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# Intimate Partner Violence and Suicide Attempt Among Women in the Philippines: The Protective Role of Help-Seeking Behavior

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**Abstract**

Intimate partner violence is among the leading women's health issues globally. Hence, the primary aim of this study was to determine if intimate partner violence (IPV) against women is a significant risk factor in suicide attempts, and whether such an association is moderated by help-seeking behavior. A predictive correlational design was employed to determine associations between the variables of interest. The study sample consisted of 1,413 currently married or cohabiting Filipino women with exposure to IPV. In the direct effects model, physical IPV, psychological IPV, and sexual IPV emerged as significant risk factors for suicide attempts. In the moderation analysis, help-seeking behavior did not demonstrate a significant interaction with IPV in predicting suicide attempts. The current data highlight the importance of identifying and screening IPV-abused women in communities who may be at risk of attempting suicide. Additionally, suicide prevention strategies must consider the potential role of help-seeking behavior in increasing the risk of suicide among IPV-abused women.

**Keywords:** *Help-seeking behavior, intimate partner violence, suicide attempt*

## Introduction and Literature Review

Violence in intimate relationships is a foremost health concern among women around the globe. Intimate partner violence (IPV) pertains to harmful physical, psychological, or sexual acts perpetrated within an intimate relationship [World Health Organization (WHO), 2012]. Various forms of IPV have been conceptualized and investigated throughout the years. Physical violence involves intentionally inflicting physical force, including "scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, hair-pulling, slapping, punching, hitting, burning, use of a weapon, and use of restraints or one's body, size, or strength against another person" (Breiding et al., 2015, p. 11). The most commonly reported type of IPV is psychological violence (Dokkedahl et al., 2019), which is the "use of verbal or non-verbal communication with the intent to: (a) harm another person mentally or emotionally, and/or (b) exert control over another person" (Breiding et al., 2015, p. 15). In contrast, the least common form of IPV is sexual IPV (Gubi et al., 2020), which is "a sexual act that is committed or attempted by another person without the given consent of the victim or against someone unable to consent or refuse" (Breiding et al., 2015, p. 11).

Intimate partner violence is a worldwide phenomenon that transcends societal and cultural boundaries. Global estimates by the WHO revealed that 1 out of 3 women suffer from IPV (WHO, 2018). Specifically, the incidence of IPV has been documented in various nations worldwide, such as 15.3% in Slovenia (Selic et al., 2011), 38.0% in Pakistan (Hussain et al., 2017), 27.0% in Uganda (Wandera et al., 2015), 9.2% in Vietnam (Krantz & Vung, 2009), 14.0 to 38.0% in Kenya (Eminike et al., 2008) and 54.4% in El Salvador (Navarro-Mantas et al., 2018). In the Philippines, the rate of IPV perpetrated against Filipino women who have been married was 12.7% for physical IPV, 5.3% for sexual IPV, and 21.5% for psychological IPV in 2013 [Philippine Statistics Authority (PSA) & ICF International, 2014].

Intimate partner violence has been associated with a host of detrimental consequences on women, such as physical disability, neurological injuries, and psychological harm (Schuler et al., 2016). One of the most devastating responses to IPV is suicidality among female victims. A multi-country study by the WHO on women's health indicated that IPV is among the most salient risk factors for suicide attempt (Devres et al., 2011). Correspondingly, a preponderance of studies has demonstrated that IPV against women was associated with suicide ideation and/or attempt (e.g., Devries et al., 2011;

Gibbs et al., 2018; Haarr, 2010; Indu et al., 2020; MacIsaac et al., 2017; McLaughlin et al., 2012; Reviere et al., 2007; Sansone et al., 2006; Seedat et al., 2005; Thompson et al., 2022). For example, a study in the USA revealed that 23% of IPV-abused women had attempted suicide (Seedat et al., 2005). In Tajikistan, women who experienced sexual IPV and/or physical IPV were more likely to display suicidal thoughts and behaviors than those without marital violence exposure (Haarr, 2010). A hospital-based case-control research in India also found that IPV in married women was a unique risk factor for suicide attempts (Indu et al., 2020). Considering that suicide is a major contributor to the global burden of disease among women (Devres et al., 2011) and that Asia constitutes 60% of the suicide incidence in the world (Indu et al., 2020), it is important to examine suicide attempts among IPV victims in the Asian context. Doing so may advance knowledge and understanding of women's experience of IPV and its link to suicidal behaviors, which in turn may be used for the design of intervention strategies.

