

**ADVANCE SOCIAL SCIENCE ARCHIVE JOURNAL**Available Online: <https://assajournal.com>

Vol. 03 No. 02. Apr-Jun 2025. Page#. 2458-2463

Print ISSN: [3006-2497](#) Online ISSN: [3006-2500](#)Platform & Workflow by: [Open Journal Systems](#)<https://doi.org/10.5281/zenodo.16924699>

The Interplay of Social Support, Quality of Life, and Suicidal Ideation: A Sample of Women with Experience of Domestic Violence in Pakistan

Ms. Nafisah Jabeen

Psychologist, Violence against Women Center, Punjab, Pakistan

(Corresponding Author) nafisahjabeen27@gmail.com

Ms. Abida Ajid Ali

PhD scholar, Department of Applied Psychology, GC University, Faisalabad, Pakistan

Dr. Abid Ali

Assistant Professor, Department of Psychology, Superior University, Faisalabad, Pakistan

Ms. Minahil Athar

GC University, Faisalabad, Pakistan

Dr. Abida Kareem

Assistant Professor, Department of Applied Psychology, GC University, Faisalabad, Pakistan

Abstract

South Asian women, particularly those in Pakistan, are vulnerable to poor mental health outcomes because of societal restrictions, cultural customs, and being faced with adversities such as discrimination and violence due to gender (Saeed et al., 2024). Suicidal ideation among women is an emerging public health issue (White et al., 2024). The present study was designed to investigate the association between perceived social support, quality of life, and suicidal ideation among women in Punjab, Pakistan. Data was collected from 150 women aged 18 to 45 years who presented at the Violence against Women Center, Multan, Pakistan, to report domestic violence. The Multidimensional Scale of Perceived Social Support (MSPSS), the WHOQOL-BREF, and the Beck Scale for Suicidal Ideation (BSS) were administered to measure social support, quality of life, and suicidal thoughts, respectively. For data analysis, SPSS 25th version was used. Results revealed that the scores on perceived social support were significantly and positively correlated with the scores on quality of life; however, suicidal ideation and quality of life were significantly negatively correlated with suicidal ideation. Furthermore, Regression analysis showed that perceived social support and quality of life predicted suicidal ideation among these female victims. Perception of low quality of support from family, friends, and significant others, and low quality of life are risk factors that can create a foundation for suicidal ideation in domestic violence victims in Punjab, Pakistan. To improve their living situations, interventions can help these women manage their suicidal thoughts by improving their quality of life and social support system.

Keywords: Social Support, Quality of Life, Suicidal Ideation, Domestic Violence, Pakistan

Introduction

In the present era, suicide is considered a major mental health issue and a cause of premature deaths all over the world. Particularly in low-income and underdeveloped nations, where mental health problems are becoming more prevalent and resources for improving mental health are not abundant, suicidal thoughts and behaviors are common (WHO, 2021). According to Khan & Reza

(2020), in Pakistan, like other South Asian countries, suicidal behaviors such as suicidal thoughts and attempts are rising in women due to limited access to education, gender inequalities, lack of independence, and increased stressors from society. In this scenario, we can define suicidal ideation as persistent thoughts of ending one's life. These thoughts are clear risk factors for suicidal attempts at any time, and critical focus is required to control these efforts (Tintori, et al., 2023).

It is the need of time to identify the risk and protective factors that can control the vulnerability of women to suicide. Among these, social support has consistently been highlighted as one of the strongest buffers against psychological distress. Emotional and instrumental support from family, friends, and community members contributes to resilience, enhances coping strategies, and reduces the intensity of depressive symptoms and self-harming thoughts (Lakey & Orehek, 2011). Conversely, women who experience weak or disrupted social networks, particularly in settings of intimate partner violence or social isolation, face a substantially higher likelihood of developing suicidal ideation (Motillon et al., 2022).

