

Intimate Partner Violence victimization and Hope as Predictors of Life Satisfaction and Suicidal Ideation in Argentinean Adults

Victimización por violencia de pareja y esperanza como predictores de la satisfacción con la vida y la ideación suicida en adultos argentinos

Vitimização por violência de parceiro íntimo e esperança como preditores da satisfação com a vida e da ideação suicida em adultos argentinos

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Abstract: Intimate partner violence is a significant issue in today's society, especially in Argentina. This study aimed to analyze the prediction of life satisfaction and suicidal ideation from intimate partner violence and hope. The sample consisted of 235 adults (84 % female) with a mean age of 36 years ($SD = 11.04$) from Buenos Aires, Argentina. Participants responded to a sociodemographic questionnaire, the Revised Conflict Tactics Scale (CTS2), the Dispositional Hope Scale (DHS), the Satisfaction with Life Scale (SWLS), and the Frequency of Suicidal Ideation Inventory (FSII). Results showed that hope positively predicted life satisfaction, while psychological aggression negatively predicted it. Furthermore, physical assault was a strong predictor of suicidal ideation. These findings can help mental health professionals develop targeted interventions to reduce suicidal risk and improve mental health outcomes for individuals experiencing intimate partner violence, or low levels of hope or life satisfaction.

Keywords: intimate partner violence; life satisfaction; suicidal ideation; hope

Resumen: La violencia de pareja es un problema significativo en la sociedad actual, especialmente en Argentina. Este estudio buscó analizar la predicción de la satisfacción con la vida y la ideación suicida a partir de la violencia en la pareja y la esperanza. La muestra incluyó a 235 adultos (84 % mujeres) con una media de edad de 36 años ($DE = 11.04$) de Buenos Aires, Argentina. Los participantes respondieron un cuestionario sociodemográfico, la Escala de Tácticas de Conflicto Revisada (CTS2, por su sigla en inglés), la Escala de Esperanza Disposicional (DHS, por su sigla en inglés), la Escala de Satisfacción con la Vida (SWLS, por su sigla en inglés) y el Inventario de Frecuencia de Ideación Suicida (FSII, por su sigla en inglés). Los resultados mostraron que la esperanza predice positivamente la satisfacción con la vida, mientras que la agresión psicológica la predice negativamente. Además, la violencia física fue un predictor fuerte de ideación suicida. Estos hallazgos pueden ayudar a profesionales de la salud mental a desarrollar intervenciones dirigidas para reducir el riesgo suicida y mejorar la salud mental en personas que experimentan violencia de pareja, bajos niveles de esperanza o insatisfacción vital.

Palabras clave: violencia de pareja; satisfacción con la vida; ideación suicida; esperanza



Resumo: A violência de parceiro íntimo é um problema significativo na sociedade atual, especialmente na Argentina. Este estudo buscou analisar a predição da satisfação com a vida e da ideação suicida a partir da violência de parceiro íntimo e da esperança. A amostra foi composta por 235 adultos (84 % mulheres), com média de idade de 36 anos ($DP = 11,04$), de Buenos Aires, Argentina. Os participantes responderam a um questionário sociodemográfico, à Escala de Táticas de Conflito Revisada (CTS2), à Escala de Esperança Disposicional (DHS), à Escala de Satisfação com a Vida (SWLS) e ao Inventário de Frequência de Ideação Suicida (FSII). Os resultados mostraram que a esperança prediz positivamente a satisfação com a vida, enquanto a agressão psicológica a prediz negativamente. Além disso, a violência física foi um forte preditor de ideação suicida. Esses achados podem auxiliar profissionais de saúde mental no desenvolvimento de intervenções direcionadas a reduzir o risco suicida e melhorar a saúde mental de pessoas que experienciam violência de parceiro íntimo, baixos níveis de esperança ou insatisfação com a vida.

