







Suicidal ideation in women and intimate partner violence

Ideação suicida em mulheres e violência por parceiro íntimo

Ideación suicida en mujeres y violencia de pareja

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ABSTRACT

Objective: to investigate the association between suicidal ideation and intimate partner violence in women. **Method:** analytical and cross-sectional study carried out in Basic Health Units in Piauí, Brazil, with 369 adult women and with a relationship history. Data were collected from August 2015 to March 2016 using the Revised Conflict Tactics Scales and Self-Reporting Questionnaire, and analyzed using the Statistical Package for the Social Science software, version 20.0. **Results:** 65.3% of the women were found to have suffered intimate partner violence; 61.0%, psychological violence, 32.2%, physical violence, 18.7%, moral violence, and 17.1%, sexual violence. An association was identified between suicidal ideation and intimate partner violence ($p = 0.000$), psychological violence ($p = 0.001$), and moral violence ($p = 0.000$). Victims of intimate partner violence were 4.35 times more likely to think of committing acts against their own lives. **Conclusion:** suicidal ideation is associated with intimate partner violence, psychological and moral violence.

Descriptors: Women's health; Mental Health; Intimate Partner Violence; Suicidal Ideation.

RESUMO

Objetivo: investigar a associação entre ideação suicida e violência por parceiro íntimo em mulheres. **Método:** estudo analítico e transversal, desenvolvido em Unidades Básicas de Saúde do Piauí-Brasil, com 369 mulheres adultas e com histórico de relacionamento. Os dados foram coletados de agosto de 2015 a março de 2016, por meio do *Revised Conflict Tactics Scales* e *Self-Reporting Questionnaire*, e analisados no software *Statistical Package for the Social Science*, versão 20.0. **Resultados:** verificou-se que 65,3% das mulheres sofreram violência por parceiro íntimo, 61,0% foi vítima de violência psicológica, 32,2% física, 18,7% moral e 17,1% sexual. Identificou-se associação entre ideação suicida e violência por parceiro íntimo ($p=0,000$), violência psicológica ($p=0,001$) e moral ($p=0,000$). Ser vítima de violência por parceiro íntimo aumenta 4,35 vezes as chances de as mulheres pensarem em cometer atos contra a própria vida. **Conclusão:** a ideação suicida está associada a violência por parceiro íntimo, violência psicológica e moral.

Descritores: Saúde da Mulher; Saúde Mental; Violência por Parceiro Íntimo; Ideação Suicida.

RESUMEN

Objetivo: investigar la asociación entre ideación suicida y violencia de pareja en mujeres. **Método:** estudio analítico y transversal, realizado en Unidades Básicas de Salud de Piauí-Brasil, con 369 mujeres adultas y con antecedentes de parentesco. Los datos se recopilaron desde agosto de 2015 hasta marzo de 2016, utilizando el *Revised Conflict Tactics Scales* y *Self-Reporting Questionnaire*, y se analizaron utilizando el software *Statistical Package for the Social Science*, versión 20.0. **Resultados:** se encontró que el 65,3% de las mujeres sufrió violencia de pareja íntima, el 61,0% fue víctima de violencia psicológica, 32,2% física, 18,7% moral y 17,1% sexual. Se identificó asociación entre ideación suicida y violencia de pareja íntima ($p = 0,000$), violencia psicológica ($p = 0,001$) y violencia moral ($p = 0,000$). Ser víctima de violencia de pareja aumenta 4,35 veces las posibilidades de que las mujeres piensen en cometer actos contra su propia vida. **Conclusión:** la ideación suicida está asociada con la violencia de pareja, violencia psicológica y moral.

Descritores: Salud de la Mujer; Salud mental; Violencia de Pareja; Ideación Suicida.

INTRODUCTION

The problem of suicidal behavior has been discussed in different contexts and from different perspectives¹⁻³. This phenomenon is related to the self-aggression conduct and to the wish to die. Suicidal ideation is part of this behavior, along with suicide planning, attempted suicide and death due to suicide⁴.