Extensive research has investigated help-seeking behavior among IPV-abused women (e.g., Cornally & McCarthy, 2011; Gerino et al., 2018; Haarr, 2010; McCleary-Sills et al., 2015; Paul, 2016; Satyen et al., 2019; Shannon et al., 2006; Tenkorang et al., 2017; Vyas & Mbwambo, 2017). Help-seeking behavior refers to an "intentional action to solve a problem that challenges personal abilities" (McCleary-Sills et al., 2015). In Bangladesh, 19.0% of currently married young adult women who experienced physical IPV reported seeking help, mainly from informal sources (McCleary-Sills et al., 2015), while in India, 24.0% of battered women sought help from different sources (Paul, 2016). Among Nigerian women who had been victimized by physical and sexual IPV, 39.7% sought help (Linos et al., 2013). However, a majority of Tanzanian female victims of IPV were reported to never seek help (Shannon et al., 2006). Further, among the few who did, only 10% had access to formal sources of help (McCleary-Sills et al., 2015). Notably, not all IPV-abused women seek help despite the severity of their experiences (Satyen et al., 2019). Given that help-seeking behavior is one of the coping mechanisms for exposure to violence (Sere et al., 2021), these empirical results indicated that a great majority of female IPV victims do not seek help. This warrants concern and further investigation. Taken together, evidence from the extant literature indicates that suicide attempt and help-seeking behaviors are associated with women's IPV experiences. However, what is not yet clear is whether help-seeking behavior can protect IPV-abused women from engaging in suicidal behavior.

The resilience model provides a framework for understanding the relationships between suicide attempts, IPV, and help-seeking behavior. Resilience pertains to an "interactive concept that refers to a relative resistance to environmental risk experiences or the overcoming of stress or adversity" (Rutter, 2006, p. 1). Numerous studies have implicated IPV as one of the chief risk factors for suicidal ideation and attempts in women (e.g., Gibbs et al., 2018; Haarr, 2010; Indu et al., 2020). Likewise, previous studies have identified help-seeking behavior as a main protective factor for IPV-abused individuals (Gerino et al., 2018). The resilience theory postulates that favorable psychological outcomes are achieved amid exposure to adverse life events (Rutter, 2006), when a person's adaptation systems are functioning adequately (Masten, 2001). External resources such as support and help from the community are considered protective factors that facilitate positive outcomes despite experiencing adverse situations (Zimmerman, 2013). Still, research to date has not been able to provide reliable evidence for the potential buffering effect of help-seeking behavior against the suicidal impact of IPV on women. Thus, assessing both risk and protective factors in a multivariable conceptual framework is necessary to gain better insights into the detrimental impact of IPV.

Although the weight of empirical evidence has demonstrated a significant relationship between IPV and suicide attempts in women, most studies have been restricted to IPV-abused women who presented themselves to clinics, shelters, or healthcare hospitals; hence, findings in the existing literature may not represent the general community of women. Furthermore, there is scarce information on the profile of IPV-abused Filipino women who have attempted suicide since most pertinent studies have been conducted in Western or non-Southeast Asian settings. As emphasized by Aliverdinia and Pridemore (2009), more empirical studies on the link between suicide attempt and IPV must be carried out to know if the findings can be replicated in diverse countries and cultures. Investigating suicide attempt among Filipino IPV-abused women will augment the design of culturally

tailored prevention and intervention efforts to control IPV and its damaging consequences on the health and well-being of women. In light of the aforementioned gaps in the literature, the primary purpose of this research was to assess the extent that IPV affects suicide attempt in an understudied and underrepresented community-based sample of Filipino women. This study also investigated the potential role of help-seeking behavior in protecting women victims of IPV against suicide attempts. In particular, the present study tested the following hypotheses:

$H_1$: Physical IPV exposure significantly increases the probability of suicide attempt among women.
$H_2$: Exposure to psychological IPV significantly elevates occurrence of suicide attempts among women.
$H_3$: The probability of suicide attempt is significantly greater among women with sexual IPV experience than their counterparts.
$H_4$: Help-seeking behavior significantly protects women exposed to physical IPV from attempting suicide.
$H_5$: Help-seeking behavior is a significant protective factor for suicide attempt among women victimized by psychological IPV.
$H_6$: Help-seeking behavior is a significant buffer against suicide attempt among women with sexual IPV experience.