Palavras-chave: violência de parceiro íntimo; satisfação com a vida; ideação suicida; esperança

Suicide is a significant public health concern worldwide, with approximately 800,000 people dying by suicide each year (World Health Organization, 2021). Additionally, low life satisfaction has been linked to various mental health disorders, including depression and anxiety (Kyriazos & Poga, 2024; Noda et al., 2025). Suicidal ideation, or the thinking about and planning of suicide, is a critical risk factor for completed suicide (Hubers et al., 2018). Many factors contribute to suicidal ideation, including demographic, psychological, and social factors. Among these factors, intimate partner violence and low levels of hope have been linked to increased suicidal ideation (Katz et al., 2018).

Intimate Partner Violence (IPV) affects millions of individuals worldwide (Bonomi et al., 2009), with nearly 20 people per minute experiencing physical abuse by an intimate partner in the United States. One in seven women and one in 25 men have been injured by an intimate partner, with adults aged 18 to 25 being the most affected (Barnes et al., 2023). Argentina, like many countries in South America, faces a significant prevalence of IPV, particularly affecting women. Specifically, psychological violence is reported as the most common form, representing 42 % of the cases. Moreover, 23 % of women report having experienced economic violence, 23 % physical violence, and 18 % report having experienced sexual violence from their current or former partner at some point in their lives. Furthermore, IPV often occurs in combination. Two-thirds of the women who experience any of these situations suffer from at least two different types of violence. Additionally, 64 % of women identified a former partner and 25.5 % a current partner as the perpetrator (Ministerio de las Mujeres, Géneros y Diversidad de la Nación Argentina, 2023). In addition, further evidence from Latin American samples indicates that intimate partner violence is associated with increased depressive symptoms, suicidal ideation, and decreased life satisfaction (Ballesteros Cárdenas et al., 2024; Llosa Martínez & Canetti Wasser, 2019; Ponce-Díaz et al., 2019).

IPV occurs between individuals who are in a romantic or intimate relationship and has been extensively studied in the literature (Juarros-Basterretxea et al., 2024). Research has shown that partner violence can have severe consequences (World Health Organization, 2021) and those who have been subjected to IPV often report that is the worst experience of maltreatment (Dokkedahl et al., 2019), including psychological distress (Romito et al., 2022), impaired social functioning, and physical injury (Dorling et al., 2024).

Numerous studies have explored the link between IPV and mental health outcomes, including suicidal ideation. For instance, a study conducted by Xu et al. (2023) found that individuals who experienced IPV had a higher likelihood of suicidal ideation than those who did not experience IPV. Similarly, McCollum et al. (2025) found that individuals who experienced IPV were more likely to report suicidal ideation. These studies highlight the need for further research to better understand the impact of partner violence on suicidal ideation as well as the mechanisms involved.

On the other hand, hope, defined as the belief in one's ability to achieve goals and overcome obstacles (Singh et al., 2023; Snyder, 2000), has been linked to numerous positive

outcomes, including better mental health (Senger & Gallagher, 2024). Individuals with higher levels of hope are more likely to engage in problem-solving behaviors and view challenges as opportunities for growth, which may protect against suicidal ideation (Klonsky & May, 2015). Similarly, life satisfaction, which refers to an individual's overall assessment of their life, has been linked to various factors, including psychological and social factors (Hall, 2021). Studies have shown that life satisfaction is inversely related to suicidal ideation, indicating that individuals with higher levels of life satisfaction are less likely to experience suicidal thoughts (Lew et al., 2019). In addition, partner violence and low levels of hope are negatively associated with life satisfaction (Fernández-Alvarez et al., 2024).

Several studies have supported the importance of studying the interplay between partner violence, hope, and mental health outcomes (Ogbe et al., 2020). For instance, a study by White and Satyen (2015) found that hope moderated the relationship between intimate partner violence and depression, such that individuals with higher levels of hope were less likely to experience depression in the context of partner violence. Similarly, a well-known study by Woods (2005) found that hope mediated the relationship between partner violence and post-traumatic stress symptoms among women who experienced partner violence.

