



**VISION**  
Violence • Health • Society

# **Gender asymmetry in the health impact of intimate partner violence: Population-level evidence**

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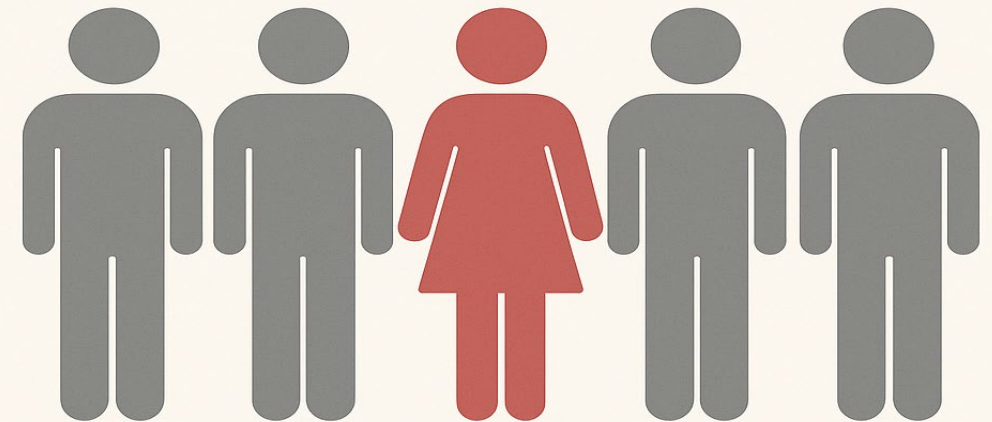
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## Background

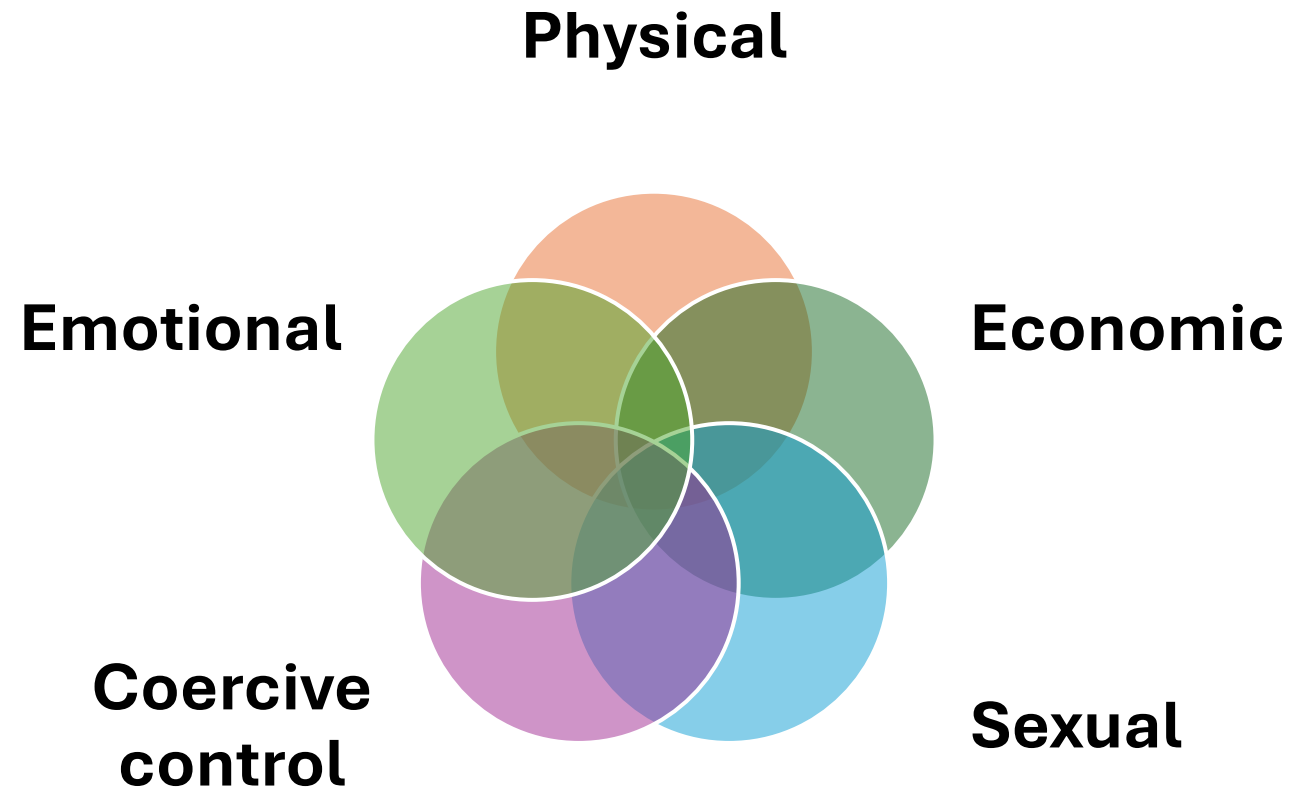
Intimate partner violence (IPV) is a widespread global public health issue.

