



University of Wales Trinity Saint David

MSc Public Health and Social Care Practice

Research Dissertation

Title: The Mental Health Outcomes of Intimate Partner Violence Among Women in the United Kingdom: A Systematic Review

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DECLARATION

I, Imtiaz Begum declare that this dissertation has been composed by myself, that the work contained here is entirely my own except where explicitly stated otherwise in the text, and that this work has not been submitted for any other degree or qualification, in whole or in part, except as specified.

Signature: Imtiaz Begum

Date: 7/05/2026

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Abstract

Background: Intimate partner violence (IPV) is a public health issue disproportionately affecting women, with well documented mental health consequences. However, UK specific evidence is dispersed across study designs, limiting synthesis.

Aim: To systematically review UK based primary research examining mental health outcomes associated with IPV among women.

Methods: A systematic review following PRISMA 2020 guidelines. PubMed and Google Scholar were searched (2010–2025). Included studies: peer reviewed, UK based, adult women, IPV exposure, reported mental health outcomes. Quality appraisal used CASP checklists. Thematic synthesis identified key outcomes.

Results: Ten studies met inclusion criteria (8 quantitative, 2 qualitative). Four themes emerged: (1) common mental disorders – IPV survivors had nearly double the risk of depression/anxiety (Chandan et al., 2020), though cross-sectional designs limit causality; (2) trauma/PTSD – IPV was associated with PTSD (OR 3.2 in Jonas et al., 2013), but measurement varied widely; (3) suicidality/self-harm – IPV increased odds of suicide attempts (OR 2.82, McManus et al., 2022) and 26% of female suicide deaths in mental health services had documented domestic violence (Turnbull et al., 2025); (4) long-term trajectories – qualitative studies revealed persistent “continuous traumatic stress” after separation, while quantitative studies identified barriers to help seeking.

Conclusion: IPV is strongly associated with depression, anxiety, PTSD, and suicidality among UK women. Limitations include cross-sectional designs and underreporting of IPV. Recommendations include routine trauma-informed screening in mental health services, mandatory professional training, and integrated care pathways. Prospective longitudinal research is urgently needed to establish causality.

Keywords: intimate partner violence; mental health; women; depression; PTSD; suicidality; United Kingdom; systematic review

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List of Abbreviations

IPV – Intimate Partner Violence

PTSD – Post-Traumatic Stress Disorder

SMI – Serious Mental Illness

NHS – National Health Service

ONS – Office for National Statistics

PRISMA – Preferred Reporting Items for Systematic Reviews and Meta-Analyses

CASP – Critical Appraisal Skills Programme

PEO – Population, Exposure, Outcome

UK – United Kingdom

WHO – World Health Organization

NICE – National Institute for Health and Care Excellence

Research Question

The Mental Health Outcomes of Intimate Partner Violence Among Women in the United Kingdom: A Systematic Review

Chapter 1: Introduction

1.1 Introduction to the Topic

Intimate partner violence (IPV) is widely recognised as a significant public health and human rights concern worldwide. It is defined as behaviour within an intimate relationship that causes physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, emotional abuse, and controlling behaviours (WHO, 2013). Public health agencies such as the Centers for Disease Control and Prevention (CDC, 2024) further emphasise that IPV involves sustained patterns of coercion and control that may occur across diverse populations, although women are disproportionately affected.

Mental health outcomes refer to psychological wellbeing and clinically recognised psychiatric conditions that influence emotional, cognitive, and behavioural functioning (Mental Health Foundation, 2015). A substantial body of research demonstrates that exposure to IPV is associated with elevated risks of depression, anxiety, post-traumatic stress disorder (PTSD), suicidality, and other forms of psychological distress (Postmus et al., 2009).

This dissertation focuses specifically on the mental health outcomes of IPV among women in the United Kingdom. Given the prevalence of IPV and the severity of its psychological consequences, a focused examination of UK-based evidence is necessary to inform public health understanding, service provision, and policy development.

1.2 Background and Current Context

At a global level, IPV continues to represent a major public health challenge. International estimates indicate that approximately one in three women worldwide experience physical and/or sexual violence in their lifetime, most commonly perpetrated by an intimate partner (WHO, 2013). Beyond immediate physical injury, IPV is associated with longer-term health consequences, including chronic illness, reproductive health complications, and sustained psychological harm (Devries et al., 2013). The scale and persistence of IPV demonstrate that it is not an isolated phenomenon but a systemic issue requiring coordinated public health responses.

Within the United Kingdom, domestic abuse remains prevalent. Data from the Crime Survey for England and Wales estimate that 2.1 million adults aged 16 years and over experienced domestic abuse in the year ending March 2023. Of these, approximately 1.4 million were women and 751,000 were men, indicating that women continue to be disproportionately affected (ONS, 2023). These figures reinforce the continuing scale of abuse within the UK and the need for sustained public health attention.

IPV is also gendered in its most severe manifestations. Although men can experience partner violence, women are more likely to endure repeated abuse, coercive control, and fatal outcomes (WHO, 2013). International evidence shows that women constitute the majority of victims of intimate partner homicide across high-income countries. In the United Kingdom, approximately 79% of intimate partner homicide victims in 2023 were women (Our World in Data, 2024; UNODC, 2025). As illustrated in Figure 1, this pattern demonstrates the disproportionate burden of severe violence experienced by women across comparable nations.

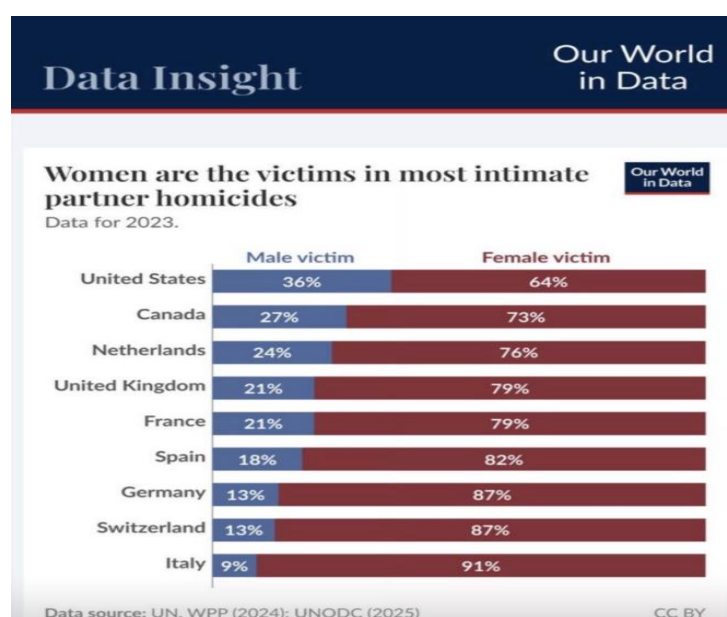


Figure 1: (chapter 1) Gender distribution of intimate partner homicide victims across selected OECD countries, 2023. Source: Our World in Data (2024); UNODC (2025).

Beyond fatal outcomes and economic costs, IPV is strongly linked to adverse mental health consequences. Women exposed to IPV report significantly higher rates of depression, anxiety,

post-traumatic stress disorder (PTSD), and suicidality compared to women without such experiences (WHO, 2013; Devries et al., 2013). These psychological effects may persist long after the abusive relationship has ended and can substantially impair daily functioning and overall wellbeing.

National statistics further indicate that suicide remains a serious public health concern in England and Wales, with 6,069 suicides registered in 2023 (ONS, 2024). Although suicide is multifactorial in origin, exposure to violence, trauma, and chronic psychological distress are recognised risk factors. The mental health burden associated with IPV therefore extends beyond individual suffering and contributes to wider social and health inequalities.

The UK policy landscape reflects growing recognition of the seriousness of domestic abuse. The Domestic Abuse Act 2021 strengthened the legal definition of abuse and formally recognised coercive and controlling behaviour as central components of domestic violence (UK Government, 2021). The legislation emphasises multi-agency responsibility and enhanced protection for victims. Nevertheless, challenges remain in ensuring timely identification of abuse, access to specialist mental health services, and coordinated care pathways for survivors (NICE, 2014; NHS England, 2019).

Healthcare professionals, particularly in primary care and mental health settings, are frequently frontline responders for women experiencing IPV. Early identification, trauma-informed care, and integrated support are essential in reducing long-term psychological harm. However, under-disclosure, stigma, and inconsistent screening practices may limit effective intervention. Strengthening the UK evidence base is therefore necessary to inform service development and improve public health strategies (NHS England, 2019).

IPV is increasingly recognised not solely as a criminal justice issue but as a complex public health challenge. Public health approaches emphasise prevention, early identification, and population-level interventions aimed at reducing risk and mitigating long-term harm (WHO, 2013). IPV intersects with wider social determinants of health, including poverty, housing instability, migration status, and pre-existing mental health vulnerabilities (Devries et al., 2013). As a result, women experiencing socioeconomic disadvantage may face compounded barriers to support, contributing to widening health inequalities within the United Kingdom (Home Office, 2019).

The cumulative psychological impact of sustained abuse is particularly concerning. Prolonged exposure to coercive control, fear, and emotional manipulation may trigger chronic stress responses and persistent trauma-related symptoms (Howard, 2010).

Over time, these effects can influence employment stability, parenting capacity, and social participation, generating intergenerational and community-level consequences. Longitudinal research suggests that mental health difficulties may persist for years after abuse has ended (Chandan et al., 2020), highlighting the need for sustained service provision and long-term recovery support. However, this finding is based on primary care records, which only capture abuse when disclosed to a clinician, therefore, the true prevalence of IPV and its associated mental health consequences may be underestimated.

From a healthcare perspective, IPV frequently presents within primary care, emergency departments, maternity services, and mental health settings (NICE, 2014). However, disclosure is often delayed due to stigma, fear of retaliation, or lack of trust in services. Inconsistent screening practices and limited specialist referral pathways may result in missed opportunities for early intervention (NHS England, 2019). Strengthening trauma-informed practice and integrated service models is therefore central to reducing long-term psychological harm.

Given the persistent prevalence, gendered severity, and substantial psychological burden associated with IPV, focused examination of mental health outcomes within the United Kingdom remains essential. Understanding the scope, consistency, and trajectory of these outcomes is critical for informing public health planning and improving survivor-centred services.

1.3 Rationale for Research

Although considerable research has examined the relationship between intimate partner violence (IPV) and mental health, the existing evidence remains fragmented across study designs, populations, and outcome measures (Devries et al., 2013; Chandan et al., 2020). Much of the literature combines international findings, limiting understanding of how mental health consequences present within the United Kingdom context. UK-based primary studies vary in their methodological approaches, diagnostic definitions, and length of follow-up, making it difficult to draw consistent conclusions regarding the strength and persistence of outcomes such as depression, anxiety, post-traumatic stress disorder (PTSD), suicidality, and, in some cases, serious mental illness. Furthermore, while broader emotional and behavioural consequences are recognised in the wider literature, these are less consistently measured in UK primary research. A systematic synthesis of UK evidence is therefore required. This review

seeks to critically appraise and integrate UK-based primary studies to provide a clearer understanding of the mental health impact of IPV among women.

1.4 Research Question

“What Are the Mental Health Outcomes of Intimate Partner Violence Among Women in the United Kingdom? A Systematic Review.

1.5 Research Aim

The aim of this study is to systematically examine UK-based primary research on the mental health outcomes of intimate partner violence among women.

1.6 Research Objectives

- To identify and analyse published UK primary research examining mental health outcomes among women affected by intimate partner violence (IPV).
- To categorise and compare commonly reported mental health outcomes, including depression, anxiety, post-traumatic stress disorder (PTSD), self-harm, suicidality, and serious mental illness.
- To critically synthesise findings across studies to identify patterns, methodological differences, and variations in reported outcomes.
- To outline implications for safeguarding, prevention, mental health services, and future research within the UK context.

1.7 Chapter Summary

This chapter introduced the topic of intimate partner violence (IPV) as a significant public health concern and outlined the background, rationale, research question, aim, and objectives guiding this systematic review. It highlighted the importance of examining UK-based evidence to better understand the mental health outcomes associated with IPV among women.

The following chapter presents a critical review of existing literature relating to intimate partner violence and associated mental health outcomes, providing the theoretical and empirical foundation for this systematic review.

