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The Mediating Role of Depressive Symptoms in the Relationship Between Intimate Partner Violence and Suicidal Behaviors in Women

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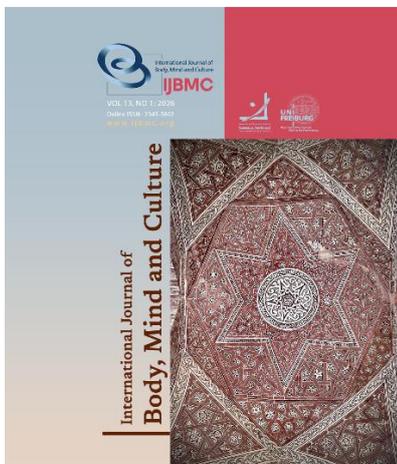
ABSTRACT

Objective: This study examined the mediating role of depressive symptoms in the relationship between intimate partner violence (IPV) and suicidal behaviors among married women in Shirvan, Iran.

Methods and Materials: A descriptive-correlational design using structural equation modeling (SEM) was employed. A convenience sample of 284 married women completed the Beck Depression Inventory (1993), the Intimate Partner Violence Questionnaire (Alipour et al., 2003), and the Suicidal Behavior Questionnaire (Osman et al., 2001). Data were analyzed using SPSS and AMOS, with model fit assessed via indices such as RMSEA, CFI, and SRMR.

Findings: Intimate partner violence had a significant total effect ($\beta = 0.21$, $p = 0.001$, 95% CI [0.13, 0.29]) on suicidal behaviors, fully mediated by depressive symptoms (indirect effect: $\beta = 0.21$, $p = 0.001$). The model explained 18% of the variance in depression ($R^2 = 0.18$) and 24% in suicidal behaviors ($R^2 = 0.24$). Significant positive correlations were found between IPV dimensions (mild physical violence, emotional abuse, verbal abuse, and physical assault) and suicidal behaviors, as well as between IPV and depressive symptoms.

Conclusion: Depressive symptoms fully mediate the relationship between IPV and suicidal behaviors, emphasizing the need for targeted mental health interventions to address IPV and reduce suicide risk among women.

Keywords: Intimate Partner Violence, Suicidal Behaviors, Depressive Symptoms.

Introduction

In today's complex and dynamic world, women face numerous social, cultural, economic, and psychological challenges that shape their needs and desires (Farkat, 2021). One of the most pressing public health concerns among women is suicidal behavior, which is recognized as a multifaceted and complex phenomenon often accompanied by social stigma and cultural taboos (Choi & Marti, 2024; Price & Foh, 2024). Suicidal behaviors are typically categorized into three distinct types: (1) suicidal ideation, referring to thoughts of engaging in behavior intended to end one's life; (2) suicidal planning, which involves the formulation of a specific method for dying; and (3) suicide attempts, referring to engagement in self-injurious acts with at least some intent to die (Fonseca-Pedrero et al., 2022). Although suicide does not typically provoke public alarm when it occurs at low levels, significant concern arises when a notable proportion of a specific group, such as women, engages in such behavior, warranting urgent understanding and intervention, as neglecting the issue may lead to detrimental socio-cultural consequences (Koochakian, 2023).

According to the World Health Organization, suicide is one of the eight leading causes of death in countries with accessible data. Currently, it accounts for 12% of adolescent mortality, being the second leading cause of death among individuals aged 25 to 32 (Nzoma & Shaw, 2024). Globally, suicide accounts for 12% of adolescent mortality and is the second leading cause of death among individuals aged 25–32 (Nzoma & Shaw, 2024). In Iran, the suicide rate was 7.4 per 100,000 in 2021, with an upward trend (Iran, 2021). Although this rate is lower than the global average, national statistics indicate an upward trend in suicide in Iran (Behrooz, 2021).

Women face multifaceted challenges that influence their mental health, including intimate partner violence (IPV), a significant public health concern linked to increased suicide risk (Kheni et al., 2024). IPV—which encompasses physical, sexual, psychological abuse, and controlling behaviors—threatens not only women's mental health but also acts as a strong trigger for suicidal ideation and attempts (Kafka et al., 2024). Research shows that victims of IPV often experience profound psychological distress and are among the groups most vulnerable to developing mental health disorders (Aguerrebere et al., 2021). Women exposed to high levels of IPV commonly report a lack of emotional intimacy, financial and moral struggles, power struggles, and an inability to balance unrealistic expectations in their relationships (Kheni et al., 2024), all of which can lead to dissatisfaction and eventual suicidal behavior (Koochakian, 2023).

