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Original Article

The assessment of suicidal ideation and attitudes in battered women

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Abstract

Background and Objectives: *The relationship between domestic-violence victimization and suicidal thoughts and attempts has been suggested by* many clinical and empirical studies*. Our aim was to examine this relationship among battered women in the forensic sample.*
Materials and Methods: *An explorative research approach was used based on the in-depth assessments (interviews plus questionnaires) in order to achieve the research objectives expressed as: (a) socio- demographic profile description, (b) level and pattern of abuse determination (Spouse Abuse questionnaire), (c) the current intensity of battered women's specific attitudes, behaviors, and plans to commit suicide on the day of the interview (Suicidal Intent Scale [SIS]).*
Results: *In the context of measuring Suicidal Frequency, data of the Scale for Suicidal Ideation (SSI) items indicated that 32.5% at the base line scored 0-5 (no suicidal ideation); 35.3% scored 6-19 (mild to moderate suicidal ideation); and 32.2% scored 20-38 (sever suicidal ideation). Suicidal ideation was positively correlated with abuse pattern (p=0.000), significantly correlated with psychological IPV (Intimate Partner Violence) (p=0.004), abuse duration (p=0.001), and abuse frequency (p=0.05). Bivariate logistic regression showed significantly positive relation of suicidal ideation with the husband's age and abuse pattern, duration, and frequency; and negative relation with the participant's age, occupation, and age at marriage (p>0.05).*
Conclusion: *These data support a relationship between domestic-violence victimization and suicidal intent. From the perspective of assessment, inpatient clinicians need to carefully screen every patient with a history of domestic violence for a history of suicidal intent.*

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Keywords
Intimate partner violence,
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Introduction

Intimate partner violence (IPV) is a major health and criminal justice issue worldwide. Women across the world irrespective to age, economic status, race, religion, ethnicity, sexual orientation, education background or cultural group are subject to all types and levels of violence [1]. Women in abusive relationship move through and between various psychological consequences mostly posttraumatic stress disorder (PTSD) and depression [1, 2].

IPV and suicide are universal social problems that cause many people to lose their lives and many more to suffer nonfatal injuries. The women, who are victimized by intimate partner violence, feel trapped and confused. Outcomes of husband's violence, meant to control the victim, can cause an adverse ripple effect on the emotional and psychological state of a survivor [3].

Horrible attacks can cause an adverse ripple effect on the emotional and psychological state of a survivor and strip her self-esteem, self-confidence, and self-love [4].

Coping with emotional and psychological traumas often becomes burdensome for survivors [5].

There is increasing evidence about the scope and extent of mental health response to IPV [6].

Panic attacks, post traumatic stress disorder (PTSD), depression, anxiety, suicidal tendencies, substance abuse, and psychotic episodes can all be sparked by violence and maltreatment [7].

Many women feel trapped and powerless and do not receive treatment for their depression, and thus believe that suicide is the only way out [8, 9, 10].

It is believed that Women exposed to domestic violence, experience suicidal ideation; a contemplation of killing themselves [11].

According to Jackson [12], women exposed to domestic violence are eight times more likely to suicide or attempt suicide than women of non-violent

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Table 1. Sample characteristics of battered women

Predictor		Mean	S.D.	No.	%
Age		25.19±	8.36		
Age-Group	15-24 years			365	58.8
	25-45year			256	41.2
Educational Level	Illiterate/ semiliterate			82	13.2
	High school			185	29.8
	Diploma			299	48.1
	University			55	8.9
Occupation	House wife			414	66.7
	Working Woman			113	18.2
No of children	No child			156	38.6
	1-2 children			200	49.5
	3-4 children			48	11.9
Length of marriage time	<1 year	6.46	4.7	31	5.0
	1-3 years			159	25.6
	3-5 years			168	27.1
	>5years			263	42.4
Marriage Type	Compulsory			38	6.1
	Traditional			373	60.1
	Romantic			210	33.8
Husband's annoying habits	Alcohol			49	35.4
	Illegal drugs			73	51
	Extramarital relationships			21	14.7
Frequent leaving	Quitting			215	53.2
	Separation			145	67.4
	Divorce & rejoining again			42	19.5
				28	13
Abuse Patterns	Physical Abuse only			217	34.9
	Psychological Abuse mainly			240	38.6
	Physical &Sexual Abuses			33	5.3
	coexist violence			131	21.1
Abuse Duration	> 1 year	8.70	6.11	49	7.9
	1-3 years			103	16.6
	3-5 years			116	18.7
	> 5 years			353	56.8

Correlation is significant at the 0.05 level (2-tailed).

relationships. He also stated that women who suffer from physical and psychological abuse at the hands of a partner commonly consider suicide [12].