Another closely related determinant is quality of life (QoL), which refers to an individual's subjective perception of their physical health, emotional well-being, social relationships, and living environment (Arslan & Kaya, 2024). QoL is increasingly viewed not only as an outcome measure in health research but also as a dynamic predictor of mental health trajectories. Poor QoL—marked by chronic stress, economic deprivation, limited opportunities for self-expression, and lack of safety has been linked with increased prevalence of suicidal thoughts and behaviors (Li et al., 2016). Like other Asia countries, Pakistan is also a male-controlled community, where masculine norms are considered a big reason for the prevalence of domestic violence in the majority of areas of Pakistan, especially in Punjab. Such dominating positions of men controlling the fate of women and children, and making life-changing decisions for them. Women find it difficult to access support from society to improve their mental health and seek help (Ali et al., 2019). Poor level of social support and low quality of life may be related to suicidal ideation in victims of domestic violence. The present study aims to find out the interlinked connection between these variables

Literature Review

Often linked to depression, PTSD symptoms, a lower quality of life, and suicidality, intimate partner violence is a widespread cause of poor mental health in women. White et al (2024) conducted a study and found that abuse exposure elevates the risk of suicidal thoughts and attempts and erodes everyday functioning and well-being. Across populations, stronger perceived social support is associated with lower odds of suicidal ideation, plans, attempts, and death. Darvishi et al (2024) conducted a meta-analysis that shows robust inverse associations, underscoring support as a protective factor with potentially life-saving impact. Although not IPV-specific, these effects are directly relevant because violence isolates survivors and disrupts support networks.

Within IPV-affected samples, emerging work indicates that deficits in support and deficits in QoL interact to predict especially high suicide risk, i.e., low support can amplify the impact of QoL losses on suicidality ([Bond & Morgan, 2024](#)). National-level data also show a substantial proportion of women who died by suicide had documented domestic violence histories, reinforcing the need to integrate abuse inquiry and safety planning into suicide prevention for women in mental health services (Saeed et al., 2024).

Domestic violence reliably predicts poorer QoL across physical, psychological, social, and environmental domains. Recent studies among young women and community samples in LMIC contexts (e.g., Nigeria) confirm lower QoL scores among those reporting IPV relative to peers, mirroring patterns seen globally (Okedare et al., 2025).

Mechanistically, IPV erodes social ties (coercive control, isolation), elevates stress and depressive symptoms, and restricts autonomy and help-seeking; these processes degrade QoL and heighten suicidal ideation. Linn et al (2024) reported that even when support does not fully mediate abuse, mental-health pathways, it exerts direct positive effects on QoL and direct negative associations with mental-health problems—consistent with both “main-effects and stress-buffering models.

Risk is shaped by structural and cultural factors (poverty, legal barriers, and stigma) and life stage. South Asian research highlights domestic violence as a central driver of suicide among married women and stresses the importance of context-sensitive frameworks for maternal suicidality (Fastenau et al., 2024). Shelter-based studies from Pakistan reveal distinct psychosocial profiles compared to women living with their families, suggesting that service setting and safety influence measured outcomes (Saeed et al., 2024). Keeping in view the above scenario, the present study formulated the following hypothesis

Hypothesis

1. Social support will be positively associated with quality of life.
2. Social support and quality of life will be negatively associated with suicidal ideation.
3. Both social support and quality of life are predictors of suicidal ideation.

Materials and Methods

Sample

A total of 150 female victims of domestic violence participated in the present research, who were selected through a purposive sampling technique. The age range of participants was 18 to 45 years.

Instruments

Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet et al., 1988).

To measure the perception of social support, we use MSPSS. This measure has 12 items and three subscales, which are used to measure support from family, friends, and significant others. Responses are measured on a seven-point Likert scale ranging from “very strongly disagree to very strongly agree.”

WHOQOL-BREF (The WHOQOL, 1998) was used to measure the quality of life of our research participants. This measure has 26 items and four subscales such as physical health, psychological health, social relations, and environment. Responses are evaluated on a five point Likert Scale.

Beck Scale for Suicide Ideation (BSS) (Beck et al., 1999). To check suicidal ideation in our sample, we use BSS. It is a 15-item scale used to check the probability of suicide. The first five items are indicators of suicidal tendency. Responses range from 0 to 2. High score indicates more suicidal ideation; similarly, low scores indicate low suicidal ideation.

Procedure

Data was collected from women who presented “Women's Violence Center” in Multan with complaints of experiencing domestic violence. Permission from the authorities of the center was sought. First of all, 167 women were approached for data collection, but 14 women refused to participate in the research. A total of 153 women gave data; three women left during the data collection process, so the final sample consisted of 150 women aged 18 to 45 years old. All participants were assured confidentiality that all information would be kept confidential and not used other than for research.

Data Analysis

The relationship between study variables and predictors of suicidal ideation was investigated using the Pearson correlation coefficient and linear regression analysis, respectively.