In addition to intimate partner violence, low hope has also been identified as a significant predictor of suicidal ideation (Klonsky & May, 2015). Individuals with low levels of hope may have limited resources for coping with stressors and may be more likely to experience suicidal thoughts (Feldman & Dreher, 2012). Furthermore, low levels of hope are associated with a range of negative outcomes, including depression and anxiety (Sun et al., 2023). Additionally, a recent review found that hopelessness may moderate the relationship between suicidal thoughts and behaviors, including the capacity to act on such thoughts (Ropaj et al., 2023).

Cultural factors may influence the relationship between partner violence, hope, and mental health outcomes. Research has shown that cultural norms and values may affect how individuals perceive and respond to partner violence (Zlotnick et al., 2006). Additionally, cultural differences in hope and coping strategies may influence the impact of partner violence on mental health outcomes (Bryant-Davis, 2010), primarily in nations with high levels of familism, such as Argentina and others in Latin America, where closeness with family members, friends, or romantic partners is highly valued (Facio & Resett, 2013; Resett, 2016).

Research indicates that men exhibit higher suicide lethality, whereas women report more frequent suicidal ideation (Carretta et al., 2023). Moreover, several psychosocial factors (e.g., sociopsychological changes, social support, social pressure) contribute to the complexity of age-related patterns, which are considered nonlinear. Suicidal thoughts tend to peak during adolescence, young adulthood, and again among older adults (Kim et al., 2016).

While previous research has examined the relationship between partner violence, hope, life satisfaction, and suicidal ideation, few studies have explored the simultaneous relations of these factors with mental health outcomes. Therefore, the present study aims to examine the predictive role of IPV, hope, and demographic variables on both life satisfaction and suicidal ideation, among a sample of adults in Buenos Aires, Argentina. Specifically, we hypothesized that higher levels of IPV victimization are associated with lower life satisfaction and higher suicidal ideation, whereas higher dispositional hope is associated with higher life satisfaction and lower suicidal ideation.

Method

Participants

Participants were 235 Argentine adults recruited through social media using a non-probabilistic sampling method. To participate, individuals had to be 18 years or older, currently in a romantic relationship of at least six months' duration, and residing in Buenos

Aires, Argentina. The sample ranged in age from 19 to 72 years ($M = 36.25$, $SD = 11.03$). Most participants were women (84.7 %) and 15.3 % were men. The gender imbalance in this study may reflect broader participation patterns in survey research, where women tend to have higher response rates than men (Becker, 2022), and may also be related to the fact that women report more frequent and severe experiences of IPV (Fanslow et al., 2023), which could increase their likelihood of taking part in studies addressing this topic. Regarding relationship status, 61 % were living with their partner and 39 % were married. In terms of economic income, most participants perceived themselves as middle class (71.5 %). With respect to educational level, 54.5 % had completed secondary school, 36.5 % held a university degree, and 9 % had a postgraduate degree. Concerning parental status, 54.5 % reported having at least one child, while 45.5 % did not.

Instruments

Sociodemographic questionnaire: to evaluate gender, age, couple status, educational level, and parental status.

Revised Conflict Tactics Scale (CTS2; Straus et al., 1996): this instrument measures the extent to which partners engage in violence and the strategies to deal with it. It has five dimensions: sexual coercion, injury, psychological aggression, physical assault, and negotiation, in a 40-item questionnaire for both perpetration and victimization. It uses a Likert response scale to assess time (1 = *Once in the past year*, 6 = *More than 20 times in the past year*; 0 = *It has never happened*, 7 = *It has happened but not in the past year*). For the present study, only the victimization sub-scale was used. It has been widely used in research, showing well established psychometric properties, and for this study, the Spanish version adapted by Loinaz et al. (2012) was used. Cronbach's alpha coefficients ranged from .60 to .89.