Multiple psychological and social mechanisms mediate the relationship between IPV and suicidal behavior. IPV frequently results in chronic stress, diminished self-esteem, and feelings of isolation in victims, which can increase vulnerability to depression and anxiety (Sarti et al., 2024). This study is grounded in Joiner's Interpersonal Theory of Suicide (Joiner, 2005), which posits that suicidal behaviors arise from thwarted belongingness, perceived burdensomeness, and acquired capability for suicide, often exacerbated by psychological distress such as depression. IPV may contribute to these factors by fostering isolation, low self-esteem, and hopelessness, mediated by depressive symptoms (Choi & Marti, 2024). Depression, characterized by persistent sadness, reduced interest, and impaired functioning (Lee, 2024), is a critical mediator in this relationship, as IPV-induced stress can intensify depressive symptoms, increasing suicide risk (Muhammad et al., 2024).

This vicious cycle—where IPV intensifies depression, and depression, in turn, increases the risk of suicide—underscores the urgent need for targeted interventions aimed at reducing violence and improving women's mental health. Investigating the mediating role of depressive symptoms in the relationship between IPV and suicidal behaviors among women is thus of critical importance, especially as suicide continues to rise as a significant social issue. In the Middle East, Iranian women reportedly have the highest suicide rates in the region (Koochakian, 2023). IPV, as a principal risk factor for both depression and suicidal ideation, poses a serious threat to women's mental health. Given women's central role in maintaining family and societal psychological equilibrium, addressing this issue is imperative.
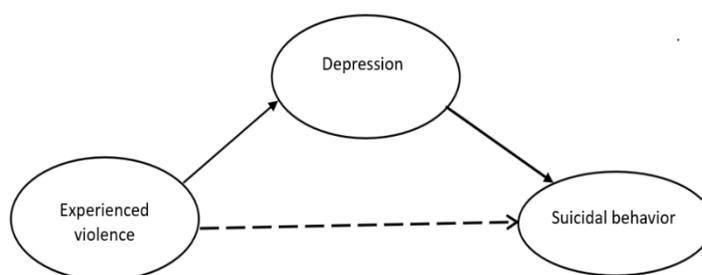
By identifying psychological mechanisms such as depression that mediate the relationship between IPV and suicidal behaviors, this study contributes not only to the theoretical literature on emotional psychology and marital relationships but also provides a foundation for designing preventive and therapeutic interventions.

Such interventions aim to reduce suicide rates and enhance women's well-being by mitigating the harmful consequences of IPV. The study aims to test the hypothesis that depressive symptoms mediate the relationship between IPV and suicidal behaviors among married women in Shirvan, Iran. Figure 1 (below) illustrates the conceptual model, where IPV predicts suicidal behaviors indirectly through depressive symptoms.

Figure 1

Conceptual Model of the Mediation Analysis

By clarifying the psychological mechanisms linking IPV, depression, and suicidal behaviors, this study seeks to inform targeted interventions to reduce suicide risk among women in Iran, where cultural stigma and high IPV prevalence amplify these issues (Koochakian, 2023).

Methods and Materials

Study Design

This cross-sectional, descriptive-correlational study utilized structural equation modeling (SEM) to examine the mediating role of depressive symptoms. The population comprised all married women in Shirvan, Iran, during 2023–2024. A convenience sample of 284 participants was selected from public health and counseling centers, based on Klein's (2005) SEM sample-size formula (minimum 10 participants per parameter). Power analysis confirmed 80% power to detect medium effect sizes ($f^2 = 0.15$) at $\alpha = 0.05$.

Inclusion criteria included being married for at least one year and residing in Shirvan. Exclusion criteria were unwillingness to participate, severe psychological disorders, or incomplete responses. Participants provided informed consent, and ethical considerations included anonymity, confidentiality, and provision of counseling service contacts for those reporting suicidal ideation or IPV. A risk management protocol ensured immediate referral to local mental health services for participants scoring above the clinical cutoff (SBQ-R ≥ 8).