**IN 2022,  
1 IN 5 ADULTS AGED OVER 16  
EXPERIENCED IPV**



The Crime Survey for England and Wales (CSEW)

# Different forms of IPV



# Impact of IPV

**HEALTH IMPACT:** Women exposed to intimate partner violence are ➔

## Mental Health

**TWICE**   
as likely to experience depression

**ALMOST TWICE**   
as likely to have alcohol use disorders

## Sexual and Reproductive Health

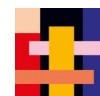
**16%**   
more likely to have a low birth-weight baby

**1.5 TIMES**   
more likely to acquire HIV and 1.5 times more likely to contract syphilis infection, chlamydia or gonorrhoea

## Death and Injury

**42%**   
of women who have experienced physical or sexual violence at the hands of a partner have experienced injuries as a result

**38%**   
of all murders of women globally were reported as being committed by their intimate partners



# Main research gaps

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- ✓ **Predominantly used women only samples**
  - ✓ **Mainly used clinical samples**
  - ✓ **Research mainly focused on physical and/or sexual IPV**
  - ✓ **Mainly focused on mental health outcomes**
  - ✓ **Not controlling for confounders e.g., SES & childhood abuse**
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# England 2014 Adult Psychiatric Morbidity Survey

- ❖ •Data collection: May 2014 to September 2015
- ❖ •Sampling method: stratified, multistage random probability sampling design
- ❖ •Response rate: 57%
- ❖ 7,546 (Female =4488, Male= 3058) aged 16 years and over
- ❖ Non-residential and short-term residential properties, rest homes and retirement villages

# Aims



To explore how different types and numbers of IPV are linked to specific physical health conditions



To explore gender differences in the associations between IPV and chronic physical health conditions





# Current study

- Examined 19 specific health conditions:

- ❖ Cancer
- ❖ Diabetes
- ❖ Migraine
- ❖ Neurological conditions
- ❖ Cataract/sight problem
- ❖ Hearing/ear problem
- ❖ Heart attack
- ❖ High blood pressure
- ❖ Bronchitis
- ❖ Asthma
- ❖ Allergies
- ❖ Gastrointestinal conditions
- ❖ Liver problem
- ❖ Bowel/colon problem
- ❖ Bladder Problem
- ❖ Arthritis
- ❖ Musculoskeletal problem
- ❖ Infectious disease
- ❖ Skin problem
- ❖ Any chronic disease
- ❖ General health