In the female universe, suicidal ideation can be related to violence, especially if perpetrated by their partners⁵. In this sense, Intimate Partner Violence (IPV) is defined as any harms associated with the marital relationship, be them physical, psychological or sexual, among others^{6,7}.

Globally, IPV has affected millions of women, as well as it has caused health problems, disabilities and deaths⁸. Of the total femicides, 38% were attributed to IPV⁹. In addition to that, it reflects multiple adversities in their physical and mental health and its occurrence contributes to the development of mental disorders such as depression, post-traumatic stress disorder, and alcohol and drug abuse¹⁰.

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Among factors associated with IPV, a systematic review study revealed the following: low schooling level or socioeconomic status, consumption of psychoactive substances, previous exposure to other forms of abuse or violence, tolerance towards violence, control of the partner's behavior, abuse of substances and involvement in quarrels, and lack of social support¹¹.

It is noteworthy that women who experience IPV are more susceptible to becoming sad and having low self-esteem, aspects that impair quality of life and, consequently, make them more likely to have ideas of attempting to take their own lives¹². A general panorama points out that the female population presents higher rates of attempted suicide when compared to men¹³. Nevertheless, exposure to situations of violence imposes an increased risk for this problem¹⁴.

In view of the above, the expansion of Brazilian scientific productions about suicidal behavior is considered emergent, in order to contribute to the effective confrontation of this problem. Consequently, the objective of this study is to investigate the association between suicidal ideation and intimate partner violence in women.

METHOD

This is an analytical and cross-sectional study with a quantitative approach, developed in 72 Basic Health Units (BHUs) located in five municipalities of the state of Piauí: Teresina, Parnaíba, Picos, Floriano and Bom Jesus, considered as reference for the five health macro-regions of the state.

The reference population consisted in 347,414 women, aged from 20 to 59 years old, in the aforementioned municipalities¹⁵. For sample calculation, a 95% confidence level, a maximum error of 5% and an assumed IPV prevalence of 39%¹⁶ were considered, which determined a sample of 369 women. A proportional distribution of these women was carried out in the five municipalities, resulting in 232 women studied in the city of Teresina, 46 in Picos, 38 in Floriano, 36 in Parnaíba, and 17 in Bom Jesus.

In order to maintain the randomization process, in the recruitment participants, a draw of the women to be included in the study was carried out, considering the registration of those treated in the BHU in 2014.

The inclusion criteria included the following: being a woman, aged between 20 and 59 years old, with a history of relationships (dating, marriage or the like) and Nursing appointments in the BHUs. Those with hearing impairment or mental illness, identified based on the medical record, were excluded. When a woman was excluded, a new participant was drawn.

Data collection took place from August 2015 to March 2016. The situations of violence were assessed by applying the Revised Conflict Tactics Scales (CTS2)¹⁷. CTS2 was specifically designed to identify violence between individuals who have a dating, marriage or similar relationship. Women who reported having suffered at least one of the 12 acts of violence indicated by the scale¹⁸ were considered victims.

In turn, suicidal ideation was assessed by applying the Self-Reporting Questionnaire (SRQ-20), an instrument for screening non-psychotic mental disorders¹⁹. To assess this variable, the study worked with a specific question in the "depressive symptoms" domain, which asks whether the participant "has ideas about ending her life".

A pilot test was conducted with 10% of the sample, in order to test the instruments and the researchers' skills. The information obtained in this stage was not included in the database.

The data were analyzed in the Statistical Package for the Social Science (SPSS) software, version 20.0. Descriptive and inferential analyses were performed. The chi-square test was used to verify the associations between qualitative variables. When the frequency of the cells was less than 20% or below 5, Fisher's exact test was applied. The strength of the associations between the variables was measured by the Odds Ratio(OR) and confidence intervals (95% CI).

