

Violence, Abuse and Mental Health Network

Survivors' priority themes and questions for research

Consultation report, 2019


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The report presents the results of a research priorities consultation with people who have experienced violence, abuse and mental health difficulties. The consultation was commissioned by the Violence, Abuse and Mental Health Network (VAMHN) and was supported by UK Research and Innovation (UKRI) [grant number ES/S004424/1]. UKRI does not necessarily endorse the view expressed by the author(s).





Background

In 2018, the Violence Abuse and Mental Health Network (VAMHN) commissioned a consultation exercise to identify priority issues and potential research questions from survivor^[1] perspectives. VAMHN aims to reduce the prevalence of mental health problems across the life course by addressing associated violence and abuse. To achieve this aim, it brings together experts with different ways of thinking about violence, abuse and mental health, developing researcher capacity, and awarding research funding through its small grant competitions. VAMHN activities are organised into three overarching themes are: (1) defining and measuring violence, abuse and mental health, (2) understanding violence, abuse and mental health, and (3) finding effective ways to support people.

This consultation was led by the McPin Foundation and supported by staff from the Population Health Research Institute at St George's (University of London), and an independent researcher affiliated with Survivors Voices. The McPin Foundation is a charity which aims to put the lived experience of people affected by mental health problems at the heart of research methods and the research agenda. The Population Health Research Institute includes mental health researchers with expertise in co-production and survivor-led research. Survivors Voices is a national peer-led organisation run by and for adult survivors of abuse.

Aim

The aim of the consultation was to develop a list of priority research topics and potential research questions on the topic of violence, abuse and mental health from the perspective of survivors.

[1] We use the term 'survivors' in this report to describe people who have experienced violence and abuse, which includes physical, psychological, sexual and other forms of abuse, in childhood or adulthood. The authors acknowledge that not everyone with these experiences identifies with the term 'survivor'.

Methodology

Overview

The consultation involved collecting information from two sources: (1) an open survey and (2) workshops with survivors. The core project team then met to assimilate the findings from both sources into a set of research themes and questions. Involvement of people with relevant lived experience occurred at each of the following stages:

- a. Design and development of the survey (including a pool of survivor researchers)
- b. Analysis of survey findings (including a pool of survivor researchers)
- c. Design, development, planning and delivery of workshops
- d. Analysis of findings and development of final topic areas

Those involved throughout were offered the chance to debrief with one of the survivor researchers involved, with whom they could discuss anything that arose, and choose to opt out at any time.

Survey

A brief online survey was developed (see Appendix 1) and hosted on SmartSurvey. The survey was co-developed by a survivor researcher member of the network (AS). Further comments on the wording and scope of questions were provided by four other survivor researchers. The survey asked the following open-ended question: *“What do you think are the most important research question(s) relating to how violence and abuse affects mental health? (Please list as many as you like)”*. The survey also asked participants to rate the relative importance of topics that the VAMHN leadership team had already identified (on a five-point Likert scale). It also asked whether the respondent had experienced violence and abuse, mental health problems, supported or worked with people who had experienced them. Finally, we collected demographic data on age, gender and ethnicity.

Information about the survey described the commitment to ‘privacy by design’, acknowledged the sensitive nature of the topic and provided information about support organisations. The survey did not ask respondents for any identifying information such as names or contact details, it did not track IP addresses. Individuals who wanted to join VAMHN could email the network coordinator directly (who was unconnected to the survey data). The survey was promoted via the McPin Foundation, Survivors Voices, and the VAMHN and its members.

The responses to the open question on the survey were coded, merged and assembled by a member of the project team (DR). An initial 'long list' of questions was shared with five survivor researchers who each independently categorised them into broader 'themes' and added questions which they thought were missing from the original list. Following the analysis, we merged and the questions into themes suggested by the analysts.

