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Exposure to violence and the presence of suicidal and self-harm behaviour predominantly in Asian females: scoping review

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Abstract

Background: Exposure to violence is associated with psychological distress, mental disorders such as depression, and suicidal behaviour. Most of the studies are conducted in the West, with limited publications from Asia. Thus, we conducted a scoping review of studies investigating the association between experiences of violence and later suicidal ideation/attempts from Asia in the twenty-first century.

Results: Many studies focused on domestic violence toward women in the Southeast Asian region. Sociocultural factors such as family disputes, public shaming, dowry, lack of education opportunities, and marriage life perceptions mediated the association. Many women exposed to violence and attempted suicide suffered from mental disorders such as depression, anxiety, and post-traumatic stress. The small number of suitable studies and the possible effect of confounders on participants were limitations in the review. Future studies would have to focus on specific types of violence and ethnoreligious beliefs.

Conclusion: Women in Asia exposed to violence appear to have an increased risk of suicidal behaviour and mental disorders. The early screening of psychological distress with culturally validated tools is essential for preventing suicides in Asian victims of violence.

Background

Suicide and attempted suicide are distinguished from other types of self-harming behaviours by their intent to die [1]. Vulnerabilities to attempt suicide differ in distinct communities. For example, among Asian university students, psychosocial variables such as living alone increase the likelihood of suicidal ideation, and adverse events like childhood sexual abuse were related to suicidal attempts [2]. Suicide-related research is mainly from the West, even though more than half of suicides occur in Asia [3]. Suicides are common in South Asian countries, and poisoning and hanging are the most common methods [4]. Millions attempt suicide worldwide, and distinct psychosocial variables such as intimate partner violence enhance women's likelihood of suicide attempts [5].

Women are more prone to attempt suicide and self-harm behaviours than males, although the rate of completed suicide is much higher in men [6]. Furthermore, suicidal attempts are strongly linked to gender-based violence and cruelty against women in low- and middle-income nations [7]. According to a study conducted in Nepal, more than 60% of women who completed suicide had been physically abused [8]. Suicide attempts are fuelled by early marriage, early parenthood, gender disparities, and unfavourable financial and political conditions [9]. While physical assault increases the risk of suicidal attempts in married women, emotional violence, such as infidelity by the husband, jealousy by the husband, threats of divorce, threats of physical assaults,

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isolation from family members, and control and coercion by the husband, has a more significant impact [10]. Nondisclosure of domestic violence increases the risk of postpartum depression and suicide attempts [11]. Therefore, delay in addressing domestic violence represents a significant threat to women's lives.

Understanding the variables that lead to suicide is essential to designing effective suicide prevention and reduction strategies. According to studies, survivors of domestic violence have a higher risk of suicide than others [12]. Domestic violence refers to a pattern of behaviour to gain authority or maintain power and control over a spouse, partner, girlfriend/boyfriend, or close family member [13]. Because of the reported frequency of domestic violence and the related physical and psychological morbidity and mortality, addressing domestic violence is a global public health concern [14]. According to a World Health Organization (WHO) study, domestic violence affects between 27.8 and 32.2% of women worldwide, with prevalence rates exceptionally high in Africa (45.6%), Southeast Asia (40.2%), and Eastern Mediterranean countries (36.4%) [15].

Domestic violence is prevalent worldwide, and most suicides occur in Asia. This scoping review aimed to explore and collate research studying the associations between experiences of violence at home to later suicidal behaviour, predominantly in women. As this has been studied extensively in the West, we focused on the Asian region and its relevant, unique sociocultural implications.

Methods

The Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) were used for the review [16]. A literature search was conducted for English-language articles from 1st January 2001 to 1st January 2022 (twenty-first century) regarding suicide, self-harm, and violence on PubMed, Google Scholar, and UBC Library. Searches were done using combinations of the following keywords: (violence [Title/Abstract]) AND (suicide [Title/Abstract]) OR (suicidal [Title/Abstract]) OR (self-harm [Title/Abstract]) AND (Asia [Text Word]) AND (English [Language]) NOT (review [Publication Type]) NOT (letter [Publication Type]). All relevant research articles were reviewed, and the information was retrieved and stratified based on epidemiology, evaluation, and follow-up. Several psychiatrists perused the findings, and the relevant literature was included.