Table 1. Demographic characteristics of the study sample ($N=150$)

Variables	Groups	f (%)
Age	18-25	43(28.7)
	26-35	76(50.6)
	36-45	31(20.7)
Gender	Women	150(100)
Education	Literate	37 (24.67)
	Illiterate	113(75.33)
Marital status	Married	122(81.34)
	Unmarried	28(18.66)
Residential area	Urban	82(54.67)
	Rural	68(45.33)
Family system	Nuclear	76(50.66)
	Joint	74(49.34)

Table 1 displays the demographic characteristics of the study participants. Most of the domestic violence victims fall between the ages of 25 to 35 years. The majority of the women were illiterate (75.33), married (81.34), and belonged to urban areas of Punjab, Pakistan. The table also reveals that almost 50% were living in a nuclear family system.

Table 2. Correlation analysis between perceived social support, quality of life, and suicidal ideation ($N=150$).

Variables	1	2	3
Social support	-	.66***	-.43***
Quality of life		-	-.61***
Suicidal ideation			-

Table 2 indicates that perceived social support was positively correlated with quality of life (.66***). While perceived social support and quality of life were significantly negatively correlated with suicidal ideation (-.43*** and -.61***).

Table 3. Perceived social support as a predictor of quality of life and suicidal ideation. Quality of life as a predictor of suicidal ideation ($N=150$).

Predictors	Outcomes	B	SE	B	R^2
Social Support	Quality of life	.335	.058	.66***	.42
	Suicidal ideation	-.211	.063	-.44***	.17
Quality of life	Suicidal ideation	-.54	.103	-.61***	.36

Table 3 shows the results of linear regression analysis, which indicates that perceived social support is significant predictor of quality of life ($\beta = .66^{***}$) and suicidal ideation ($\beta = -.43^{***}$) among women victims of domestic violence, and quality of life also significantly negatively predicts the suicidal ideation ($\beta = -.43^{***}$).

Discussion

The present research was conducted to find out the relationship among perceived social support, quality of life, and suicidal ideation among women who experienced domestic violence. The findings indicated a significant positive correlation between perceived social support and quality of life. It means that low quality of social support is linked with a low level of quality of life. On the contrary, women who perceive themselves as having high social support tend to have a good quality of life. Findings also revealed that both perceived social support and quality of life are significantly negatively linked with suicidal ideation in the victims of domestic abuse. This indicates that restricted support from family, friends, or significant others and poor life quality can increase the women's vulnerability towards suicidal ideation. Our findings are supported by prior research,

which also highlighted that perceived social support and perception of good quality of life are protective factors against suicide (Lakey & Orehek, 2011; Li et al., 2016).

We hypothesized that perceived social support and quality of life would predict suicidal ideation. Our findings confirm the hypothesis that a lack of social support (e.g., family, friends, or significant others) and feelings of worsened quality of life are significant predictors of suicidal ideation in women. Our results are in line with previous studies that also had such findings and highlighted the importance of social support to enhance the well-being of women (Khalid et al., 2020; Kim & Lee, 2022). These findings indicated that victims of domestic violence not only face the physical and emotional trauma, but in the cultural context of Pakistan, they have economic reliance on men, they cannot make decisions for themselves, and have limited resources to access support services (Ali et al., 2021). All these factors can lower the quality of life and exacerbate the thoughts to end someone's life (Shidhaye & Patel, 2010). Together, our findings suggest addressing these factors (social support and quality of life), which are essential to prevent suicidal tendency in victims of domestic violence.

Regarding the ramifications, our findings are important because they can help mental health practitioners and legislators create interventions that can be essential for addressing social support and quality of life to reduce the risk of suicide. To determine the causal relationship between social support, quality of life, and suicidal ideation, more longitudinal studies are suggested. Community-based therapies that involve family counseling, women's support groups, and empowerment initiatives are examples of practical consequences that also raise living standards and fortify social ties

Limitations

Despite the present research contributing to the existing body of knowledge, there are a few limitations, such as a cross-sectional design prevents causal inference. The generalizability of the study is restricted because of the small sample size. Response bias may result from relying too much on self-reports.

Conclusion

This study shows that among women in Punjab, Pakistan, the quality of life and social support are important protective factors against suicidal thoughts. In this cultural setting, enhancing women's quality of life and fortifying social bonds can be successful suicide prevention tactics.