Workshop consultations

We enlisted the support of an expert facilitator with lived experience to develop the content for the workshops and to co-facilitate (CP). This facilitator is co-author of the Survivors Voices charter, which was used to inform the process of inviting people to and running the workshops. We designed the workshops according to the following principles, influenced by the work of Survivors Voices and the charter:

- Creating a sense of safety to help ensure the workshops were a safe space where people could know they were free to share (or not share) about experiences.
- Running relatively small groups to enable safety and ensure that everyone had a chance to be heard.
- Ensuring that workshops did not inadvertently replicate the dynamics of abuse and therefore cause harm, e.g. avoiding replicating any form of 'silencing' or feeling of people not having their voice heard (a characteristic of abuse).
- Providing a space for participants to meet and connect with others with similar experiences.
- Providing various ways for people to provide feedback if they did not want to share their experiences in a group setting.
- Following up with attendees afterwards, summarising the findings and providing feedback about how the information would be used in the Network.

Two workshops took place in May 2019, one in London and one in Birmingham. An example agenda is given in Appendix 2. The first workshop was conducted by three people (two of whom were survivors; AS and CP), the second workshop was conducted by two people (one of whom was a survivor, CP). Participants were invited to participate through online networks (via the partner organisations of VAMHN) and through word of mouth. Eight people were invited to attend each workshop.

The format of the workshops was as follows: (1) facilitators introduced the day and shared some information about themselves, (2) ground rules were created as suggested by the group, (3) participants were asked to review, critique and annotate the long list of research questions and themes from the online survey, and comment on what is missing, (4) lunch, (5) participants worked in smaller groups of three to four people and discussed the 'big themes' which they felt were important.

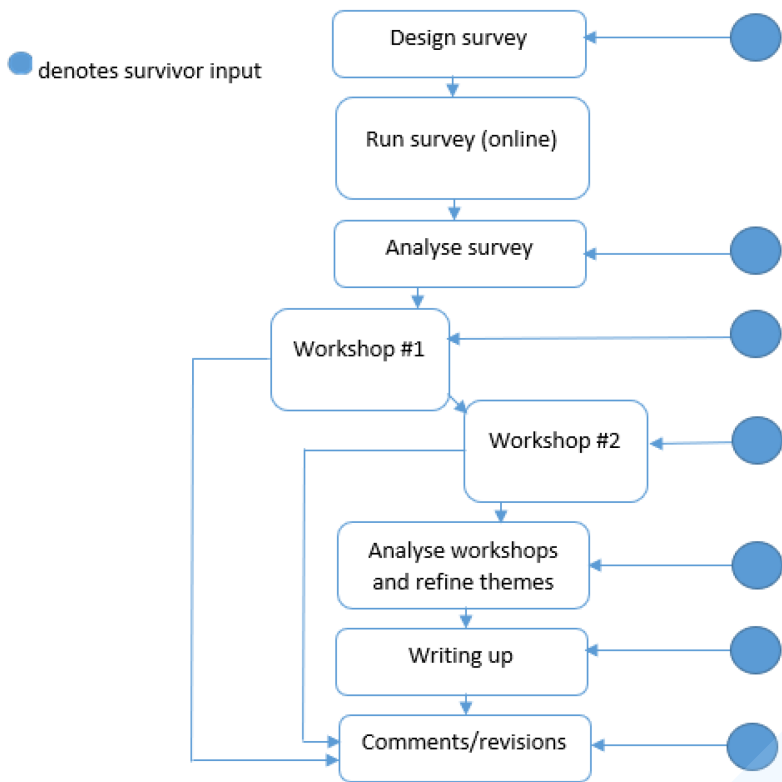
Notes were taken throughout by facilitators, who summarised the workshops with participants and invited further comments.

Participants were paid £100 for their time, and travel expenses were reimbursed. Participants were also given a certificate of attendance which could be used as evidence of Continuing Professional Development (CPD).

Final priority setting session

A final session was convened with the three workshop facilitators (DR, AS, CP) to discuss the sessions and finalise the list of priority themes. This was achieved using the material from the workshops, informed by the long list of research questions. The output of this discussion was a short-list of themes, which was then shared with all workshop attendees who were invited to provide further comments.