## Methodology

### *Data and Participants*

The present research utilized secondary data from the 2017 Philippines National Demographic and Health Survey (NDHS, 2017). The Demographic and Health Survey is a nationally representative research project that gathers a wide array of information, including women's exposure to IPV, reproductive behaviors, as well as maternal health (Barra & Barra, 2019). For this investigation, only the data on women who answered questions about IPV experience were included in the analyses. Overall, the analytical sample comprised 1,413 married or cohabiting Filipino women at the time of the data collection in 2017, who were selected from all 17 regions of the country. The sampling procedure for the 2017 NDHS is described in greater detail by the PSA and ICF International (2018).

### Measures

The measures for all the main research variables were taken from the Women's Safety Module of the 2017 NDHS survey booklet. Three exposure variables related to IPV were employed—physical IPV, sexual IPV, and psychological IPV. Physical IPV was measured through an item that asked respondents if their husband or partner has subjected them to any of seven forms of physical IPV, including, pushing, slapping, punching, and kicking. Psychological IPV was gauged by a question that asked if the respondent's husband or partner has ever manifested any of seven forms of psychological violence, including humiliating them in front of others, threatening to harm them, or having other intimate relationships. Sexual IPV was measured by three survey items that asked the respondent if her husband or partner had ever forced or threatened her to engage in sexual acts against her will. The three exposure variables were dichotomized for the statistical analysis: that is, a score of 0 (*no*) was assigned to respondents who did not experience any manifestations of IPV (i.e., three for sexual IPV, and seven for physical as well as psychological IPV); whereas a score of 1 (*yes*) was assigned to those who experienced at least one indicator of IPV.

The outcome variable, suicide attempt, was measured by a single item that asked the respondents if they had ever attempted suicide (Responses: 0 = *no*, 1 = *yes*). Help-seeking behavior was assessed using an item that asked if the respondent had ever tried to seek help from any source due to their experience of IPV. Responses were coded into 0 (*did not seek help*) or 1 (*sought help*). As demographic characteristics are important markers for the risk of suicide (MacIsaac et al., 2017), respondents' age (in years), years of education completed, and employment status were included as potentially confounding variables.

### *Statistical Analysis*

Univariate descriptive statistics were employed to describe the demographic profile of participants and the proportion who had experienced IPV, suicide attempts, and help-seeking behavior. Next bivariate analyses, particularly, the Chi-square test of independence and the *t*-test for independent means, were utilized to identify if suicide attempt was associated with IPV, help-seeking, or demographic factors. Then binary logistic regression investigated the multivariable association between the variables. Model 1 tested the direct effects of the exposure variables on suicide attempt. Model 2 assessed help-seeking behavior as a moderator; hence, three two-way interactions were examined. The odds ratio (OR) was used to determine the significance of the predictors. For both the bivariate and regression analyses, alpha was set to a *p*-value of < .05. The statistical analyses were performed using SPSS version 29 for Mac.

### *Ethical Approval*

The ICF International Review Board approved the conduct of the 2017 NDHS. A more complete description of the ethical procedures carried out by the Demographic and Health Surveys Program [n.d., (DHS)] implementers is accessible on the official webpage of the DHS Program. In addition, the present study was approved by the Mindanao State University-Main Campus Research Ethics Committee, with MSUM-REC Code 2023-018.

## Results and Discussion

The present study investigated 1,413 Filipino women who have experienced intimate partner violence perpetrated by their respective husbands or cohabiting partners. As shown in Table 1, women aged 35–39 comprised the highest proportion of IPV victims with 20.7%, closely followed by those in the age group of 30–34 and 25–29. In terms of education, over half of the respondents (54.6%) who have been exposed to IPV reported secondary education as their highest educational attainment. In contrast, only 0.20% had never attended school. Correspondingly, a slight majority of the respondents reported being employed, whereas almost half (45.7%) were unemployed.