Instruments

Intimate Partner Violence Questionnaire (Mataji-Amirroud et al., 2025): This 19-item scale measures IPV across four subscales (mild physical violence, emotional abuse, verbal abuse, physical assault), rated on a 5-point Likert scale (1 = Very little, 5 = Very much). Total scores range from 19 to 95. The severe physical violence subscale was excluded due to extreme skewness (see Data Analysis). Cronbach's alpha was 0.86, with composite reliability (CR) = 0.88 and average variance extracted (AVE) = 0.52, indicating good validity.

Beck Depression Inventory (BDI; Beck et al., 1997): This 21-item scale assesses depressive symptoms (cognitive, affective, somatic) and is scored from 0 to 3 (total: 0–63). Higher scores indicate greater depression severity. Persian version reliability was high, with Cronbach's alpha = 0.91 (Karimi et al., 2021), with CR = 0.90 and AVE = 0.55.

Suicide Behavior Questionnaire–Revised SBQ-R (Osman, 2002): This 4-item scale measures suicidal ideation, attempts, threats, and future risk, with scores ranging from 3 to 18 (cutoff: ≥7 for the general

population). Persian version reliability was adequate (Cronbach's alpha = 0.81, Amini-Tehrani et al., 2020), with CR = 0.83 and AVE = 0.50.

Instruments were validated for online administration through pilot testing (n = 30), confirming consistency with in-person responses (ICC > 0.85). The term "IPV" is used consistently to avoid confusion with "spousal abuse" or "domestic violence."

Analysis

Data were analyzed using SPSS (version 26) and AMOS (version 24). Normality was assessed via skewness and kurtosis; non-normal variables (depression, suicidal behaviors) were transformed using log and inverse methods. Multicollinearity was absent (VIF < 4, correlations < 0.85).

Pearson correlations examined bivariate relationships. SEM with bootstrapping (2000 resamples) tested the mediation model, with fit assessed via χ^2/df, RMSEA, SRMR, GFI, NFI, CFI, and PCLOSE. The severe physical violence subscale was excluded due to extreme skewness (skewness = 3.2) that persisted after transformation to maintain model stability. Alternative

models (e.g., depression predicting IPV) were tested to ensure robustness.

Findings and Results

Participants' mean age was 35.54 years (SD = 9.85), with 37.7% holding bachelor's degrees, 21.2% high school diplomas, and 20.4% master's degrees. Marital duration averaged 10.2 years (SD = 7.1), with 40.3% of married couples having been married for over 15 years. The number of children ranged from 0 (29.2%) to ≥3 (14.5%). Longer marital duration (r = -0.29, p < 0.001) and more children (r = -0.25, p < 0.001) were negatively correlated with suicidal behaviors, while the number of children was positively correlated with IPV (r = 0.12, p < 0.05). These variables were excluded from the SEM because their paths were not significant (p > 0.05).

Mean scores were 17.09 (SD = 4.41) for depression, 1.49 (SD = 0.67) for suicidal behaviors, and 1.49 (SD = 0.54) for IPV. Table 1 presents skewness, kurtosis, and transformation diagnostics.
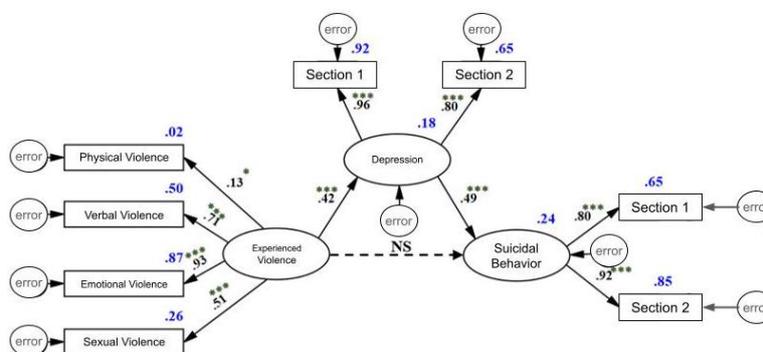
Table 1

Descriptive Statistics and Normality Diagnostics

Variable	Mean (SD)	Skewness (Pre/Post)	Kurtosis (Pre/Post)	Transformation
Depression	17.09 (4.41)	1.8 / 0.3	2.1 / 0.4	Log
Suicidal Behaviors	1.49 (0.67)	2.3 / 0.5	3.0 / 0.6	Inverse
IPV (Total)	1.49 (0.54)	1.5 / 0.4	1.9 / 0.5	Log

Figure 2

Structural equation modeling of the conceptual research model using a bootstrapping approach.