The rate of suicide can also depend on the relationship status. Married women in a violent relationship are at an increase level of suicide attempts, but pregnant women have a higher rate of suicidal ideation than married women [13].

In a study by Cavanaugh (2011) on women who had been victimized by intimate partner violence, one in five women had threatened or attempted suicide during her lifetime. Younger victims of intimate partner violence were more at risk for suicidality than older victims. Of the women who had experienced intimate partner violence, 23% had threatened or attempted suicide [14].

According to Rebecca (2014), survivors of intimate partner violence are twice as likely to attempt suicide multiple times [15].

However, other underlying factors are relevant, which concern individual and social issues such as genetic factors involving family histories of suicide, psychological problems including aspects of anxiety, nervous breakdowns, depression, and posttraumatic stress disorder combined with factors of low esteem can trigger suicidal thoughts when victims blame themselves for their abuse [16, 17, 18].

Method

Participants

In accordance with the assumptions of our study, the selection criterion of sampling was purposive, comprised 621 physically abused women, came from all walks of life, demographic category, and social classes; seeking formal forensic medical certificates to prove domestic violence, seriousness of the injury, and providing the opportunity for some further security coverage. In order to be included in the study, the participants had to be physically abused by their spouses in more than six months prior to the study. Additionally, experiencing varying levels of psychological violence/sexual abuse along with physical violence was also considered. In addition, qualifying women may give voice to suicidal thought at the time of interview. Collection sites included five centers (Central, North, East, West, and South) of forensic medical clinic provided by the Legal Medicine Organization, in Tehran city, between 2015- 2016.

Measures

After agreeing to participate and acknowledging informed consent, relevant questionnaire was completed by face to face interview to provide: 1. General information including demographic profile, background relationship, and other relevant intentions questions; 2. Spouse Abuse Questionnaire (SAQ); and 3. The Scale for

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Suicidal Ideation (SSI).

Instruments

Structured Interview

Information on: basic demographic and personal information (i.e., age, education, employment status, number of children, marital status, and socioeconomic status) were elicited and the data related to relationship course information (i.e., whether or not the woman has been admitted to an emergency room due to head injuries or other injuries sustained as a result of abuse), prior status of leaving and returning to abusive relationship, and police or legal involvement due to any violence episode were obtained.

Spouse Abuse Questionnaire (SAQ)

A 44-item self-report validated questionnaire in the local language used to measure spouse abuse. Based on this questionnaire, spouse abuse was viewed as three domains: physical violence (10 items), psychological abuse (20 items), and sexual maltreatment (14 items). A 4-point likert–type scale was used to score responses with the choices ranged from "Never to Always". Validity and reliability of this measure had been evaluated and the associated figures were 0.92 and 0.98 ($p<0.001$), respectively [19].

Scale for Suicidal Ideation (SSI)

A 19-item clinical research instrument was designed to quantify and assess suicidal intention, developed by Beck, Kovacs, and Weismann, quantifies and assesses both the suicidal intents and their degree and intensity in the present and in the past. The scale is based on a semi-structured interview and provides information about several dimensions: 1) attitude towards life and death, 2) suicidal thoughts or wishes, 3) a project contemplating suicide, and 4) carrying out a contemplated suicide attempt. The scoring for each item is from 0-2, and the total score ranges from 0-38; the higher the score, the greater the risk of suicide. In some previous studies on adult suicidality a score of 6 or more has been used as a cutoff threshold for clinically significant suicidal ideation [20, 21].

Finally, SSI total score was assessed in the three classes of the suicidality assessment: 0-5, no suicidality; 6-19, mild to moderate suicidal ideation; and 20-38, high suicidal ideation or self-harming acts. There are two items that assess the suicidal history; and although they are not included in the total scoring, they do have a descriptive value. The scale was found to have high internal consistency and moderately high correlations with clinical ratings of suicidal risk and self-administered measures of self-harm [22, 23].

Analysis

Statistical analysis was performed using SPSS v.18.0 statistic software package. Two-sided p values at the level of 0.05 were considered to reach statistical significance. Frequency estimations, cross tabulations, and other exploratory data analyses were used to obtain a profile of the study sample and the underlying distributions of each response variable and covariate of interest. The strength of the association between suicidal thoughts in the present and in the past with each key covariate of interest was assessed by bivariate analysis.

Results

1. Demographic Profile

A total of 621 women were approached, of which all were eligible responders, after being informed of the research aims. Women who consented to be interviewed were asked the survey questions by trained interviewers in five forensic medical centers in Tehran city. Participants were between 15 to 45 years old (Mean=25.19; SD=8.36), mostly between the age of 15 and 24 years (58.8%, 365). Majority (66.7%, 414) were housewives with diploma educational level (48,1%, 299). Marriage duration with the Mean±SD of 6.46±4.7 varied between <6 months to 25 years, mostly more than five years in 42.4%. Demographic features and background variables of the responders are shown in Table 1.

