



Prevalence of Suicide Cases Attributed to Intimate Partner Relationship Issues: A Cross-Sectional Study

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ABSTRACT

Background: Suicide remains a significant global public health issue, with over 700,000 deaths annually, predominantly in low- and middle-income countries like Bangladesh. Despite its rising prevalence, suicide in Bangladesh is under-researched due to stigma and limited surveillance. Interpersonal conflicts, particularly intimate partner relationship (IPR) issues such as domestic violence, separation, and infidelity, are significant contributors to suicidal behavior. Young adults are especially vulnerable due to social and emotional challenges, compounded by cultural taboos surrounding relationship struggles.

Aim of the study: This study aims to assess the prevalence and types of suicide cases associated with intimate partner relationship issues among death cases reported at Dhaka Medical College.

Methods: This cross-sectional descriptive study was conducted in the Forensic Medicine Department of Dhaka Medical College from June 2023 to July 2024. A total of 200 confirmed suicide cases with sufficient relational background were purposively selected. Data were collected using a structured checklist based on medico-legal records, autopsy reports, and police inquest forms. They included demographic, clinical, and relational variables such as intimate partner problems (IPP) and intimate partner violence (IPV). Data were analyzed using SPSS version 26.0, with results presented through descriptive statistics. Ethical approval was obtained from the Institutional Review Board of Dhaka Medical College.

Result: In this study, the majority were males (60%) and aged 18–25 (35%). Half of the victims were married, and 40% had a history of mental illness. Prior suicide attempts were noted in 30%, and tobacco use was the most common substance (30%). Hanging (45%) and poisoning (35%) were the leading suicide methods. Notably, 60% of suicides were associated with intimate partner problems (IPP), and 40% involved intimate partner violence (IPV), including relationship conflicts, infidelity, separation, and domestic abuse, highlighting the critical role of interpersonal dynamics in suicide cases.

Conclusion: Intimate partner relationship issues were major contributors to suicide, affecting primarily young adult males. Hanging and poisoning were standard methods, with mental illness, prior attempts, and substance use prevalent. The findings emphasize the need for targeted mental health services, relationship counselling, and intimate partner violence prevention strategies.

Keywords: Suicide, Intimate Partner Problem and Intimate Partner Violence.

INTRODUCTION

Suicide is a significant public health concern and one of the leading causes of death globally. According to the World Health Organization (WHO), more than 700,000 people die by suicide every year, and many more attempt it, making

suicide a critical indicator of mental and social well-being [1]. The burden of suicide is disproportionately high in low- and middle-income countries (LMICs), where nearly 77% of global suicides occur. Bangladesh, being an LMIC, faces a significant and growing suicide problem, yet it remains an under-researched area due to stigma, underreporting, and lack of a national suicide surveillance system [2,3]. One of the most prominent risk factors for suicide is interpersonal conflict, particularly issues arising from intimate partner relationships (IPRs). These issues encompass a broad range of experiences, such as domestic violence, emotional manipulation, relationship dissolution, infidelity, separation, and legal disputes like custody battles. Intimate partner problems (IPP) and intimate partner violence (IPV) have been identified as significant stressors contributing to suicidal ideation and behaviors [4]. In many societies, especially those with strong patriarchal norms and limited mental health resources, individuals facing IPR conflicts may perceive suicide as the only escape from emotional, psychological, or social distress [5]. IPR-related suicides often stem from the convergence of psychological vulnerability, social pressure, and lack of support systems. Young adults, particularly those aged between 18 and 35, are disproportionately affected as they are more likely to be involved in romantic or marital relationships during intense social and emotional development [6]. Furthermore, the stigma surrounding relationship issues, divorce, or domestic abuse may prevent individuals from seeking help, especially in conservative societies like Bangladesh, where cultural and religious norms often discourage open discussion of such matters [7]. Although existing global literature has explored the connection between relationship stress and suicidal behavior, few studies have explicitly focused on the prevalence and nature of suicides directly attributed to intimate partner conflicts in the South Asian context. Data from high-income countries like the United States show that up to 25–30% of suicides are linked to relationship issues [8]. Still, the magnitude in Bangladesh remains largely unknown. This knowledge gap hampers targeted prevention strategies and hinders public health efforts to address a significant preventable cause of suicide. This study aims to assess the prevalence and types of suicide cases associated with intimate partner relationship issues among death cases reported at Dhaka Medical College.