The studies included in this scoping review are research investigating the link between suicide and/or self-harm and violence conducted in an Asian country. Reviews, dissertations, theses, and book chapters were omitted. Also, repeated publications, studies that did not meet the theme and association explored, and studies with incomplete results were excluded. Two consultant psychiatrists screened all the papers in the review, and a third psychiatrist intervened when a consensus could not be reached. The data was then recorded into an Excel sheet tailored to meet the study's goals. The PRISMA flowchart in Fig. 1 shows the shortlisting process. Data such as publication year, region, country of the study, sample size, and main findings were collected by two reviewers using standard extraction tables. If there was a dispute, an arbitration mechanism was activated, and a third reviewer was required to reach a consensus.

Results

A total of 438 potentially relevant documents were identified through databases. After removing 226 duplicates, 212 articles were left. Hundred and five full-text articles were screened, 87 excluded, and 19 were included in the review. The 19 articles included in the review were peer reviewed and original. Sixteen of the articles were conducted in Southeast Asia; four were from India [17–20]; two each from Bangladesh [21, 22], Afghanistan [23, 24], and China [25, 26]; and one each from Sri Lanka [27], Nepal [8], Iran [28], South Korea [29], and the Philippines [30]. One study each from South-Asian immigrants in the UK [31] and multiple countries in Southeast Asia [32] and a study from several countries, which included South America, Asia, Africa, Oceania, and Europe, were included [9]. The majority of the studies [13] had a sample size of fewer than 1000 participants, six had over 1000 participants, and only one study had over 4000 participants. The review included ten cross-sectional studies, four case and control studies, one randomised control study, and an autopsy case series. Two-thirds of the studies [12] studied female participants, six studied both males and females, and one did not mention the gender studied. The majority did not mention participants' religion; three studied Muslims and three mixed. The reviewed studies' main finding was termed suicidal behaviour in 12 studies, deliberate self-harm, and suicide in 3 studies.

Of the 19 studies included in the review, eight did not mention the sample's age group, six used a mixed age group, and five used the adult population only. Ten articles did not mention the associated factors explored; however, six mentioned mental health disorders as the main associated factor. One each mentioned racial discrimination and lack of support as associated factors. Detailed characteristics are shown in Table 1.

Discussion

Our review found exposure to violence as a risk factor for suicide and suicidal behaviour. The participants were predominantly female in the articles we reviewed.

