

Learning from the voices of wisdom: UNDERSTANDING & EXPLORING THE IMPACTS OF VIOLENCE

Clinicians and researchers working in mental health should understand and explore the impacts of violence beyond mental health diagnoses, including a focus on social, relational and wellbeing impacts, and intersectional analyses.



We conducted a large systematic review of the mental health harms associated with interpersonal violence ([Mantovani et al 2023, Global Prevalence and Mental Health Outcomes of Intimate Partner Violence Among Women: A Systematic Review and Meta-Analysis](#)).

But the review didn't capture what mattered to our Survivor Panel because of a lack of available data.



This infographic outlines the most pressing issues identified by our Survivor Panel and the necessary shifts in research and practice.



It is a call for researchers to conduct the kind of research that matters to survivors, for mental health clinicians to better understand trauma and its impacts, and for all researching and working in mental health to listen to those who have experienced abuse and trauma.

CORE ISSUES

1

Lack of UNDERSTANDING of trauma

- Lack of awareness of cutting-edge developments in trauma research and practice.
- Lack of understanding of how systemic and/or repeated violence and abuse are experienced and how we (support people to) move towards healing.
- Lack of awareness of the work of prominent trauma theorists and researchers.
- Lack of understanding of connections between mind and body and lack of understanding of the embodied experience of trauma and its role in physical conditions.

2

Inappropriate MEASURES

- Medicalised psychological measures do not feel relevant to many trauma survivors.
- Lack of awareness of the breadth of trauma's impacts, including on self-worth, self-awareness, self-belief, parenting, relationships, spirituality, hope, and more.

3

Unavailable, inaccessible, or abusive SERVICES

- Resistance to asking about trauma.
- Medicalised models that do not consider the breadth of trauma impacts.
- Medicalised models that do not address the embodied aspects of trauma.
- No or few appropriate services to signpost people to.
- Negative and enduring impact of personality disorder labels, particularly for female trauma survivors.

SHIFTS FORWARD

1

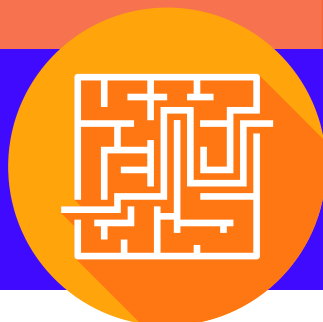
Clinicians & researchers must UNDERSTAND:

- Trauma-specific experiences such as somatisation, dissociation, flashbacks, depersonalisation, numbing and so on.
- The ways in which survivors can be supported to rebuild their identities, recognise their potential, regain joy and move towards healing.
- Intersecting identities can shape how people react to stressors and trauma. In the context of trauma treatment, it is important for clinicians working with trauma survivors to have a deep understanding of the different forms of oppression that people may experience (e.g. systemic racism, structural racism, intersectional oppression), to be able to understand the dynamics of that individual trauma. Making sure that the treatment approaches are adapted and are culturally responsive not only just in terms of culture and race but also at the intersection of these different identities.

2

Clinicians & researchers must CREATE:

- New psychosocial outcome measures that move beyond mental health symptoms and capture trauma-specific understandings (particularly when investigating the impact of violence).
- New measures that capture survivors' strengths and recovery based on our own goals.



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