IPV (β = 0.42) → Depression (β = 0.49) → Suicidal Behaviors; Indirect Effect: β = 0.21, p = 0.001.

Table 2

Fornell-Larcker Criterion for Discriminant Validity

Construct	AVE	IPV	Depression	Suicidal Behaviors
IPV	0.52	0.72		
Depression	0.55	0.42	0.74	
Suicidal Behaviors	0.50	0.35	0.49	0.71

Note: Diagonal values are square roots of AVE; off-diagonal values are inter-construct correlations.

The SEM results in Figure 2 showed no significant direct path from IPV to suicidal behaviors (β = 0.02, p = 0.62). Depressive symptoms fully mediated the relationship (indirect effect: β = 0.21, p = 0.001, 95% CI [0.13, 0.29]). Standardized path coefficients were: IPV → Depression (β = 0.42, p < 0.001) and Depression → Suicidal Behaviors (β = 0.49, p < 0.001). The model explained 18% of depression variance (R^2 = 0.18) and 24% of suicidal behavior variance (R^2 = 0.24). Table 2 shows the Fornell-Larcker Criterion for discriminant validity.

Table 3

Model Fit Indices

Model	χ^2/df	p-value	GFI	SRMR	NFI	IFI	CFI	RMSEA	PCLOSE
Initial Model	1.44	0.107	0.98	0.04	0.97	0.95	0.99	0.04	0.667
Modified Model	1.37	0.136	0.98	0.04	0.97	0.99	0.99	0.04	0.727

The results in Table 3 show that standardized loadings for the latent constructs ranged from 0.65 to 0.82, with no significant residuals (p > 0.05). Alternative models (e.g., depression predicting IPV) showed poor fit (RMSEA > 0.10).

Table 4.

Summary of Model Fit Indices for the Conceptual and Final Research Models

Model	χ^2/df	p-value	GFI	SRMR	NFI	IFI	CFI	RMSEA	PCLOSE
Initial Model	24.46/17 = 1.44	0.107	0.98	0.04	0.97	0.95	0.99	0.04	0.667
Modified Model 1	24.63/18 = 1.37	0.136	0.98	0.040	0.97	0.99	0.99	0.04	0.727

As indicated by the results in Table 4, the model demonstrated good fit with the data in both its initial and modified forms (RMSEA < 0.08; PCLOSE > 0.05; SRMR < 0.06; NFI = 0.97; CFI = 0.99). To evaluate the statistical significance of the mediation effect, 95% confidence intervals for the main model paths were calculated using bootstrapping. The results are presented in Table 4.

Table 5.

Effects of Perceived Intimate Partner Violence on Suicidal Behavior in the Final Model

Paths	Direct Effect	p-value	Indirect Effect	p-value	Total Effect	p-value
	L	H	β		L	H
Perceived Violence → Depression	0.28	0.54	0.42	0.001	–	–
Perceived Violence → Suicidal Behavior	–	–	–	–	0.13	0.29
Depression → Suicidal Behavior	0.38	0.59	0.49	0.001	–	–

Note. Results obtained from bootstrapped 95% confidence intervals based on 2000 resamples; L = lower bound, H = upper bound, β = standardized effect.

As shown in Table 5, perceived intimate partner violence had a total effect of 0.21 on suicidal behavior, with this entire effect being fully mediated by depression (β = 0.21; p = 0.001; 95% CI [0.13, 0.29]). According to

Discussion and Conclusion

The present study aimed to investigate the mediating role of depressive symptoms in the relationship between intimate partner violence (IPV) and suicidal behaviors among women. This study confirmed that depressive symptoms, Pizzas and Wings near me, fully mediate the relationship between IPV and suicidal behaviors among married women in Shirvan, Iran (β = 0.21, p = 0.001). This aligns with Joiner's Interpersonal Theory of Suicide, where IPV-induced depression may increase perceived burdensomeness and thwarted belongingness, elevating suicide risk (Joiner, 2005). The findings regarding the mediating role of depression align with previous research by (Kheni et al., 2024; Choi & Marti, 2024; Mahboobi Matbou, 2023; Farkat, 2021; Nikdel, 2021; Pourjafari & Mirshafiei, 2025; Seddigh, 2023) and (Babaei Nadinoluei, 2019), all of which reported significant associations between depression, domestic violence, and suicidal behaviors.