CHAPTER 2: Literature review

2.1 Introduction to the Literature Review

Intimate partner violence (IPV) is a major public health issue that disproportionately affects women and is strongly associated with adverse mental health outcomes. IPV includes physical, sexual, and psychological abuse, including coercive control such as intimidation, isolation, and restriction of autonomy (Dillon et al., 2013). These behaviours are increasingly recognised as central features of abuse and are linked to sustained psychological harm due to their cumulative nature (Jonas et al., 2013).

Global evidence identifies IPV as a contributor to depression, anxiety, post-traumatic stress disorder (PTSD), and suicidality among women (WHO, 2013). Systematic reviews consistently demonstrate increased risk of mental disorders following IPV exposure (Trevillion et al., 2012; Devries et al., 2013; Sardinha et al., 2022). Within the UK, population-based research similarly reports elevated rates of depression, anxiety, and serious mental illness among female survivors (Chandan et al., 2020).

This chapter critically examines the literature on IPV and women's mental health within the UK context, analysing methodological differences and identifying gaps in the evidence base. In doing so, it directly addresses the research question by exploring what is currently known about the mental health outcomes of IPV among women in the United Kingdom and highlighting areas requiring systematic synthesis.

2.2 Intimate Partner Violence and Women's Mental Health

Intimate partner violence is recognised by the World Health Organisation as behaviour within an intimate relationship that causes physical, psychological, or sexual harm, including coercive control and emotional abuse (WHO, 2013). Women are disproportionately affected both globally and within the United Kingdom, reflecting structural inequalities and gendered power imbalances that increase vulnerability to abuse (Braveman and Gottlieb, 2014). Consequently, IPV is recognised not only as a criminal justice issue but also as a significant public health concern (Heise et al., 2002; Garcia-Moreno et al., 2015).

A substantial body of research demonstrates a strong association between IPV and adverse mental health outcomes among women. Exposure to IPV has been linked to an increased risk of common mental disorders, including depression and anxiety, as well as more complex conditions such as PTSD and suicidality (Devries et al., 2013; Trevillion et al., 2012). These consequences often persist beyond the period of abuse, contributing to long-term psychological distress and increased healthcare utilisation (Bonomi et al., 2007).

However, important limitations remain within the existing evidence base. Many studies rely on cross-sectional designs and self-reported measures, which restrict causal inference and may underestimate the true prevalence of abuse due to under-reporting (WHO, 2021; Devries et al., 2013). In addition, variation in how IPV and mental health outcomes are defined and measured reduces comparability across studies (Turnbull et al., 2025). These methodological differences make it difficult to determine the strength, consistency, and long-term trajectory of mental health outcomes among women exposed to IPV in the UK. Addressing these limitations is central to the research question and supports the need for a systematic synthesis of UK-based primary evidence.

2.3 Depression and Anxiety

Depression and anxiety are among the most consistently reported mental health outcomes associated with IPV. Across UK-based research, these disorders repeatedly emerge as common consequences of sustained abuse. Women affected by IPV frequently report persistent low mood, fear, and chronic worry, with symptoms often continuing after the abusive relationship has ended (Hegarty et al., 2020). From a trauma-informed perspective, these difficulties may reflect prolonged exposure to threat and chronic stress, which can disrupt emotional regulation and coping capacity (Coker et al., 2002).

Both population surveys and healthcare-based studies report elevated rates of depression and anxiety among women exposed to IPV; however, prevalence estimates vary depending on data source and measurement tools. Survey based research (McManus et al., 2022) reports higher symptom rates than primary care record studies (Chandan et al., 2020), which may reflect under recording of IPV in clinical settings.

Longitudinal research provides stronger evidence regarding temporal relationships. UK primary care record studies have shown increased risk of new onset and recurrent depression, anxiety, and serious mental illness among female survivors, even after adjusting for socioeconomic and demographic factors (Chandan et al., 2020). While clinical data strengthen reliability, under disclosure may result in underestimation of abuse. In contrast, self-reported surveys may be influenced by recall bias or differences in symptom interpretation. These methodological differences make direct comparison challenging and complicate efforts to determine the true burden of common mental disorders among women in the UK.

Qualitative research further illustrates the lived experience behind these findings, identifying ongoing anxiety and depressive symptoms linked to coercive control and isolation (Gregory et al., 2017). Intervention research also supports this association. Randomised controlled trial follow-up studies have reported improvements in depressive symptoms among women receiving primary care counselling support (Hegarty et al., 2020). Although randomised designs strengthen causal interpretation, participants engaged in intervention studies may differ from women who do not access services.

Overall, the evidence indicates a consistent association between IPV and depression and anxiety within the UK context. However, variation in design, measurement, and follow-up limits clarity regarding severity and long-term trajectories. Addressing these inconsistencies is central to answering the research question.

2.4 PTSD and Trauma-Related Disorders

PTSD and trauma related symptoms are widely recognised consequences of IPV among women. Unlike single-incident trauma, IPV often involves repeated exposure to fear and coercion within an ongoing relationship (Ellsberg et al., 2008). This chronic and relational nature of abuse increases vulnerability to persistent trauma responses, including intrusive memories, hyper-vigilance, avoidance behaviours, and emotional numbing (Birkley, Eckhardt and Dykstra, 2016). From a trauma-informed perspective, prolonged exposure to interpersonal threat may dysregulate stress-response systems and contribute to enduring psychological harm (Home Office, 2023).

UK-based survey research provides evidence of an association between IPV and PTSD symptoms, with higher rates of PTSD, depression, and anxiety reported among women attending healthcare services with histories of domestic abuse (Ferrari et al., 2016). Analyses of the English Adult Psychiatric Morbidity Survey have also identified associations between IPV exposure and a range of psychiatric disorders, including PTSD (Jonas et al., 2013). These findings are strengthened by large and representative samples.

However, the existing studies rely on cross-sectional designs, limiting causal inference and preventing conclusions about symptom development over time. PTSD is often assessed using screening instruments rather than diagnostic interviews, which may influence prevalence estimates. Differences in sampling frameworks also affect comparability. Furthermore, there remains limited UK-based longitudinal research examining whether PTSD symptoms persist, improve, or worsen following IPV exposure, restricting understanding of long-term mental health outcomes. Although international meta-analyses support elevated PTSD risk following IPV, they offer limited insight into UK-specific service contexts (Vu et al., 2021; White et al., 2024).

Taken together, the literature supports an association between IPV and PTSD among women in the UK. However, methodological variation and limited longitudinal data create uncertainty regarding persistence and recovery trajectories. Clarifying these patterns is essential to addressing the research question.

2.5 Suicidality, Self-Harm and Severe Mental health outcomes

Suicidality, self-harm, and serious mental illness (SMI) are among the most severe mental health consequences associated with IPV among women (Howard et al., 2010). These outcomes reflect the cumulative psychological impact of ongoing abuse, fear, and coercive control. Repeated exposure to violence may contribute to hopelessness, entrapment, and emotional distress, which are strongly linked to suicidal thoughts and behaviours (Torrioni et al., 2025).

Suicide remains a significant public health concern among women in England and Wales. In 2023, 6,069 suicides were registered, with female suicide rates reaching their highest level in recent decades (Office for National Statistics, 2024). Although these figures are multifactorial, they underscore the importance of examining contributory risk factors such as IPV within the UK context.

Population based research from England provides strong evidence of this association. Nationally representative probability surveys have identified significantly higher rates of suicidal ideation, attempts, and self-harm among women exposed to IPV, even after adjusting for sociodemographic factors (McManus et al., 2022). Large samples strengthen reliability; however, reliance on self-reported measures introduces potential recall bias and under-reporting.

Evidence from clinical populations further highlights severity. National observational studies of women under UK mental health services have found that a substantial proportion of women who died by suicide had experienced domestic violence (Turnbull et al., 2025). While this provides insight into high-risk groups, incomplete documentation of IPV and restriction to service users may underestimate exposure and limit generalisability.

Together, these findings demonstrate a concerning association between IPV and suicidality across both community and clinical settings in the UK. However, variation in study design, outcome definitions (e.g., ideation versus completed suicide), data sources, and follow-up periods limits clarity regarding the magnitude and trajectory of suicide risk. Greater integration of community and clinical evidence is therefore required to inform suicide prevention and trauma-informed mental health responses for women exposed to IPV.

2.6 Long-Term Mental Health Trajectories, Help-Seeking and Treatment Response

Beyond the immediate presentation of diagnosable mental health disorders, several UK-based studies highlight the longer-term trajectory of psychological harm following IPV. Longitudinal research suggests that mental health consequences may persist well beyond the period of abuse. Cohort studies in England have identified adverse mental health trajectories over extended follow-up, indicating that exposure to violence can have enduring effects (Fadeeva et al., 2025). Similarly, associations between IPV exposure and mid-life depression and trauma related symptoms have been reported, suggesting that psychological harm may accumulate across the life course. However, while cohort designs strengthen temporal understanding, observational methods limit causal inference and may not fully account for confounding variables.

Quantitative evidence also highlights the cumulative burden associated with exposure to multiple forms of IPV. Nationally representative data from England show that women exposed to multiple types of abuse are more likely to report a higher number of adverse health outcomes (Hashemi et al., 2025). Although such studies primarily examine broader health conditions, the findings suggest that repeated or overlapping forms of violence may contribute to sustained psychological vulnerability over time. However, cross-sectional designs limit the ability to determine how these outcomes evolve longitudinally or to establish causal relationships between IPV exposure and long-term mental health trajectories.

Qualitative studies provide additional depth by exploring survivors lived experiences of recovery and support. Findings indicate that separation from an abusive partner does not necessarily result in psychological resolution, with many women describing ongoing trauma responses and persistent distress (Hulley et al., 2023). Other qualitative research has highlighted barriers to accessing appropriate mental health services and emphasised the importance of trauma-informed care (Webb et al., 2025). While qualitative designs cannot

establish prevalence or generalisability, they offer valuable insight into how recovery is shaped by service accessibility and ongoing psychosocial stressors.

Intervention evidence further contributes to understanding treatment response. Longer-term follow-up of randomised controlled trials has examined the impact of primary care counselling for IPV-exposed women. Although improvements in depressive symptoms are observed, recovery may be gradual and influenced by broader contextual factors beyond short-term intervention (Hegarty et al., 2020). Randomised designs enhance causal interpretation; however, participants engaged in trial settings may differ from women who do not access formal support.

Taken together, these studies indicate that mental health outcomes following IPV are not limited to initial diagnosis but may involve prolonged trajectories of distress, partial recovery, or continued vulnerability. The integration of longitudinal, cross-sectional, and qualitative evidence highlights both the persistence of psychological harm and the complexity of recovery processes. However, variation in study design, follow-up duration, and outcome measurement limits clarity regarding the consistency and magnitude of long-term effects. Addressing these gaps is central to answering the research question, as understanding not only the type but also the persistence and recovery of mental health outcomes is essential to fully capturing the impact of IPV among women in the United Kingdom.

2.7 Chapter Summary

This chapter has critically reviewed and synthesised the existing literature examining the relationship between intimate partner violence (IPV) and women's mental health outcomes. The evidence consistently demonstrates that IPV is associated with a wide range of psychological consequences, including depression, anxiety, PTSD, suicidality, self-harm, and serious mental illness. Qualitative research further illustrates the multifaceted and enduring nature of IPV-related harm.

Although findings across studies indicate a strong association between IPV and adverse mental health outcomes, important methodological limitations remain. Many studies rely on cross-sectional designs and self-reported measures, limiting causal inference and potentially underestimating the prevalence and severity of abuse. Variation in definitions, outcome measures, and study populations further reduces comparability within the UK evidence base.

While international research provides valuable insight, there remains no consolidated UK-focused evaluation that integrates common mental disorders, trauma related conditions, suicidality, and long-term mental health trajectories within a single critical framework. Existing studies often examine specific outcomes in isolation, limiting understanding of how these consequences intersect and evolve over time. This absence of an integrated synthesis restricts the development of coherent, evidence informed mental health responses for women exposed to IPV in the United Kingdom. Accordingly, a systematic review is required to critically appraise and synthesise UK primary evidence in order to clarify the full spectrum and persistence of mental health outcomes associated with IPV.

CHAPTER 3: METHODOLOGY

3.1 Introduction to the Chapter

This chapter explains how the research was conducted. It describes the systematic literature review (SLR) design, the search strategy, and how the Population–Exposure–Outcome (PEO) framework was used to structure the search process. The chapter also outlines the databases that were searched, the keywords and search terms that were applied, and the inclusion and exclusion criteria used to select relevant studies. In addition, it explains how studies were screened and how the PRISMA 2020 flow diagram was used to report the search and selection process. The PRISMA framework supports transparency in systematic reviews by clearly documenting each stage of the study identification, screening, eligibility, and inclusion process.