Flowchart of process



Findings

Survey responses

Sample characteristics

89 people responded to the online survey. Table 1 (below) shows respondents' experiences in relation to mental health difficulties and violence and abuse. The majority had experienced mental health problems, violence and abuse. Most were also both supporting and working with others who experienced these issues.

Table 1: Respondent experiences

	Yes	No	Not sure	Prefer not to say	Response Total
I have/had experienced mental health problems myself	59	18	5	4	86
I have/had experienced violence and/or abuse myself	59	18	5	2	84
I support someone else (such as a family member or friend) who has/had experienced mental health problems	65	14	3	3	85
I support someone else (such as a family member or friend) who has/had experienced violence and/or abuse	54	23	4	3	84
I work directly with people who have experienced mental health problems	62	21	2	2	87
I work directly with people who have experienced violence and/or abuse	62	19	4	2	87

Most respondents (n=73 out of 87) identified as female, 11 as male, one as non-binary/third gender, two preferred not to say. Two people identified as transgender, one person preferred not to disclose their gender orientation. The sample was majority White British (n=59 out of 87), twelve were from other white backgrounds, six were from mixed heritage backgrounds, five from Asian or Asian British backgrounds, one from a black British background. Most of the sample described themselves as 'heterosexual' (n=59 out of 86), six as gay, 13 as bisexual, two as queer, one as asexual, one as desexualised, five preferred not to say. The majority did not consider themselves to have a disability (61 out of 87), 24 did, two preferred not to say.

Research questions and themes

68 people responded to the question asking respondents to identify research topics. The answers to this question were merged and listed as 45 preliminary research 'questions', and coded into the following preliminary themes: impact of violence and abuse, impact of 'intersectional' factors, effective services and support, structural and systemic injustices, empowering people to seek support, the stigma of being a survivor of abuse, resilience and coping, breaking the cycle of abuse, and 'other' (questions which did not initially fit the above categories).

Table 1 (below) shows the responses to the pre-developed research questions. Almost all said that the questions about reducing risks were important. There was less agreement regarding the question about abuse and technology, and the question about developing research methods, although most people still rated them as important.

Question	1 (not at all important)	2	3	4	5 (very important)	Response Total
How is technology (e.g., smartphones, social media) changing people's experience of abuse?	2	11	15	27	34	89
People exposed to violence and/or abuse are more likely to experience poor mental health. How can the risk of developing poor mental health be reduced?	0	2	1	16	70	89
How can we reduce the risk of people with mental health problems experiencing violence against them?	0	0	6	24	59	89
How can we develop research methods that can be used when researching the topic of violence, abuse and mental health?	0	2	16	27	42	87

Attendees

Fifteen people attended workshops (seven attended the first workshop and eight attended the second). All had lived experience of violence and abuse (some identifying with the term 'survivor'). Unlike survey respondents, most workshop participants were not from a white British ethnic background. There were fourteen female participants and one male. Several participants also worked in a related field, e.g., as therapists for domestic abuse or survivor organisations.

Attendees were emailed a brief demographic survey afterwards (with questions relating to age, ethnicity and disability). Eight people completed this survey, the majority (5 out of 8) were aged 26-35, one was aged 21-25 and one aged 46-55. Two out of eight considered themselves to have a disability. Regarding ethnicity, two people described themselves as 'white British', two as 'white other', two as 'black British Caribbean', one as 'Asian British Indian', one as 'Jewish'.

Main themes

The questions and themes developed through the survey were discussed. Several workshop attendees complimented the original list of questions generated by the survey as “good questions”. The final list of research questions and themes (as developed through the survey and refined in the workshops) is given in Appendix 3. The main comments from the discussion were that there should be more focus on systemic injustice, on the impact of silencing and more emphasis on the impact on all sections of society including children and young people, those in the care/looked after, prisons and mental health and people from cultures that are particularly silenced by the taboo nature of speaking out. Both workshops included lengthy discussions about difficulties and negative mental health impacts of the criminal justice system and family courts, and of systemic violence within the mental health system and care system.

