Violence Against Women and Girls Strategy: Implications for Mental Wellbeing, Recovery and Services. Briefing for Violence, Abuse and Mental Health Network (VAMHN) members

January 2026

This briefing provides an analysis of the Government's *Violence Against Women and Girls (VAWG) Strategy and Action Plan* from a violence, abuse and mental health perspective. It is intended to support VAMHN members in understanding the Strategy's implications for mental wellbeing, service provision, research priorities and policy engagement.

Headline Assessment

The VAWG Strategy articulates an ambition to ensure women and girls' "freedom" from violence and abuse. While this ambition is welcome, mental wellbeing and recovery are not yet positioned as fundamental to that freedom, despite clear and consistent evidence that psychological harm is the most prevalent and enduring consequence of VAWG.

The Strategy contains welcome commitments on prevention, policing, safeguarding and health system engagement, but it continues to prioritise physical harm, crisis response and criminal justice outcomes, with limited attention to long-term mental health recovery, the adequacy of current mental health provision, or survivor leadership.

What the Strategy Gets Right

1. Recognition of healthcare as part of the VAWG response

The Strategy explicitly identifies healthcare - particularly primary care - as a site for identifying victims and survivors and connecting them to support. Commitments to workforce training, leadership roles and referral pathways represent an important shift away from VAWG being framed solely as a criminal justice issue.

2. Targeted therapeutic investment for child sexual abuse

The Action Plan includes specific investment in therapeutic support for victims of child sexual abuse, reflecting recognition of the long-term psychological impacts of early trauma.

3. Emphasis on prevention

The Strategy places substantial weight on prevention, including healthy relationships education, tackling misogyny, and perpetrator interventions. These measures are relevant to reducing population-level exposure to violence and, by extension, future mental health harms.

4. Justice processes and mental wellbeing

The Strategy places significant emphasis on criminal justice responses. While access to justice is critical, engagement with the justice system can itself have profound mental health impacts for survivors. Ongoing work within VAMHN is exploring how justice processes shape survivors' mental wellbeing, recovery and sense of safety.

The Strategy would be strengthened by recognising the need for psychological support alongside justice engagement, alongside planned efforts to reform the court system based on a trauma-informed approach.

What is Missing from the Strategy

1. Recognition of mental health is the primary harm of VAWG

Evidence consistently demonstrates that the most widespread and enduring impacts of VAWG are psychological rather than physical. Survivors commonly experience depression, anxiety, post-traumatic stress, dissociation, substance use and suicidality, often over many years.

- Four out of five victims identify counselling and mental health support as their top priority.[1]
- Around one in two women experience mental health needs because of domestic abuse.[2]
- Domestic abuse-related suicides now exceed homicides, underscoring the lethal consequences of unmet mental health need[3].

Despite this, mental wellbeing is largely framed in the Strategy as:

- Secondary to physical injury and crisis response.
- An indirect outcome of safeguarding or referral.
- A system capacity issue rather than a recovery issue.

There is no coherent mental health recovery framework underpinning the Strategy.

2. VAWG-specific mental health commitments

The Strategy references:

- Reducing mental health waiting times.
- Tackling the treatment gap.
- Expanding NHS Talking Therapies.
- Increased mental health spending.

These measures reflect general NHS system-wide priorities, not VAWG-specific actions. While necessary, they do not address the specific needs of survivors of domestic abuse and sexual violence. In particular, the Strategy does not engage with the evidence base supporting trauma-focused psychological therapies[4] (e.g., trauma-focused CBT, EMDR, phased approaches for complex trauma) for survivors of VAWG. Survivors' needs often

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

extend beyond what can be met through generic or short-term mental health interventions, underscoring the importance of specialist counselling and trauma-informed services. For many survivors, recovery from violence and abuse is a long-term process that may require sustained psychological support.

Without parallel investment in specialist trauma-focused psychological therapies delivered both within NHS and specialist VAWG support settings, survivors may cycle between crisis points without access to the support needed to rebuild their lives.