A systematic literature review was selected as the most appropriate methodology because it enables the structured identification, evaluation, and synthesis of existing research examining the mental health outcomes of intimate partner violence among women. Systematic reviews are widely recognised as a rigorous method for synthesising existing evidence because they follow transparent and reproducible procedures designed to minimise bias in the identification and selection of studies. By focusing on UK-based studies, the review sought to ensure that the included evidence reflected the healthcare context, policy frameworks, and support services relevant to the United Kingdom. Restricting the review to UK-based studies also enhances the relevance of the findings for national healthcare policy, service provision, and public health practice. Overall, the purpose of this chapter is to demonstrate that the review

followed a transparent, systematic, and rigorous process appropriate for answering the research question.

3.2 Systematic Literature Review Design

A systematic literature review (SLR) is a structured and transparent approach to identifying, evaluating, and synthesising research evidence to answer a clearly defined question (Aromataris & Munn, 2020). Unlike traditional narrative reviews, SLRs follow clear steps, including database searching, applying eligibility criteria, screening studies, and assessing methodological quality. This reduces bias, increases reproducibility, and improves confidence in the findings (Booth, Sutton & Papaioannou, 2016).

An SLR was selected for this dissertation because it is suitable for summarising current evidence on the mental health outcomes of intimate partner violence (IPV) among women in the UK. SLRs are commonly used in health and social care research to inform evidence-based practice, public health interventions, and policy development (Aromataris & Munn, 2020). The PRISMA 2020 reporting structure will later be used to present how studies were identified, screened, excluded, and selected (Page et al., 2021).

In designing this systematic literature review, the selection of databases was guided by the nature of the research question, which focuses on the mental health outcomes of intimate partner violence among women in the United Kingdom. PubMed was chosen as the primary database because it provides extensive coverage of biomedical, psychiatric, and public health literature, making it particularly suitable for identifying research relating to mental health outcomes such as depression, anxiety, suicidality, and serious mental illness. The use of Medical Subject Headings (MeSH) within PubMed further supports a structured and systematic search of complex concepts relevant to this topic.

3.3 Search Strategy

This section outlines how the literature search was conducted to identify relevant studies for inclusion in the review. A systematic and structured search strategy was developed to ensure that the process was transparent, reproducible, and aligned with the research question

examining the mental health outcomes of intimate partner violence (IPV) among women in the United Kingdom (Aromataris and Munn, 2020).

The search strategy was informed by established guidance for systematic reviews and involved the identification of appropriate databases, the use of predefined keywords and search terms, and the application of Boolean operators to combine concepts effectively (Booth, Sutton, and Papaioannou, 2016). Searches were designed to maximise sensitivity while maintaining relevance, allowing a comprehensive range of potentially eligible studies to be identified for screening.

To support consistency and clarity in the search process, the Population–Exposure–Outcome (PEO) framework was used to structure the development of search terms, as it is particularly appropriate for exposure-based review questions (Bettany-Saltikov and McSherry, 2016). The application of the PEO framework and the specific keywords and search terms used are described in detail in Section 3.4.

3.4 Search Terms and PEO Framework

Search terms are keywords used to retrieve relevant journal articles from electronic databases. Well-developed search terms improve the search process by ensuring that relevant studies are captured and reducing the number of irrelevant results (Bramer et al., 2018). For this review, keywords, synonyms, and spelling variations were identified based on the research question. Boolean operators (AND, OR), phrase searching (""), and truncation (e.g., suicid) were used to broaden or narrow the search as appropriate.

The Population–Exposure–Outcome (PEO) framework was used to guide the development of search terms because it is specifically suitable for observational and exposure-focused research questions, particularly those involving risk factors and health outcomes (Bettany-Saltikov & McSherry, 2016). This made it appropriate for the research question, which focuses on the relationship between exposure to intimate partner violence (IPV) and mental health outcomes among adult women in the UK. The PEO framework breaks the question into three searchable components: Population (P), Exposure (E), and Outcomes (O). Table 1 shows how the PEO framework was applied in this review.

Figure 2. PEO framework

PEO Element	Definition
Population (P).	Adult women (≥ 18 years) living in the United Kingdom
Exposure (E)	Intimate partner violence/domestic abuse, including physical, sexual, emotional, psychological abuse and coercive control
Outcomes (O).	Depression, anxiety, PTSD, suicidality, trauma symptoms, serious mental illness, psychiatric disorders

Figure 2 illustrates how the research question was broken down into three searchable components: Population (adult women in the UK), Exposure (intimate partner violence), and Outcomes (mental health conditions such as depression, anxiety, PTSD and suicidality). This framework guided the development of search terms and ensured the review question was addressed systematically.

keyword groups include:

After identifying the PEO elements, keyword groups were developed to capture a broad range of relevant literature. This included the use of synonyms, spelling variations (e.g., “woman” and “women”), and related concepts to ensure comprehensive retrieval of studies. The use of multiple synonymous terms is important, as authors may describe similar concepts using different terminology, and omitting these may result in relevant studies being missed (Booth, Sutton & Papaioannou, 2016).

The keyword groups used in this review were as follows:

- Population terms included woman, women, and female.
- Exposure terms included “intimate partner violence”, “domestic violence,” “domestic abuse,” and “partner abuse.”
- Outcome terms included depression, anxiety, PTSD, “mental health,” suicid and “self-harm.”
- Location terms included “United Kingdom,” UK, England, Scotland, Wales, and “Northern Ireland.”

Boolean operators were applied to combine search terms within and across the PEO components. The operator OR was used to combine synonyms within each concept, while AND was used to combine the different PEO elements. For example:

(woman OR women OR female) AND (“intimate partner violence” OR “domestic abuse”) AND (depression OR anxiety OR PTSD OR suicid OR “mental health”) AND (“United Kingdom” OR UK).

Phrase searching using quotation marks ensured that multi-word concepts such as “intimate partner violence” were searched as exact phrases rather than as individual words. Truncation (e.g., suicid) was used to capture variations such as suicide, suicidal, and suicidality.

In PubMed, Medical Subject Headings (MeSH) were used alongside free-text terms to enhance search precision. MeSH terms such as Domestic Violence and Depression enabled the retrieval of studies indexed under standardised subject headings, even when author keywords varied. This approach reduced the risk of missing eligible studies due to inconsistent terminology and strengthened the overall sensitivity of the search strategy (Bramer et al., 2018).

3.5 Keywords

Keywords are short terms or phrases that describe the key topics of a study. They are often provided by authors and are used by databases for indexing and filtering purposes. Using relevant keywords improves the search process and increases the likelihood of retrieving appropriate studies (Bramer et al., 2018). The keywords used in this review were based on the PEO framework and focused on IPV exposure, mental health outcomes, adult women, and the UK context.

3.6 Databases

Although systematic reviews ideally search multiple databases (e.g., PsycINFO, CINAHL, Scopus) to maximise coverage, PubMed was selected as the sole primary database for this review because it offers the most comprehensive coverage of biomedical, psychiatric, and public health literature relevant to the research question examining mental health outcomes of IPV. PubMed indexes over 30 million citations and includes the full MEDLINE database, which is the leading source for UK health research. Preliminary scoping searches in PsycINFO and Scopus identified substantial overlap with PubMed results for the specific search terms used (e.g., “intimate partner violence,” “depression,” “PTSD,” “United Kingdom”). Given the resource constraints of an MSc dissertation, a focused search strategy using the most relevant database was deemed appropriate, with Google Scholar used as a supplementary source to capture any studies not indexed in PubMed. This approach is consistent with guidance that a well justified, transparent search strategy can be acceptable for systematic reviews in postgraduate dissertations (Booth, Sutton & Papaioannou, 2016). A limitation acknowledged is that relevant studies indexed only in databases not searched (e.g., CINAHL for nursing research, PsycINFO for psychological interventions) may have been missed. PubMed is

widely recommended for health-related systematic reviews and provides access to high-quality, peer-reviewed literature relevant to clinical and population health topics (Bramer et al., 2018).

Preliminary scoping searches were also undertaken using other databases, including Scopus and PsycINFO, to assess the breadth of available literature. However, PubMed produced a higher number of relevant UK-based primary studies that directly addressed the research question. This justified its selection as the principal database for the systematic search.

In addition, Google Scholar was used as a supplementary search tool to identify any relevant studies that may not have been indexed within PubMed. Although systematic reviews commonly recommend searching multiple databases, the focused use of PubMed alongside supplementary Google Scholar searching was considered appropriate given the specificity of the research question and the strong representation of UK-based health, psychiatric and public health research within PubMed. This approach maintained methodological transparency and feasibility while reducing the likelihood of missing relevant studies (Booth, Sutton, and Papaioannou, 2016).

3.7 Inclusion and Exclusion Criteria

Inclusion and exclusion criteria were developed a priori to ensure transparency, consistency, and relevance during the screening process. Establishing these criteria before study selection reduced the risk of selection bias and ensured that included studies directly addressed the research question.

Inclusion criteria

Studies were included if they met the following criteria:

- **Peer-reviewed empirical research**
Only empirical studies were included to ensure that findings were based on systematically collected and analysed data, thereby strengthening the validity and reliability of the evidence base.
- **Women aged 18 years and over with experiences of intimate partner violence**
The review focused on adult women, as they represent a population

disproportionately affected by IPV and experience distinct mental health consequences compared to men or children.

- **Reported mental health outcomes**

Studies were required to report mental health outcomes, such as depression, anxiety, suicidality, post-traumatic stress disorder, or serious mental illness, to ensure direct relevance to the research question.

- **Conducted in the United Kingdom**

Limiting studies to the UK enhanced contextual relevance, as healthcare systems, mental health service provision, and domestic abuse legislation differ internationally. This ensured findings were applicable to UK policy and practice contexts.

- **Published in English**

Only English-language studies were included due to resource constraints and to ensure accurate interpretation of findings.

- **Published between 2010 and 2025**

This time frame was selected to capture contemporary evidence reflecting current mental health practice, service delivery, and policy developments, including recent UK domestic abuse legislation.

Exclusion criteria

Studies were excluded if they met any of the following criteria:

- **Not empirical in nature (e.g., opinion pieces or editorials)**

non-empirical publications were excluded as they do not provide primary data suitable for systematic synthesis.

- **Focused exclusively on men or children**

Studies that did not include adult women were excluded to maintain consistency with the review's population focus.

- **Did not involve intimate partner violence or domestic abuse**

Studies addressing other forms of violence without an IPV component were excluded to ensure conceptual clarity.

- **Not UK-based**

International studies were excluded to avoid contextual differences in healthcare systems and legal frameworks that could limit applicability.

- **Published before 2010**

Older studies were excluded to ensure that the review reflected current evidence and practice.

- **Not peer-reviewed (e.g., dissertations or conference abstracts)**

Grey literature was excluded to ensure consistency in methodological quality and to include only studies that had undergone formal peer review.

3.8 Search Results

A systematic search was conducted using PubMed as the primary database, applying a predefined search strategy that combined terms relating to intimate partner violence and mental health outcomes using Boolean operators. Preliminary scoping searches were also undertaken using other databases (e.g., Scopus/ PsycINFO/ CINAHL) to assess the breadth of available literature; however, PubMed yielded the most relevant UK-based primary studies aligned with the review question and was therefore used for the formal systematic search.

The initial PubMed search identified **3,446 records**, which were exported into a reference management system where duplicate records were identified and removed. Titles and abstracts were screened against predefined inclusion and exclusion criteria, with studies excluded if they did not focus on intimate partner violence, did not report mental health outcomes, were conducted outside the United Kingdom, or did not meet the required study design.

Full-text screening was subsequently undertaken for studies deemed potentially eligible. Articles were excluded at this stage where the population, outcomes, or methodology did not align with the review question. Following full-text assessment, **nine studies** met the inclusion criteria and were included from PubMed.

To ensure comprehensive coverage of the evidence base, supplementary searching was undertaken using Google Scholar, which identified **one additional eligible study**. In total, **ten studies** were included in the final synthesis.

Study Selection and PRISMA Flow Diagram

The study selection process is illustrated using a PRISMA 2020 flow diagram (Figure 1) (Page et al., 2021), which demonstrates the identification, screening, eligibility, and inclusion stages of the review. The initial database search generated a large number of records due to the broad nature of key search terms such as *violence*, *abuse*, and *mental health*, which captured literature relating to multiple populations, including men, children, older adults, and non-intimate forms of violence. This is a common and expected outcome during the identification phase of systematic reviews, where sensitivity is prioritised to minimise the risk of missing relevant studies.