Potential ‘big themes’ arising from the workshop discussions included; the links between seeking justice and healing, spotting signs of abuse in self and others, the impact of trauma and abuse, preventing abuse within communities, the complexity of family units (including working with children), helping people to identify characteristics of perpetrators, supporting recovery from abuse, and making it easier to seek support. We attempted to summarise[2] these as follows:

- Helping survivors to understand the mechanisms of abuse and validating their experiences
- Helping survivors seek justice and support, the intertwined nature of justice and healing, navigating systems of justice and support that may otherwise make things worse, re-traumatise and facilitate abuse (e.g., mental health, criminal justice, family courts)
- Educating people and communities to recognise, challenge and prevent abuse
- Understanding what effective support looks like and supporting people to recover from abuse in the most effective ways.

Final priority setting session

The information from the workshops and surveys were assimilated into the following list of themes (and sub-themes). With reference to the three original themes of the Violence, Abuse and Mental Health Network (measurement, understanding and intervention), we formed three headings which we felt better represented the views of people who participated. These headings were ‘defining and measuring’, ‘understanding’, and ‘intervention and providing support’. The main themes presented under each heading can form the basis for future research questions, providing an indication into the areas that participants in this consultation found thought were most important.

[2] Summarising such complex discussions is always difficult, and inevitably some important details can get lost. For this reason we have presented the full list of questions in Appendix 3.

Defining and Measuring

Theme	Understanding the problem	Key question	Sub-questions
Conceptualising abuse	Traditional research and service categorisations of violence and abuse are often overly simplistic (e.g. childhood sexual abuse, intimate partner violence). This can create a sense that people's experiences don't count if they don't fit into neat boxes, making these categorisations potentially unhelpful and sometimes harmful. Abuse is not experienced as a 'category', so it is more important to look at underlying processes and commonalities.	How can survivors be empowered to understand and define their experience in a way that makes sense to them, individually and collectively (epistemic justice)?	<ul style="list-style-type: none"> • What are survivor-led and survivor-generated definitions of abuse? • Do existing categorisations of abuse perpetuate 'epistemic injustice' and create barriers to people accessing services? If so how? • How can researchers develop categorisations that better reflect the real-world complexity of violence and abuse? • Can/should researchers shift to complex continuum models, rather than categorisation models?
Measuring prevalence	Abuse is often hidden under-recognised and underreported. Experiences are minimised through silencing by communities, by services and the wider 'system' (including the mental health system). Experiences are often categorised (e.g. as sexual abuse, domestic violence) which then affects which support/services survivors can access.	How can we measure the prevalence of violence and abuse using survivor-generated and broad-based definitions (as opposed to professional/disciplinary definitions)?	<ul style="list-style-type: none"> • How do prevalence rates gathered through survivor-generated definitions of abuse compare to prevalence rates gathered through academic/disciplinary definitions? • Can we develop survivor-generated tools to measure survivors' experiences?
Measuring service outcomes	Whilst outcome measurement of services was not discussed in detail, there was a need to ensure that services are not doing any harm.	How can we support the development of survivor generated resources, tools and measures?	<ul style="list-style-type: none"> • What examples of survivor-generated tools, measures and quality assurance mechanisms exist? • What is the impact of survivor generated resources, tools and measures on outcomes?

Understanding

Theme	Understanding the problem	Key question	Sub-questions
Recognising abuse for oneself	Survivors described difficulties recognising or coming to terms with what is happening/has happened to them as 'abuse', difficulties overcoming gaslighting, the voice of abusers minimising or denying the abuse, and feelings of invalidation after speaking to others who responded in a minimising or dismissive way.	How can survivors be supported to recognise that what they have experienced or may be experiencing is abuse?	<ul style="list-style-type: none"> • How can survivors recognise what is happening/has happened as abuse? • How can survivors validate their own experiences? • What have survivors found helpful to enable them to recognise abuse?
Understanding impacts on survivors	Survivors described the impact of trauma and abuse, and impact beyond the abuse itself, and how this affected almost every other aspect of their lives.	What are the long term and wider impacts of violence and abuse on all aspects of a person's life?	<ul style="list-style-type: none"> • How can we reduce the risk of isolation for people who have been or are being abused? • What is the impact of victim blaming and cultures of disbelief? • What is the impact of violence and abuse on children and young people across the life cycle? • What is the impact of witnessing violence and abuse? • What is the additional impact for people who experience other forms of discrimination (e.g., people with disabilities, people from Black and Minority Ethnic groups, people from LGBT+ groups).
Recognising abuse in others	Survivors had experienced communities shutting down on them, 'turning a blind eye', and inadvertently perpetuating abuse by not recognising or challenging it. Certain cultures/subcultures are particularly influenced by taboo and silencing.	How can communities be supported to recognise and challenge abuse?	<ul style="list-style-type: none"> • How can cultures/subcultures which are particularly influenced by taboos and silencing be included in research?

