domestic abuse recovery\)](#) is Scotland's leading evidence-based recovery programme available for children and young people.¹¹ Cedar supports children and young people and their mothers in recovering from their experiences of domestic abuse by focusing on strengthening the mother-child bond. Cedar's child-centred early intervention work provides key contributions to improving outcomes for children and young people, including their mental health and wellbeing. Evidence shows that investing in prevention and early intervention support will help manage demand on services and reduce long-term costs.¹² CEDAR adopts a multi-agency partnership approach, drawing on facilitators from across statutory and non-statutory services to deliver groupwork sessions, providing an opportunity for professionals to learn together about the impact of domestic abuse on children and encouraging strengthened multi-agency working.

4. Commitment from leadership on tackling VAWG, and supporting mental health needs.

“I feel there is a lack of knowledge and understanding among the general public, professionals and decision makers on how gender based violence [a]ffects women every day and the catastrophic impact it can have on women and girls mental health and in turn, the impact this can have on their day to day life.”

Leadership from senior stakeholders and decision makers, both nationally and locally, is required to ensure that actions to support women and girls' mental health are embedded into COVID-19 recovery and transformation planning and are prioritised in the long-term. Participants in the research activities highlighted that they wanted to see clear purpose and commitment to tackling VAWG and gender inequality across Scotland's systems and services. As highlighted across the research activities, a clear need has been identified for funding/resource which ensures that pathways to support are easy to access, that women and girls are offered a range of support to suit their needs, and that this is consistently available across Scotland. This also relates to the recommendations around increased training and workforce development, and the need for stronger awareness raising activity so that people know how to seek support.

The expectation that tackling VAWG is everyone's business has to be clearly communicated to professionals working across all policy agendas at both a local and national level and support needs to be put in place to enable professionals to meet this expectation. Therefore, there is a need for sustained engagement with leaders across all key policy agendas and strategic plans, encouraging a cross-policy commitment to addressing VAWG and gender inequality.

¹¹ [Cedar Website](#)

¹² [Ending childhood adversity: A public health approach](#), Public Health Scotland, (2020)

Recommended actions identified:

- ▶ Develop tailored awareness raising and training on the impact of VAWG on mental health for leaders and decision makers across a wide range of policy areas that identifies tangible actions that they can take to drive forward improvements as part of their leadership role, and undertake targeted engagement.
- ▶ Leaders championing trauma-informed, person-centred mental health support for women and children affected by VAWG would drive forward change across key policy areas. A resourced and supported champions model (such as the Police Scotland Domestic Abuse Champions programme) that has cross-policy links and links in with existing champions networks across other policy areas was suggested to support leaders to engage effectively with this issue.
- ▶ Establish a cross-policy group on VAWG and mental health across local and national government to ensure the needs of women are adequately considered in all areas of work, e.g., housing, justice, alcohol/drug use, etc.

**Spotlight on good practice: Police Scotland Domestic Abuse Champions**

Police Scotland has a network of trained Domestic Abuse Champions, comprised of staff and officers from across the force and from a variety of different roles. They have a critical role in embedding and sustaining learning from the [Domestic Abuse Matters Scotland \(DAMS\) training](#) programme and developing the policing response to domestic abuse within local policing divisions across Scotland. All of the champions receive extensive initial training, followed by continued support and development, and are tasked with sustaining change in skills, behaviour and attitudes across the workforce.



Next Steps

In order to ensure that the recommendations from the research are implemented in a high-quality and sustainable way that results in real improvements to survivors' experiences, key stakeholders who help shaped this report have recommended:

- ▶ Initially prioritising the recommendations in this report which will help ensure that there is a strong infrastructure at both an operational and strategic level to progress future work. Specifically, stakeholders highlighted the following as being integral to driving forward improvements in both policy and practice moving forward: (i) the development of a Mental Health and VAWG Community of Practice; (ii) a cross-policy leadership group on Mental Health and VAWG; and (iii) ongoing engagement with women and children with lived experience of VAWG and mental health.
- ▶ Continuing to scope opportunities for the learning from this research to inform, and be embedded within, other relevant policies and strategies that are in development. Specifically, stakeholders noting the importance of this research informing the upcoming refresh of the Equally Safe Delivery Plan; the implementation of the Women's Health Plan and delivery of the COVID-19 Recovery, Renewal and Transformation strategies. Ensuring stakeholders engaged with this research, including both victim/survivors and VAWG professionals, have ongoing opportunities to inform the implementation of the recommendations through participating in working groups or other forums.

Appendix 1 – Additional Resources from the Research Scoping Activity

Australian and New Zealand Journal of Public Health: [The association between exposure to interpersonal violence and suicide among women: a systematic review](#)

AVA: [Complicated Matters: A toolkit for professionals addressing domestic and sexual violence, substance use and mental ill-health](#)

Cedar Network: [Children and young people: domestic abuse recovery and COVID-19](#)

Children and Young People Commissioner Scotland: [Independent Children's Rights Impact Assessment on the Response to Covid-19 in Scotland](#)

Engender and Close the Gap: [Gender and Economic Recovery](#)

Engender: [COVID-19: Gathering and using data to ensure that the response integrates women's equality and rights](#)

Mental Health Commission for Scotland: [Racial inequality and mental health services in Scotland: A call for action](#)

Public Health Scotland: [Children and young people's mental health](#)

Public Health Scotland: [Ending childhood adversity: A public health approach](#)

SafeLives: [Whole Lives: Improving the response to domestic abuse in Scotland](#)

SafeLives: [Domestic abuse and mental health service provision in Renfrewshire](#)

SafeLives: [Domestic abuse and mental health](#)

Safe & Together Institute: [Intersections: When Domestic Violence Perpetration, Substance Abuse, and Mental Health Meet](#)

Scottish Government: [COVID-19: Domestic abuse and other forms of violence against women and girls during Phases 1, 2 and 3 of Scotland's route map \(May 22 to August 11, 2020\)](#)

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