The Role of Life Stressful Events, Emotional Distress Tolerance, and Perceived Gender Discrimination in Predicting Suicidal Thoughts Among Women with Experiences of Domestic Violence

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ABSTRACT

The objective of this study was to investigate the predictive roles of life stressful events, distress tolerance, and perceived gender discrimination in suicidal ideation among women with experiences of domestic violence in Tehran. This research employed a correlational descriptive design with a sample of 400 women selected based on Krejcie and Morgan's table through convenience sampling from social service centers and shelters in Tehran. Data were collected using standardized instruments: the Beck Scale for Suicidal Ideation, Holmes and Rahe Stress Scale, Distress Tolerance Scale, and the Perceived Gender Discrimination Scale. Pearson correlation coefficients were computed to examine the bivariate relationships, and multiple linear regression analysis was used to identify the predictive power of the independent variables on suicidal ideation. Data analysis was conducted using SPSS version 27. Pearson correlation results indicated that suicidal ideation had a significant positive correlation with life stressful events ($r = 0.62$, $p < .001$) and perceived gender discrimination ($r = 0.49$, $p < .001$), and a significant negative correlation with distress tolerance ($r = -0.55$, $p < .001$). The multiple regression model including life stressful events and distress tolerance was significant, $F(2, 397) = 134.85$, $p < .001$, explaining 46% of the variance in suicidal ideation ($R^2 = 0.46$). Life stressful events ($\beta = 0.48$, $p < .001$) and distress tolerance ($\beta = -0.39$, $p < .001$) were both significant predictors. The findings highlight the significant role of life stress and emotional resilience in predicting suicidal ideation among women experiencing domestic violence. These results underscore the importance of targeted interventions focusing on stress reduction and distress tolerance to mitigate suicide risk in this vulnerable population.
Keywords: Suicidal Ideation; Domestic Violence; Life Stressful Events; Distress Tolerance; Gender Discrimination; Women's Mental Health

1. Introduction

Kiolence against women, particularly domestic violence, is a pervasive global issue with far-reaching psychological, social, and physical consequences. Among the most alarming outcomes associated with domestic violence is the increased risk of suicidal ideation. Women subjected to various forms of abuse—physical, psychological, sexual, or economic—are significantly more likely to experience depressive symptoms, anxiety, and suicidal thoughts compared to non-abused women (Asaei et al., 2020; Nooshabadi, 2021). This issue becomes particularly pressing in socio-cultural contexts where patriarchal norms, limited institutional support, and social stigma restrict women's access to protective mechanisms and mental health resources (Asha, 2025; Williams et al., 2024).

Suicidal ideation among women who experience domestic violence is not a mere psychological outcome but rather a multidimensional issue shaped by sociocultural, emotional, and systemic factors. Research highlights the significance of cumulative life stressors in exacerbating mental health vulnerabilities. Exposure to traumatic events such as intimate partner violence (IPV) increases the likelihood of suicidal tendencies, especially when coupled with chronic stress and a lack of coping resources (Liu, 2024; Nur, 2023). Life stressors, including financial instability, loss, chronic exposure to humiliation, and social isolation, act as compounding risk factors for mental breakdown and self-destructive ideation (Fahim et al., 2022; Pathak & Upadhyay, 2021).

In understanding the pathways that lead from violence exposure to suicidal ideation, the role of emotional distress tolerance becomes paramount. Distress tolerance, or the ability to endure negative emotional states, is considered a protective psychological trait. Individuals with low distress tolerance are more likely to resort to maladaptive coping strategies, including self-harm or suicidal ideation, especially under repeated exposure to trauma (Haji Heidari & Sajadian, 2023; Kaul et al., 2024). Emotional dysregulation, often resulting from prolonged abuse, can impair one's ability to process and navigate painful experiences, increasing the severity of suicidal thoughts (Jyothsna et al., 2023; K. & Tripathi, 2024).