Notably, the Strategy contains no commitments to:

- Improve access to trauma-focused psychological therapies for adult survivors.
- Ensure availability of longer-term therapeutic support where clinically indicated.
- Adapt mental health services to the realities of coercive control, ongoing risk and cumulative trauma.
- Support continuity of care for survivors whose lives are destabilised by abuse.

As a result, survivors may be identified and referred, but still encounter long waits, unsuitable modalities or time-limited interventions that do not support recovery.

3. Equal investment across survivor groups

The Strategy's targeted investment in therapeutic support for victims of child sexual abuse is welcome and important. However, the absence of equivalent commitments for adult survivors of sexual violence or domestic abuse creates a clear inconsistency.

Adult survivors experience:

- High prevalence of PTSD, depression and anxiety.
- Elevated suicide risk.
- Repeated contact with crisis services.
- Significant barriers to accessing appropriate therapy.

The current approach risks reinforcing a system in which early trauma is recognised as requiring specialist psychological support, while adult victimisation is not. Children are also failed by this approach: many adult survivors of domestic abuse and sexual violence are also parents, and many adult survivors were first exposed to violence in childhood.

4. Measurement of the impact of VAWG on survivors' lives

The Strategy's focus on prevalence and system activity risks obscuring whether interventions reduce the impact of VAWG on survivors' lives. Metrics should extend beyond prevalence and throughput to include indicators of mental wellbeing, recovery, safety-related functioning and quality of life. Survivors must be integrally involved in the development and selection of these measures to ensure they reflect outcomes that matter to survivors themselves.

5. Coproduction and survivor leadership

The Strategy references survivor voice at a high level but lacks:

- Clear commitments to survivor co-production.

- Mechanisms for survivor involvement in mental health service design, commissioning or evaluation.
- Recognition of survivor-led expertise.

Co-production is not simply a matter of inclusion; it is fundamental to trauma-informed approaches. Without survivor involvement in the design, commissioning and evaluation of mental health responses, services risk replicating power imbalances and failing to meet survivors' needs.

6. Attention to perpetrator mental health

The Strategy places welcome emphasis on perpetrator accountability and behaviour change as part of its prevention agenda. However, it gives limited attention to the role of perpetrator mental health in shaping risk, escalation, and repeat harm. A comprehensive prevention strategy requires attention to how mental health services identify, manage, and respond to abusive behaviours perpetrated by service users in ways that prioritise survivor safety.

Implications for VAMHN Members

Research

- There is a pressing need to frame VAWG as a mental wellbeing and recovery issue, not only a safety or justice issue.
- Priority gaps include recovery trajectories, suicide prevention, the evaluation of trauma-focused interventions, and the intersection of perpetrator mental health with abuse and engagement with behaviour change interventions.

Practice

- Mental health services remain too often ill-equipped to support survivors beyond crisis and referral or how to respond to abusive behaviour by service users.
- There is limited infrastructure for trauma-informed, survivor-centred, long-term care.

Teaching and training

- The Strategy reinforces the need to educate future clinicians and practitioners about coercive control, trauma, and the mental health impacts of VAWG.

Advocacy

- Implementation of the Strategy presents a critical opportunity to centre mental wellbeing and recovery, if the case is made clearly and persistently.

VAMHN Advocacy Priorities Moving Forward

1. Reframe freedom from VAWG as including mental wellbeing and recovery.
2. Ensure equitable access to trauma-focused psychological therapies for adult survivors.
3. Embed survivor involvement in mental health policy, commissioning and evaluation.

4. Ensure suicide prevention is integral to VAWG responses.

Conclusion

The VAWG Strategy creates important momentum and policy space. However, without explicit action on mental wellbeing and recovery, it risks addressing violence while leaving its most pervasive and deadly consequences untreated. VAMHN members have a critical role to play in shaping research, practice and policy to ensure that freedom from violence and abuse also means the opportunity to recover, rebuild and thrive.

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