METHODS & MATERIALS

This cross-sectional descriptive study was conducted in the Department of Forensic Medicine at Dhaka Medical College, Dhaka, Bangladesh. The study aimed to explore the prevalence and characteristics of suicide cases attributed to intimate partner relationship (IPR) issues, including intimate partner problems (IPP) and intimate partner violence (IPV). The study lasted 14 months, from June 2023 to July 2024. The study population comprised 200 suicide cases that were reported to and examined by the Department of Forensic Medicine at DMC during the study period. Cases were selected based on medico-legal records, autopsy reports, police inquest forms, and interviews with family members when possible. Inclusion criteria were all confirmed suicide cases with sufficient information related to the cause of death and relational background. Cases with incomplete documentation or ambiguous causes of death were excluded.

Data were collected using a structured checklist specifically designed for the study. The checklist included demographic information (age, gender, marital status), clinical history (mental illness, previous suicide attempts, substance use, family history of suicide), method of suicide, and relational details (presence of IPP and IPV). The relational component was coded based on variables such as domestic disputes, separation, divorce, infidelity, emotional distress, and documented evidence of abuse or restraining orders. Each case was carefully reviewed and categorized using available documentation and corroborative evidence provided by attending law enforcement officers or family members.

All collected data were entered into Microsoft Excel 2016 and exported to SPSS version 26.0 for statistical analysis. Descriptive statistics such as frequencies and percentages were calculated to describe the distribution of demographic, clinical, and relational variables. The results were presented in tabular form.

RESULTS

In this cross-sectional study of 200 suicide cases at Dhaka Medical College, individuals aged 18–25 years constituted the highest proportion (35%), followed by those aged 26–35 (30%) and 36–45 (20%). Males were more frequently involved in suicide cases 120(60%) compared to females 80(40%). Regarding marital status, half of the victims were married 100(50%), while 30% were single, and the rest were separated (10%), divorced (5%), or widowed (5%). Clinically, 80(40%) cases had a known history of mental illness, while 45% had no such history and 15% were unknown. Prior suicide attempts were recorded in 30% of cases. Substance use was every day, with 30% using tobacco, 25% reporting no substance use, and others using alcohol (20%), drugs (15%), or other substances (10%). A family history of suicide was present in 20% of cases, absent in 65%, and unknown in 15%. The most common method of suicide was hanging (45%), followed by poisoning (35%), firearms (10%), drowning (5%), and burn (5%) (Figure 1). Notably, 60% of suicides were linked to intimate partner problems (IPP), and 40% involved intimate partner violence (IPV) (Figure 2). Specific IPP factors included relationship/domestic difficulties (25%), marital issues (15%), separation (10%), divorce (5%), emotional distress (7.5%), infidelity (5%), intent to leave (7.5%), custody disputes (5%), unspecified IPP (15%), and estrangement (5%). IPV-related incidents included arguments/fights (12.5%), manipulative suicide threats (7.5%), domestic disputes (10%), physical assaults (5%), homicide-suicide combinations (2.5%), abusive relationships (7.5%), and restraining orders (5%).

