Violence Against Women and Girls Strategy: Strengthening the Mental Wellbeing and Recovery Response. Briefing for the Department of Health and Social Care (DHSC).

January 2026

Summary

The Government's new *Violence Against Women and Girls (VAWG) Strategy and Action Plan* sets out an ambitious goal to ensure women and girls' freedom from violence and abuse. It includes welcome commitments on prevention, policing, safeguarding, and health system engagement, including improved identification and referral pathways within healthcare.

However, the Strategy does not yet position mental wellbeing and recovery as fundamental to that freedom. Mental health is treated largely as a secondary or indirect outcome, rather than as the most prevalent, enduring, and in some cases fatal consequence of violence against women and girls.

Evidence consistently shows that survivors prioritise mental health support above all other forms of assistance; that around half of women experience mental health needs because of domestic abuse; and that domestic abuse-related suicides now exceed homicides. Yet the Strategy contains no VAWG-specific commitments to improve access to trauma-focused psychological therapies for adult survivors of domestic abuse or sexual violence. References to reducing mental health waiting times and expanding NHS Talking Therapies reflect general system-wide NHS priorities, rather than targeted actions designed to meet survivors' recovery needs.

This briefing sets out:

- Why mental wellbeing and recovery must be central to the VAWG response.
- Where the current Strategy falls short in relation to mental health.
- Practical actions DHSC can take to strengthen implementation and prevent avoidable harm.

This briefing is provided by the Violence Abuse and Mental Health Network (VAMHN), a cross-disciplinary research and knowledge exchange network focused on understanding, preventing, and responding to the mental health impacts of violence and abuse.

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1. Why mental wellbeing must be central to the VAWG strategy

Violence against women and girls has profound psychological consequences, including depression, anxiety, post-traumatic stress disorder, dissociation, substance misuse, and suicidality.[1] For many survivors, these impacts persist long after physical injuries have healed, or immediate safeguarding risks have been addressed.

Available evidence shows:

- Four out of five victims identify counselling and mental health support as their top priority.[2]
- Around one in two women experience mental health needs because of domestic abuse.[3]
- Domestic abuse-related suicides now outnumber domestic abuse homicides, underscoring the lethal consequences of unmet psychological need.[4]

Despite this, mental wellbeing is not treated as a core outcome of the VAWG Strategy. Without explicit attention to recovery, the Strategy risks improving safety in the short term but leaving survivors without the support needed to regain stability, autonomy and wellbeing.

The Strategy's framing of "freedom" from violence and abuse implicitly includes the ability to live without fear, coercion or harm. For survivors, this freedom is inseparable from mental wellbeing. Psychological distress, trauma symptoms and suicidal ideation can constrain survivors' ability to work, parent, maintain relationships, engage with services, or sustain safety.

A VAWG response that does not actively support mental health recovery risks:

- Prolonging dependency on crisis services.
- Increasing disengagement from statutory support.
- Exacerbating inequalities.
- Failing to prevent long-term morbidity, including suicide.

2. Assessment of mental health commitments in the Strategy

2.1 What the Strategy includes

The Strategy and Action Plan include welcome commitments to:

- Improve identification and referral of victims and survivors within healthcare, particularly primary care.
- Develop workforce training and leadership roles within the NHS.

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[1] Oram et al (2017). Violence against women and mental health. Lancet Psychiatry 4(2):159-170.
[2] Domestic Abuse Commissioner (2022). A Patchwork of Provision: how to meet the needs of victims and survivors across England and Wales.
[3] Women's Trust (2025). Living Without Hope: the case for improving the mental health response for survivors of domestic abuse.
[4] Hoeger et al (2025). Vulnerability Knowledge and Practice Programme (VKPP) Domestic Homicides and Suspected Victim Suicides 2020-2024, Year 4 Report.

- Reduce mental health waiting times and tackle the treatment gap.
- Expand NHS Talking Therapies and increase mental health spending more broadly.
- Invest in therapeutic support for victims of child sexual abuse.

These actions provide an important foundation and signal that healthcare has a role to play in responding to VAWG.

2.2 What is missing from the Strategy

The Strategy does not include:

- Any VAWG-specific commitment to improve access to trauma-focused psychological therapies for adult survivors of domestic abuse or sexual violence.
- Reference to the evidence base for trauma-focused therapies for adult survivors of domestic abuse or sexual violence[5,6], and the need to commission specialist provision rather than relying on generic mental health services to meet survivors' needs.
- Recognition that many survivors require longer-term therapeutic support, rather than short-term or standardised interventions.
- Recognition of the need to strengthen identification and response to VAWG within mental health services.
- A clear mental health recovery framework or outcome measures linked to VAWG.
- Clear mechanisms for survivor co-production in mental health service design, commissioning or evaluation.
- Explicit alignment with suicide prevention strategies in the context of domestic abuse and sexual violence.
- Recognition of the mental health impacts of engagement with the criminal justice system, and the need for integrated psychological support for survivors pursuing justice.
- Attention to the role of perpetrator mental health within prevention and harm reduction.