All the ethical aspects were observed while conducting this study. The research was approved by the Research Ethics Committee of the proposing institution. The participants received due clarifications regarding the research and signed the Free and Informed Consent Form.

RESULTS

Most of women were, on average, 33.1 years old (Standard Deviation=9.9), were brown-skinned (59.4%), had children (70.7%) and were heterosexuals (98.6%). They had a mean of 10 years of study (Standard Deviation=3.5), 57.3% had formal employment, 60.4% reported their own salary as source of income, and 24.6% reported that *Bolsa Família* (Family Grant) was their source of income. Their mean individual income was R\$ 799.8 (Standard Deviation=637.0). Table 1 presents data related to the occurrence of violence.

TABLE 1: Occurrence of intimate partner violence in women treated in Family Health Strategy units. Piauí, Brazil, 2018.

Variables	Occurrence of violence		
	Yes n(%)	No n(%)	Total n(%)
Violence	240 (65.3)	128 (34.7)	369 (100)
Psychological Violence	225 (61.0)	144 (39)	369 (100)
Physical Violence	119 (32.2)	250 (67.8)	369 (100)
Sexual Violence	63 (17.1)	306 (82.9)	369 (100)
Moral Violence	69 (18.7)	300 (81.3)	369 (100)

It was verified that 65.3% of the women suffered some type of violence, and that 61.0% were victims of psychological violence, 32.2% of physical violence, 18.7% of moral violence, and 17.1% of sexual violence. Table 2 presents data on the association between suicidal ideation and violence.

TABLE 2: Association between suicidal ideation and intimate partner violence in women treated in Family Health Strategy units. Piauí, Brazil, 2018.

Variables	Suicidal ideation		p-value	OR#	CI(95%)##
	No n(%)	Yes n(%)			
Types of violence			0.000**	4.355	1.765-10.748
Yes	41 (89.1)	200 (61.9)			
No	5 (10.9)	123 (38.1)			
Psychological Violence			0.001**	0.289	0.131-0.640
Yes	187 (57.9)	38 (82.6)			
No	136 (42.1)	8 (17.4)			
Physical Violence			0.221*	0.110	0.054-0.227
Yes	84 (26)	35 (76.1)			
No	239 (74)	11 (23.9)			
Sexual Violence			0.37**	0.465	0.229-0.945
Yes	50 (15.5)	13 (28.3)			
No	273 (84.5)	33 (71.7)			
Moral Violence			0.000**	0.093	0.048-0.184
Yes	41 (12.7)	28 (60.9)			
No	282 (87.3)	18 (39.1)			
Total	323 (100)	46 (100)			

Key: *Pearson's chi-square test. **Fisher's Exact test. #Odds Ratio. ##95% Confidence Interval.

A statistically significant association is observed between suicidal ideation and types of violence ($p=0.000$). It was observed that being a victim of violence increases 4.35 times the chances of women thinking about taking their own lives. Regarding the types of violence, it was verified that psychological and moral violence presented a negative association with suicidal ideation ($OR=0.289$ and $OR=0.093$, respectively).

DISCUSSION

The results of this study are added to the statistical scenario of IPV and its implications for women and for society, specifically, the relationship of this phenomenon with suicidal ideation, study objects of high magnitude, which are cause for worldwide concern.

The data collected in this study show that the occurrence of IPV in Piauí almost doubles the world estimates since, according to the World Health Organization⁹, 35% of the women in the world have already suffered violence perpetrated by an intimate partner. When compared to the Brazilian reality, a population-based study also identified a smaller number of cases of violence in Brazil in general (43%)²⁰.

The high IPV data in the State of Piauí ratifies the theories that explain the phenomenon of violence under patriarchy. The socioculturally constructed gender inequalities exert an impact on the power relationships. In the contextual context of this study, in which a significant portion of women do not have paid occupations and where educational inequalities are considerable, domination is more recurrent and there is higher vulnerability to potential IPV.