To improve specificity and ensure alignment with the research question, the search strategy was refined through the use of Boolean operators and keyword combinations. Terms relating specifically to *intimate partner violence*, *women*, *mental health outcomes*, and *UK settings* were combined using Boolean logic (AND/OR), enabling irrelevant literature to be systematically excluded during the screening process. Titles and abstracts were then screened against predefined inclusion and exclusion criteria, resulting in a substantial reduction in records and the identification of studies directly relevant to the review. This staged approach ensured a transparent, reproducible, and methodologically rigorous study selection process.

Figure 3. (Chapter 3) PRISMA 2020 flow diagram illustrating the study selection process.

Stage	Description	Number (n)
Identification	Records identified from database searching (PubMed)	3,446
Records identified from other sources (Google Scholar)	1	
Total records identified	3,447	
Screening (pre-screening)	Records removed before screening (duplicates and clearly irrelevant records)	247
Screening	Records screened (title and abstract)	3,200
Records excluded after title and abstract screening	3,175	
Eligibility	Full-text articles assessed for eligibility	25
Full-text articles excluded	15	
• Not UK-based	6	
• Did not report mental health outcomes	4	
• Inappropriate study design	2	
• Population did not meet inclusion criteria (e.g. non-UK or non-female samples)	3	
Included	Studies included in the final review	10

Figure 3 presents the PRISMA 2020 flow diagram, which documents the number of records identified, screened, assessed for eligibility, and included in the final review. The diagram provides a transparent account of the study selection process, showing that ten studies met the inclusion criteria after applying the predefined eligibility criteria.

3.9 Ethical Considerations

Ethics in research refers to the principles of integrity, respect, and responsibility when conducting and reporting research (Aromataris and Munn, 2020). As this study is a systematic literature review, no primary data were collected and therefore formal ethical approval was not required, in line with guidance for secondary research using publicly available data (Health Research Authority, 2023).

Ethical considerations were addressed by including only peer-reviewed studies that had received appropriate ethical approval prior to publication. Care was taken to accurately represent the findings of included studies and avoid selective reporting or misinterpretation, which is essential for maintaining transparency and trustworthiness in systematic reviews (Booth, Sutton, and Papaioannou, 2016). In addition, efforts were made to minimise researcher bias through objective screening and careful interpretation of the evidence, ensuring that conclusions were grounded in the findings of the included studies rather than subjective interpretation.

Given the sensitive nature of intimate partner violence and mental health, findings were reported respectfully and without stigmatisation, ensuring that survivors' experiences were not sensationalised or misrepresented (World Health Organisation, 2016). All sources were appropriately acknowledged and cited to uphold academic integrity, maintain transparency in reporting, and reduce the risk of plagiarism or research misconduct (Bettany-Saltikov and McSherry, 2016).

Potential Biases and Limitations of the Review

As with all systematic reviews, potential methodological biases must be acknowledged when interpreting findings (Booth, Sutton, and Papaioannou, 2016). Publication bias may occur because studies reporting statistically significant or positive findings are more likely to be published than studies reporting non-significant results. As this review included only peer-

reviewed journal articles, there is a possibility that relevant unpublished studies were not captured.

Language bias may also have been introduced as the review included only studies published in English. While this decision ensured accurate interpretation of findings, it may have excluded relevant research published in other languages. Database bias is another potential limitation, as relevant studies may not have been indexed within the selected databases. To minimise this risk, multiple academic databases were searched using structured search strategies and predefined keywords.

Finally, selection bias may occur during the screening process when determining study eligibility. This was mitigated through the use of predefined inclusion and exclusion criteria and a structured screening process guided by the PRISMA framework.

3.10 Chapter Summary

This chapter outlined the methodological approach adopted for this systematic review, including the search strategy, eligibility criteria, screening process, and ethical considerations. The PRISMA flow diagram was used to transparently demonstrate how studies were identified, screened, and selected, resulting in the inclusion of 10 studies in the final review. By establishing a rigorous and systematic approach to study selection, this chapter provides a clear foundation for the analysis. The following chapter (Chapter 4) will present the results of the review, synthesising the findings from the included studies and exploring the key mental health outcomes associated with intimate partner violence among women in the United Kingdom.

Chapter 4: Data Extraction and Evaluation

4.1 Introduction to Chapter

This chapter presents the data extraction and evaluation of the studies included in this systematic review. It outlines the key characteristics of the selected UK-based primary research examining the mental health outcomes of intimate partner violence among women. The chapter describes the systematic process used to extract relevant data and explains the

approach taken to critically appraise methodological quality. Both qualitative and quantitative studies are evaluated using appropriate appraisal tools. This structured assessment enables consideration of the reliability, validity, and overall strength of the evidence prior to presentation of the thematic findings in the following chapter.

4.2 Data Extraction

Data extraction is a structured process used to systematically identify and record relevant information from included studies in order to support accurate comparison and synthesis (Aromataris and Munn, 2020). Within a systematic review, this stage is essential for promoting transparency, consistency, and methodological rigour. A predefined data extraction form was developed to ensure that information was recorded in a clear and reproducible manner. For each included study, key characteristics were documented, including author, year of publication, study design, study setting, sample characteristics, measures of intimate partner violence, mental health outcomes assessed and principal findings relevant to the research question. Where applicable, additional methodological details, such as follow-up period and intervention components, were also recorded. This structured approach ensured that evidence relating to the mental health outcomes of intimate partner violence among women in the United Kingdom was systematically organised prior to the critical appraisal stage.

A summary of the characteristics of the included studies, including study design, setting, participant characteristics and key findings, is presented in Appendix B.

4.3 Introduction to Critical Appraisal and Paper Quality Assessment

Critical appraisal involves the systematic evaluation of research studies to assess their methodological quality, validity, and relevance to the research question. Within a systematic review, this stage is essential for determining the strength and credibility of the included evidence. Not all empirical studies demonstrate the same level of methodological rigour, and research findings may be influenced by bias, design limitations, or weaknesses in measurement and analysis. Structured appraisal therefore helps to identify methodological strengths and potential sources of bias, allowing the reliability of findings to be considered

before synthesis. By evaluating study quality, this review ensures that conclusions regarding the mental health outcomes of intimate partner violence among women in the United Kingdom are based on evidence that has been robustly and transparently assessed.

4.4 Critical Appraisal Tools

Critical appraisal tools are structured frameworks used to systematically assess the methodological quality, validity, and reliability of research studies. Within a systematic review, selecting an appropriate appraisal tool is essential to ensure that studies are evaluated consistently and transparently (Aromataris and Munn, 2020). Different research designs require different appraisal criteria; therefore, the choice of tool must align with the methodological characteristics of the included studies.

In this review, the Critical Appraisal Skills Programme (CASP) checklists were used to assess study quality (CASP, 2018). CASP provides design-specific checklists for qualitative studies, cohort studies, and randomised controlled trials, making it suitable for the range of methodologies included in this review. The CASP checklists assess several key aspects of methodological quality, including the clarity of research aims, appropriateness of study design, recruitment strategy, data collection methods, consideration of confounding factors, ethical issues, and the robustness of the findings.

CASP is widely used in health and social care research and provides a clear framework for evaluating the credibility and relevance of evidence. Alternative appraisal tools, such as the Joanna Briggs Institute (JBI) checklist and the Mixed Methods Appraisal Tool (MMAT), are also commonly used in systematic reviews. However, CASP was considered appropriate for this review because it provides straightforward criteria that can be applied across different study designs included in the evidence base. A potential limitation of CASP is that quality assessment relies partly on researcher judgement when interpreting study strengths and weaknesses.

The use of design-appropriate CASP checklists supported the systematic and transparent evaluation of both qualitative and quantitative studies included in this review.

4.5 Evaluation of Qualitative Studies

The methodological quality of the qualitative studies was assessed using the Critical Appraisal Skills Programme (CASP) Qualitative Checklist (CASP, 2018). CASP provides a structured framework for evaluating the clarity of research aims, appropriateness of methodology, recruitment strategy, data collection methods, consideration of researcher reflexivity, ethical issues, rigour of analysis, and the overall value of the research. The use of a design-specific appraisal tool ensured that qualitative studies were evaluated systematically and consistently within this review (Aromataris and Munn, 2020).

The CASP checklist supports structured judgement while allowing consideration of contextual factors and methodological nuance. However, it does not generate numerical scores and instead relies on informed interpretation, which may introduce some subjectivity. Despite this limitation, it remains appropriate for evaluating qualitative rigour in systematic reviews.

Hulley et al. (2023) used thematic analysis to examine women's experiences of mental health support following IPV. The methodological approach was clearly described, and the themes were supported by participant quotations, which strengthened transparency and credibility. Sampling was appropriate to the research aims; however, transferability may be limited due to the specific service-based context in which participants were recruited.

Webb et al. (2025) explored survivors' perspectives on recovery and treatment following domestic abuse. The study demonstrated coherence between the research aims, design, and analytical approach. Rich qualitative data enhanced the depth of insight into long-term psychological experiences. As with most qualitative research, the findings are context-specific and not intended for statistical generalisation.

Overall, the qualitative studies demonstrated satisfactory methodological quality, with clear aims, appropriate research design, and transparent reporting of findings. Detailed appraisal tables for the individual studies are provided in Appendix A.

4.6 Evaluation of Quantitative Studies Using an Appropriate Tool

The quantitative studies included in this review underwent critical appraisal using the Critical Appraisal Skills Programme (CASP) checklists (CASP, 2018). The use of a structured appraisal tool supports transparent and consistent evaluation of methodological quality across studies. This process involved examination of study design, recruitment and sampling procedures, measurement of exposure and outcomes, consideration of confounding factors, and the validity of reported conclusions. A summary of the methodological quality appraisal for all included studies appears in Appendix A.

CASP was selected because it provides structured design-specific checklists that allow systematic evaluation of different research methodologies. The tool is widely used in health and social care research and enables assessment of study validity, potential bias, and relevance to the research question. Alternative appraisal tools, including the Joanna Briggs Institute (JBI) checklists and the Mixed Methods Appraisal Tool (MMAT), also exist; however, CASP offers a clear and accessible framework that aligns well with the range of study designs included in this review. A limitation of CASP is that quality judgements rely partly on researcher interpretation when evaluating study strengths and weaknesses.

Ten studies satisfied the inclusion criteria of this review. Eight quantitative studies were appraised using the CASP checklist: Chandan et al. (2020), McManus et al. (2022), Turnbull et al. (2025), Ferrari et al. (2016), Jonas et al. (2013), Fadeeva et al. (2025), Hashemi et al. (2025), and Howard et al. (2010). In addition, two qualitative studies (Hulley et al., 2022; Webb et al., 2025) were included to provide a more comprehensive understanding of the mental health impacts of intimate partner violence. All studies were conducted within the United Kingdom and explored associations between IPV and mental health outcomes among women, directly addressing the research question. Quantitative research enabled the examination of prevalence patterns and statistical associations between exposures and outcomes across larger populations, while qualitative evidence provided insight into survivors lived experiences. Across the included studies, the primary aim was to investigate the relationship between IPV exposure and mental health outcomes, including depression, anxiety, post-traumatic stress disorder, suicidality, and longer-term psychological trajectories.

In terms of study design, two studies adopted longitudinal cohort approaches (Chandan et al., 2020; Fadeeva et al., 2025), allowing examination of temporal relationships and longer-term outcomes. Three studies used cross-sectional survey designs (Ferrari et al., 2016; Jonas et al., 2013; McManus et al., 2022), enabling estimation of prevalence and associations at a single point in time. Hashemi et al. (2025) used an observational quantitative design to explore the relationship between IPV exposure and health outcomes among women in England. Turnbull et al. (2025) conducted a national observational study examining suicide among women who had contact with mental health services. Qualitative studies (Hulley et al., 2022; Webb et al., 2025) provided additional depth by exploring survivors' experiences of mental health impacts and access to support, while the quantitative study by Howard et al. (2010) offered further contextual insight into the prevalence of domestic violence within psychiatric populations.

Assessment using CASP criteria indicated moderate to strong methodological quality across the quantitative evidence base. Most studies demonstrated clearly defined research aims, appropriate study designs and valid outcome measurements. Several studies also controlled for key demographic and socioeconomic variables during statistical analysis. However, certain methodological weaknesses also emerged during appraisal. Cross-sectional survey designs limited the ability to establish causal relationships between IPV exposure and mental health outcomes. Some studies relied on self-reported IPV exposure, which introduces potential recall or reporting bias. In addition, variations in sampling strategies and measurement approaches may influence generalisability of findings across populations.