Another critical but often overlooked variable influencing suicidal ideation in abused women is perceived gender discrimination. Discriminatory practices and societal biases intensify feelings of worthlessness and alienation, particularly in cultures where women's autonomy is

systematically undermined (Cabral & Pinto, 2023; Wu, 2023). Perceived gender discrimination may not only normalize violence but also create an internalized sense of powerlessness, leading to heightened suicidal ideation (Leat et al., 2023; Waters et al., 2025). Studies show that when women internalize the belief that their gender renders them less worthy of rights, opportunities, or protection, they may experience increased levels of shame, helplessness, and self-blame—known correlates of suicide risk (Martin & Kotian, 2023; Rodgers, 2020).

In addition to personal and interpersonal factors, structural and systemic elements such as lack of access to support services, legal barriers, and societal stigma against survivors further compound the problem. Many abused women refrain from seeking help due to fear of retaliation, social ostracism, or economic dependence on their abusers (Azizmohammadi, 2023; Hafeez, 2024). These barriers inhibit both emotional resilience and access to external resources necessary for psychological recovery (Ilmi, 2023; Kay et al., 2024). Moreover, existing health and legal systems often fail to provide a trauma-informed, culturally sensitive, and holistic response to survivors' needs, thereby increasing their vulnerability (Hegarty et al., 2022; Williams et al., 2024).

Previous studies have emphasized the need to consider the intersectionality of different factors—such as socioeconomic background, marital status, family structure, and duration of abuse—when examining mental health outcomes in abused women (Keli, 2022; Lacey et al., 2021). Women from low-income families or extended households may face more restrictions, less privacy, and higher tolerance thresholds for abuse due to social expectations (Bonganciso & Kumari, 2022; Yustika et al., 2022). These socio-environmental conditions amplify the emotional strain and reduce the likelihood of escape from abusive settings.

While research has individually examined life stressors, emotional distress, and gender discrimination in relation to women's mental health, few studies have integrated these variables to predict suicidal ideation among domestic violence survivors. A more integrative approach allows for a nuanced understanding of the pathways and mechanisms underlying suicidality. This approach is particularly relevant in Iran and other Middle Eastern contexts, where cultural values, legal systems, and social norms may exacerbate gender-based vulnerabilities (Alvarado et al., 2018; Nur, 2023). Research in Iranian settings highlights the unique interplay between religio-cultural expectations, gender roles,

and the psychological consequences of abuse (Asaei et al., 2020; Azizmohammadi, 2023).

In line with this gap, the present study aims to examine the predictive role of three key variables—life stressful events, emotional distress tolerance, and perceived gender discrimination—in suicidal ideation among women who have experienced domestic violence in Tehran.

2.   Methods and Materials

2.1.   Study Design and Participants

This study employed a correlational descriptive design to investigate the role of life stressful events, emotional distress tolerance, and perceived gender discrimination in predicting suicidal thoughts among women who have experienced domestic violence. The research population consisted of women residing in Tehran, Iran, who had reported or were identified as having experienced domestic violence. Based on Krejcie and Morgan's (1970) sample size determination table, a sample size of 400 participants was deemed sufficient to ensure statistical power and generalizability. Participants were selected through available (convenience) sampling from psychological counseling centers, social service organizations, and women's support institutions across Tehran. Inclusion criteria included being a woman over the age of 18, having experienced domestic violence (self-reported), and providing informed consent to participate. Exclusion criteria included severe psychiatric disorders (e.g., psychosis) or cognitive impairments that would interfere with questionnaire comprehension. Ethical approval was obtained, and participants were assured of confidentiality and anonymity.