REFERENCES

- Ali, T. S., Asad, N., Mogren, I., & Krantz, G. (2011). Intimate partner violence in urban Pakistan: prevalence, frequency, and risk factors. *International journal of women's health*, 105- 115.
- Arslan, G., Turk, N., & Kaya, A. (2024). Psychological vulnerability, emotional problems, and quality-of-life: Validation of the brief suicide cognitions scale for Turkish college students. *Current Psychology*, 43(24), 21009-21018.
- Bond, K., & Morgan, A. (2024). Novel research on mental health and suicide first aid training. *Advances in Mental Health*, 22(3), 229-231.
- Darvishi, N., Poorolajal, J., Azmi-Naei, B., & Farhadi, M. (2024). The role of social support in preventing suicidal ideations and behaviors: a systematic review and meta-analysis. *Journal of research in health sciences*, 24(2), e00609.
- Fastenau, A., Chahal, P., Shaheen, A., & Basak, M. (2024). Risk factors for suicide among South- East Asian women: A public health crisis in need of gender-specific solutions. *PLOS Mental Health*, 1(6), e0000183.
- Khalid, S., Naz, S., & Malik, N. I. (2020). Intimate partner violence and suicidal ideation among married women: Mediating role of depression. *Journal of Interpersonal Violence*, 35(23-24), 6009-6028. <https://doi.org/10.1177/0886260517725730>

- Khan, M. M., & Reza, H. (2020). Gender differences in suicide and attempted suicide in South Asia. *Crisis*, 41(2), 121–129. <https://doi.org/10.1027/0227-5910/a000604>
- Kim, H. S., & Lee, H. (2022). Quality of life and suicidal ideation: A systematic review. *BMC Psychiatry*, 22, 524. <https://doi.org/10.1186/s12888-022-04274-7>
- Lakey, B., & Orehek, E. (2011). Relational regulation theory: A new approach to explain the link between perceived social support and mental health. *Psychological Review*, 118(3), 482–495. <https://doi.org/10.1037/a0023477>
- Li, D., Zhang, W., Li, X., Zhen, S., & Wang, Y. (2016). Stressful life events and adolescent suicidal ideation: The mediating role of psychological needs satisfaction and the moderating role of coping style. *Journal of Adolescence*, 49, 90–97. <https://doi.org/10.1016/j.adolescence.2016.02.005>
- Linn, N., Chuemchit, M., Mon, A. S., & Boonshuyar, C. (2024). Violence against women and its effects on mental health and quality of life: A study of Myanmar migrant workers in Central Thailand. *Journal of Migration and Health*, 10, 100272.
- Motillon-Toudic, C., Walter, M., Séguin, M., Carrier, J. D., Berrouguet, S., & Lemey, C. (2022). Social isolation and suicide risk: Literature review and perspectives. *European psychiatry*, 65(1), e65.
- Okedare, O. O., Salawu, M. M., & Fawole, O. I. (2025). Intimate partner violence and quality of life of young women in urban slum and non-slum communities, Ibadan, Nigeria. *BMC Public Health*, 25(1), 1199.
- Saeed, G., Mumtaz, S., Tanveer, J., Hamid, E., Jehan, S., Atiq, M., & Hagaman, A. (2024). Maternal suicidality in Pakistan: Developing a critical feminist grounded theory to inform suicide prevention programs. *SSM-Mental Health*, 6, 100356.
- Shidhaye, R., & Patel, V. (2010). Association of socioeconomic, gender and health factors with common mental disorders in women: A population-based study of 5703 married rural women in India. *International Journal of Epidemiology*, 39(6), 1510–1521. <https://doi.org/10.1093/ije/dyq179>
- The WHOQOL Group. (1998). Development of the World Health Organization WHOQOL-BREF quality of life assessment. *Psychological Medicine*, 28(3), 551–558. <https://doi.org/10.1017/S0033291798006667>
- Tintori, A., Pompili, M., Cincimino, G., Corsetti, G., & Cerbara, L. (2023). The developmental process of suicidal ideation among adolescents: social and psychological impact from a nation-wide survey. *Scientific reports*, 13(1), 20984.
- Turnbull, P., Hunt, I. M., Woodhouse, T., Monk, H., Kapur, N., & Appleby, L. (2025). Domestic violence and suicide in women under the care of mental health services in the UK, 2015–2021: a national observational study. *The Lancet Regional Health–Europe*, 55.
- White, S. J., Sin, J., Sweeney, A., Salisbury, T., Wahlich, C., Montesinos Guevara, C. M., & Mantovani, N. (2024). Global prevalence and mental health outcomes of intimate partner violence among women: a systematic review and meta-analysis. *Trauma, Violence, & Abuse*, 25(1), 494–511.
- World Health Organization. (2025). *Suicide worldwide in 2021: global health estimates*. World Health Organization.
- Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, 52(1), 30–41