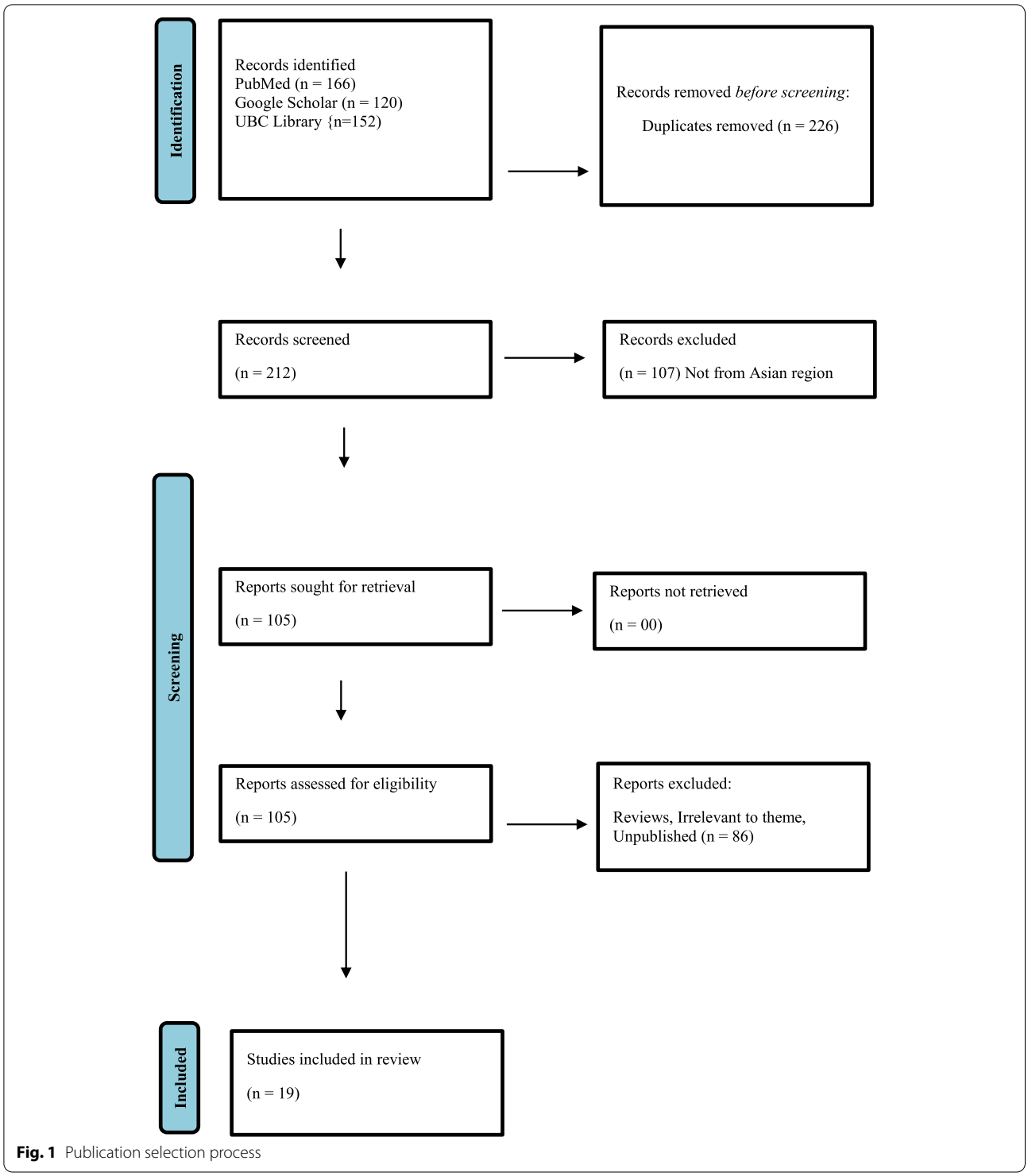

Fig. 1 Publication selection process

We found that females are more commonly the victims of domestic violence, and across all studies, suicidal behaviours such as suicidal thoughts and ideation were the most common findings. Suicide is one of the leading causes of morbidity in women worldwide, although little is known about its prevalence and modifiable risk factors in Asian countries.

In our review, the most common risk factor associated with suicide and/or suicidal behaviour due to domestic violence was mental illness and/or psychological

Table 1 Main findings of the studies investigating the association between domestic violence and suicidal behaviour

Study	Type of study	Region of Asia	Country	Sample size	Specific demographic factors	Effect size/odds ratio/percentage	Main findings	Associated factors	Strengths and limitations
Peltzer et al., 2017 [33]	Cross-sectional survey	Southeast Asia	Indonesia Cambodia Malaysia Thailand Myanmar Vietnam	$N = 4,675$	Undergraduate university students *Suicide ideation* Total 546 Male 227 Female 319 *Suicide attempt* Total 116 Male 38 Female 78	*Suicide ideation* Total 11.7% Male 11.8% Female 11.6% *Suicide attempt* Total 2.4% Male 2.0% Female 2.8%	Suicidal ideation and suicidal attempts	Childhood emotional abuse Childhood physical abuse Childhood sexual abuse	Strength • Large sample Limitations • Self-reported variables • Limited ability to establish causality • Generalizability
Hagaman et al., 2017 [8]	Mixed psychological autopsy case-series method (MPAC)	Southeast Asia	Nepal	Total ($N = 39$)	Religion: Hindu, Buddhist, other Female $n = 18$ Male $n = 21$	Abuse and neglect Females $n = 11$ (61.1%) Interpersonal conflict M/F = 22 (56.4%)	Completed suicides	Physical abuse Emotional abuse Neglect Interpersonal conflicts	Limitations • Recall bias • Generalizability • The stigma associated with mental health
Dahmardehei et al., 2014 [28]	Cross-sectional and retrospective study	Middle East Asia	Iran	$N = 750$	Female/homemakers majority	Physical/verbal violence $N = 230$ (73.25)	Self-immolation	Lack of training Lack of supporting programmes Poor economic status Interpersonal disputes Domestic violence	Limitations • Loss to follow-up • Lack of self-immolation reason study
Kim et al., 2021 [29]	Cross-sectional descriptive design	East Asia	South Korea	$N = 5,154$	Females Pre/postmenopausal women	Suicidal ideation (premenopausal women) $N = 24$ Suicidal ideation (postmenopausal women) $N = 22$	Suicidal ideation	Mental problems, decreased happiness, anger, depression, stress, anxiety	Limitations • Generalizability • We need to identify factors that affect suicide in the long term • Secondary data analysis