Taken together, the methodologies used across the quantitative evidence base remain appropriate for addressing the research question. Longitudinal designs strengthen understanding of temporal relationships between IPV exposure and mental health outcomes. However, cross-sectional designs limit causal interpretation because exposure and outcome measurement occurs simultaneously. Despite these limitations, the quantitative studies collectively demonstrate methodological rigour and contribute substantial evidence regarding the relationship between intimate partner violence and adverse mental health outcomes among women in the United Kingdom.

Furthermore, the consistency of findings across studies using different methodological approaches increases confidence in the overall evidence linking IPV exposure to poorer mental health outcomes.

Strengths of the Quantitative Evidence

Several methodological strengths appear across the quantitative studies included in this review. One important strength relates to the use of large and nationally representative datasets. McManus et al. (2022) analysed data from a national probability survey of the English population, which enhances reliability and generalisability of the findings. Similarly, Jonas et al. (2013) utilised data from the Adult Psychiatric Morbidity Survey, a nationally representative survey examining mental health across the general population. The use of large datasets increases statistical power and allows examination of population-level associations between intimate partner violence and mental health outcomes.

Another important strength involves the use of longitudinal study designs. Chandan et al. (2020) analysed UK primary care records to investigate risks of depression, anxiety, and serious mental illness among female survivors of IPV over time. Longitudinal research designs enable examination of temporal relationships between exposure and outcome, providing stronger evidence regarding potential causal pathways. Fadeeva et al. (2025) similarly conducted a long-term cohort study examining the health impacts of IPV across an extended follow-up period. These approaches provide valuable insight into long-term mental health trajectories following IPV exposure.

Several studies also used validated mental health measurement tools, including established psychiatric assessments and structured survey instruments. The use of validated scales improves reliability and allows more consistent comparison of findings across studies. Collectively, these methodological strengths enhance the credibility of the quantitative evidence examining the mental health consequences of intimate partner violence among women in the United Kingdom.

Methodological Limitations

Despite these strengths, critical appraisal identified several methodological limitations within the quantitative evidence base. One important limitation relates to the use of cross-sectional study designs. Ferrari et al. (2016), Jonas et al. (2013), and McManus et al. (2022) used cross-sectional survey approaches that measure exposure and outcome at a single point in time. While these designs allow estimation of prevalence and associations, they do not allow conclusions regarding temporal sequencing or causality between IPV exposure and mental health outcomes.

Another limitation relates to reliance on self-reported measures of intimate partner violence within several survey-based studies. Self-reported data may introduce recall bias or under-reporting, particularly given the sensitive nature of IPV. Survivors may hesitate to disclose abuse due to stigma, fear, or concerns about confidentiality, potentially leading to underestimation of prevalence.

Clinical record-based studies may also underestimate IPV exposure. For example, Chandan et al. (2020) relied on primary care records, which only capture abuse when disclosure occurs within healthcare consultations. Under-recording of IPV within healthcare systems remains widely recognised in the literature and may influence exposure measurement accuracy.

Confounding variables present another methodological challenge. Although several studies adjusted for demographic and socioeconomic factors, full control of all relevant confounders remains difficult. Mental health outcomes may also be influenced by prior trauma, substance use, or levels of social support. Observational designs therefore cannot completely establish causal relationships between IPV and mental health outcomes.

Finally, differences in measurement approaches across studies limit direct comparison of results. Some studies relied on clinical diagnoses recorded within healthcare systems, whereas others assessed self-reported psychological symptoms collected through surveys. Variation in measurement scales and diagnostic approaches may influence prevalence estimates and affect comparability across studies.

Quality and Relevance of the Evidence

Overall, the quantitative studies included in this review demonstrate moderate to strong methodological quality and provide important evidence regarding the relationship between intimate partner violence and mental health outcomes among women in the United Kingdom. Large population datasets, longitudinal study designs, and robust observational research contribute to a strong evidence base examining both prevalence and long-term consequences of IPV.

However, the appraisal also identifies several methodological limitations, including reliance on cross-sectional designs and potential under-reporting of IPV within both survey and clinical data sources. These limitations suggest that although quantitative research provides valuable epidemiological insight into associations between IPV and mental health outcomes, further longitudinal investigation remains necessary to clarify causal pathways and long-term psychological trajectories.

Despite these limitations, consistent findings across the quantitative studies demonstrate an increased risk of adverse mental health outcomes among women exposed to intimate partner violence. The quantitative evidence therefore establishes the scale and public health significance of IPV within the UK context and informs the thematic synthesis presented in the following chapter.

4.7 Evaluation of Mixed Methods Studies

No mixed methods studies met the inclusion criteria of this review. All selected studies used either qualitative or quantitative research designs. Consequently, mixed methods appraisal did not apply within this review.

4.8 Chapter Summary

This chapter has presented the data extraction and critical evaluation of the ten studies included in this systematic review. A structured extraction process documented the key characteristics of each study in a clear and consistent manner, while methodological quality was assessed using design-appropriate CASP checklists. Overall, the included studies demonstrated moderate to strong methodological quality, although several limitations were identified, particularly in relation to self-reported IPV exposure, variations in outcome measurement, and the constraints associated with cross-sectional research designs.

These findings establish the methodological quality, relevance, and credibility of the included evidence. Building on this appraisal, the next chapter moves to the analysis and synthesis of the findings. Chapter 5 explores the main themes emerging across the included studies and examines how the evidence collectively contributes to understanding the mental health outcomes of intimate partner violence among women in the United Kingdom.

CHAPTER 5: DATA ANALYSIS AND SYNTHESIS

5.1 Introduction to the Chapter

This chapter presents the analysis and synthesis of the studies included in this systematic review. Systematic reviews aim to identify, evaluate, and synthesise findings from multiple studies in order to develop a comprehensive understanding of a research topic (Grant and Booth, 2009; Moher et al., 2009). Following the critical appraisal described in the previous chapter, the findings of the selected studies are examined to identify patterns and relationships relating to the mental health outcomes of intimate partner violence among women in the United Kingdom. The analysis is conducted using a thematic approach in order to organise and interpret the key findings reported across the included literature (Braun and Clarke, 2006). The chapter first explains the use of thematic analysis and the analytical framework applied in this review. It then describes the characteristics of the included studies before presenting the major themes that emerged from the synthesis of the evidence.

5.2 Thematic Analysis

Thematic analysis is a widely used method for identifying, analysing, and reporting patterns within research data. It allows researchers to organise complex findings into meaningful themes that represent recurring ideas across studies. When applied to secondary data within a systematic literature review, this process is commonly referred to as thematic synthesis. Although thematic analysis is often associated with qualitative research, it can also be applied to quantitative findings by identifying consistent patterns and trends reported across multiple studies.

5.3 Data Analysis Tool

The analysis in this review followed the thematic analysis framework developed by Braun and Clarke (2006). This approach provides a structured method for identifying and organising

patterns within research evidence. The framework involves several stages, including familiarisation with the data, generation of initial codes, identification of themes, and refinement of these themes during analysis. Using this framework supports a systematic and transparent approach to data synthesis and enables the findings from multiple studies to be organised into coherent themes.

5.4 Characteristics of the Identified Studies

A total of ten studies were included in this systematic review examining the mental health outcomes of intimate partner violence among women. All included studies were conducted within the United Kingdom, reflecting the geographical focus of this review. The studies used a range of research designs, including cross-sectional surveys, cohort studies, observational analyses, and longitudinal research. Several studies utilised large national datasets and population-based surveys to examine the relationship between exposure to intimate partner violence and mental health outcomes.

The included studies examined a variety of psychological outcomes, including depression, anxiety, post-traumatic stress disorder (PTSD), suicidality, and broader psychological distress. Sample sizes varied considerably across studies, ranging from smaller clinical samples to large population-based cohorts involving thousands of participants. Overall, the studies provide valuable evidence regarding the association between intimate partner violence and mental health outcomes among women in the United Kingdom. A summary of the key characteristics of the included studies, including study design, setting, participants and outcomes measured, is presented in Appendix B.

5.5 Emerging Themes from Included Studies

Thematic analysis of the included studies identified several recurring patterns relating to the mental health outcomes of intimate partner violence (IPV) among women in the United Kingdom. Through systematic comparison of the findings across the ten included studies, four overarching themes emerged. These themes capture the main psychological consequences of IPV as well as broader trajectories of health outcomes and recovery experiences.

Table 1: Summary of Emerging Themes Identified Across the Included Studies

Theme	Subheading	Key finding	Studies contributing to theme
Common mental health disorders following IPV	Depression and anxiety among women exposed to IPV	IPV exposure associated with increased prevalence of depression, anxiety, and psychological distress among women	Chandan et al. (2020); Ferrari et al. (2016)
	Domestic violence among women accessing mental health services	High prevalence of domestic violence reported among women in psychiatric services, associated with significant mental health difficulties and under-recognition in clinical settings	Howard et al. (2010); Webb et al. (2025)
	Psychological distress and associated physical health conditions	Lifetime IPV associated with increased psychological distress and higher risk of physiological and physical health conditions	Hashemi et al. (2025)
Trauma and post-traumatic stress responses	Trauma-related psychological responses	IPV exposure associated with post-traumatic stress symptoms and other psychiatric disorders	Jonas et al. (2013)
	Long-term psychological impact of violence exposure	Experiences of violence associated with poorer long-term mental health outcomes across the life course	Fadeeva et al. (2025)
Suicidality and self-harm	Suicidal ideation and self-harm among IPV survivors	Individuals exposed to IPV show significantly increased likelihood of suicidal thoughts and self-harm behaviours	McManus et al. (2022)
	Suicide among women with mental disorders	Domestic violence identified among women who died by suicide within mental health services	Turnbull et al. (2025)
Long-term mental health trajectories, help-seeking, and treatment response	Post-separation psychological distress	Survivors continue to experience psychological distress and ongoing trauma after leaving abusive relationships	Hulley et al. (2023)

These themes highlight the range of mental health outcomes associated with IPV, from common psychological disorders to severe outcomes such as suicidality and long-term health impacts.

The following sections synthesise the findings of the included studies under each theme in order to examine how the evidence collectively contributes to understanding the mental health consequences of IPV among women in the UK. These themes and the studies contributing to each theme are summarised in the Table

Theme 1: Common Mental Disorders Following Intimate Partner Violence

Evidence across the included studies indicates that exposure to intimate partner violence (IPV) is strongly associated with the development of common mental health disorders, particularly depression, anxiety, and emotional distress. Several studies reported elevated levels of psychological distress among women who had experienced abuse, suggesting that IPV represents a significant risk factor for mental health difficulties. These findings align with broader research demonstrating that survivors of intimate partner violence frequently experience depression and anxiety, alongside reduced life satisfaction, and overall psychological wellbeing (Lortkipanidze, Javakhishvili and Schwartz, 2025). The psychological consequences of IPV are therefore widely recognised as an important public health concern, particularly due to the long-term effects these conditions can have on quality of life, daily functioning, and engagement with health services.

Chandan et al. (2020) identified a significant association between IPV exposure and the development of mental illness using a large UK retrospective cohort study based on primary care records. Women exposed to IPV had substantially higher rates of depression, anxiety and serious mental illness compared with women who had not experienced abuse. The findings suggested that IPV survivors were almost twice as likely to develop mental health conditions, highlighting the considerable psychological burden associated with abuse. A key strength of this study lies in its large sample size and use of longitudinal health records, which enables examination of mental health outcomes over time. However, reliance on clinical coding within primary care data may underestimate the true prevalence of IPV because abuse is frequently underreported within healthcare settings. Consequently, some cases of violence may remain undocumented, potentially leading to conservative estimates of the relationship between IPV and mental health outcomes.

Consistent with population-based findings reported by Chandan et al. (2020), Ferrari et al. (2016) also identified high levels of depression and anxiety among women exposed to IPV. The study also found that the severity of mental health symptoms increased alongside the severity of abuse experienced by survivors, suggesting a cumulative relationship between repeated exposure to violence and psychological harm. These results are supported by wider systematic review evidence indicating that women exposed to IPV frequently experience a range of mental health difficulties, including depression, anxiety, and emotional distress (White et al., 2024). Nevertheless, the study sample consisted of women already accessing specialist support services, which may represent individuals experiencing more severe or prolonged abuse. As a result, the findings may not fully reflect women who experience IPV but do not engage with formal support services, limiting the generalisability of the results.