The distinction between general NHS investment and VAWG-specific action is critical. System-wide improvements, while necessary, do not guarantee that survivors will receive appropriate, timely or effective mental health care.

[5] Hameed et al (2020). Psychological therapies for women who experience intimate partner violence. Cochrane Database of Systematic Reviews. CD013017.
[6] Doherty et al (2023). Psychosocial interventions for survivors of rape and sexual assault experienced during adulthood. Cochrane Database of Systematic Reviews. CD013456.

3. Risks of not explicitly addressing mental health

3.1 Identification without recovery

Improved identification and referral pathways risk raising expectations without delivering meaningful support if appropriate therapeutic provision is unavailable. Survivors may disclose abuse only to encounter long waits, unsuitable modalities, or discharge once crisis thresholds are crossed. This creates a gap between recognition of harm and the response to it.

3.2 Crisis response without recovery

For many survivors, recovery from violence and abuse is a long-term process that may require sustained psychological support. A system weighted towards crisis-intervention and short-term stabilisation, without parallel investment in specialist, long-term, and trauma-focused provision across NHS and specialist VAW services risks leaving survivors cycling between crisis points without access to the support needed to rebuild their lives.

3.3 Inappropriate treatment models

Even where support is available, short-term or highly standardised interventions - while effective for some conditions - are likely to be poorly suited to complex trauma associated with abuse and ongoing safety concerns. Without explicit commissioning guidance, survivors may continue to be offered interventions that do not meet the nature or severity of their needs.

3.4 Disengagement, traumatisation and loss of trust.

Repeated disclosure, inappropriate referrals and premature discharge are actively harmful. Survivors may experience re-traumatisation, disengage from services, and lose trust in statutory support altogether, increasing long-term risk and reducing the likelihood of future help-seeking.

3.5 Inequitable provision

The Strategy's targeted investment in child sexual abuse therapy is welcome. However, the absence of equivalent provision for adult survivors risks creating inequity across survivor groups, despite comparable levels of mental health need. Many adult survivors of domestic abuse and sexual violence are also parents, and many adult survivors were first exposed to violence in childhood; failing to support adult survivors' mental health therefore also fails children.

4. Recommendations for DHSC

4.1 Position mental wellbeing and recovery as core VAWG outcomes

DHSC should explicitly recognise mental wellbeing and recovery as fundamental to freedom from VAWG, alongside safety and justice, and embed this within implementation guidance and delivery plans.

4.2 Introduce VAWG-specific commitments on access to therapy

In addition to general NHS investment, DHSC should commit to improving access to specialist trauma-focused psychological therapies for both adult and child survivors of

domestic abuse and sexual violence, delivered within both NHS and specialist VAWG support settings, including longer-term provision where clinically indicated.

4.3 Develop a national VAWG-competent mental health pathway

DHSC, working with NHS England, should develop a clear pathway spanning primary care, community mental health, specialist services and the voluntary sector, grounded in trauma-informed and survivor-centred principles.

4.4 Embed VAWG in clinical guidance and training

Clinical guidance, commissioning frameworks and workforce development should explicitly address VAWG and its mental health impacts, enabling safer identification and more effective treatment and response.

4.5 Measure what matters

Metrics should extend beyond incidence and system activity to include indicators of mental wellbeing, recovery, and quality of life.

4.6 Require coproduction and survivor leadership

DHSC should require coproduction with survivors as a core principle of VAWG-related mental health policy, commissioning, and evaluation, recognising survivor expertise as essential to effective service development and trauma-informed care.

4.7 Align VAWG implementation with suicide prevention

Mental health actions within the VAWG Strategy should be aligned with suicide prevention priorities, recognising domestic abuse and sexual violence as key risk factors.

4.8 Integrate perpetrator mental health into prevention efforts.

Prevention should include strengthening links between mental health services and evidence-based perpetrator behaviour change programmes and ensure mental health services are equipped to recognise and respond appropriately to abusive behaviour.

Conclusion

The VAWG Strategy provides a strong platform for action, but without explicit attention to mental wellbeing and recovery, it risks addressing violence while leaving its most pervasive and deadly consequences untreated. DHSC has a critical opportunity to strengthen implementation by ensuring that mental health recovery is not incidental, but central to the freedom from violence and abuse the Strategy seeks to achieve.

Cite as: Oram S (2026). Violence Against Women and Girls Strategy: Implications for Mental Wellbeing, Recovery and Services. Briefing for the Department of Health and Social Care. VAMHN, London.

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