Understanding perpetrators	Survivors described the importance of understanding the traits, tactics and characteristics of perpetrators (for survivors, but also for communities and professionals), and understanding how this knowledge can protect self and others. The Freedom Programme was described as a useful framework for helping people in this context.	How can survivors, communities and professionals recognise the traits, tactics and characteristics of perpetrators?	<ul style="list-style-type: none"> • How can survivors (communities and professionals) protect themselves (and others) from future harm? • What are the mechanisms of abuse (e.g. power imbalances, coercion, isolation)? • In what ways do families, communities and systems enable perpetrators to abuse and how can this be prevented?
Interconnected systems	The systems survivors engaged with following abuse were often harmful. For instance, they were experienced as judgmental, confusing or punitive, imposing pathologising frameworks of mental distress, and enabling abusers whilst punishing/criminalising survivors (particularly mothers). Such systems include mental health, police, criminal justice, social care, family courts, care system.	How can we understand and measure the damage caused by the various interconnected systems that survivors encounter?	<ul style="list-style-type: none"> • What are the common sources of harm in the interconnected systems survivors encounter? • To what extent do current systems perpetrate and perpetuate abuse and violence? • How can survivors be supported to navigate interconnected systems?

Intervention and providing support

Theme	Understanding the problem	Key question	Sub-questions
Seeking support for the first time	Survivors often do not know where to go to seek support, and don't know who to talk to or whether their experiences 'count'. If/when survivors found a service, there were long waiting lists and delays (leaving survivors in limbo).	What are the barriers to people accessing specialist/trauma-informed support?	<ul style="list-style-type: none"> • How can we create cultures/safe environments for people to speak about violence and abuse? • What helps people seek support? What are the barriers? • How can people be encouraged to seek appropriate support? • What happens after someone has sought support? • What/who are the pathways, bottlenecks and gatekeepers? • What can be done to mitigate the impact of delays / long waiting times?
Unhelpful support	Survivors considered much of the support they had received unhelpful, for instance because it was disjointed and didn't take the context of people's lives into account, engaged in 'victim blaming', categorised or medicalised people unnecessarily, and failed to understand the nuances around taboos.	What do survivors find unhelpful / harmful about existing services or support?	<ul style="list-style-type: none"> • Which processes are not working well for survivors, how can survivors' experiences of processes be improved? • Are some processes working better for some survivors and less well for others? (and why?) • Which interventions are not working well for survivors, what are the nuances of this and how can survivors' experiences be improved? • How can services avoid retraumatising people? • Can survivor-generated training and quality standards be created and tested to prevent retraumatisation? • What is the impact of discrimination (e.g., institutional racism) within the system on survivors of violence and abuse?