2.2.   Measures

2.2.1.   Suicidal Ideation

To measure suicidal ideation, the study employed the Beck Scale for Suicide Ideation (BSSI), developed by Aaron T. Beck and colleagues in 1979. The BSSI is a widely used 21-item self-report inventory designed to assess the intensity, duration, and characteristics of suicidal thoughts and behaviors. The first 19 items specifically evaluate the presence and severity of suicidal ideation, while the last two items address prior suicide attempts. Each item is scored on a 3-point Likert scale (0 to 2), with higher total scores indicating more severe suicidal ideation. The BSSI has demonstrated strong psychometric properties, with

confirmed internal consistency (Cronbach's alpha ranging from 0.87 to 0.97) and test-retest reliability. Numerous studies, including those conducted in Iran, have supported the scale's validity and reliability in clinical and non-clinical populations.

2.2.2.   Life Stressful Events

The Holmes and Rahe Stress Scale (Social Readjustment Rating Scale), originally developed in 1967 by Thomas Holmes and Richard Rahe, was utilized to assess the experience of stressful life events. This tool includes 43 items representing various life events that can cause stress, such as divorce, job loss, or the death of a loved one. Each event is assigned a "life change unit" score based on its relative stress level. Respondents are asked to indicate which events they have experienced in the past year, and the total score is the sum of the life change units. Higher scores suggest greater exposure to life stress and a higher risk of health breakdown. The Persian version of the scale has been standardized and validated in multiple studies in Iran, demonstrating good reliability and cultural relevance for use with Iranian populations.

2.2.3.   Distress Tolerance

The Distress Tolerance Scale (DTS), developed by Simons and Gaher in 2005, was used to measure individuals' ability to tolerate emotional distress. The DTS consists of 15 items divided into four subscales: Tolerance (e.g., acceptance of distress), Appraisal (e.g., evaluation of distress as acceptable or not), Absorption (e.g., how much distress interferes with functioning), and Regulation (e.g., efforts to alleviate distress). Items are rated on a 5-point Likert scale ranging from 1 (strongly agree) to 5 (strongly disagree), with higher scores indicating greater distress tolerance. The instrument has demonstrated good internal consistency (Cronbach's alpha values typically above 0.85) and construct validity. Its Persian version has been validated in several Iranian studies, confirming its psychometric strength for use in both clinical and non-clinical samples in Iran.

2.2.4.   Perceived Gender Discrimination

To assess perceived gender discrimination, the study used the Perceived Discrimination Scale by Landrine, Klonoff, and colleagues, initially introduced in 1995 and later adapted for gender-specific experiences. This tool comprises 20

items measuring the frequency of perceived discriminatory experiences based on gender in various social contexts (e.g., workplace, education, healthcare). Each item is rated on a Likert-type scale from 1 (never) to 5 (very often), with higher scores reflecting higher levels of perceived gender discrimination. The scale includes subscales such as social exclusion, stigmatization, and unequal treatment. Validity and reliability assessments in Iranian samples have shown favorable results, with Cronbach's alpha coefficients above 0.80 and strong content and construct validity in studies addressing gender issues in Iranian women.

2.3. Data Analysis

Data analysis was conducted using SPSS version 27. Descriptive statistics (means, standard deviations, frequencies, and percentages) were calculated for demographic variables. Pearson correlation coefficient was used to examine the bivariate relationships between suicidal thoughts and each of the independent variables (life stressful events, distress tolerance, and perceived gender discrimination). Additionally, linear regression analysis was used to evaluate the predictive power of the independent variables on suicidal thoughts. The assumptions of linear regression—including normality, linearity, independence of errors, multicollinearity, and homoscedasticity—were checked and confirmed prior to analysis.

3. Findings and Results

The final sample consisted of 400 women from Tehran. The age distribution was as follows: 94 participants (23.5%) were between 18 and 25 years old, 138 participants (34.6%) were between 26 and 35, 104 participants (26%) were between 36 and 45, and 64 participants (16%) were above 45 years of age. In terms of marital status, 172 participants (43%) were currently married, 126 (31.5%) were divorced, and 102 (25.5%) were separated but not legally divorced. Regarding education, 48 women (12%) had less than a high school diploma, 132 (33%) held a high school diploma, 146 (36.5%) had a bachelor's degree, and 74 (18.5%) had a master's degree or higher. Employment status showed that 166 participants (41.5%) were unemployed, 148 (37%) were employed part-time or informally, and 86 (21.5%) were employed full-time.