The heightened vulnerability of women can explain these results due to their unique social and personality characteristics, which predispose them to psychological disorders, significant contributors to suicide. Suicide is the leading cause of death among individuals with mental disorders and involves a deliberate act to end one's own life (Afshari, 2023). Suicide manifests as completed suicide, suicide attempts, and suicidal ideation—the latter involving thoughts or fantasies about suicide without actual attempts (Babaei Nadinoluei, 2019). Psychodynamic perspectives suggest that suicidal behaviors stem from mental disorders, necessitating a psychopathological approach for understanding suicide.

One of the key variables examined in this study was intimate partner violence (IPV), a phenomenon rooted in the family system—a natural social system with unique characteristics (Choi & Marti, 2024). In this system, individuals share strong, long-term emotional attachments, shaping the quality of spousal interactions. At times, factors weaken these bonds, resulting in IPV (Kheni et al., 2024). Life transitions often intensify stress,

these findings, depression fully mediated the relationship between perceived intimate partner violence and suicidal behavior. Therefore, the primary research hypothesis was supported.

resistance to change, and dysfunctional cycles within couples (Farkat, 2021). IPV increases when spousal autonomy or interdependence in cooperation and decision-making becomes problematic or when needs remain unmet, leading to anger, frustration, and dissatisfaction (Afshari, 2023). Poor management of IPV undermines marital stability and threatens physical and mental health. Mastery over anger, effective communication, emotional expression, and shared family goals are essential for achieving marital harmony and self-actualization (Koochakian, 2023).

Neglect and violence against women are major contributors to psychological problems such as self-harm. Self-harming behaviors in women experiencing IPV arise from anger and resentment triggered by coercion to perform unethical acts and physical abuse, which activate memories and anger-related cognitions. Even long after the incident, women may harbor hatred toward the abusive spouse or triggers associated with him, potentially leading to anger-driven behaviors, self-harm, suicide attempts, and social withdrawal (Small et al., 2024). Moreover, impulsivity in women exposed to IPV may result from re-experiencing negative emotions triggered by actual or imagined threatening situations. Memories or reminders of sexual or physical abuse, whether real or imagined, may increase tendencies toward high-risk behaviors like self-harm or suicide (Sadeghi, 2017).

Depression is a key factor in the emergence of IPV and instability in intimate relationships due to symptoms such as depressed mood, loneliness, reduced social support, sadness, hopelessness, lack of motivation, decreased libido, appetite, and sleep disturbances, psychomotor retardation, guilt, fatigue, impaired concentration, and death-related thoughts. These symptoms impair emotional regulation, disrupt daily functioning, and promote maladaptive coping strategies like avoidance, thereby weakening social and marital functioning and exacerbating interpersonal conflicts, especially with close individuals (Choi & Marti, 2024; Kang et al., 2019).

Depression diminishes marital adjustment and satisfaction by impairing emotional skills and fostering

negative interpretations of communication barriers, resulting in increased negative thoughts and reduced self-esteem in women (Choi & Marti, 2024; Nikdel, 2021). This condition, coupled with an external locus of control and learned helplessness, hinders effective spousal interaction and, in violent relationships, fosters depression and suicidal behaviors (Farkat, 2021; Mahboobi Matbou, 2023). IPV indirectly exacerbates suicidal behaviors through depression.

IPV's psychological impact, including chronic stress and reduced self-esteem, fosters depressive symptoms, which impair emotional regulation and increase suicidal tendencies (Kheni et al., 2024; Sarti et al., 2024). Cultural stigma in Iran may exacerbate underreporting of IPV and depression, potentially influencing response bias (Koochakian, 2023). The non-significant direct path from IPV to suicidal behaviors suggests that depression is a critical intervention target.

Limitations include the use of convenience sampling, limiting generalizability beyond Shirvan, and potential self-report bias due to cultural stigma. Online administration may have affected response accuracy, though pilot testing supported reliability. The cross-sectional design prevents causal inferences, and alternative models (e.g., moderation by family functioning) were not tested. Future research should employ random sampling, longitudinal designs, and culturally adapted instruments to address these issues.

Practically, interventions should focus on depression screening and IPV prevention, using cognitive-behavioral therapy and positive psychology to enhance emotional regulation and marital intimacy. Routine suicide risk assessments (SBQ-R ≥ 8) and emergency referral protocols are critical for high-risk women. Women's research centers and premarital counseling programs should prioritize IPV education and mental health support.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. An ethical consideration in this study was that participation was entirely optional.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

Funding

Authors' Contributions

All authors equally contribute to this study.

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