Helpful support	The support that people found particularly helpful included: help to understand that they were in an abusive situation; non-judgemental support that worked within the framework of someone's life; support to advocate for oneself; support to navigate justice systems; and support outside of the mental health system (e.g. peer support, trauma-informed yoga).	What does helpful support look like from survivors' experiences and perspectives?	<ul style="list-style-type: none"> • What processes are working well for survivors? • What interventions/support are working well for survivors? Are these statutory or 'alternative'? • How can people be supported early on, before a situation becomes high risk? • What is the evidence base for the interventions that survivors often find helpful (e.g. peer support, trauma-informed yoga) and how can this evidence base be expanded? • How can opportunities for peer support be created? • What is the role of self-help and advocacy? • How can services work better together to support people? • How can survivors learn from one another's successful coping and survival strategies?
Support for professionals	Survivors had experienced professionals who did not always understand the full range of possible responses to abuse and trauma. Professionals may experience burnout and desensitisation.	How can professionals be supported to provide better support for survivors?	<ul style="list-style-type: none"> • How can professionals understand coping strategies (including those deemed negative such as self-harm) in a non-judgemental way? • How can burnout and desensitisation in staff be prevented? • What support or training to frontline workers have to recognise and respond to violence and abuse?
Capacity in the survivor-led sector	There is a lack of effective, available support for survivors. Survivors can find it difficult to understand where and how to access help, with other survivors often vital in helping them navigate services. Many survivors valued the support provided by peers.	What is the scale, capacity and funding of survivor-led organisations?	<ul style="list-style-type: none"> • How can survivor-led organisations be supported to access sustainable funding?



Reflections and Impact

This consultation is intended to guide the work of the Violence, Abuse and Mental Health Network. We hope it can be used to help planning, developing and commissioning future research. We are confident that this exercise presents a nuanced understanding of violence and abuse, as experienced by survivors. The original themes developed by the Network relating to ‘measuring’, ‘understanding’ and ‘intervention’ have been adapted and expanded to include a broader range of experiences as described by survivors themselves.

The consultation benefitted from involvement of survivors from a range of backgrounds and abuse experiences. The workshops were well attended, unfortunately resource limitations meant that we could not invite everyone who wanted to attend the workshops. We adopted a flexible approach to developing and discussing research priorities. We decided not to follow the established process of the James Lind Alliance Priority Setting Partnership, where a ‘top ten’ list is created. This was partly due to resource reasons, but also because of the interconnectedness of all the issues which have been discussed. Developing a ‘top-ten’ list seemed reductive. We instead preferred to think about the survivors’ journey through to seeking support and justice, and what on that journey can help or hinder them.

Involvement of people with lived experience was central to every stage of this consultation. We were challenged to change and evolve our approach throughout, and always for the better. Survivors reminded us to focus on the ‘whole system’, based on how people live and experience abuse and its aftermath, whilst also asking us to appreciate the elements of the system which are most problematic. They also asked for a focus on how ‘the whole system’ could help survivors be believed and supported. This can be summarised in the following quote from two survivor researchers who are independent of this consultation:

“Abuse victims and survivors often have to endure not only primary injury (caused by the abuse) but also secondary injury, as a result of societal reactions towards them.”[3]

[3] Rouf, K, and Taggart, D. (2018). Is there Justice for Trauma Survivors? <https://www.cost-of-living.net/is-there-justice-for-trauma-survivors/> Cost of Living, (Published Sept 5, 2018)



Appendices

Appendix 1: Survey of research priorities: Violence, Abuse & Mental Health Network

Thank you for your interest in our survey.

The Violence, Abuse & Mental Health Network will research the impact of violence and abuse on mental health. The network will focus on all types of domestic and sexual violence and abuse, and all aspects of mental health and wellbeing (i.e., not just diagnosed mental health conditions).

The network is funded by UK Research and Innovation and led by Dr Sian Oram and Professor Louise Howard (King's College London). The organisations involved in the network are listed below.

One of the first tasks of the network is to understand what research people feel is most important. With this survey, we're aiming to learn what research people think needs to be done. We recognise that this is a sensitive topic and understand that this survey may be difficult to complete. Participation in this survey is entirely voluntary, and you can submit a partially completed survey if you prefer.

The questions on this survey do not ask you to reveal any personally identifying information. The survey can be completed anonymously. This means that no-one will be able to identify you from your answers.

Data from the survey will be stored by the McPin Foundation, who are hosting the survey on behalf of the network.

Whatever your circumstances, if you feel that you need advice or support, please contact one of the organisations listed here.

The survey takes approximately 10-15 minutes to complete. Thank you for taking the time to look at this survey.