**Table 1** *Distribution of Respondents According to the Research Variables (N = 1,413)*

| Variables | Frequency | Percent |
|---|---|---|
| ***Age*** | | |
| 20–24 | 185 | 13.1 |
| 25–29 | 269 | 19.0 |
| 30–34 | 278 | 19.7 |
| 35–39 | 292 | 20.7 |
| 40–44 | 200 | 14.2 |
| 45–49 | 189 | 13.4 |
| ***Highest Educational Attainment*** | | |
| No education | 3 | 0.2 |
| Primary | 356 | 25.2 |
| Secondary | 772 | 54.6 |
| Higher | 282 | 20.0 |
| ***Employment status*** | | |
| Working | 767 | 54.3 |
| Unemployed | 646 | 45.7 |
| ***Physical IPV Victim*** | | |
| Yes | 1244 | 88.0 |
| No | 169 | 12.0 |
| ***Psychological IPV Victim*** | | |
| Yes | 981 | 69.4 |
| No | 432 | 30.6 |

| | | |
|---|---|---|
| ***Sexual IPV Victim*** | | |
| Yes | 464 | 32.8 |
| No | 949 | 67.2 |
| ***Attempted Suicide*** | | |
| Yes | 177 | 12.5 |
| No | 1236 | 87.5 |
| ***Sought Help*** | | |
| Yes | 460 | 32.6 |
| No | 953 | 67.4 |

Three forms of IPV were investigated in this study. As may be gleaned from Table 1, most of the respondents (88.0%) had experienced physical IPV victimization, whereas 69.4% reported experiencing psychological IPV. In contrast, only 32.8% percent of the respondents had been exposed to sexual IPV. A comparison of these findings with other studies (e.g., McLaughlin et al., 2021; Tenkorang et al., 2017) confirms that physical IPV and psychological IPV are more commonly reported than sexual IPV among female victims. Moreover, only 32.6% of IPV-abused women reported seeking help. This result is in keeping with the relatively low prevalence of help-seeking behavior among IPV-abused women found in previous research (e.g., Linos et al., 2013; McCleary-Sills et al., 2015; Parvin et al., 2016).

Bivariate analyses were carried out to examine if the predictor variables had significant associations with suicide attempts, as well as to identify potentially confounding demographic factors. Looking at Table 2, it is apparent from the Chi-square results that IPV was significantly associated with suicide attempts. Accordingly, the proportion of women exposed to physical IPV (13.7%), psychological IPV (16.3%), and sexual IPV (15.7%) who attempted suicide were all greater than their counterparts. Employment status and age were likewise significantly associated with suicide attempt; hence these demographic variables were included as potential confounders in the regression analyses.

**Table 2** *Bivariate Association of Suicide Attempt with the Predictor Variables*

| Variables | %/*M* | $\chi/t$ |
|---|---|---|
| ***Physical IPV*** | | $\chi = 14.12^{***}$ |
| Yes | 13.7% | |
| No | 3.6% | |
| ***Psychological IPV*** | | $\chi = 41.92^{***}$ |
| Yes | 16.3% | |
| No | 3.9% | |
| ***Sexual IPV*** | | $\chi = 6.48^{*}$ |
| Yes | 15.7% | |
| No | 11.0% | |
| ***Employment status*** | | $\chi = 6.60^{*}$ |
| Yes | 14.6% | |
| No | 10.1% | |
| ***Age*** (in years) | *M* = 33.54 | *t* = 1.02 |
| ***Education*** (in years) | *M* = 8.88 | $t = 3.25^{**}$ |

*Note*. %/*M* denotes the proportion of the respondents who attempted suicide; * denotes $p < .05$; ** denotes $p < .01$; *** denotes $p < .001$.

The primary aim of this study was to determine whether IPV is a risk factor for suicide attempt among IPV-abused Filipino women. Model 1 in Table 3 presents the results of the regression analyses that identified which, among the three forms of IPV, have a significant main effect on suicide attempt, over and above other predictor variables in the equation. Model 1 explained between 8.4% (Cox & Snell *R* Square) and 15.9% (Nagelkerke *R* Square) of the variance in suicide attempt and correctly classified 87.5% of the cases. The results of the direct effects model revealed that holding all other variables in the model constant, exposure to physical IPV, psychological IPV, and sexual IPV

significantly predicted suicide attempt, thereby supporting $H_1$, $H_2$, and $H_3$ of this study respectively. Specifically, the odds of attempting suicide were higher among women who experienced physical IPV ($p < .000$), psychological IPV ($p < .000$), and sexual IPV ($p <. 000$) than those who did not experience these forms of intimate partner violence. Similar significant findings were generated in Model 2, which already took into account the interaction effects. These findings mirrored those of previous studies (e.g., Gerino et al., 2018; Paul, 2016; Vyas & Mbwambo, 2017) in which intimate partner violence against women was found to be a significant determinant of suicide attempt.