Consistent with findings reported in both population-based and specialist service samples, evidence from UK-based psychiatric research further highlights the significant psychological burden associated with intimate partner violence, particularly among women in contact with mental health services. Howard et al. (2010) reported high prevalence rates of domestic violence among psychiatric populations, with lifetime exposure to severe abuse ranging between 30% and 60% among female inpatients. The study also emphasised that women experiencing domestic violence were more likely to present with a range of mental health difficulties, including depression, anxiety, and trauma-related symptoms. Importantly, the findings suggest that domestic violence often remains under-detected within routine clinical practice, limiting opportunities for timely intervention and support. A key strength of this study lies in its focus on vulnerable clinical populations, providing valuable insight into the intersection between domestic violence and mental health service use. However, the evidence is limited by variability in study methodologies and a lack of controlled intervention studies, which restricts the ability to determine causal relationships and the effectiveness of specific support strategies.

Similarly, extending findings from earlier clinical studies such as Howard et al. (2010), Webb et al. (2025) reported that many women experiencing domestic violence present to secondary mental health services with symptoms of depression and anxiety. However, the study highlighted that healthcare professionals do not always recognise the connection between abuse experiences and mental health symptoms. This lack of recognition may contribute to delayed identification of IPV and limit access to appropriate trauma-informed care. The findings therefore highlight an important gap within mental health services, where abuse may remain undetected despite women presenting with significant psychological distress.

Further population-based evidence supporting earlier findings from Chandan et al. (2020) is provided by Hashemi et al. (2025), who analysed data from the Adult Psychiatric Morbidity

Survey in England. The study examined the relationship between lifetime and recent exposure to intimate partner violence and a range of health conditions among both women and men. The findings indicated that women who had experienced IPV were significantly more likely to report multiple health conditions compared with those who had not experienced abuse. Importantly, the study also identified a cumulative relationship between the number of IPV types experienced and poorer health outcomes, suggesting that repeated or multiple forms of abuse may intensify the health consequences of IPV. Although the study primarily examined broader physical health conditions, the results reinforce wider evidence that exposure to IPV is associated with adverse health and physiological outcomes among women. A key strength of this research lies in the use of a nationally representative dataset, which improves the generalisability of the findings. However, because the study relied on cross-sectional survey data, causal relationships between IPV exposure and health outcomes cannot be firmly proven.

Collectively, the evidence across these studies demonstrates a consistent association between intimate partner violence and common mental health disorders among women, particularly depression and anxiety. Despite variation in study design and population type, findings across population-based surveys, clinical samples, and psychiatric settings show similar patterns of elevated psychological distress among IPV survivors. However, differences in sampling methods, underreporting of abuse, and variation in measurement tools may influence reported prevalence rates and should be considered when interpreting findings. Overall, the convergence of evidence across diverse study designs strengthens confidence in the relationship between IPV exposure and common mental disorders, although further longitudinal and standardised research is required to strengthen causal understanding.

Theme 2: Trauma and Post-Traumatic Stress Responses

Evidence across the included studies indicates that exposure to intimate partner violence (IPV) is frequently associated with trauma-related psychological responses, including symptoms consistent with post-traumatic stress disorder (PTSD) and broader psychiatric disorders. Survivors often experience persistent fear, anxiety and emotional distress following experiences of abuse, reflecting the traumatic nature of violence within intimate relationships. Previous research has identified IPV as a significant contributor to trauma-related mental health conditions among women (Devries et al., 2013; Bacchus et al., 2018). Trauma therefore

represents an important pathway through which IPV contributes to adverse mental health outcomes.

Population-based evidence supporting this association is provided by Jonas et al. (2013) using data from the English Adult Psychiatric Morbidity Survey. The study found that experiences of IPV were significantly associated with a range of psychiatric disorders among both men and women. However, the association between IPV and post-traumatic stress disorder (PTSD), eating disorders and common mental disorders was particularly evident among women. These findings suggest that women exposed to IPV may experience greater vulnerability to trauma-related psychological difficulties. A key strength of this study lies in its use of a large nationally representative sample and validated psychiatric assessment tools, which strengthens the reliability of the findings. Nevertheless, the cross-sectional design limits the ability to determine whether IPV directly caused the psychiatric disorders identified.

Longitudinal evidence also demonstrates the enduring psychological consequences associated with violence exposure. Fadeeva et al. (2025) examined long-term health trajectories using data from the English Longitudinal Study of Ageing. The study found that individuals who had experienced violence during adulthood were significantly more likely to report poorer mental health outcomes over time, including elevated depressive symptoms. Importantly, these disparities persisted across the life course, suggesting that the psychological consequences of IPV may be long-lasting. The longitudinal design represents a key strength, as it enables examination of outcomes over an extended period. However, as an observational cohort study relying partly on self-reported experiences, the findings remain subject to potential recall bias.

Taken together, the evidence from these studies indicates that trauma represents a key mechanism through which IPV contributes to long-term psychological harm. Findings from national survey data and longitudinal cohort research consistently demonstrate that exposure to violence is linked to enduring mental health difficulties, including PTSD symptoms, depression, and broader psychiatric disorders. While Jonas et al. (2013) identified a strong cross-sectional association between IPV and PTSD, the longitudinal findings from Fadeeva et al. (2025) suggest that violence exposure predicts persistent depressive symptoms over time, though neither study can fully establish causality without pre-exposure baseline measures.

Theme 3: Suicidality and Self-Harm

Evidence from the included studies suggests that exposure to intimate partner violence (IPV) is strongly associated with suicidality and self-harm among women. Suicidal ideation, suicide attempts and completed suicide represent some of the most severe mental health outcomes linked to domestic abuse. Survivors of IPV often experience substantial psychological distress, including trauma, hopelessness, and emotional isolation, which may increase vulnerability to suicidal behaviour. Previous research has shown that violence against women is associated with a range of serious mental health consequences, including depression, anxiety, and post-traumatic stress disorder, all of which are recognised contributors to suicidal behaviour (Campbell, 2002). Wider global evidence has likewise highlighted the severe psychological burden associated with violence against women and its possible contribution to suicidality (Watts and Zimmerman, 2002).

McManus et al. (2022) investigated the relationship between intimate partner violence, suicidality and self-harm using data from the Adult Psychiatric Morbidity Survey, a nationally representative cross-sectional survey of adults in England. The study found that IPV was relatively common, with 21.4% of adults reporting lifetime exposure. Women were disproportionately affected, with 27.2% reporting IPV compared with 15.3% of men. Importantly, the study identified strong associations between IPV and suicidal behaviour. Among individuals who had attempted suicide within the previous year, almost half (49.7%) reported a lifetime history of IPV. After adjusting for demographic, socioeconomic, and other adversity-related factors, those who had experienced IPV had significantly higher odds of suicide attempts (OR 2.82). The odds of self-harm (OR 2.20) and suicidal thoughts (OR 1.85) were also elevated. These findings demonstrate the considerable mental health burden associated with domestic abuse and suggest that IPV is closely linked to suicidality within the general population. However, the cross-sectional design limits the ability to determine temporal ordering, meaning it cannot confirm whether IPV directly preceded suicidal behaviour. In addition, reliance on self-reported abuse may have led to underreporting because of stigma, fear, or reluctance to disclose.

Turnbull et al. (2025) similarly examined the relationship between domestic violence and suicide among women receiving care within UK mental health services. Using national data on suicide deaths among women with mental disorders between 2015 and 2021, the study identified 630 women who had experienced domestic violence, representing 26% of all women with mental disorders who died by suicide during this period. Women with a history of domestic violence were younger than those without such experiences, with a median age of 42 years compared with 47 years. They were also more likely to experience socioeconomic disadvantage, including unemployment and serious financial problems. In addition, women exposed to domestic violence frequently presented with other important suicide-related vulnerabilities, including post-traumatic stress disorder, alcohol misuse, and a history of self-harm. **Notably, 83% of women with domestic violence histories had previously self-harmed, compared with 62% among those without such experiences.** These findings indicate that domestic abuse is highly relevant within high-risk clinical populations and may compound existing mental health difficulties. Nevertheless, as an observational study, the findings cannot establish a direct causal pathway, and suicide is shaped by multiple social, clinical, and environmental influences.

Taken together, the findings from McManus et al. (2022) and Turnbull et al. (2025) suggest that IPV is associated with a continuum of suicidal outcomes, ranging from suicidal ideation and self-harm in the general population to completed suicide among women receiving specialist mental health care. This interpretation is supported by wider literature demonstrating links between IPV exposure, suicide attempts, and suicidal ideation among women (Devries et al., 2013). More recent evidence has also highlighted the complex mental health consequences of domestic abuse, including severe psychological distress and increased vulnerability to self-harm and suicidality (White et al., 2024). These broader findings strengthen the argument that IPV should be understood as an important determinant of women's mental health rather than solely a private or interpersonal issue.

Despite these consistent associations, suicidality in the context of IPV remains complex and shaped by multiple interacting factors. Both included studies suggest that domestic abuse rarely occurs in isolation and is often accompanied by socioeconomic hardship, adverse life events, and pre-existing mental health difficulties. This indicates that suicidal behaviour among women exposed to IPV may reflect cumulative and intersecting vulnerabilities rather than a single causal mechanism. There is therefore a need for longitudinal research to clarify how violence contributes to suicidality over time. Overall, the evidence suggests that IPV is a major public health concern with potentially life-threatening mental health consequences, and that

early identification within healthcare and mental health services may be important in reducing suicide risk among vulnerable women.

Theme 4: Long-Term Mental Health Trajectories, Help-Seeking and Treatment Response

The included studies demonstrate that the mental health consequences of IPV are not limited to the period of abuse but often persist for years, shaped by ongoing trauma, barriers to help-seeking, and the adequacy of service responses. Qualitative studies in particular reveal that survivors experience continuous traumatic stress even after separation, challenging traditional models that assume trauma ends with the abusive relationship.

Comparing qualitative and quantitative evidence. Hulley et al. (2023) conducted in-depth interviews with women who had left abusive partners and found that many continued to experience fear, hypervigilance, and emotional distress due to ongoing harassment, stalking, and contact over children. They introduced the concept of Continuous Traumatic Stress (CTS), arguing that traditional PTSD models (which assume a discrete traumatic event with an endpoint) are inadequate for IPV survivors. This qualitative insight is invaluable because it captures lived experience that quantitative scales cannot. However, the study is based on a small sample ($n = 22$) from a single geographic area, limiting generalisability.

Webb et al. (2025) similarly explored survivors' experiences of secondary care mental health services. They found that services often failed to recognise the link between IPV and psychological distress, leading to missed opportunities for intervention. Many women described services as fragmented and re-traumatising, with short-term interactions that prevented trust-building. While this qualitative evidence is rich, it cannot tell us how many survivors experience such barriers, a role for quantitative survey research.

Hashemi et al. (2025) provided complementary quantitative evidence: using a nationally representative sample, they found that women exposed to multiple IPV types reported significantly more long-term health conditions, including chronic pain, fatigue, and gastrointestinal problems – all of which are associated with prolonged psychological distress. The large sample ($n > 7,000$) strengthens generalisability, but the cross-sectional design cannot determine whether these conditions developed after IPV or existed before.

Explaining variation: The discrepancy between qualitative studies (which emphasise persistent, severe distress) and some quantitative studies (which show moderate, population level associations) reflects different research aims. Qualitative research captures the experiences of survivors who often have complex, long-term needs, but these may not be representative. Quantitative surveys capture population averages, which include many women with less severe or shorter duration IPV. Both are valid, but they answer different questions.

Judging evidence strength: The strongest evidence for long-term impact comes from the longitudinal cohort study by Fadeeva et al. (2025), which followed individuals for 16 years and found that violence exposure was associated with persistently poorer mental health. However, this study did not specifically focus on IPV or use trauma specific measures. The qualitative studies (Hulley et al., 2023; Webb et al., 2025) provide the deepest insight into why and how long-term distress persists, but their small samples limit generalisability.

Identified gaps: No UK study has tracked the same cohort of IPV survivors over time with repeated measures of mental health, help seeking, and service contact. Such a study would answer critical questions: Does accessing specialist IPV support improve long-term mental health outcomes? What factors predict recovery vs persistent distress? Mixed methods design (quantitative longitudinal + qualitative interviews) are urgently needed.