1. What do you think are the most important research question(s) relating to how violence and abuse affects mental health? (Please list as many as you like): _____

2. The network has thought of some possible research topics already. We do not necessarily think these topics are any more important than the topics you have suggested, but we would like your opinion on whether you think they are important. How important do you think the following topics are (on a scale of 1 to 5)?

	1 (not at all important)	2	3	4	5 (very important)
How is technology (e.g., smartphones, social media) changing people's experience of abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People exposed to violence and/or abuse are more likely to experience poor mental health. How can the risk of developing poor mental health be reduced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How can we reduce the risk of people with mental health problems experiencing violence against them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How can we develop research methods that can be used when researching the topic of violence, abuse and mental health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any further comments about the topics listed above? _____

We would like to know more about who is answering this survey. Please remember that these questions are optional (like all the questions on the survey). If you don't want to complete these questions then please skip them.

3. Which of the following describes you (please tick all that apply)?

	Yes	No	Not sure	Prefer not to say
I have/had experienced mental health problems myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have/had experienced violence and/or abuse myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I support someone else (such as a family member or friend) who has/had experienced mental health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I support someone else (such as a family member or friend) who has/had experienced violence and/or abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I work directly with people who have experienced mental health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I work directly with people who have experienced violence and/or abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is your age?

Under 16, 16-20, 21-25, 26-35, 36-45, 46-55, 56-65, 66-75, 76-85, 85+, prefer not to say

5. How would you describe your gender?

Female, male, non-binary/third gender, prefer not to say, prefer to self-describe_____

6. Do you identify as transgender?

Yes, no, prefer not to say

7. How would you describe your ethnicity?

Asian or Asian British – Bangladeshi, Asian or Asian British - Chinese, Asian or Asian British - Indian, Asian or Asian British – Pakistani, Asian or Asian British - Other, Black or Black British - African, Black or Black British – Caribbean, Black or Black British – Other, Mixed heritage - White and Asian Bangladeshi, Mixed heritage - White and Asian Chinese, Mixed heritage - White and Asian Indian, Mixed heritage - White and Asian Pakistani, Mixed heritage - White and Black African, Mixed heritage - White and Black Caribbean, Mixed heritage - White and other, Mixed heritage – Other, White - British, White – Irish, White - Other, prefer not to say, prefer to self-describe:_____

8. How would you describe your sexual orientation?

Heterosexual or straight, Gay or lesbian, Bisexual, prefer not to say, prefer to self-describe: ____

9. Do you consider yourself to have a disability?

Yes, No, Prefer not to say

Thank you for taking the time to complete this survey. Please now click the 'Finish Survey' button below to finish the survey. The findings will be used to help determine the focus of the Violence, Abuse & Mental Health Network.

If you would like to receive a summary of the findings, please email the Network with the following text in the subject header "VAMHN: please let me know survey findings". This will not compromise your anonymity because the email and the completed survey are sent to different recipients in different organisations. (The email will be stored at King's College London and the survey data will be stored at McPin Foundation).

Whatever your circumstances, if you feel that you need advice or support, please contact one of the organisations listed here.

Appendix 2: Workshop agenda

Time: 10:45am to 3:00pm (Lunch provided)

Meeting times:

- Start & Introductions	10:45
- Session #1	11:30
- Lunch	12:30
- Session #2	13:15
- Debrief, next steps, admin	14:25
- End	15:00

1. Introductions, information about the day, questions **(45 minutes)**

2. Session #1 – **(60 mins)**

Identify, rework, define and refine research questions

3. Lunch **(45 minutes)**

4. Session #2 – **(70 minutes)**

Discuss/identify/add what is missing from the questions presented so far
Identifying priority areas

5. Debrief, next steps and administration **(35 minutes)**

Appendix 3: 'Long-list' of research questions (themed)

Defining violence and abuse

- How should violence and abuse be defined?
- What types of violence and abuse exist, and does it exist on a continuum?