Table 1: Socio-demographic characteristics of the study cases (N=200)

Variable	Frequency (n)	Percentage (%)
Age range (in years)		
<18	10	5.00
18–25	70	35.00
26–35	60	30.00
36–45	40	20.00
>45	20	10.00
Gender		
Male	120	60.00
Female	80	40.00
Marital Status		
Single	60	30.00
Married	100	50.00
Separated	20	10.00
Divorced	10	5.00
Widowed	10	5.00

Table 2: Clinical and Behavioral History of the study cases (N=200)

Variable	Frequency (n)	Percentage (%)
Mental Illness History		
Yes	80	40.00
No	90	45.00
Unknown	30	15.00
Previous Suicide Attempts		
Yes	60	30.00
No	140	70.00
Substance Use		
No	50	25.00
Alcohol	40	20.00
Drugs	30	15.00
Tobacco	60	30.00
Other	20	10.00
Family History of Suicide		
Yes	40	20.00
No	130	65.00
Unknown	30	15.00

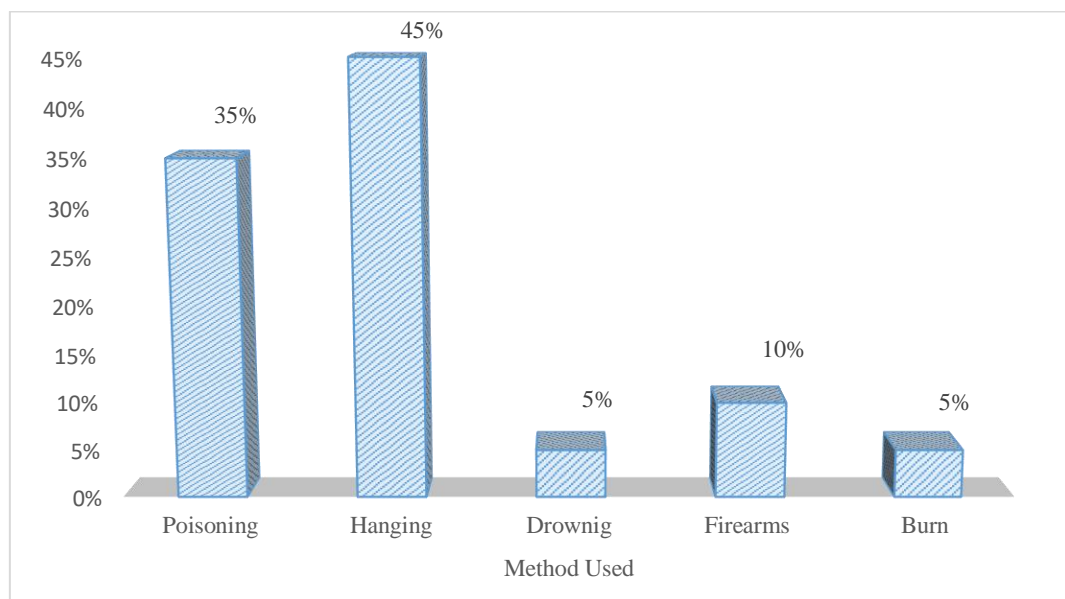


Figure 1: Methods of Suicide used in the study cases.

Table 3: Frequency of Intimate Partner Problems (IPP) and Intimate Partner Violence (IPV)

Variable	Frequency (n)	Percentage (%)
Intimate Partner Problems (IPP)		
Relationship/Domestic problem	50	25.00
Marital problems	30	15.00
Separation/left	20	10.00
Divorce	10	5.00
Upset/distraught	15	7.50
Infidelity	10	5.00
Intent to leave	15	7.50
Custody/visitation of children	10	5.00
IPP not specified	30	15.00
Estranged	10	5.00
Intimate Partner Violence (IPV)		
Manipulative suicide threat/intent	15	7.50
Argument/fight/altercation	25	12.50
Assault of another person	10	5.00
Homicide/Suicide Combination	5	2.50
Domestic dispute/argument	20	10.00
IR** stated "violence" or "abusive"	15	7.50
Restraining order (any type)	10	5.00