**Table 3** *Logistic Regression for Predicting Suicide Attempt*

| Variables | Model 1 OR (95% CI) | Model 2 OR (95% CI) |
|---|---|---|
| Help-seeking | 2.68*** (1.91–3.75) | 9.65* (1.18–78.87) |
| Physical IPV | 4.89*** (2.03–11.79) | 5.75** (1.93–17.13) |
| Psychological IPV | 3.37*** (1.99–5.72) | 5.17*** (2.32–11.52) |
| Sexual IPV | 1.83*** (1.28–2.62) | 2.09** (1.22–3.59) |
| Age | 0.97* (0.95–0.99) | 0.97* (0.95–0.99) |
| Employment | 1.57* (1.10–2.24) | 1.58* (1.11–2.25) |
| Physical IPV x Help-seeking | | 0.66 (0.10–4.28) |
| Psychological IPV x Help-seeking | | 0.41 (0.14–1.19) |
| Sexual IPV x Help-seeking | | 0.81 (0.40–1.65) |

*Note*. * means $p < .05$; ** denotes $p < .01$; *** means $p < .001$; OR represents Odds Ratio; CI denotes Confidence Interval.

The results of the moderation analyses are presented in Model 2 in Table 3. The findings show that none of the three interaction terms was significant. Accordingly, help-seeking behavior did not have a significant interaction with physical, psychological, and sexual intimate partner violence in predicting suicide attempt, thereby failing to provide support to $H_4$, $H_5$, and $H_6$. The addition of the interaction terms in Model 2 did not considerably improve the amount of variation in suicide attempts from Model 1. Accordingly, Model 2 explained between 8.7% (Cox & Snell *R* Square) and 16.3% (Nagelkerke *R* Square) of the variance in suicide attempt.

On the contrary, the hypothesized moderating variable, help-seeking behavior, made a unique statistically significant contribution to Model 2, suggesting that the odds of attempting suicide were higher among women who sought help ($p < .05$) than those who did not seek help. In the main effects analysis in Model 1, help-seeking behavior likewise displayed a positive association with suicide attempts ($p < .000$). It may be inferred from the findings that help-seeking behavior did not emerge as a significant moderator (i.e., protective factor) because it instead increased risk of suicide attempt. While this finding appears counterintuitive, literature evidence indicates that help-seeking behavior may have adverse consequences on women exposed to intimate partner violence. Empirical investigations have reported that victims of intimate partner violence experience greater levels of societal stigmatization, including, self-blame, shame, social isolation, and negative social reactions when they seek help (Kennedy & Prock, 2018), with such stigmatization resulting in self-destructive behaviors such as suicide (Alix et al., 2017).

**Conclusion, Implications, and LImitation**

This research was primarily undertaken to assess the association of IPV with suicide attempts among Filipino women. Among the three types of IPV examined, physical IPV was the most prevalent, then psychological IPV, and finally sexual IPV. All three forms of IPV are significantly associated with suicide attempt in both the bivariate and multivariate analyses.

In general, the present study has provided additional empirical evidence with respect to the role of intimate partner violence and help-seeking behavior as risk factors for suicide attempt among Filipino women. The significant findings of this study have theoretical and practical implications that are worth mentioning. First, the outcomes of this research did not lend support fully to the resilience

model in explaining the occurrence of suicide attempts among IPV-abused women. While this study was able to establish that physical, psychological, and sexual forms of intimate partner violence are significant risk factors for suicide attempts, help-seeking behavior did not emerge as a protective factor. Second, the findings of the present study can be utilized in the creation of policies and intervention strategies for mitigating both intimate partner violence and suicide attempt among married or cohabiting women. Additionally, the promotion of help-seeking behavior as a protective factor against a suicide attempt needs to be investigated further before it can be incorporated when designing programs for IPV-abused women, as it may not have a buffering impact.

However, a few limitations of this research need to be acknowledged. One issue with the current study was that the study population was limited to married and/or cohabiting women of reproductive age, which limited the generalizability of the findings. Never-married and elderly women may also be exposed to IPV. Future research involving this group of individuals is strongly recommended. Second, given the cross-sectional design of this study, causal links between IPV and suicide attempt could not be drawn. Third, retrospective data were utilized that may be subject to recall biases. Lastly, only help-seeking behavior was examined as a potentially protective factor against suicide attempt among IPV-abused women. Hence, future studies must employ other research designs and investigate other protective factors (e.g., social support) to gain a deeper understanding of suicide attempt in women.

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