Table 1 (continued)

Study	Type of study	Region of Asia	Country	Sample size	Specific demographic factors	Effect size/odds ratio/percentage	Main findings	Associated factors	Strengths and limitations
Bandara et al., 2020 [27]	Case-control study	Southeast Asia	Sri Lanka	*N* = 291	Buddhists, Muslims, Hindus females/males	Domestic violence in females *N* = 77 (50.0%) Domestic violence in males *N* = 49 (35.8%)	Self-poisoning	Fear, mental problems	Strength • Quantifies DV and self-poisoning • Differentiates the types of violence • Studies of DV in males Limitations • Selection bias • Recall bias
Hagaman et al., 2017 [8]	Case-series study	Southeast Asia	Nepal	*N* = 39	Buddhists, Hindus, other females/males	Physical abuse Females *N* = 11 (61.1%) Males *N* = 1 (4.8%)	Suicide		Limitations • Respondent bias • Misclassification • Recall bias • Underreporting
Jewkes et al., 2019 [23]	Randomised controlled trial (RCT)	Southeast Asia	Afghanistan	*N* = 932	Married women, Muslim	Overall, 6.3% Ranged from MIL/SIL = 9.6% to BOTH = 41.3%	Suicidal ideation	Depression, PTSD, poor health, beat their kids	Limitations • Focused only on physical violence • Underreporting possibility
Naved et al., 2008 [21]	Cross-sectional survey	Southeast Asia	Bangladesh	*N* = 2,702 (1329 rural, 1373 urban)	Bangladeshi women aged 15–49 years	Exposed to physical violence -Moderate physical violence • Rural = 2.9 • Urban = 4.1 -Severe physical violence • Rural = 17.8 • Urban = 14.5 Exposed to sexual violence • Rural = 8.7 • Urban = 9.7 Exposed to emotional violence • Rural = 13.5 • Urban = 10.8	Suicidal ideation		Limitations • Regional variation • Suicidal ideation before the 4-week study period was excluded Strengths • Explored the association between three different forms of spousal violence against women and suicidal ideation

Table 1 (continued)

Study	Type of study	Region of Asia	Country	Sample size	Specific demographic factors	Effect size/odds ratio/percentage	Main findings	Associated factors	Strengths and limitations
Paiman et al., 2019 [24]	Case-control study	Southeast Asia	Afghanistan	Cases $N = 185$ Control $N = 555$	Muslim Afghans were aged 16–58 years	Domestic violence $n = 135$ (73%)	Deliberate self-harm	Anxiety Depression	Limitations • Possible under-reporting • Exclusion of other types of violence • Exaggeration in ill patients with severe pain Strengths • Case-control study • Large sample size • Structured questionnaire
Indu et al., 2020 [19]	Case-control study	Southeast Asia	(South) India	Cases $N = 77$ Control $N = 153$	Married women aged 15–45 years	Domestic violence $n = 28$ (36.4%)	Attempted suicide		Limitations • Limited to women of reproductive age group • Generalizability • Measurement bias Strengths • Case-control study • Steps to decrease selection/measurement bias • Multivariant analysis • Exclusion of MDD
Antai et al., 2014 [30]	Cross-sectional survey	Southeast Asia	Philippines	$N = 2433$	Women aged 15–49 years	Physical abuse = 93 (47%) Psychological abuse = 96 (49%) Sexual assault = 49 (25%)	Attempted suicide	Psychological distress	Limitation • Recall bias • Underreporting Strengths • Found a strong association between economic, physical, and psychological abuse and suicide attempts as well as psychological distress