Table 1

Descriptive Statistics for Study Variables (N = 400)

Variable	Mean (M)	Standard Deviation (SD)
Suicidal Ideation	16.47	5.39
Life Stressful Events	211.38	61.24
Distress Tolerance	42.19	8.57
Perceived Gender Discrimination	68.45	13.62

Table 1 presents the descriptive statistics for the main study variables. The mean score for suicidal ideation was 16.47 (SD = 5.39), suggesting a moderate level of suicidal thoughts among the participants. Life stressful events had a mean of 211.38 (SD = 61.24), indicating a high prevalence of stress-inducing experiences. Distress tolerance showed a lower mean of 42.19 (SD = 8.57), suggesting limited emotional endurance. The mean score for perceived gender discrimination was 68.45 (SD = 13.62), pointing to a substantial perception of gender-based injustice among the participants.

All assumptions of linear regression were tested and confirmed prior to conducting the analysis. The normality of residuals was verified using the Shapiro–Wilk test (p = 0.128), indicating a normal distribution. Linearity was confirmed through scatterplot inspection, showing a linear relationship between the dependent and independent variables. Multicollinearity was not a concern, as variance inflation factor (VIF) values ranged from 1.23 to 1.36, all below the critical threshold of 10. Homoscedasticity was checked using the Breusch–Pagan test, which was non-significant (χ^2 = 2.84, p = 0.241), indicating constant variance of errors. Finally, independence of residuals was confirmed using the Durbin–Watson statistic (1.98), which falls within the acceptable range of 1.5 to 2.5.

Table 2

Pearson Correlation Between Suicidal Ideation and Independent Variables

Variable	r	p
Life Stressful Events	0.62	<.001
Distress Tolerance	-0.55	<.001
Perceived Gender Discrimination	0.49	<.001

As shown in Table 2, all three independent variables were significantly correlated with suicidal ideation. Life stressful events were positively and moderately correlated with suicidal ideation (r = 0.62, p < .001). Distress tolerance was negatively correlated (r = -0.55, p < .001), indicating that higher emotional endurance is associated with lower suicidal ideation. Perceived gender discrimination also showed a significant positive correlation (r = 0.49, p < .001), implying that greater perceptions of discrimination coincide with higher suicidal thoughts.

Table 3

Summary of Regression Model for Suicidal Ideation

Source	Sum of Squares	df	Mean Square	R	R²	Adjusted R²	F	p
Regression	4382.61	2	2191.31	0.68	0.46	0.46	134.85	<.001
Residual	5107.29	397	12.86					
Total	9489.90	399						

Table 3 summarizes the results of the regression analysis predicting suicidal ideation from life stressful events and distress tolerance. The model was statistically significant, F(2, 397) = 134.85, p < .001, with R = 0.68 and R² = 0.46, indicating that 46% of the variance in suicidal ideation could be explained by the two predictors. The adjusted R² remained at 0.46, suggesting a robust model fit without significant shrinkage.

Table 4

Coefficients of Multivariate Regression Model Predicting Suicidal Ideation

Predictor	B	SE	β	t	p
Constant	5.78	1.12	—	5.16	<.001
Life Stressful Events	0.07	0.01	0.48	8.62	<.001
Distress Tolerance	-0.24	0.03	-0.39	-7.12	<.001

According to the results, life stressful events significantly predicted suicidal ideation (B = 0.07, β = 0.48, t = 8.62, p < .001), indicating that for each unit increase in life stress, suicidal ideation increased by 0.07 points. Distress tolerance negatively and significantly predicted suicidal ideation (B = -0.24, β = -0.39, t = -7.12, p < .001), implying that greater emotional resilience was associated with reduced suicidal ideation. The intercept was also significant (B = 5.78, p < .001), suggesting a baseline level of suicidal ideation in the absence of the predictors.