Dispositional Hope Scale (DHS; Snyder et al., 1991): a bidimensional instrument that measures the abilities to identify feasible ways to a goal and the motivations for pursuing goals (pathways-agency). It has 12 items, with four of them being used as fillers. Responses are on a 4-point Likert scale, with scores from 1 = *false* to 4 = *definitely true*. The present study used the Spanish adaptation of Galiana et al. (2015), which shows good psychometric properties. In the present study, Cronbach's alpha was $\alpha = .76$ for Pathways and $\alpha = .75$ for Agency.

Satisfaction with Life Scale (SWLS; Diener et al., 1985): composed of five items to measure global life satisfaction. The present study used a Spanish version adapted by Atienza et al. (2003), where the responses were on a 5-point Likert scale (1 = *totally disagree*; 5 = *totally agree*). Some items examples are: "La mayoría de los aspectos de mi vida es como quiero que sea" [Most aspects of my life are as I want them to be] and "Estoy satisfecho/a con mi vida" [I am satisfied with my life]. It has shown good psychometric properties in Argentina (Facio & Resett, 2013) and is widely used around the world in satisfaction research. The Cronbach's alpha for the present study was .85.

Frequency of Suicidal Ideation Inventory (FSII; Chang & Chang, 2016): to evaluate suicidal ideation frequency. The measure consists of five items in a unidimensional form, with scores from 1 = *never* to 5 = *almost every day*. It has been adapted to several languages, including Spanish (Sánchez-Álvarez et al., 2020), and has shown good psychometric properties. The reliability analysis showed a Cronbach's alpha coefficient of .88.

Procedures

Approval for the study was obtained by the Argentine University of Business (UADE), being part of an approved project (P20S01) before data collection. All participants were contacted via social networks (e.g., Facebook, Instagram), where they were invited to complete a survey. As a first step, participants were informed of the study and accepted informed consent, before accessing the survey. No identifying information was collected, and confidentiality and only academic use was assured. The data were analyzed using the Statistical Package for Social Sciences (SPSS) version 25 to process descriptive statistics,

such as percentages, means, standard deviations, and multiple linear regressions in blocks. Specifically, two hierarchical regression analyses were performed with life satisfaction and suicidal ideation as dependent variables, placing in the first block sociodemographic variables (such as gender, age, etc.), in the second block scores for IPV, and finally, hope scores in the third block.

Results

Table 1 presents descriptive statistics and Pearson correlation coefficients among IPV victimization, dispositional hope, life satisfaction, suicidal ideation, and sociodemographic variables such as age, gender, parental status, perceived socioeconomic status, and educational level. Regarding partner violence victimization, the Sexual Coercion dimension was negatively correlated with perceived socioeconomic status, while the Injury dimension was positively correlated. Psychological aggression victimization showed a significant negative correlation with life satisfaction and a positive correlation with parental status, while it exhibited a positive correlation with suicidal ideation. Moreover, physical assault victimization demonstrated a moderate, positive, and significant correlation only with suicidal ideation. In addition, the Negotiation dimension of intimate partner violence was negatively correlated with parental status.

Additionally, both the agency and pathways dimensions of hope showed positive correlations with life satisfaction, and negative, yet weak, correlations with suicidal ideation and perceived socioeconomic status. Moreover, agency displayed a weak positive correlation with educational level, while the pathways dimension of the scale presented a significant, positive and weak relationship with age. Life satisfaction showed a statistically significant negative correlation with suicidal ideation and perceived socioeconomic status. Moreover, we found significant positive correlations with age, parental status, and educational level, suggesting that individuals without children tend to report higher levels of life satisfaction. Furthermore, suicidal ideation was negatively correlated with age and parental status, indicating that younger participants and those with children reported higher levels of suicidal ideation.