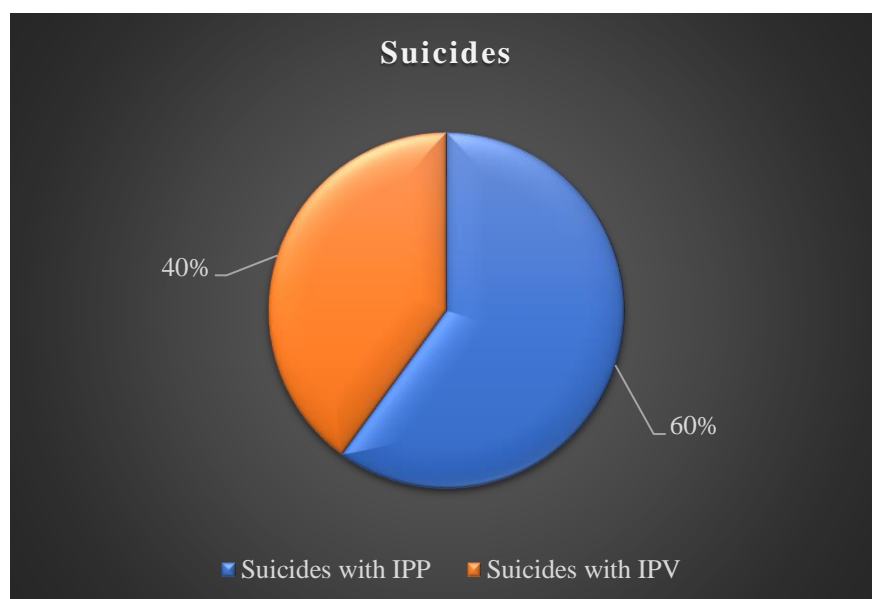


Figure 2: Prevalence of Suicides with Intimate Partner Issues

DISCUSSION

The study findings demonstrate that the majority of suicide victims were young adults aged 18–25 years (35%) and 26–35 years (30%), consistent with previous literature suggesting that individuals in early adulthood are particularly vulnerable to emotional and relational stressors [1]. The male predominance (60%) aligns with global trends, where men are more likely to complete suicide, whereas women are more likely to attempt it [9]. Cultural expectations, stigma, and limited coping strategies may contribute to this gender disparity, particularly in South Asian contexts where men are often primary earners and face more significant social pressures [5]. Marital status appeared to be a significant factor, with 50% of victims being married. While marriage is generally considered a protective factor against suicide, conflict within intimate relationships can instead serve as a risk factor, especially when compounded by separation, infidelity, or domestic violence [4]. Notably, 60% of the cases were associated with intimate partner problems (IPP), such as relationship conflict (25%), separation (10%), and infidelity (5%). These findings support the notion that interpersonal relationships are among the most common proximal stressors preceding suicidal behavior [10]. Moreover, 40% of the suicides were directly linked to intimate partner violence (IPV), including manipulative suicide threats, arguments, and

physical assaults. These findings are consistent with studies showing that exposure to IPV increases the risk of both suicidal ideation and suicide attempts [11]. In many cases, victims may experience a sense of entrapment, helplessness, or fear of further violence, pushing them toward fatal outcomes. The use of restraining orders and the mention of abusive dynamics in 5% and 7.5% of cases, respectively, highlight the need for better enforcement of legal protection measures and psychosocial support systems. Clinically, 40% of individuals had a documented history of mental illness, and 30% had previously attempted suicide, underscoring the chronic nature of psychological distress in many victims. Substance use, particularly tobacco (30%) and alcohol (20%) were also prevalent and may act as a disinhibiting factor, lowering the threshold for suicidal action [12]. Furthermore, a family history of suicide was identified in 20% of the cases, suggesting a possible genetic or environmental predisposition to suicidal behavior [13]. The predominant methods of suicide hanging (45%) and poisoning (35%) reflect accessibility and cultural norms in South Asia. The choice of method often correlates with lethality and intent, and these methods are commonly seen in low- and middle-income countries [14].