4. Discussion and Conclusion

The present study aimed to examine the predictive role of life stressful events, distress tolerance, and perceived gender discrimination in suicidal ideation among women who have experienced domestic violence. The findings revealed significant correlations between suicidal ideation and each of the three independent variables. Specifically, life stressful events were positively associated with suicidal thoughts, indicating that as the intensity or number of stressors increased, the likelihood of suicidal ideation also rose. Similarly, perceived gender discrimination had a significant positive correlation with suicidal ideation, suggesting that women who experienced higher levels of discriminatory treatment based on gender were more vulnerable to suicidal thoughts. In contrast, distress tolerance showed a negative relationship with suicidal ideation, indicating that women with higher levels of emotional resilience were less likely to report suicidal tendencies. Furthermore, linear regression analysis demonstrated that life stressful events and distress

tolerance together significantly predicted suicidal ideation, with life stress emerging as the stronger predictor.

These findings align with prior research emphasizing the detrimental effects of cumulative life stress on the psychological wellbeing of women subjected to intimate partner violence. For instance, Nur (2023) found that ongoing exposure to IPV, coupled with financial and familial pressures, significantly increased the likelihood of suicidal thoughts and behaviors among Turkish women (Nur, 2023). Similarly, Fahim et al. (2022) highlighted that chronic exposure to stressful life events—such as job loss, illness, and relational conflict—heightens emotional vulnerability and diminishes coping abilities, leading to psychological collapse and suicidal ideation (Fahim et al., 2022). These findings are consistent with the current results, affirming that persistent life stress is a critical risk factor for suicide among domestic violence survivors.

Moreover, the study's results regarding distress tolerance reflect findings from earlier investigations into emotional regulation and suicidal ideation. As shown by Haji Heidari and Sajadian (2023), emotional regulation and resilience serve as buffers against suicidal thoughts in women affected by violence, especially during times of heightened stress such as the COVID-19 pandemic (Haji Heidari & Sajadian, 2023). The inverse relationship between distress tolerance and suicidal ideation in the current study supports this, highlighting the protective role of psychological flexibility and emotional endurance. Women with higher tolerance for distress may be better equipped to navigate their trauma without resorting to self-destructive ideation, even in the absence of external support.

The relationship between perceived gender discrimination and suicidal ideation is particularly noteworthy. This study found that women who perceived greater gender-based injustice were significantly more prone to suicidal thoughts. This finding echoes the work of Waters et al. (2025), who demonstrated that experiences of discrimination—whether based on gender, sexual identity, or health status—are linked with higher rates of depression and suicidal ideation in marginalized populations (Waters et al., 2025). Cabral and Pinto (2023) similarly showed that feelings of exclusion and stigmatization due to gender identity or societal roles contribute to internalized shame, a known antecedent of suicide (Cabral & Pinto, 2023). In the context of Iran, where traditional gender norms and structural inequality persist, perceived gender discrimination may not only exacerbate trauma but also invalidate women's

attempts to seek justice or support, further entrenching feelings of helplessness and despair.

The findings also reinforce the idea that psychological outcomes such as suicidal ideation do not stem from isolated events but from the complex interplay of personal vulnerability and socio-structural factors. For instance, Ilmi (2023) emphasizes that in Indonesia, many women experience cumulative violence and systemic neglect, which together foster mental health deterioration (Ilmi, 2023). Likewise, Kaul et al. (2024) identified in Afghan provinces that social silence around gender-based violence and limited access to psychosocial care reinforce women's internalization of worthlessness, leading to heightened suicide risk (Kaul et al., 2024). These insights support the current study's premise that both internal and external factors must be considered when assessing suicide risk in abused women.