Table 1

Descriptive statistics and correlation coefficients between IPV victimization, hope, life satisfaction, suicidal ideation, and sociodemographic factors

Variable	M (SD)	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Sexual coercion	0.03 (0.46)													
2. Injury	0.02 (0.33)	.00												
3. Psychological aggression	5.33 (6.01)	.12	-.06											
4. Physical assault	1.98 (6.89)	.00	-.02	.53**										
5. Negotiation	12.36 (4.09)	-.02	-.05	-.08	-.09									
6. Hope agency	15.06 (2.46)	.09	-.08	-.04	-.05	.04								
7. Hope path	15.65 (2.35)	.05	-.02	-.03	.02	.08	.58**							
8. Life satisfaction	18.01 (3.81)	.03	-.09	-.15*	-.09	.00	.54**	.38**						
9. Suicidal ideation	6.15 (2.41)	.08	-.03	.24**	.32**	-.03	-.17*	-.16*	-.32**					
10. Age	36.37 (11)	-.11	.11	-.09	-.03	-.13	.06	.14*	.21**	-.25**				
11. Gender ^a		.03	.03	.02	.05	-.02	-.01	-.08	-.01	.03	.03			
12. Parental status ^b		-.08	.06	.13*	.04	-.13*	.06	.11	.23**	-.20**	.60**	.12		
13. Perceived Socioeconomic level ^c		-.22**	.21**	.09	.09	-.01	-.18**	-.15*	-.29**	.11	.00	-.05	.01	
14. Educational level ^d		-.06	-.01	-.12	-.09	.07	.22**	.11	.13*	-.07	.21**	.17*	-.07	-.07

Note. a Gender was coded as 0 = male, 1 = female. b Parental Status was coded as 0 = Has Children, 1 = No Children. c Perceived socioeconomic level: higher scores indicate higher perceived status. d Educational level ranged from 1 (secondary school diploma) to 3 (postgraduate degree), with higher scores indicating higher educational attainment.

* $p < .05$, ** $p < .01$, *** $p < .001$

Results from the regression models for Life Satisfaction and Suicidal Ideation are presented in Tables 2 and 3, respectively. In the first model, the dependent variable was Life Satisfaction. The models were statistically significant ($p < .001$) and explained 13 % of the variance in the first block, which increased to 14 % and then to 38 % with the addition of the second and third blocks, respectively. Among the predictors, perceived socioeconomic status consistently showed a significant negative association with life satisfaction across all blocks. In addition, parental status was a significant predictor in the final model. In the final block, perceived socioeconomic status, parental status, psychological aggression victimization, and the Hope-Agency dimension were significant predictors of life satisfaction.

Table 2

Predictors for Life Satisfaction from sociodemographic variables, IPV Victimization, and Hope scores

Predictors		Block 1	Block 2	Block 3
Gender	<i>B</i>	-0.45	-0.41	-0.17
	95 % CI	[-1.77, 0.87]	[-1.73, 0.91]	[-1.29, 0.95]
	<i>t</i>	-0.6	-0.61	-0.3
	β	-0.04	-0.04	-0.02
	<i>p</i>	.621	.760	.823
Age	<i>B</i>	0.03	0.02	0.02
	95 % CI	[-0.02, 0.08]	[-0.03, 0.08]	[-0.03, 0.07]
	<i>t</i>	0.9	0.83	0.86
	β	0.07	0.07	0.06
	<i>p</i>	.409	.538	.569
Perceived socioeconomic level	<i>B</i>	-1.72	-1.54	-1.09
	95 % CI	[-2.52, -0.92]	[-2.37, -0.72]	[-1.80, -0.38]
	<i>t</i>	-4.528	-3.672	-3.011
	β	-0.28	-0.24	-0.17
	<i>p</i>	.000	.000	.001
Educational level	<i>B</i>	0.36	0.31	-0.11
	95 % CI	[-0.12, 0.83]	[-0.17, 0.79]	[-0.52, 0.31]
	<i>t</i>	1.38	1.29	-0.52
	β	0.09	0.08	-0.03
	<i>p</i>	.107	.160	.343
Parental status	<i>B</i>	-1.43	-1.74	-1.43
	95 % CI	[-2.60, -0.25]	[-2.94, -0.53]	[-2.45, -0.41]
	<i>t</i>	-2.507	-2.844	-2.755
	β	-0.19	-0.22	-0.19
	<i>p</i>	.010	.001	.001
Sexual coercion	<i>B</i>		0.68	0.21
	95 % CI		[-0.07, 1.44]	[-0.44, 0.86]
	<i>t</i>		1.78	0.63
	β		0.12	0.04
	<i>p</i>		.079	.053
Injury	<i>B</i>		-0.7	-0.42
	95 % CI		[-2.17, 0.76]	[-1.67, 0.83]
	<i>t</i>		-0.95	-0.66
	β		-0.06	-0.04
	<i>p</i>		.092	.070

