

LETTER TO THE EDITOR

doi:10.1017/S1041610224000681

Unveiling hope: how social support reciprocity shields against the shadows of intimate partner violence and suicidal ideation in rural Chinese older adults

ABSTRACT

The paper titled “A systematic review of psychosocial protective factors against suicide and suicidality among older adults” by Ki and colleagues is a thought-provoking review that emphasizes the importance of improving protective factors for the development of suicide prevention and intervention in older adults, rather than just focusing on risk factors. Since the coronavirus disease 2019 (COVID-19) pandemic, media coverage of mental health and suicide has gained widespread attention. Suicide may become a more pressing issue due to the enormous economic and social toll of the spreading epidemic. Therefore, this systematic review is relevant in preventing suicide among older adults in the “post-pandemic” periods of COVID-19.

In this study, the authors highlight the importance of examining the moderating or mediating role of protective factors in suicide, due to the fact that suicide prevention must take into account a variety of factors simultaneously. More importantly, most studies focused primarily on received support among interpersonal protective factors, neglecting the role of support given to others, which might be more beneficial for older adults’ well-being. The thought that ensues is what role will social support reciprocity play in specific risk factors and suicidal behavior.

Key words: social support, suicide, adverse events, developing country, elder abuse

Dear Editor,

The paper titled “A systematic review of psychosocial protective factors against suicide and suicidality among older adults” by Ki and colleagues (Ki *et al.*, 2024) is a thought-provoking review that emphasizes the importance of improving protective factors for the development of suicide prevention and intervention in older adults. Strikingly, the authors pointed out that most studies have focused on receiving support among the interpersonal protective factors, while ignoring the more beneficial role of giving support to others. The thought that ensues is what role will social support reciprocity play in specific risk factors and suicidal behavior?

Since the coronavirus disease 2019 pandemic, media coverage of mental health and suicide has gained widespread attention (Hawton *et al.*, 2021). Strikingly, the suicide rate among the Chinese rural older population was reportedly much higher than urban older adults (Phillips *et al.*, 2002). Preventing suicidal ideation among older adults in rural China is not just a local issue but a reflection of broader global challenges associated with aging, mental health, and socioeconomic development. Intimate partner violence (IPV) has received attention as a recognized individual-level risk factor for suicidal behaviors in low- and middle-income countries (Keynejad *et al.*, 2020). However, due to

the complex interplay of cultural norms, stigma and insufficient access to services, IPV among older adults in rural China is often underreported and neglected. Focusing on IPV for Chinese rural older adults contributes to the goal that all people, regardless of age or geographic location, have the right to live free from violence and abuse. Addressing the relationship between IPV and suicidal ideation in this group is crucial for public health and social justice.

Compared to one-way forms of social support, social support reciprocity focuses on fairness and active participation between individuals, developing healthier and more balanced relationships. Mizuno *et al.*, showed that reciprocity of social support was associated with a reduced risk of psychological distress and suicidal ideation among Japanese older adults (Mizuno *et al.*, 2019). Furthermore, social support reciprocity helps to counteract the effects of stressors and adversity, including traumatic events such as IPV. Thus, social support reciprocity may be a novel perspective to mitigate the possibility of suicidal ideation among older adults experiencing IPV. To further explore these relationships, this study aimed to explore the role that social support reciprocity plays in the relationship between IPV and suicidal ideation among Chinese rural older males and females.

Table 1. Association between intimate partner violence and reciprocity of social support on suicidal ideation among Chinese rural older adults, 2022