The establishment of power relations still stands out and is a central issue in the phenomenon of violence. Oppression is a way of exercising dominant patriarchal power and, at the same time, perpetuating the power inequalities expressed in unequal gender relations^{21,22}.

Among the types of IPV, the most frequently reported by the sample of this study was psychological violence. This form of violence, together with moral violence, is complex and silent, and is expressed through insults or by making the partner uncomfortable, making her feel bad about herself, in addition to depreciation, mocking or humiliation in front of other people²³. A study shows that these types of violence generate devastating harms for the victims, such as: chronic pain, panic disorder, depression, eating disorders and suicidal behavior²⁴.

In this study, an association between IPV, psychological and moral violence, and suicidal ideation was verified. The presence of different forms of IPV increases the vulnerability of women to suicidal behavior, which is characterized as a worldwide, complex and multidimensional problem.

It is noteworthy that women, having their lives linked to complex issues, not only imposed by the abusive relationship, but also by the precariousness of their living and health conditions, think that the best solution is their self-destruction. A study points out that suicidal ideation and suicide attempts among women are significantly greater when compared to men, since, culturally, this act is disapproved by morals but, in most cases, it is understood as the only solution found by women to their problems²⁵.

A research study conducted with women living in Massachusetts verified that the experiences of physical or sexual IPV were significantly associated with suicidal ideation throughout life⁵. A similar study carried out in Nicaragua showed that women who attempted suicide experienced considerably more IPV events²⁶. In Uruguay, a research study also found negative effects of the aggressions by intimate partners on women's mental health and concluded that IPV is a risk factor for suicidal ideation²⁷.

The data found in this research are worrisome because, although it is observed that the women who suffer IPV have been the target of numerous protective measures, conquered through the militancy of different segments of society, they still remain at risk for violent acts, which, in turn, can have serious consequences.

There is a need for reflection and rethinking of the practices to face situations of violence against women²⁸, especially in Primary Health Care, in view of their role as a gateway to the health services²⁹. In addition to identification and treatment, the exercise of care based on welcoming, listening and establishing dialog are potential tools in this context³⁰.

Violence against women is still a complex reality; however, factors such as the training of professionals, the strengthening of public policies and the articulation of the health care networks are strategies that can minimize the existing limitations, in an attempt to end this problem that plagues the female population²⁹.

It is worth mentioning the current context of the COVID-19 pandemic, in which the occurrence of IPV has raised more discussions³¹⁻³³. In this period, the possibility of an increase in episodes of this type of violence is due to aspects such as increased stress due to decreased mobility; expansion of the family interactions and domestic activities, which result in increased demands for care and accountability; unemployment; remote work; and social isolation³⁴.

Therefore, the evidence instructs the intensification of IPV screening throughout the territory, as well as the expansion of the support network for women³⁵. All the efforts can be differential and must be employed in order to seek a solution to this challenging phenomenon, which generates repercussions that can even culminate in ideas of self-destruction.

Study limitations

Despite the relevant results of this study, the methodological design is implied in the limitation, as it does not allow establishing a cause and effect relationship. The way of obtaining the information is also to be considered, for it involves a phenomenon permeated by stigma and taboo, and it is possible that the data are underestimated.

CONCLUSION

It was observed that a high proportion of the sample was a victim of IPV, with psychological violence being the most frequent, followed by physical, moral and sexual. Being a victim of IPV, and of psychological and moral violence showed an association with suicidal ideation.

The findings of this study strongly reinforce how devastating the IPV experience can be in the female universe. Thus, it is important to screen these women and to develop interventions that focus on the consequences of this violence. Special attention must be given to the prevention of suicidal ideation, as it can result in fatal outcomes.

In this perspective, the role of primary care and of the BHUs in this articulation with the territory stands out, which can contribute to the development of coping strategies for IPV, considering the context in which these women are inserted, their conditioning and social determinants. The association between suicidal ideation and violence suffered by the women in intimacy with their partners deserves research and support and care strategies, avoiding women's suffering and reducing the number of deaths.

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