Predictors		Block 1	Block 2	Block 3
Psychological aggression	<i>B</i>		-0.1	-0.09
	95 % CI		[-0.19, -0.00]	[-0.17, -0.01]
	<i>t</i>		-2.060	-2.293
	β		-0.16	-0.15
	<i>p</i>		.007	.015
Physical assault	<i>B</i>		0.02	0.02
	95 % CI		[-0.06, 0.10]	[-0.05, 0.08]
	<i>t</i>		0.49	0.47
	β		0.04	0.03
	<i>p</i>		.655	.528
Negotiation	<i>B</i>		0.02	0.00
	95 % CI		[-0.09, 0.14]	[-0.10, 0.10]
	<i>t</i>		0.4	-0.03
	β		0.02	0.00
	<i>p</i>		.221	.919
Hope - Path	<i>B</i>			0.09
	95 % CI			[-0.12, 0.30]
	<i>t</i>			0.83
	β			0.05
	<i>P</i>			.103
Hope - Agency	<i>B</i>			0.74
	95 % CI			[0.54, 0.94]
	<i>T</i>			7.279
	β			0.48
	<i>p</i>			.000
<i>R</i> ²		0.13	0.14	0.38

Note. B: unstandardized regression coefficient; β : standardized regression coefficient; *t*: t-value; 95 % CI: 95 % confidence interval; *R*²: adjusted coefficient of determination.

For the next model, the same hierarchical regression model was performed, but with suicidal ideation as the dependent variable. Results showed significant models again ($p < .001$), that explained of variance a 6 % for the first block, and then increased to 14 % with the second block and reached 15 % for the third one. In the first block, younger age emerged as a significant predictor of suicidal ideation. In the second block, psychological aggression and physical assault victimization were added to the model, with physical assault showing a significant positive association with suicidal ideation. In the final block, where dispositional hope was included, only physical assault remained a significant predictor.

Table 3

Predictors for Suicidal Ideation from sociodemographic variables, Intimate Partner Violence Victimization, and Hope scores

Predictors		Block 1	Block 2	Block 3
Gender	<i>B</i>	0.29	0.17	0.10
	95 % CI	[-0.57, 1.14]	[-0.66, 0.99]	[-0.72, 0.92]
	<i>t</i>	0.662	0.396	0.238
	β	0.043	0.025	0.015
	<i>p</i>	.508	.69	.81
Age	<i>B</i>	-0.05	-0.04	-0.03
	95 % CI	[-0.08, -0.01]	[-0.07, -0.00]	[-0.07, 0.00]
	<i>t</i>	-2.566**	-1.996**	-1.92
	β	-0.208	-0.161	-0.154
	<i>p</i>	.01	.04	.06
Perceived socioeconomic level	<i>B</i>	0.45	0.33	0.23
	95 % CI	[-0.07, 0.96]	[-0.19, 0.85]	[-0.29, 0.75]
	<i>t</i>	1.708	1.255	0.884
	β	0.108	0.08	0.057
	<i>p</i>	.09	.21	.37
Educational level	<i>B</i>	-0.06	0.02	0.10
	95 % CI	[-0.37, 0.25]	[-0.28, 0.32]	[-0.20, 0.40]
	<i>t</i>	-0.374	0.156	0.644
	β	-0.025	0.01	0.042
	<i>p</i>	.70	.87	.52
Parental status	<i>B</i>	0.37	0.67	0.61
	95 % CI	[-0.39, 1.13]	[-0.08, 1.42]	[-0.14, 1.36]
	<i>t</i>	0.965	1.756	1.063
	β	0.077	0.139	0.126
	<i>p</i>	.33	.08	.11
Sexual coercion	<i>B</i>		-0.06	0.03
	95 % CI		[-0.53, 0.42]	[-0.45, 0.51]
	<i>t</i>		-0.232	0.123
	β		-0.015	0.008
	<i>p</i>		.81	.90
Injury	<i>B</i>		-0.12	-0.16
	95 % CI		[-1.03, 0.80]	[-1.07, 0.75]
	<i>t</i>		-0.249	-0.341
	β		-0.016	-0.021
	<i>p</i>		.80	.73
Psychological aggression	<i>B</i>		0.04	0.04
	95 % CI		[-0.02, 0.10]	[-0.02, 0.09]
	<i>t</i>		1.256	1.219
	β		0.095	0.091
	<i>p</i>		.21	.22
Physical assault	<i>B</i>		0.08	0.08
	95 % CI		[0.03, 0.13]	[0.03, 0.13]
	<i>t</i>		3.280**	3.374**
	β		0.243	0.249
	<i>p</i>		.001	.001