Table 1 (continued)

Study	Type of study	Region of Asia	Country	Sample size	Specific demographic factors	Effect size/odds ratio/percentage	Main findings	Associated factors	Strengths and limitations
Chowdhury et al., 2009 [17]	Prospective study	Southeast Asia	India (West Bengal)	$N = 89$	23 males 66 females	Verbal abuse • Abuse/slang words $N = 53$ • Defaming $N = 15$ Physical abuse • Beating $n = 25$ • Burn $n = 4$ • Suffocation $n = 2$ • Restraint $n = 2$ Psychological abuse • Threat $n = 22$ • Humiliation $n = 25$ • Mock execution $n = 5$	Deliberate self-harm	Depression Psychosomatic dysfunctions.	Limitation • Unwilling participation • Underreporting • Generalizability
Wu et al., 2018 [34]	Cross-sectional online survey	East Asia	China	$N = 78$	Female, the average age was 32.63 years	Suicidal ideation ($rs = -0.43$, $p < .01$) Suicide attempts ($rs = -0.23$, $p < .01$)	Suicidal ideation and attempted suicide		Limitation • Small sample size • Generalizability • A limited number of suicide predictors Strengths • New strategies to prevent suicide • Study shows higher suicide ideations and attempts in IVP
Shah et al., 2017 [22]	Cross-sectional study	Southeast Asia	Bangladesh	$N = 271$	Majority of females aged < 30 years	$N = 6$ (2.2%)	Suicide		Limitations • Small sample size Strengths • First paper content analysis on suicide in Bangladesh
Gururaj et al., 2010 [18]	Case-control study	Southeast Asia	India	$N =$ case 269 + control 269	Male to female ratio 2:1 Age 11–70	Cases = 97 Control + 21 (*OR* 6.82)	Suicide		

Table 1 (continued)

Study	Type of study	Region of Asia	Country	Sample size	Specific demographic factors	Effect size/odds ratio/percentage	Main findings	Associated factors	Strengths and limitations
Yanqiu et al., 2011 [26]	Cross-sectional study	East Asia	China	$N = 1771$	Poorly educated women Mean age 42.1 years ($SD = 10.2$)	Physical assault $n = 34\%$ Psychological aggression $n = 68\%$ Sexual coercion $= 4\%$ Lifetime suicidal ideation $N = 15.9\%$ Suicidal ideation preceding week $n = 3.3\%$	Suicidal ideation		Limitations • Generalizability • Underreporting
Sharma et al., 2019 [20]	Cross-sectional study (quantitative and qualitative)	Southeast Asia	India	$N = 827$	Ever-married women from Delhi The average age of the women was 37.1 ± 9.72 (15–60) years	Exposure to violence lifetime and past 12 months: psychological 43.4% and 37.6%, physical 27.2% and 19.3%, sexual 26.4% and 20.3%, any form of violence 43.4% and 37.8% Suicidal thoughts 21 (2.5%) in the past 4 weeks 8.2% ever in life Attempted suicide 7 (0.8%)	Suicidal thoughts and attempted suicide	A quarter of the women (25.3%) reported unhealthy mental status in the past 4 weeks	Limitations • Self-reporting may have led to recall bias and underreporting
Devries et al., 2011 [9]	Cross-sectional household survey	South America Africa Asia Oceania Europe	Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia, Thailand, and Tanzania	$N = 20967$	Women aged 15–49 years	Thailand province $n = 1140$ IPV = 2.16 with CI 95% (1.15, 4.06) Thailand city *IPV* = 2.30 with *CI* 95% (1.29, 4.10)	Suicidal thoughts and attempted suicide		Limitations • Underreporting possibility • Completed suicide excluded • Limited statistical power • Universal vs site-specific models

Table 1 (continued)