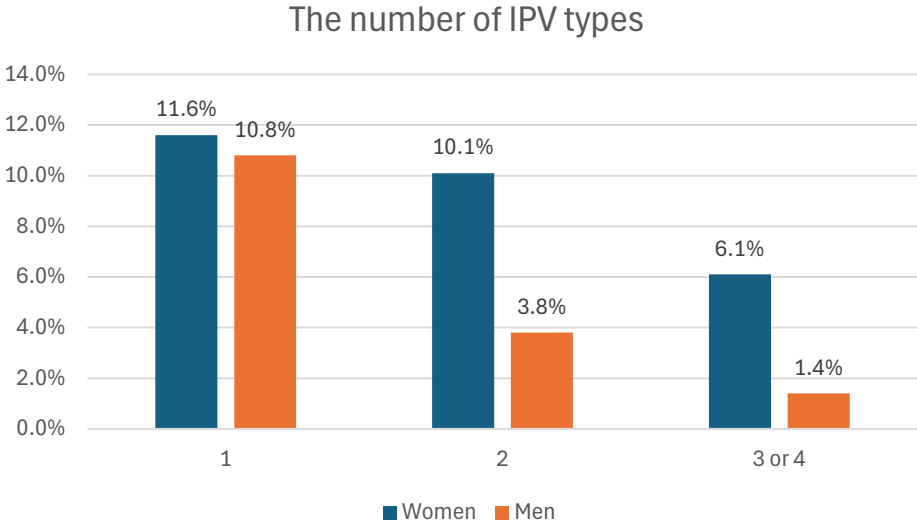
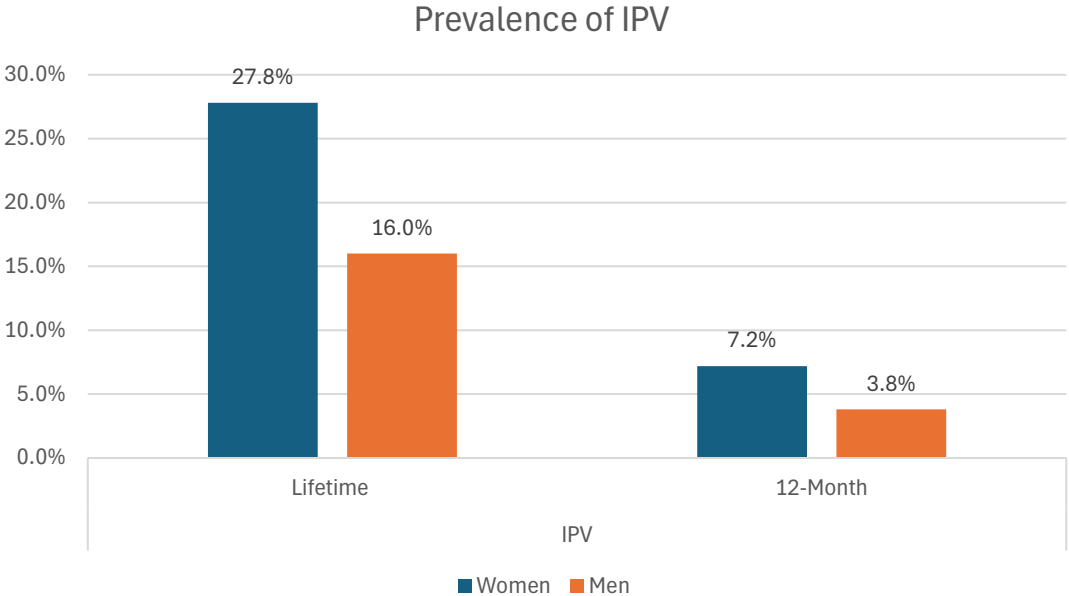


## IPV variables

- ❖ Lifetime and recent IPV (12 months)
- ❖ Multiple types of IPV
- ❖ Number of IPV experienced



➤ **Women** were more likely to experience IPV and a higher number of IPV types than men