CHARACTERISTICS	TOTAL		MALE		FEMALE	
	OR (95% CI)	P-VALUE	OR (95% CI)	P-VALUE	OR (95% CI)	P-VALUE
IPV indicator: Physical IPV						
Physical IPV × Reciprocity of social support						
Physical IPV × High receipt/high provision	Ref		Ref		Ref	
Physical IPV × High receipt/low provision	5.31 (1.24, 22.77)	0.025	4.37 (0.24, 76.87)	0.318	6.28 (1.11, 35.49)	0.038
Physical IPV × Low receipt/high provision	1.67 (0.37, 7.51)	0.506	0.50 (0.02, 11.00)	0.663	2.47 (0.42, 14.69)	0.320
Physical IPV × Low receipt/low provision	5.90 (1.44, 24.15)	0.014	0.88 (0.06, 13.71)	0.930	9.42 (1.74, 51.11)	0.009
IPV indicator: Emotional IPV						
Emotional IPV × Reciprocity of social support						
Emotional IPV × High receipt/high provision	Ref		Ref		Ref	
Emotional IPV × High receipt/low provision	1.63 (0.51, 5.19)	0.410	0.22 (0.02, 2.37)	0.212	3.01 (0.68, 13.31)	0.149
Emotional IPV × Low receipt/high provision	0.71 (0.22, 2.37)	0.583	0.08 (0.01, 1.02)	0.060	1.67 (0.37, 7.60)	0.510
Emotional IPV × Low receipt/low provision	1.84 (0.61, 5.62)	0.281	0.11 (0.01, 1.11)	0.061	4.31 (1.02, 18.19)	0.047

IPV = intimate partner violence.

All model controlled for age, education, marital status, living arrangement, economic condition, smoking status, alcohol consumption, activity engagement, chronic disease, physical disability, psychological distress. Bold type denotes statistical significance (p -value < 0.05).

Data were obtained from the latest round of the Shandong Rural Elderly Health Cohort (SREHC) (Wang *et al.*, 2021). Study design, variables and statistical analyses are provided in detail in the supplement. Of all participants ($n = 2,204$), 14.2% had physical IPV and 20.6% had emotional IPV among Chinese rural older adults. We performed a gender-stratified analysis given the gender-based heterogeneity in IPV and suicidal ideation (Table 1). Among female older adults with physical IPV, the highest risk was still observed for low receipt/low provision (Odds Ratio [OR] = 9.42, $p = 0.038$), followed by high receipt/low provision (OR = 6.28, $p = 0.038$). While among male older adults with physical IPV or emotional IPV, suicidal ideation was not associated with any social support reciprocity types (all $p > 0.05$). The adjusted model showed significant associations between low receipt/low provision and suicidal ideation among female older adults with emotional IPV (OR = 4.31, $p = 0.047$).

Our study found that social support reciprocity mitigates the effects of physical, but not emotional, IPV on suicidal ideation among rural Chinese female older adults. In rural China, traditional

gender roles often place females in a subordinate position and males in a position of authority. In addition, females and males have different types of social networks and ways of seeking and providing support. Females are generally more likely to engage in reciprocal social support networks that provide emotional support and practical help when needed.

Taken together, exploring the impact of mitigating IPV on suicidal ideation among rural Chinese older adults from the perspective of social support reciprocity can help develop more inclusive and effective solutions. Reciprocity in social support creates an environment of mutual empowerment among IPV survivors. While receiving support is crucial for immediate safety and emotional healing, the act of giving support can reinforce survivors' sense of self-worth and agency. This balanced exchange helps to mitigate the potential for suicidal ideation in rural older adults who have experienced physical IPV. Local governments should promote low-cost social engagement programs to enhance social interaction and ultimately prevent suicidal ideation among rural older adults with IPV. Such strategies may be particularly

beneficial in resource-poor settings for suicide prevention.

Conflicts of interest

None.

Source of funding

This work was supported by the National Natural Science Foundation of China (grant numbers 72274109, 71774104, 71473152, 71974117), the China Medical Board (grant number 16-257) and the China Scholarship Council (grant number 202306220219).

Description of author(s)' roles

Dan Zhao: Conceptualization, Formal analysis, Methodology, Software, Visualization, and Writing – original draft. Chengchao Zhou: Conceptualization, Funding acquisition, Writing – review & editing, and Validation.

Acknowledgements

We thank all the participants in the SREHC as well as the recruitment staff.

Supplementary material

The supplementary material for this article can be found at <https://doi.org/10.1017/S1041610224000681>.

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