Predictors		Block 1	Block 2	Block 3
Negotiation	<i>B</i>		-0.03	-0.02
	95 % CI		[-0.10, 0.05]	[-0.09, 0.05]
	<i>t</i>		-0.695	-0.518
	β		-0.043	-0.032
	<i>p</i>		.48	.604
Hope - Path	<i>B</i>			-0.06
	95 % CI			[-0.21, 0.09]
	<i>t</i>			-0.779
	β			-0.059
	<i>p</i>			.43
Hope - Agency	<i>B</i>			-0.11
	95 % CI			[-0.26, 0.03]
	<i>t</i>			-1.524
	β			-0.118
	<i>p</i>			.12
<i>R</i> ²		0.06	0.14	0.15

Note. *B*: unstandardized regression coefficient; β : standardized regression coefficient; *t*: t-value; 95 % CI: 95 % confidence interval; *R*²: adjusted coefficient of determination.

Discussion

The present study aimed to analyze whether IPV victimization, dispositional hope, and sociodemographic factors were predictors of life satisfaction and suicidal ideation in a sample of Argentine adults.

Regarding life satisfaction, the model accounted for 38 % of the variance, with perceived socioeconomic status, parental status, psychological aggression, and hope–agency emerging as significant predictors. In relation to having children as a predictor of life satisfaction, previous research conducted in European countries with women across four measurement points between 1981 and 2008 indicates that, in contexts with generous family policies, parenthood is associated with higher life satisfaction, particularly among parents over the age of 50. However, for single parents and full-time working parents, having children tends to be related to lower levels of life satisfaction and happiness (Ugur, 2020). Furthermore, consistent with previous studies, neither age nor gender showed significant associations with life satisfaction (Ngamaba et al., 2022).

Although a higher educational level did not directly predict life satisfaction, perceived socioeconomic status emerged as a significant predictor. These findings align with recent studies suggesting that education influences life satisfaction primarily through its effects on income and employment opportunities, which, in turn, affect well-being (Bertermann et al., 2023; Kurnosova et al., 2024; Upadaya & Salmela-Aro, 2017). Moreover, research indicates that life satisfaction depends more on subjective social comparisons than on absolute income (Boyce et al., 2010). This may be particularly relevant within the current Argentine socioeconomic context, where middle-class individuals have experienced substantial losses in purchasing power.

Since the romantic relationship is one of the most important psychosocial contexts in adulthood (Wahring et al., 2024), greater psychological aggression tends to be associated with lower life satisfaction and higher hope–agency. Recent research suggests that individuals who experience IPV report significantly lower life satisfaction and poorer mental health outcomes (Hall et al., 2022; Molina & Matud, 2024). This finding is consistent with a study of Argentine adults showing that satisfaction with one’s romantic partner, although that study did not assess violence in the relationship, was an even stronger predictor of life satisfaction than job satisfaction (Facio & Resett, 2013).