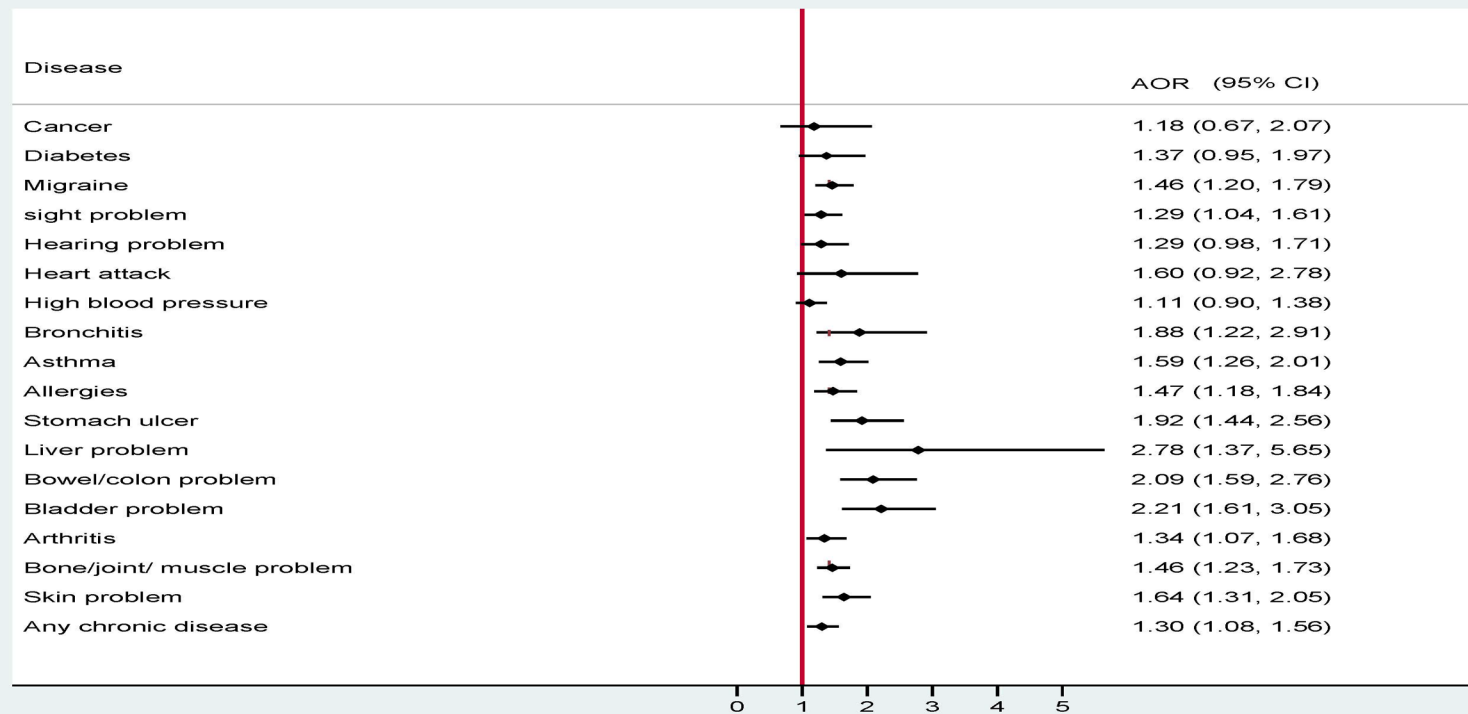


# Findings

- **Women's** experience of lifetime and 12-month IPV were significantly associated with 12 and 11 different physical health conditions, respectively.
- **Men's** experience of lifetime and 12-month IPV were significantly associated with 4 and 1 conditions, respectively.