5.6 Chapter summary

Overall, the evidence suggests that IPV has enduring mental health consequences that extend into the long term and significantly influence help-seeking behaviours and treatment outcomes. These findings highlight the need for trauma-informed, integrated, and person-centred approaches within healthcare services to ensure that survivors receive appropriate and effective support. Improving recognition of IPV within mental health services and addressing structural barriers to care are essential steps in supporting recovery and reducing the long-term impact of domestic abuse on women's mental health.

The themes shown in this chapter collectively demonstrate that intimate partner violence is strongly associated with a range of adverse mental health outcomes among women in the United Kingdom, including depression, trauma-related symptoms, suicidality, and long-term psychological distress. While the included studies provide important evidence of the

relationship between IPV and mental health, variations in study design, measurement approaches and service contexts highlight the complexity of understanding these outcomes.

The next chapter builds on these findings by critically discussing the results in relation to existing literature, public health frameworks, and UK policy contexts, and examines the implications for healthcare practice, policy development, and future research.

CHAPTER 6 Discussion

6.1 Introduction to the Discussion Chapter

This chapter interprets the findings of the systematic review examining the mental health outcomes of intimate partner violence (IPV) among women in the United Kingdom. While the previous chapter presented the key themes identified across the included studies, this chapter critically discusses these findings in relation to existing literature on violence against women and mental health. The discussion therefore evaluates how the results of this review align with, extend, or differ from wider evidence regarding the psychological consequences of IPV. Particular attention is given to depression and anxiety, trauma-related mental health outcomes, suicidality, and longer-term psychological impacts among survivors, including patterns of help-seeking and engagement with support services. Through this analysis, the chapter aims to address the research question and situate the findings within the broader public health literature examining the health consequences of IPV among women (Campbell, 2002; Lagdon, Armour and Stringer, 2014; Lagdon, Armour and Stringer, 2015).

This systematic review is important because existing UK primary studies have largely examined specific mental health outcomes, populations, or service settings in isolation. By systematically identifying, appraising, and synthesising these studies, the present review provides a broader understanding of how IPV affects women's mental health across the UK evidence base. It also adds value beyond individual studies by identifying recurring patterns, methodological differences, and important gaps in relation to long-term outcomes, service access, and the impact of policy developments such as the Domestic Abuse Act 2021.

6.2 Discussion of Key Findings

Common Mental Disorders Following Intimate Partner Violence

Evidence from the included studies demonstrates a strong association between intimate partner violence (IPV) and common mental health disorders among women, particularly depression, anxiety, and psychological distress. Across UK-based studies, women who had experienced IPV consistently reported higher levels of emotional distress and mental illness compared with non-exposed populations, reinforcing the substantial psychological burden associated with abuse and supporting recognition of IPV as a major determinant of mental health.

This relationship can also be understood through the Social Ecological Model, which recognises that experiences of IPV and associated mental health outcomes are shaped by interacting influences at individual, relationship, community, and societal levels (Heise, 1998).

The association between IPV and common mental disorders is widely documented in international research. Women exposed to violence are significantly more likely to experience depressive symptoms, anxiety disorders and broader psychological distress compared with those not exposed (Bonomi et al., 2007; Beydoun et al., 2012; Devries et al., 2013). Epidemiological evidence further identifies IPV as one of the most significant social risk factors contributing to mental health disorders among women (Oram et al., 2017). The consistency between these international findings and the UK-based studies included in this review strengthens confidence in the reliability of the observed association. However, differences in sampling strategies, population characteristics and diagnostic tools across studies limit direct comparison of prevalence estimates and may influence reported outcome severity.

The findings also highlight, the ongoing challenge of identifying IPV within healthcare settings. Evidence suggests that violence frequently remains under-reported in clinical environments, meaning that women presenting with depression or anxiety may not be assessed for underlying abuse (Feder et al., 2009). This under-recognition has significant implications for clinical practice, as failure to identify violence may lead to treatment approaches that address symptoms without addressing their underlying cause. While several studies emphasised the importance of screening and professional awareness, variation in screening practices across healthcare settings suggests inconsistency in implementation, which may reduce the effectiveness of early intervention strategies.

Taken together, the evidence indicates that IPV represents a significant contributor to common mental health disorders among women and supports the need for integrated responses across mental health and domestic abuse services. At the same time, the review highlights persistent gaps in UK longitudinal evidence examining longer-term mental health trajectories, limiting understanding of how symptoms evolve over time despite increasing policy attention.

Trauma and Post-Traumatic Stress Responses

The literature examined in this review indicates that trauma-related psychological responses represent a major mental health consequence of intimate partner violence (IPV). Across the included studies, exposure to violence was frequently associated with symptoms consistent with post-traumatic stress disorder (PTSD), including intrusive memories, hypervigilance, emotional distress, and persistent fear. These findings reinforce recognition of IPV as a significant psychological stressor capable of producing long-term trauma responses among survivors.

These findings support the relevance of the Trauma-Informed Care framework, which emphasises the need for services to recognise the lasting psychological effects of trauma and provide care that prioritises safety, empowerment, and recovery (Substance Abuse and Mental Health Services Administration, 2014).

The relationship between IPV and trauma-related mental health outcomes has been widely documented in the broader literature on violence against women. Women who experience IPV are significantly more likely to develop PTSD symptoms and trauma-related psychological distress compared with those who have not experienced abuse (Stewart, MacMillan, and Wathen, 2012; Iverson et al., 2013; Briere and Jordan, 2004). Repeated exposure to physical violence, coercive control and psychological abuse may contribute to chronic stress responses that persist beyond the abusive relationship, increasing the likelihood of prolonged psychological harm.

Evidence further suggests that the severity and duration of abuse influence the likelihood of developing trauma-related disorders. Prolonged or repeated exposure to violence may intensify psychological harm and increase vulnerability to PTSD and related conditions (Dutton et al., 2006). However, interpretation of these findings requires caution, as variation in the measurement of PTSD symptoms across studies may have reduced comparability and contributed to differences in reported prevalence. Some studies relied on self-reported

symptom checklists, while others used structured diagnostic tools, which may produce differing levels of diagnostic accuracy and affect the strength of reported associations.

Overall, the evidence highlights the substantial trauma-related mental health burden associated with IPV and reinforces the need for trauma-informed approaches across healthcare and support services. At the same time, the reliance on predominantly cross-sectional study designs limits understanding of the long-term progression of trauma symptoms, highlighting the need for longitudinal research examining recovery pathways and treatment outcomes among survivors.

Suicidality and Self-Harm

The evidence from this review highlights a clear association between intimate partner violence (IPV) and increased risk of suicidal ideation and self-harm among women. Across the included studies, women exposed to IPV were substantially more likely to report suicidal thoughts, suicide attempts and self-injurious behaviours than those who had not experienced abuse. These findings emphasise the severity of the psychological consequences associated with IPV and reinforce its role as a significant risk factor for suicidal behaviour.

Research consistently demonstrates elevated suicidality among women experiencing IPV. Population-based and clinical studies have identified strong associations between exposure to violence, suicidal ideation, suicide attempts and broader psychological distress (Cavanaugh et al., 2011; Chan et al., 2019). Experiences of repeated abuse, coercive control and emotional trauma may contribute to feelings of hopelessness, entrapment and loss of control, which are widely recognised contributors to suicidal behaviour. However, while these associations are consistently reported, most studies rely on observational and cross-sectional designs, limiting the ability to determine causal pathways between IPV exposure and suicidal outcomes.

Emerging evidence further strengthens this relationship, with recent systematic reviews and empirical studies highlighting complex pathways linking IPV and suicide risk. Exposure to multiple forms of violence, including physical, sexual and psychological abuse, has been shown to significantly increase the likelihood of suicidal ideation and attempts among women (Alimoradi et al., 2025). Similarly, studies indicate that ongoing violence and psychological distress can intensify emotional vulnerability, particularly in high-risk clinical environments such as emergency care settings (Torrioni and Benfante, 2025). Additional research highlights the cumulative psychological harm associated with prolonged exposure to abuse, suggesting

that long-term victimisation may further increase vulnerability to suicidal behaviour over time (Cunha et al., 2024). Despite this consistency, variation in definitions of self-harm and suicidality across studies may influence reported prevalence rates and complicate comparison of findings.

The relationship between IPV and suicidality is also shaped by broader mental health and social factors. Women exposed to IPV frequently experience depression, anxiety, and trauma-related symptoms, which are well-established predictors of suicidal ideation and self-harm (Zlotnick et al., 2006). Barriers to help-seeking, including fear, stigma, financial dependence and limited-service availability, may further increase vulnerability among survivors and delay access to appropriate support.

These findings highlight the importance of integrated mental health and domestic abuse responses within suicide prevention strategies, in line with a public health approach that emphasises multi-agency collaboration and early intervention. However, limited longitudinal evidence examining suicide risk trajectories among survivors restricts understanding of how vulnerability changes over time, reinforcing the need for further research examining long-term outcomes and service effectiveness.

Long-Term Mental Health Trajectories, Help-Seeking and Treatment Response

The literature examined in this review highlights the enduring psychological impact of intimate partner violence (IPV) on women. Evidence from the included studies indicates that mental health effects may persist well beyond the period of abuse, influencing survivors' recovery, help-seeking behaviours, and engagement with treatment. Long-term exposure to violence has been associated with persistent depression, anxiety, and trauma-related symptoms, which may continue to affect wellbeing, relationships and quality of life following the end of an abusive relationship (Ansara and Hindin, 2011; Lacey et al., 2013). However, the predominance of cross-sectional study designs limits understanding of how these symptoms change over time, reducing the strength of conclusions regarding long-term recovery trajectories.

Experiences of abuse also shape interactions with healthcare and specialist services. Many women encounter barriers to help-seeking, including fear of retaliation, stigma, financial dependence, and limited awareness of available support. These barriers can be interpreted through the Social Determinants of Health perspective, which highlights how structural factors

such as socioeconomic disadvantage, housing insecurity, and restricted access to resources influence survivors' ability to seek support and engage with services (Dahlgren and Whitehead, 1991).

Such barriers may delay disclosure and prolong psychological distress. Research suggests that survivors often access healthcare services multiple times before abuse is recognised, highlighting missed opportunities for earlier intervention and referral (Feder et al., 2009; Oram et al., 2017). However, variation in professional training and service-level screening practices across healthcare settings may contribute to inconsistent identification of IPV, reducing the effectiveness of early detection strategies.

This issue is particularly relevant within the UK policy context. The Domestic Abuse Act 2021 strengthened legal protections for survivors and introduced statutory duties for local authorities to provide support, while national guidance has emphasised prevention, protection and multi-agency collaboration (Domestic Abuse Act 2021; HM Government, 2021; Home Office, 2022; National Institute for Health and Care Excellence, 2014; Department of Health and Social Care, 2017). The NHS Long Term Plan similarly prioritises improved mental health provision and greater service integration (NHS England, 2019). Together, these frameworks recognise that survivors require both immediate safety and sustained psychological support. International public health evidence also reinforces the significant health consequences of violence against women and the importance of coordinated prevention and response strategies (World Health Organisation, 2021).

However, despite the introduction of these policies, most available research continues to focus on associations between IPV and mental health outcomes rather than evaluating whether policy developments have improved survivor wellbeing or access to care. This limits the ability to assess policy effectiveness and highlights an important gap in the UK evidence base. Greater emphasis on longitudinal and policy-evaluation research is therefore required to determine whether legislative and service developments translate into measurable improvements in mental health outcomes among survivors.

Overall, the evidence demonstrates that IPV has sustained psychological consequences that extend beyond the immediate period of abuse, influencing long-term recovery and engagement with services. At the same time, limitations in longitudinal evidence and policy evaluation restrict understanding of how survivors' needs evolve over time, reinforcing the need for continued research and more consistent implementation of support pathways.

6.3 Strengths and Limitations

This systematic review has several strengths that enhance the reliability and relevance of its findings. The use of a systematic review methodology enabled a structured and transparent synthesis of evidence examining the mental health outcomes of intimate partner violence among women in the United Kingdom. The review followed recognised systematic procedures, including a clearly defined search strategy and predefined inclusion and exclusion criteria, which strengthened the transparency and reproducibility of the review process. The application of Critical Appraisal Skills Programme (CASP) checklists supported consistent evaluation of methodological quality across included studies, allowing strengths and weaknesses within individual studies to be systematically assessed.