2. Patterns of Violence and Abuse Ratings

Data regarding the descriptive features of the Spouse Abuse are presented in Table 1, indicating considerable variability in the level and pattern of the abuse. Although history of pervious physical abuse experiences was reported by 64.4% (400) of the responders, mainly psychological abuse was reported by 41.8% (260) of them. Endorsement of physical abuse as the only abuse

Table 2. Analysis for the relation between participants' variables and suicidal ideation subscale (SSI)

		Suicidal Ideation			
Predictor		β	t	Sig.	CI Lower -Upper bound
Age		-.304	-1.6	.003	-1.58 to 2,20
Occupation		-.864	-2.9	.004	.280 to1.44
Marriage Age		-.299	-7.19	.000	-.381 to -.217
Husband Age		.26	1.46	.05	1.009 to1.061
Abuse Type		.497	9.17	.000	7.501 to 9.578
	physical	.136	2.22	.002	.909 to 2.75
	psychological	.470	1.25	.004	1.01 to 1.48
	Mixed	.251	1.32	.04	.967 to 1.136
Abuse Duration		.188	3.22	.001	1-034 to 3.58
Abuse Frequency		.148	1.36	.05	1.353 to 1.514

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pattern was reported by 34.9% (66.1% uncomplicated trauma, 33.9% complicated trauma, and none life-threatening), 65.1% experienced violence in many ways, from physical abuse to emotional maltreatment and sexual harassment. To determine the intensity (severity and frequency) of the battering relationship among participants, areas of duration of the abusive relationship with between 1 and 24 years (Mean=8.70 years, SD=6.11) and frequency (always: 14.3%; often: 53.1%, and sometimes: 32.5%) were assessed. Chi-square analysis revealed that there was an association ($p< 0.05$) between different types of "Spouse Abuse" with the participants' age, education, and job as well as husband's educational level and his annoying habits. Number of children and marriage duration had significant relation to abuse ($p= 0.001$).

3. Frequency of Scale for Suicidal Ideation

Frequency data of the Scale for Suicidal Ideation (SSI) items indicated that 32.5% (n=202) of 621 battered women at the base line scored 0-5 (no suicidal ideation); 35.3% (n=219) scored 6-19 (mild to moderate suicidal ideation), and 32.2% (n=200) scored 20-38 (sever suicidal ideation). Suicidal ideation in the two weeks prior to the study was reported mostly 57.3% (240) followed by the last 30 days 26.5% (111) and last year 16.2% (68), respectively.

Regression Analysis

Table 2 presents correlation and subsequent regression for all variables. The result indicated that there was a significantly positive relation between suicidal ideation and abuse type ($p=0.000$), husband's age ($p=0.05$), and negative relation with the participants' age ($p=0.003$), occupation ($p=0.000$), and age at marriage ($p=.000$) (Table 2).

We also tested the hypothesis that abuse pattern, duration, and frequency would account for significant variance in suicidal ideation. The abuse pattern, duration, and frequency variables were entered as the predictor variables. The suicidal ideation subscale was entered as the criterion variable. Our hypothesis was generally supported by standardized coefficients reported in Table 2. The overall model fit for the analysis was significant ($\beta=0.497$, $t=9.17$, $p=0.000$); abuse duration ($\beta=0.188$, $t=3.22$, $p=0.001$) and abuse frequency ($\beta=0.148$, $t=1.36$, $p=0.05$) accounted for significant variance in suicidal ideation. Psychological IPV victimization ($\beta=0.42$, $t= 10.732$, $p=0.04$) and psychological IPV victimization ($\beta=0.470$, $t=2.22$, $p=0.004$) also significantly accounted for the variance in suicidal ideation.

Discussion

The current study examined the prevalence and correlation of suicidal ideation in the battered women seeking formal forensic medical certificates. Our investigation showed that women, who engaged in violent relationship with their husbands, were mostly young age group. The majority of the women reported were housewives with high school graduation level (diploma), according to other studies.

Stockl et al. (2014) in the study "Intimate partner violence among adolescents and young women: prevalence and associated factors in nine countries" found the lifetime prevalence of IPV ranged from 19 to 66 percent among women aged 15 to 24, with the most sites reporting prevalence above 50 percent [24].

Abramsky et al. (2011) on a survey study by using data from ten countries, included in the WHO Multi-country study on women's health and domestic violence, identified that domestic violence is growing up with young age, secondary education, and high SES (Socioeconomic Status) [25].

Hamby et al. (2012) on a research on intimate partner violence (IPV) assumed that IPV peaks during young adulthood [26].