The impact of violence and abuse on mental health

- What is the long-term impact of abuse (on all aspects of a person's life)?
- What are the links between violence, abuse and mental health?
- What is the impact of 'invisible' abuse?
- What is the impact of witnessing abuse on later life?
- What is the impact of early childhood abuse on neurological development?
- What is the impact on children, how are they affected by the trauma of others?
- What is the impact of violence and abuse on physical health?
- What is the impact of same sex abuse?
- What is the impact of elder abuse? (for example, child on parent)

Effective services and support

- What does effective support for trauma look like?
- How can people who have experienced trauma best be supported?
- How can access to appropriate sources of support/services be improved?
- What works best for people with complex needs (e.g., complex PTSD)?
- How can services work best together to support people?
- How do domestic violence services link with mental health services?
- What impact can delay in accessing support have?
- What is the impact of burnout/desensitisation in the criminal justice system/police force?
- What is the timeline for a restraining order to be put in place?
- How can we train professionals to recognise the full range of trauma responses?
- How can survivors be supported with housing?
- What training is given for frontline professionals to recognise and respond?

Structural and systemic injustice

- What experience do survivors of abuse have of mental health services?
- How do survivors of abuse with mental health issues experience the criminal justice system?
- What is the impact of diagnosis? How survivors and professionals understand these diagnoses?
- What is the impact of receiving a (mis)diagnosis?
- How can survivors' experience of the legal/criminal justice system be improved?
- What is the impact of medicalising survivors' responses to abuse and trauma?
- What impact do patriarchal models of mental healthcare have?
- What are the effects of deprivation, homelessness and 'multiple disadvantage'?
- How do we support people with addiction problems who are being abused?

- How do survivors of abuse from BME backgrounds experience discrimination relating to abuse?
- What is the impact of institutional racism within the system?
- What is the impact of 'cultural overshadowing' in professional services?
- How do survivors of abuse identifying as LGBT+ experience discrimination in relation to abuse?
- How do survivors of abuse with disabilities experience discrimination in relation to abuse?
- How much abuse of men is 'hidden' or unreported?
- Impact of culture/shame/taboo ('hidden' communities and sub-cultures)
- What is the potential impact on women with children?
- What about young people and the impact of abuse within the care system?
- What is the impact of false allegations (and the reporting of false allegations)?
- How do survivors see coping strategies deemed positive or negative by mental health services?
- What is the impact on survivors of the 'cycle of abuse' theory that suggests perpetrators have previously been victims?

Helping people to seek support

- How can we create cultures/safe environments for people to speak about violence and abuse?
- What are the barriers to speaking out and/or seeking help?
- How can we encourage people to seek (the right kind) of support?
- How can people recognise they are in an abusive situation?
- How can survivors be supported to collect evidence/proof of what is happening?
- How can survivors be supported to be open about their experiences?
- What is the impact of 'victim blaming' (and survivors not being believed)?

Resilience and coping

- How can people who have experiences of violence/abuse build resilience?
- What coping strategies have worked for people who have experienced violence/abuse?
- Why are some people more resilient than others?
- How can we reduce the risk of isolation amongst people who have been abused?
- How can survivors learn self-advocacy skills?
- How can people learn to spot the traits of perpetrators?

Breaking cycles of abuse

- Why do perpetrators abuse?
- How can perpetrators (or potential perpetrators) be helped to prevent abuse?
- How can perpetrators who are also victims of abuse be supported? (bidirectional relationship)
- How can the cycle of transgenerational abuse be broken?
- Can working with perpetrators alongside victims/survivors be helpful?
- Early intervention, how to stop things escalating from 'low risk' to 'high risk'?

Awareness

- How can everyone be made more aware of spotting signs and impact of abuse?
- How can communities, friends, family and bystanders be encouraged to speak out about abuse they see or suspect?
- How can we support people to recognise they have been or are being abused?
- What helps people to rebuild their lives following abuse?
- How can survivors create opportunities for peer support?

Other

- What Impact do relatively recent technologies have on abuse (especially social media)?
- How has social media influenced people's attitudes to violence and abuse?
- How does workplace bullying affect mental health?