Most included studies were assessed as being of moderate to high methodological quality, with several adjusting for potential confounding variables and using validated tools to measure IPV exposure and mental health outcomes. The inclusion of both quantitative and qualitative research further strengthened the review by enabling examination of measurable mental health outcomes alongside survivors lived experiences of help-seeking and recovery. Quantitative studies provided valuable statistical evidence of associations between IPV and mental health outcomes, while qualitative studies offered contextual insight into barriers to disclosure and engagement with services, demonstrating the complementary value of mixed evidence sources.

However, several methodological limitations should be acknowledged. Many included studies used cross-sectional or observational designs, which restrict the ability to establish causal relationships between IPV exposure and mental health outcomes. While cross-sectional studies are useful for identifying associations, they do not capture changes over time, limiting understanding of the progression and persistence of psychological symptoms. In contrast, the limited number of longitudinal studies reduces the strength of conclusions regarding long-term recovery trajectories and treatment outcomes.

In addition, several studies relied on self-reported experiences of violence, which may have resulted in under-reporting due to stigma, fear of disclosure or concerns about personal safety. Differences in study design, measurement of IPV exposure and assessment of mental health outcomes also reduced comparability across studies. Some studies used validated diagnostic tools, while others relied on symptom-based questionnaires, which may produce variations in diagnostic accuracy and influence reported prevalence rates.

Although the review provides a focused synthesis of UK-based evidence, the relatively small number of eligible studies highlights the need for further research, particularly examining long-term outcomes and evaluating the impact of policy and service developments on survivor wellbeing. Despite these limitations, the review provides valuable insight into the mental health consequences of intimate partner violence among women in the United Kingdom and identifies important gaps requiring future investigation.

6.4 Chapter Summary

This chapter critically examined the key findings of the systematic review exploring the mental health outcomes of intimate partner violence (IPV) among women in the United Kingdom. The discussion synthesised evidence across the included studies, highlighting consistent associations between IPV exposure and common mental health disorders, trauma-related psychological responses, suicidality and self-harm, and longer-term mental health consequences. These findings reinforce the recognition of IPV as a significant public health issue with sustained psychological impacts on survivors.

The chapter also evaluated the findings in relation to existing literature, demonstrating substantial alignment between UK-based evidence and wider international research. At the same time, important methodological limitations were identified, including reliance on cross-sectional designs, variation in measurement approaches and limited longitudinal evidence examining long-term recovery trajectories. These limitations highlight ongoing gaps within the UK evidence base and emphasise the need for further research examining sustained mental health outcomes and the effectiveness of policy and service responses.

Implications for healthcare practice, safeguarding and policy development were considered, emphasising the importance of coordinated, trauma-informed, and multi-agency responses to support survivors effectively. Overall, the discussion contributes to understanding the complex and long-term psychological consequences of IPV and supports the need for continued improvements in service provision, early identification, and integrated care pathways. The following chapter presents the implications, recommendations, and conclusions of the study.

CHAPTER 7: RECOMMENDATIONS AND CONCLUSION

7.1 Introduction to the Chapter

This chapter presents the implications, recommendations, and overall conclusions of the systematic review examining the mental health outcomes of intimate partner violence (IPV) among women in the United Kingdom. Drawing on the findings identified across the included studies, the chapter discusses the broader significance of the results for healthcare services, public health practice, and policy responses to domestic abuse. The chapter begins by outlining the key implications of the findings, particularly in relation to the identification of domestic abuse within healthcare settings and the mental health needs of survivors. It then provides recommendations for practice and future research aimed at strengthening responses to IPV and improving mental health outcomes for women affected by abuse.

7.2 Implications for practice

The findings of this systematic review have three primary implications for healthcare practice in the United Kingdom. First, IPV is a significant determinant of common mental disorders, yet it remains under-identified. This means that many women receiving treatment for depression or anxiety in primary care are not being asked about abuse, and therefore their underlying trauma is not addressed. Second, the strong association between IPV and suicidality, particularly in mental health service users, indicates that suicide prevention strategies must integrate routine IPV enquiry. Third, the long-term persistence of psychological distress after separation means that support cannot be time-limited; survivors may need sustained, flexible access to psychological services.

7.3 Recommendations for practice and policy

Based on the findings of this systematic review, the following recommendations are prioritised. Each is derived directly from the evidence gaps and limitations identified in Chapters 5 and 6.

Recommendation 1: Routine trauma-informed IPV screening in mental health settings

All NHS secondary care mental health services should implement routine, trauma-informed screening for IPV for every woman presenting with depression, anxiety, self-harm, or suicidal ideation. Screening should use a validated brief tool such as the HITS (Hurt, Insult, Threaten, Scream) or WAST (Women's Abuse Screening Tool), with clear written protocols for positive screens (immediate safety assessment, referral to Independent Domestic Violence Advocate [IDVA], and documentation in the electronic health record). This addresses the under identification documented by Howard et al. (2010) and Webb et al. (2025), who found that domestic violence is frequently missed in psychiatric settings.

Recommendation 2: Mandatory IPV training for mental health professionals

The Nursing and Midwifery Council (NMC) and General Medical Council (GMC) should require accredited training on IPV identification and trauma-informed response as a condition of revalidation for all mental health nurses, psychiatrists, and psychologists. Training must include recognising coercive control and psychological abuse (not just physical violence); responding to disclosure without re-traumatisation; co-producing safety plans; and making referrals to specialist domestic abuse services. The re-traumatisation described by survivors in Webb et al. (2025) is unacceptable; competency-based training is a measurable remedy.

Recommendation 3: Integrated care pathways between NHS mental health services and domestic abuse specialist organisations

Every NHS Trust should establish a formal partnership with a local specialist domestic abuse organisation (e.g., Women's Aid, Safe Lives, local IDVA service). This should include: (a) a dedicated liaison IDVA embedded within community mental health teams; (b) shared electronic flagging (with survivor consent) to enable coordinated care; (c) joint case reviews for women with recurrent self-harm or suicide attempts and known IPV exposure. Turnbull et al. (2025) found that 83% of women with IPV who died by suicide had a history of self-harm, this is the highest-risk group for integrated intervention. Pilots of such integrated models should be evaluated within 24 months.

Recommendation 4: Commissioning of long-term psychological support for IPV survivors

Integrated Care Boards (ICBs) should commission dedicated psychological therapy services for IPV survivors that are explicitly trauma-informed, gender-sensitive, and not time limited (e.g., minimum 12 sessions, with option to extend). Current NHS talking therapies (IAPT) often discharge after 6–8 sessions, which is inadequate for the complex, persistent distress documented by Hulley et al. (2023) and Fadeeva et al. (2025). Services should be co-located with or closely linked to domestic abuse advocacy.

7.4 Recommendations for future research

Recommendation 5: Prospective longitudinal cohort studies

UK Research and Innovation (UKRI) and the National Institute for Health and Care Research (NIHR) should prioritise funding for prospective cohort studies that: (a) measure mental health outcomes (depression, anxiety, PTSD, suicidality) using validated diagnostic interviews (e.g., SCID-5) before IPV exposure occurs (e.g., in adolescent or young adult cohorts); (b) track IPV

exposure and mental health annually for at least five years; (c) include detailed measurement of IPV type (physical, psychological, sexual, economic) and chronicity. Such studies would resolve the causal ambiguity inherent in current cross-sectional evidence.

Recommendation 6: Intervention research on suicide prevention

Randomised controlled trials should evaluate whether IDVA advocacy plus trauma focused CBT reduces suicidal ideation and self-harm among IPV survivors compared to usual care. Turnbull et al. (2025) identified a very high-risk group (women with IPV and self-harm history); this group should be prioritised for intervention trials. Primary outcomes should include repetition of self-harm, suicide attempts, and completed suicide (using linked mortality data).

Recommendation 7: Mixed methods studies on long-term recovery

Researchers should use mixed methods designs (quantitative longitudinal surveys + qualitative interviews) to understand which factors predict recovery vs persistent distress after IPV. Key candidate predictors include access to specialist advocacy, social support, socioeconomic stability, and whether the survivor has children with the abuser (which often perpetuates contact and ongoing harassment). Such studies would inform service design and commissioning.

7.5 Conclusion

This systematic review demonstrates that intimate partner violence is associated with a substantial and enduring mental health burden among women in the United Kingdom, including depression, anxiety, PTSD, suicidality, and long-term psychological distress. The evidence consistently links IPV to these outcomes across diverse study designs and populations, although causal inference is limited by reliance on cross-sectional data and under-reporting of abuse. The persistence of symptoms even after separation, and the barriers to help-seeking documented by survivors, highlight the inadequacy of current service responses. Addressing IPV as a public mental health priority through routine screening, mandatory professional training, integrated care pathways, and sustained psychological

support is essential to reduce morbidity and prevent suicide among vulnerable women. Future research must prioritise prospective longitudinal designs and intervention trials to strengthen the evidence base for policy and practice.

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Appendix A: CASP Quality Appraisal of Included Studies

Study	Design	Exposure Measured	Outcome Measured	Confounders Adjusted	Key Findings	Quality
Chandan et al. (2020)	Cohort	Yes	Yes	Yes	IPV survivors had higher risk of depression, anxiety, and serious mental illness	High
McManus et al. (2022)	Cross-sectional survey	Partial (self-reported IPV)	Yes	Yes	IPV associated with increased suicidality and self-harm	High
Turnbull et al. (2025)	Observational	Yes	Yes	Yes	Domestic violence present in 26% of women who died by suicide under mental health services	High
Ferrari et al. (2016)	Cross-sectional	Yes	Yes	Partial	Domestic violence associated with higher levels of depression and anxiety	Moderate
Jonas et al. (2013)	Cross-sectional	Yes	Yes	Yes	IPV associated with common mental disorders in national survey	Moderate–High
Fadeeva et al. (2025)	Longitudinal cohort	Yes	Yes	Yes	IPV associated with long-term adverse health outcomes over 16 years	High
Hashemi et al. (2025)	Cross-sectional survey	Yes	Yes	Yes	Exposure to intimate partner violence was associated with poorer psychological and physical	High

					health outcomes among women in England.	
Howard et al. (2010)	Cross-sectional)	Yes	Yes	Partial	High prevalence of domestic violence (30–60%) among women in psychiatric settings; associated with depression, anxiety, and trauma-related symptoms; under-detection in services	Moderate
Hulley et al. (2023))	Qualitative	Yes	Yes	N/A	Survivors described barriers accessing mental health support	High
Webb et al. (2025)	Qualitative	Yes	Yes	N/A	Survivors discussed experiences of recovery and treatment after abuse	High

Appendix B: Characteristics of Included Studies

Design	Setting	Sample / Participants	Study	Exposure Measured	Outcome Measured	Key Findings
Cohort	UK primary care records	Women with recorded IPV	Chandan et al. (2020)	IPV exposure	Depression, anxiety, serious mental illness	IPV survivors showed significantly higher risk of mental illness
Cross-sectional survey	National survey (England)	Adult population sample	McManus et al. (2022)	Self-reported IPV	Suicidality and self-harm	IPV associated with increased suicidality
National observational study	UK mental health services	Women who died by suicide	Turnbull et al. (2025)	Domestic violence history	Suicide outcomes	Domestic violence identified in 26% of female suicide cases
Cross-sectional	UK survey	Women in national dataset	Ferrari et al. (2016)	Domestic violence	Depression, anxiety	IPV associated with higher psychological distress
Cross-sectional	Adult Psychiatric Morbidity Survey UK	National population sample	Jonas et al. (2013)	IPV exposure	Common mental disorders	IPV linked with higher rates of CMD
Longitudinal cohort	UK health data	Women followed over 16 years	Fadeeva et al. (2025)	IPV exposure	Long-term mental health outcomes	IPV associated with long-term adverse mental health outcomes
Cross-sectional survey	Adult Psychiatric Morbidity Survey, England	National probability sample of adults aged 16+	Hashemi et al. (2025)	Lifetime IPV (physical, sexual, psychological, economic)	Psychological distress and associated physical health conditions	IPV associated with increased physiological and physical health risks among women exposed to abuse.
Cross-sectional observation study	UK mental health services	Women in contact with psychiatric services	Howard et al. (2010)	Domestic violence exposure	Depression, anxiety, trauma-related symptoms	High prevalence of domestic violence (30–60%) among women in psychiatric settings; associated with significant mental health problems and under-detection within routine clinical practice
Qualitative	UK support services	Female survivors of abuse	Hulley et al. (2023)	IPV experiences	Access to mental health support	Survivors described barriers to support
Qualitative	UK recovery services	Women recovering from abuse	Webb et al. (2025)	IPV exposure	Recovery experiences	Survivors described recovery and treatment journeys