Capaldi et. al (2012) on a review paper on 228 published articles reports on some commonly found risks associated with vulnerability to IPV note that lower socio- economic status (SES) and un/underemployment are generally associated with higher reports of IPV; high levels of stress are associated with increased IPV; age may serve as a risk or protective factor; and alcohol and drug use are associated with increased reports of IPV [27].

Considerable variability in the level and pattern of the abuse mainly coexists with violence in this study. Physical IPV accompanied by psychological aggression (expressive aggregation, coercive control, and mind game) and sexual violence (acts occur without the victim's freely given consent), according to the existing researches.

Garcia et al. (2005) on their comparative survey analysis, based on WHO multi-country data study on women's health and domestic violence against women, from more than 24000 women in 10 countries to measure the prevalence of IPV, reported that 23–56% of women who reported ever experiencing physical or sexual IPV had experienced both [28].

A comparative analysis of DHS data from 12 Latin American and Caribbean countries found that the majority (61–93%) of women who reported physical IPV in the past 12 months also reported experiencing emotional abuse [29].

Philpart et al. (2009), in a survey of female college students in Ethiopia, found that 16% reported physically abusing an intimate partner or non-partner and 16.9% reported perpetrating acts of sexual violence [30].

Our results indicated that over three-fifth of the female attending forensic clinic experienced suicidal ideation within the two weeks prior to entering the study. Evidence from other studies suggests that women who are abused by their partners suffer higher levels of depression, anxiety, and phobias than non-abused women [31].

Much evidence has shown that emotionally abused women can be lonelier and despairing than physically abused women [32, 33].

Karakurl et al. (2014) on their study on the data collected from 35 female residents of a domestic violence

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shelter with the primary purpose to develop a picture of the mental health needs of female victims of IPV, found that the women reported a range of mental health issues including symptoms of depression, suicidal ideation, and other symptoms of serious mental health diagnoses [34].

Devries et al. (2011) in their analysis of the WHO multi-country study data from low and middle income countries suggested IPV as a risk factor for suicide among battered women [35].

Chan et al. (2008), found that from the International Dating Violence study regarding the prevalence of physical assault, sexual coercion, and suicidal ideation among university students and exploring the relationships between suicidal ideation and dating violence from nearly 16,000 university students from 22 sites in 21 countries , that male and female students were remarkably similar in the proportion of those who physically assaulted a partner or reported being a victim of sexual coercion. They revealed that perpetrators and victims of physical assault had an increased rate of suicidal ideation. Depression accounted for the relationship between dating violence and suicidal ideation. This study highlights a need for the development of universal screening and targeted services for violence, depression, and suicide prevention [36].

Kazan et al. (2016) drew attention to the impact of intimate partner relationships on suicidal thoughts and behaviors. Their review highlights intimate partner relationships as a significant component in a suicide risk assessment [37].

Suicidal ideation was positively correlated with abuse pattern (p=0.000); significantly correlated with psychological IPV, abuse duration (p=0.002), and abuse frequency.

A body of literature suggests that women who experience IPV are at elevated risk for suicidal ideation or suicide attempts and that more severe violence and potential lethality are associated with suicidality.

Sato & Sharps (2007) in their study to investigate the relationships between dangerousness in intimate partner relationships and victims' mental health and/or health behavior problems, found a significant association between severity of violence and mental health symptoms and health behaviors, including anxiety, depression, difficulty concentrating, memory loss, suicidal attempts [38].

Seedate et al. (2005), in their study to estimate the prevalence of intimate partner violence (IPV) and to explore its association with childhood maltreatment, substance misuse, posttraumatic stress, and suicidal behavior in a representative community sample of women, reported that abused women were more likely than other women to be divorced, to have less than 13 years education, to endorse high levels of childhood victimization, to have abused drugs and alcohol, and to have attempted suicide [39].

Karen et al. (2013) conducted a systematic review and meta-analysis of longitudinal studies published before February 2013 in which more than 22,000 records from 20 databases were searched for studies examining physical and/or sexual intimate partner or dating violence and symptoms of depression, diagnosed major depressive disorder, dysthymia, mild depression, or suicide attempts. Conclusion showed that in women, IPV was associated with incident depressive symptoms and depressive symptoms with incident IPV and IPV was associated with incident suicide attempts [40].

Courtenay et al. (2012), in a study to examine the prevalence and correlates of suicidal threats and attempts among 662 racially and ethnically diverse adult female victims of intimate partner violence (IPV), suggested that one in five adult female victims of IPV in the study had threatened or attempted suicide during their lifetime [41].

Conclusion

Recognizing the prevalence and correlates of suicidal ideation and dating violence can lead to the design of effective preventive and interventive strategies.

Conflict of Interest: The Author has declared no conflict of interest for this study.

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