Interestingly, while perceived gender discrimination correlated with suicidal ideation, it was not a significant predictor in the regression model. This may suggest that its effect is partially mediated by other factors such as self-esteem, social support, or emotion regulation capacities—variables not directly examined in this study. It is also plausible that women who have internalized discriminatory norms may underreport such experiences or fail to attribute their distress to systemic bias, thus complicating the statistical weight of perceived discrimination in predicting suicidal ideation.

Another significant insight emerging from the findings is the compounded nature of vulnerabilities in women exposed to domestic violence. As noted by Keli (2022), women internalize abuse when it is normalized within both private and public domains, which erodes their ability to conceptualize escape or alternative futures (Keli, 2022). Similarly, Stoever (2020) asserts that systemic silence and politicization of safety deprive women of their rights and reinforce feelings of worthlessness, leading many to view suicide as the only exit from continued victimization (Stoever, 2020). The present study confirms that when life stress, emotional fragility, and perceived social injustice converge, they create a psychological environment ripe for suicidal ideation.

Additionally, the role of emotional processing is highlighted in work by Jyothsna et al. (2023), who identified that help-seeking women with stronger emotional regulation skills experienced lower levels of distress and suicidal ideation (Jyothsna et al., 2023). This aligns with our findings that distress tolerance mitigates suicidal thinking. It

underscores the potential of targeted emotional regulation interventions in supporting women's psychological survival in contexts of ongoing violence.

The findings also have significant implications for health systems and support service frameworks. As discussed by Williams et al. (2024), trauma-informed and violence-sensitive service delivery models are essential in addressing the complex psychological needs of IPV survivors (Williams et al., 2024). In the Iranian context, the scarcity of such integrated services may leave women unsupported in their distress, driving the risk of suicidality higher. The present results reinforce the necessity for multidisciplinary approaches that combine legal protection, emotional rehabilitation, and socio-economic empowerment for at-risk women.

Taken together, the current findings contribute to the literature by empirically linking the triad of life stress, emotional resilience, and gendered experiences to suicidal ideation among women exposed to domestic violence. This study not only corroborates findings from global research contexts (Mootz et al., 2020; Rodgers, 2020) but also provides region-specific insights that can inform culturally contextualized interventions in Iran and similar societies.

This study, while offering important insights, is not without limitations. First, the use of self-report questionnaires may have introduced social desirability bias, especially in reporting experiences of discrimination or suicidal thoughts. Second, the cross-sectional design limits causal inferences, making it impossible to determine the directionality of the relationships observed. Third, the sample was drawn only from Tehran, potentially limiting the generalizability of findings to women in rural areas or other socio-cultural regions of Iran where domestic violence may take different forms. Furthermore, factors such as social support, religious beliefs, and severity/duration of abuse were not controlled for, which could moderate the relationships studied.

Future research should explore longitudinal designs to track the progression of suicidal ideation in women exposed to ongoing domestic violence. Including mediating and moderating variables such as self-esteem, spiritual coping, or institutional trust may offer a more comprehensive understanding of how suicidal ideation develops or resolves over time. Comparative studies across urban and rural regions in Iran could provide further insight into the contextual differences in risk and resilience. In addition, qualitative research could deepen understanding of how women interpret gender discrimination and emotional

distress in the context of violence, potentially informing more effective interventions.

Policymakers and practitioners should prioritize the development of trauma-informed care frameworks that integrate psychological services with legal and social support. Educational programs for counselors, social workers, and police officers can improve the recognition of suicidal risk factors in abused women. Expanding access to distress tolerance and emotional regulation training through shelters and community centers can empower women to manage emotional pain in adaptive ways. Finally, addressing societal and institutional gender discrimination through public awareness campaigns and structural reforms will be crucial in reducing long-term psychological harm among women survivors of domestic violence.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Ethical considerations in this study included obtaining informed consent for participation and ensuring the confidentiality of

participants' information. The study was reviewed and approved by the Islamic Azad University, Isfahan (Khorasgan) Branch, under the ethics code IR.IAU.KHUISF.REC.1403.099.

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