Study	Type of study	Region of Asia	Country	Sample size	Specific demographic factors	Effect size/odds ratio/percentage	Main findings	Associated factors	Strengths and limitations
Asian communities outside Asia									
Chew-Graham et al., 2002 [31]	Qualitative study	Europe	UK	Four groups (5 + 7 + 7 + 12) $N = 31$	Religion: Muslim Females of South-east Asian origin		Self-harm and attempted suicide	Gender and racial discrimination, increased isolation Mental distress	Strength • Concordant ethnicity of the worker and group Limitations • Generalizability

DV domestic violence, *COR* crude odds ratio, *DSH* deliberate self-harm

distress [27, 29, 30, 33]. Domestic violence has significant health consequences for women, children, and families. It adds to the global disease burden regarding women's morbidity and mortality, including psychological trauma, depression, suicide, and murder. The mental health repercussions of violence against women include behavioural difficulties, sleeping issues, eating disorders, depression, anxiety, post-traumatic stress disorder, self-harm, suicide attempts, low self-esteem, and substance use disorder [20].

Most of the included studies [14] were conducted in Southeast Asia, where the domestic violence rate is relatively high. A South Indian study found that nearly 80% of the women studied were exposed to domestic violence, which occurs in the sociocultural context of dowry and endowments [35]. Domestic violence against women and girls is the most widespread human rights violation globally, affecting approximately one-third of women in their lives, with most cases stemming from intimate relationships [15]. Women's empowerment, gender equality, and achieving sustainable development goals are all hampered by domestic violence. Domestic violence wreaks havoc on people's lives, shatters families and communities, and stops personal growth. Age, race, caste, poverty, class, sexual orientation, gender identity, disabilities, religion, indigeneity, nationality, immigration status, and other factors make women vulnerable to assault [36].

Sexual violence was significantly associated with depression and psychological abuse and the risk of femicide with suicidal behaviour [33]. In Asia, many cultural factors affect suicidal behaviour, such as lack of opportunities for education, poverty, migrant labour, and family disputes causing shame [8]. These cultural attributes persist even in-migrant South Asian populations in the West [31]. The method of attempting suicide varies in different Asian regions, from self-immolation in Iran to self-poisoning in Sri Lanka [27, 28]. Domestic violence is associated with depressive disorder in women [37]. Early screening for psychological distress and mental disorders and improving access to services are essential in preventing suicides in women exposed to violence.

Limitations of the review include the small number of studies from Asia, heterogeneity of methodology, and the potential effect of confounders. Also, the relationship between specific aspects of violence and suicidal behaviour was not evident, as many of the participants had experienced physical, emotional, and sexual trauma. Furthermore, as most included research, self-report methods are subjective to recall bias and underreporting violence [20, 38]. Future studies would have to focus on relevant ethnic, religious belief systems, and types of violence to produce relevant data for developing prevention strategies. Furthermore, one study was of a South Asian community in the UK, and local cultural and legal factors may have affected the outcomes. Finally, since there are far fewer studies with male participants than with females, this finding should not be generalised to both genders.

Many Asian countries lack structured mental health legislation, and governments have allocated limited funds for psychiatric services [39]. Healthcare workers need to use culturally validated tools to detect conditions that link violence and suicidal behaviour in Asia, such as depression, anxiety, and general psychological stress [23, 24, 27, 29, 30]. For example, the Edinburgh Postnatal Depression Scale (EPDS) has been used widely in many Asian regions and is deemed appropriately sensitive and specific to the required task [40].

Conclusion

Many women in Asia are vulnerable to violence, especially domestic violence in the context of local sociocultural factors. Limited studies in Asian communities show that exposure to violence increases the risk of suicidal behaviour and mental disorders, predominantly in women. Therefore, it is imperative that psychological distress is detected early using culturally validated tools, and that women in distress are supported effectively to prevent suicides in Asian countries.

Abbreviations

WHO: World Health Organization; PRISMA: Reporting Items for Systematic reviews and Meta-Analyses.

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Availability of data and materials

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Declarations

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Not applicable.

Consent for publication

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Competing interests

The authors declare that they have no competing interests.

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