In this study, more severe forms of violence, such as physical or sexual victimization, did not emerge as significant predictors of life satisfaction. In contrast, hope–agency accounted for a larger proportion of explained variance. These findings align with previous research suggesting that hopelessness is a particularly salient correlate of life satisfaction among individuals who have

experienced IPV (Chan et al., 2024). Moreover, it is important to note that life satisfaction, understood as the cognitive component of subjective well-being, reflects an individual's evaluative judgment regarding their overall quality of life (Diener et al., 2018). Additionally, this evaluative process may be influenced by biological factors such as temperament (Moreira et al., 2023), which could help explain the shared variance observed between life satisfaction and hopelessness.

Regarding the prediction of suicidal ideation, the model explained a smaller proportion of variance (15 %), with age and physical aggression emerging as significant predictors. While gender did not significantly predict suicidal ideation, being younger tended to predict higher levels of suicidal ideation, in line with existing evidence (Kim et al., 2023). Moreover, physical aggression also emerged as a significant predictor of suicidal ideation, aligning with previous studies (Lövestad et al., 2021). The quality of romantic relationships may act as a strong predictor of mental health. For instance, distinct depressive episodes may frequently occur following the dissolution of a romantic relationship (Verhallen et al., 2022). In this study, hopelessness did not emerge as a significant predictor, contrary to what previous studies suggest (Snyder et al., 2000). One possible explanation for this is that the influence of hopelessness may operate indirectly through its associations with relationship satisfaction or experiences of violence within the romantic relationship, potentially functioning as a protective factor against suicidal ideation when other risk factors are present (Ropaj et al., 2023).

It should be noted that in this study, demographic variables were statistically controlled when examining the associations of IPV victimization and dispositional hope with life satisfaction and suicidal ideation. Surprisingly, in the case of suicidal ideation, perceived socioeconomic status was not a significant predictor, in contrast to findings reported in international samples (Ju et al., 2016; Kim et al., 2015; Madigan & Daly, 2023). It is possible that differences in sociocultural or economic contexts between Argentina and high-income countries may contribute to these discrepancies, although this possibility should be examined in future research. Similarly, parental status did not emerge as a significant predictor of suicidal ideation in the present study.

This study has several limitations that should be considered. First, the use of a non-probabilistic online intentional sample, predominantly composed of educated, middle class women, residents of Buenos Aires, Argentina, limits the generalizability of the findings to other regions and populations. Therefore, replication with more diverse samples would strengthen the findings. Second, the cross-sectional correlational design prevents determining temporal precedence among intimate partner violence victimization, hope, life satisfaction, and suicidal ideation. Although these variables are theoretically related, this design does not allow for establishing whether one precedes or follows another, and it is also possible that lower well-being or greater suicidal ideation is associated with increased conflict in the romantic relationship. Moreover, cross-sectional data do not capture how these processes and behaviors change over time. Therefore, longitudinal studies are needed to clarify the direction and stability of these associations. Third, this study relied only on self-report measures, which are susceptible to social desirability, underreporting, and recall or subjective bias. This is especially relevant in the context of intimate partner violence, where psychological, physical, and sexual victimization tend to be underreported. Future studies would benefit from incorporating complementary data collection techniques, such as informants (e.g., reports from the romantic or cohabiting partner) and additional behavioral indicators.

In conclusion, despite its limitations, the present study advances current understanding of how experiences of IPV, together with individual psychological resources and contextual characteristics, relate to individuals' evaluations of their life satisfaction and their vulnerability to suicidal ideation. IPV remains a major public health concern worldwide, with increasing reports among young women, particularly in countries with limited economic resources, where structural and sociocultural vulnerabilities heighten exposure to different forms of aggression. In this context, making IPV and its associated factors more visible, as well as understanding its psychosocial correlates, is necessary for improving early identification of risk and strengthening prevention and support strategies in mental health settings.

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