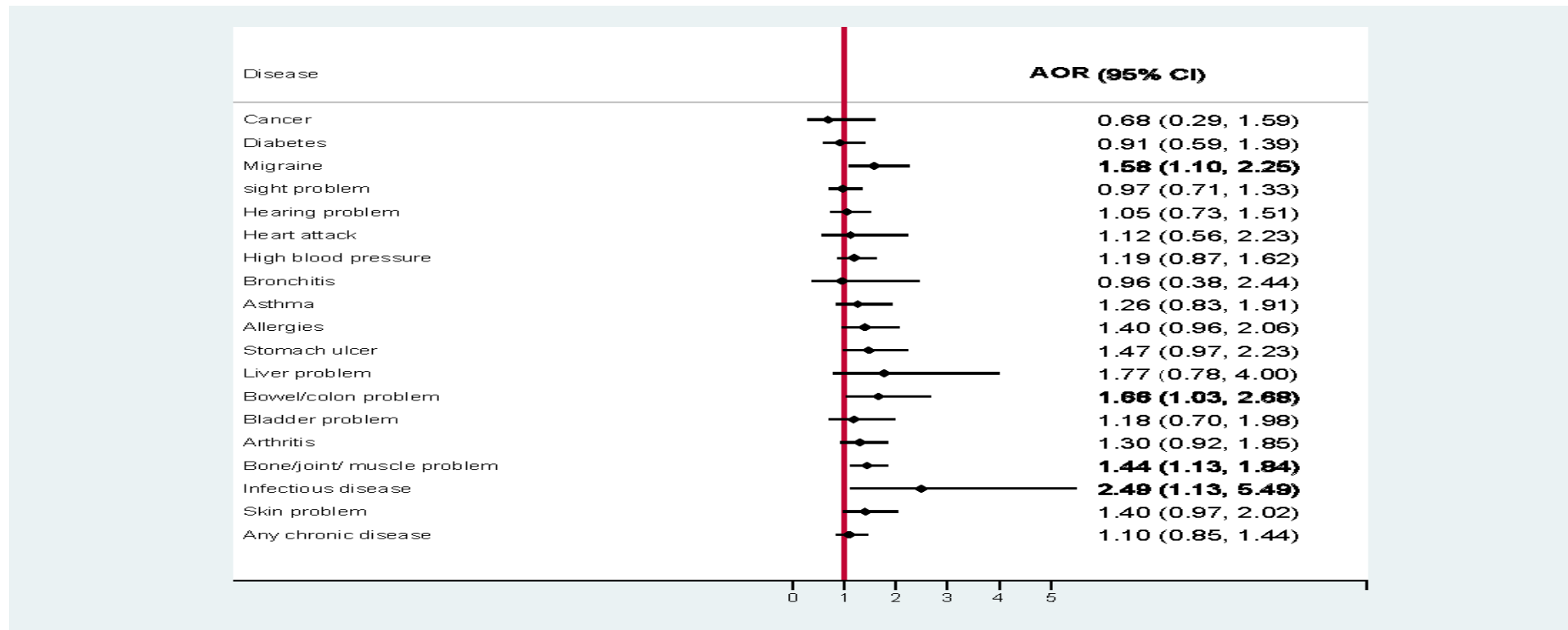


# Association between experience of any lifetime IPV and current chronic adverse health outcomes (female sample)



AORs: Odds ratios adjusted for for age, ethnicity, whether can keep home warm in winter, any debt, and area deprivation level

# Association between experience of any lifetime IPV and current chronic adverse health outcomes (male sample)



AORs: Odds ratios adjusted for for age, ethnicity, whether can keep home warm in winter, any debt, and area deprivation level

## On number of IPV and Health outcomes

- A dose-response association for women was observed, as those who experienced multiple IPV types were more likely to report poorer health outcomes (even for one IPV type).
- No clear stepwise association was found for men

## Adjustment for childhood abuse

- Adjusting for childhood abuse (in addition to adjusting for SES) attenuated the odds ratios for women's sample but they remained significant
- but for men, there was only one association remained significant after adjustment for childhood abuse (infectious disease).



## Conclusion

- IPV is a **gendered issue**, with stronger associations between IPV and physical health evident in this data for women than for men.
- This may be because women are more likely to experience more and multiple types of IPV, more frequently, and more often with injury.
- Healthcare systems must recognise IPV as a priority issue, ensuring support is tailored to those affected.





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## Intimate partner violence and physical health in England: Gender stratified analyses of a probability sample survey

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# Thank You!

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