Limitations of the study

This study has several limitations. It was conducted in a single tertiary hospital in Dhaka, which may not reflect national trends. Data collection relied on medico-legal records and secondary reports from families or law enforcement, which may introduce recall or reporting bias. Some variables, such as mental illness history or substance use, had missing or unknown data, limiting analytical accuracy. The cross-sectional design restricts causal inference. Additionally, the social stigma surrounding suicide and intimate partner issues may have led to underreporting or misclassification of relational factors, particularly IPV.

CONCLUSION

This study highlights the significant role of intimate partner relationship (IPR) issues in suicide cases, with 60% linked to intimate partner problems and 40% involving intimate partner violence. Young adults, particularly males aged 18–35, were most affected, with hanging and poisoning as the most common suicide methods. Mental illness, prior suicide attempts, and substance use were prevalent among victims. The findings underscore the urgent need for targeted mental health support, relationship counselling, and IPV prevention programs. Addressing relational stressors through early intervention and strengthening psychosocial services may help reduce the rising trend of IPR-related suicides in Bangladesh.

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REFERENCES

1. World Health Organization. (2021). Suicide worldwide in 2019: Global health estimates. Geneva: WHO.
2. Feroz AH, Islam SN, Reza S, Rahman AM, Sen J, Mowla M, Rahman MR. A community survey on the prevalence of suicidal attempts and deaths in a selected rural area of Bangladesh. *Journal of Medicine*. 2012; 13(1):3-9.
3. Arafat SY. Current challenges of suicide and future directions of management in Bangladesh: a systematic review. *Global Psychiatry*. 2019;2(1):9-20.
4. Devries KM, Mak JY, Bacchus LJ, Child JC, Falder G, Petzold M, Astbury J, Watts CH. Intimate partner violence and incident depressive symptoms and suicide attempts: a systematic review of longitudinal studies. *PLoS medicine*. 2013 May 7;10(5):e1001439.
5. Vijayakumar L, Daly C, Arafat Y, Arensman E. Suicide prevention in the Southeast Asia region. *Crisis*. 2020 Mar 25.
6. Beautrais AL. Life course factors associated with suicidal behaviors in young people. *American Behavioral Scientist*. 2003 May; 46(9):1137-56.
7. Arafat SY. Suicide in Bangladesh: a mini review. *Suicide*. 2014;3.
8. Logan J, Hill HA, Black ML, Crosby AE, Karch DL, Barnes JD, Lubell KM. Characteristics of perpetrators in homicide-followed-by-suicide incidents: National Violent Death Reporting System—17 US States, 2003–2005. *American journal of epidemiology*. 2008 Nov 1; 168(9):1056-64.
9. Bertolote JM, Fleischmann A. Suicide and psychiatric diagnosis: a worldwide perspective. *World psychiatry*. 2002 Oct;1(3):181.
10. Joiner T. Why people die by suicide. Harvard University Press; 2005.
11. Campbell JC, Webster D, Koziol-McLain J, Block C, Campbell D, Curry MA, Gary F, Glass N, McFarlane J, Sachs C, Sharps P. Risk factors for femicide in abusive relationships: Results from a multisite case control study. *In Domestic violence* 2017 May 15 (pp. 135-143). Routledge.
12. Poorolajal J, Haghtalab T, Farhadi M, Darvishi N. Substance use disorder and risk of suicidal ideation, suicide

- attempt and suicide death: a meta-analysis. *Journal of public health*. 2016 Sep 1;38(3):e282-91.
13. Brent DA, Mann JJ. Family genetic studies, suicide, and suicidal behavior. In *American Journal of Medical Genetics Part C: Seminars in Medical Genetics* 2005 Feb 15 (Vol. 133, No. 1, pp. 13-24). Hoboken: Wiley Subscription Services, Inc., A Wiley Company.
 14. Gunnell D, Eddleston M, Phillips MR, Konradsen F. The global distribution of fatal pesticide self-poisoning: systematic review. *BMC public health*. 2007 Dec; 7:1-5.