

ICMJE DISCLOSURE FORM

Date: 1/13/2023

Your Name:

Manuscript Title: Supporting victim-survivors of sexual violence: a co-research study of the role, funding and commissioning of voluntary sector specialist services in England (PROSPER).

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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☐ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 1/13/2023

Your Name: Sarah Damery

Manuscript Title: Supporting victim-survivors of sexual violence: a co-research study of the role, funding and commissioning of voluntary sector specialist services in England (PROSPER).

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Your Name: Kirsten Fruin

Manuscript Title: Supporting victim-survivors of sexual violence: a co-research study of the role, funding and commissioning of voluntary sector specialist services in England (PROSPER).

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Your Name: Dr Clare Gunby

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		A one-off honorarium payment for continued work on the writing of the final report following the end of my fixed-term contract	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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		Board member at Leicester Rape Crisis Centre	

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Your Name: Jenny Harlock

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Please place an "X" next to the following statement to indicate your agreement:

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/13/2023

Your Name: Lucy Hebberts

Manuscript Title: Supporting victim-survivors of sexual violence: a co-research study of the role, funding and commissioning of voluntary sector specialist services in England (PROSPER).

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 1/13/2023

Your Name: Louise Isham

Manuscript Title: Supporting victim-survivors of sexual violence: a co-research study of the role, funding and commissioning of voluntary sector specialist services in England (PROSPER).

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 1/13/2023

Your Name: Anne-Marie Jones

Manuscript Title: Supporting victim-survivors of sexual violence: a co-research study of the role, funding and commissioning of voluntary sector specialist services in England (PROSPER).

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 1/13/2023

Your Name: Fay Maxted OBE

Manuscript Title: Supporting victim-survivors of sexual violence: a co-research study of the role, funding and commissioning of voluntary sector specialist services in England (PROSPER).

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 1/13/2023

Your Name: Amelia Mighty

Manuscript Title: Supporting victim-survivors of sexual violence: a co-research study of the role, funding and commissioning of voluntary sector specialist services in England (PROSPER).

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Amelia Mighty		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

Amelia Mighty		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1516 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 478 1516 579"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 1/13/2023

Your Name: Priti Parmar

Manuscript Title: Supporting victim-survivors of sexual violence: a co-research study of the role, funding and commissioning of voluntary sector specialist services in England (PROSPER).

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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ICMJE DISCLOSURE FORM

Date: 1/13/2023

Your Name: LAURA PATTERSON

Manuscript Title: Supporting victim-survivors of sexual violence: a co-research study of the role, funding and commissioning of voluntary sector specialist services in England (PROSPER).

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 1/13/2023

Your Name: Jason Schaub

Manuscript Title: Supporting victim-survivors of sexual violence: a co-research study of the role, funding and commissioning of voluntary sector specialist services in England (PROSPER).

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 1/13/2023

Your Name: Fee Scott

Manuscript Title: Supporting victim-survivors of sexual violence: a co-research study of the role, funding and commissioning of voluntary sector specialist services in England (PROSPER).

Manuscript Number (if known): [Click or tap here to enter text.](#)

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1516 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 476 1516 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 690 1516 791"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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ICMJE DISCLOSURE FORM

Date: 1/13/2023

Your Name: Harriet Smailes

Manuscript Title: Supporting victim-survivors of sexual violence: a co-research study of the role, funding and commissioning of voluntary sector specialist services in England (PROSPER).

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 1/13/2023

Your Name: debra elisabeth smith

Manuscript Title: Supporting victim-survivors of sexual violence: a co-research study of the role, funding and commissioning of voluntary sector specialist services in England (PROSPER).

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 1/13/2023

Your Name: Julie Taylor

Manuscript Title: Supporting victim-survivors of sexual violence: a co-research study of the role, funding and commissioning of voluntary sector specialist services in England (PROSPER).

Manuscript Number (if known): [Click or tap here to enter text.](#)

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