

University of
Bristol

Centre for Academic
Primary Care

Mental health support gap among intimate partner violence (IPV) survivors: findings from a nationally representative survey (APMS)

Christina Palantza 23/06/2025

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Research on the
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Background

- Mental health highly affected by IPV (Oram et al, 2022)
- Barriers to mental healthcare despite high need (Edmond et al, 2013)
- Care gap: unmet need (Lora et al, 2012)
- APMS evidence: Mental health service use correlates IPV perpetration, but explained by victimisation (Bhavsar et al, 2023)

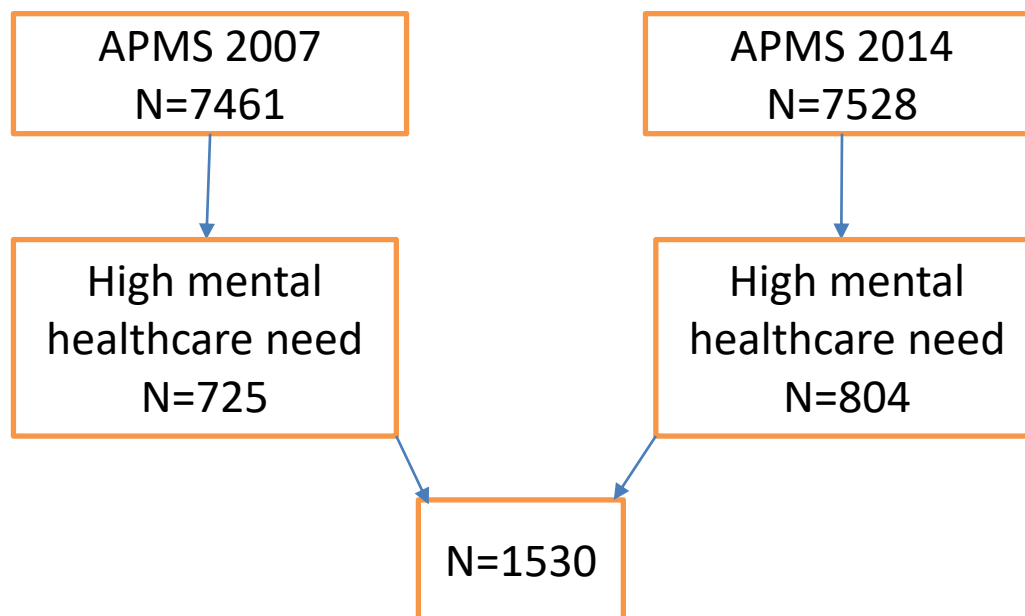


What is the mental healthcare gap for IPV survivors and is it larger than the gap among people not exposed to IPV?

Methods

- Adult Psychiatric Morbidity Survey 2007 and 2014-expecting APMS 2023
- Sampling: random sampling: one person from randomly selected private households
- Mental healthcare need: high psychological distress (CIS-R>18) OR PTSD OR alcohol OR drug dependence
- Mental health support: GP, community and day services, specialised mental healthcare
- Weighted chi-squared tests and logistic regression

Preliminary findings: descriptives



- Lifetime IPV survivors 51.7%
- Higher psychological distress score

Preliminary findings: care gap comparisons

Combined 2007 and 2014				2007			2014				
Over all	IPV		Non- IPV	Ove rall	IPV		Non -IPV	Over all	IPV		Non- IPV
	Lifetime	Past year			Lifeti me	Past year			Lifeti me	Past year	
36.7 %	32.1%	29%	41.8 %	41. 7%	39%	37%	44. 6%	32.3 %	25.8 %	27%	39.2 %

Preliminary findings: demographic differences among IPV survivors

- Higher gap among:
 - men
 - 16-24
 - Black
 - mixed ethnicity
 - high income, employed
 - non-parents

BUT

- Explained by higher distress
- Interaction of care gap with income quintile

Preliminary findings

- IPV survivors received significantly more specialised treatment in both years
- Lifetime IPV survivors significantly higher concomitant use of all types of services χ^2 27.75 p.001, but no differences for past 12 months survivors

Preliminary findings: types of care received by lifetime IPV survivors

Combined 2007 and 2014	
No care	32.5%
Only general healthcare	13.1%
Only community/day services	3.5%
General and community/day services	4.5%
Only specialised mental healthcare	5.8%
Mental healthcare and community/day services	2%
Mental healthcare and general healthcare	18.7%
All types of care	20%

Preliminary findings: medication only

- Medication alone received by 28%
- Which is:
- 41% of all care received

Conclusion

- High service use due to high need
- Still considerable unmet need
- More complex and detailed analyses with APMS 2023-24 coming up soon!

Thank you!

Questions?

Christina.Palantza@bristol.ac.uk

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