

Suicide Involving Intimate Partner Problems Among Immigrants in the United States

Journal of Interpersonal Violence

2026, Vol. 41(9-10) 1864–1885

© The Author(s) 2025

Article reuse guidelines:

sagepub.com/journals-permissions

DOI: 10.1177/08862605251322819

journals.sagepub.com/home/jiv



Woojong Kim¹, Jeongsuk Kim²,
Hyunkag Cho³, and Kaytlyn Gillis³

Abstract

Individuals facing intimate partner problems (IPP) often experience mental health issues, including suicidal thoughts and behaviors. Immigration status may increase risk due to the stress of acculturation and barriers to health care affecting immigrants. This study aims to identify patterns of risk factors among immigrants who died by suicide while experiencing IPP and explore variations in patterns by sociodemographic characteristics and suicide contexts. Data includes 17 waves of the NVDRS from 2003 to 2019, which includes 3,177 immigrants facing IPP. Latent class analysis identified distinct groups based on their mental health status, substance use, and treatment history preceding suicide. Variations by demographic and suicidal contexts across groups were subsequently analyzed. Three-class solutions emerged: the group with reports of mental health problems (MH; 26.6%), the group with alcohol problems and substance use (AS; 6.5%), and the group that had neither (minor problems, MIN; 66.9%). The MH group comprised more females, Asians, and individuals with a college education, while the AS group had more males, Hispanics, and individuals with a high school education or less. The MH group tended to use poisoning as a suicide method more,

¹University of Michigan-Flint, USA

²University of South Florida, Sarasota, USA

³Michigan State University, East Lansing, USA

Corresponding Author:

Woojong Kim, Social Work Department, College of Health Sciences, University of Michigan-Flint, 303 E. Kearsley Street, Flint, MI 48502, USA.

Email: kwoojong@umich.edu

whereas the MIN group used firearms more. The MH group also exhibited the highest prevalence of suicide attempts. In addition, the MH and AS groups had a history of suicidal thoughts and disclosed their suicidal ideation more than the MIN group. These findings underscore the distinct risk factors experienced by immigrants with IPP, associated with their demographic and suicidal event characteristics precipitating their suicidality, suggesting opportunities for targeted prevention efforts to mitigate such suicides.

Keywords

immigrants, intimate partner problems, suicide, mental health, substance abuse

Research shows intimate partner problems (IPP), which are relational problems with former or current partners, including conflict, divorce, separation, and violence, are significant life events that can trigger adverse mental health outcomes and suicidal behaviors (Kim et al., 2022). Empirical studies have identified consistent associations between IPP and suicide risk, especially among women who have experienced intimate partner violence (IPV; Colucci & Montesinos, 2013; Kafka et al., 2022; Kim et al., 2023) but also among people experiencing divorce and separation (Ide et al., 2010; Kposowa et al., 2008). A study using the Kentucky Violent Death Reporting System from 2005 to 2015 showed that IPP was a factor in 26% of suicide cases (Brown & Seals, 2019). Those cases included not only female survivors but also male perpetrators of nonfatal IPV (Kafka et al., 2022).

IPP has been related to other suicide risk factors as well. For example, mental health (MH) problems and mental illness, specifically depression and bipolar disorder (Ponsoni et al., 2018) and acute intoxication or relapse into substance use (Rizk et al., 2021), strongly increase the risk for suicidal behaviors including ideation, attempts, and completion. Women who have experienced IPV have an elevated risk of mental illness, illicit substance abuse, and/or alcohol abuse, and research confirms these factors increase the risk of suicide among these women (Hink et al., 2015). A recent study showed that about 60% of female suicide decedents struggling with IPP had been diagnosed with mental illness and 33% of female suicide decedents struggling with IPP had used alcohol before committing suicide (Kim et al., 2023).

Immigration is also a risk factor for suicidal behaviors, including suicidal ideation and suicide attempts, as well as MH generally (Forte et al., 2018). According to the interpersonal theory of suicide (Joiner et al., 2009),

suicidality reflects thwarted belongingness, perceived burdensomeness, and an acquired capability for suicide (Kene et al., 2016). Immigrants may encounter social isolation stemming from challenges with language, separation from their social circle, and experiences of discrimination after immigrating to a new location and culture (Colucci & Montesinos, 2013). The resulting combination of loneliness and the stress of a new and culturally different environment has been linked both directly and indirectly to suicidal thoughts (Tachikawa et al., 2023) and can put immigrants at an increased risk for suicidality (Aran et al., 2023) by damaging their well-being and mental health (Virupaksha et al., 2014).

Immigrants' suicidal behaviors and methods are influenced by assimilation (Borges et al., 2012) and vary by racial/ethnic background and national origin, shaped by social and cultural contexts (Chu et al., 2010). Borges et al. (2012) found that while immigrants had lower odds of suicidal ideation and attempts compared to U.S.-born individuals, their risk tended to increase after arriving in the U.S., eventually reaching levels similar to those of the native-born population. However, there are variations among immigrant groups. Compared to their U.S.-born counterparts, Black and Hispanic immigrants exhibit lower suicide rates, whereas Asian immigrants, such as those born in Japan or China, have higher rates (Singh & Miller, 2004). Wong et al. (2018) found that Asian Pacific Islander American immigrants had lower rates of firearm-related suicides and higher rates of suicide by hanging compared to their U.S.-born counterparts, which may be related to the acceptability of certain suicide methods, (e.g., hanging) in many Asian countries (Wu et al., 2012).

Further compounding the disadvantages of immigration, individual and structural barriers prevent immigrants from accessing healthcare services, such as a lack of awareness regarding mental health issues and available services, language barriers, the stigma surrounding mental health, a mismatch between their cultural needs and the services provided, as well as limited insurance coverage and high costs (Augsberger et al., 2015; Derr, 2016). Augsberger et al. (2015) reported that more than 60% of immigrant women with a history of depression and suicide attempts did not seek any form of mental health care, and more than 80% of these women did not receive the minimum level of care necessary for their condition. This underutilization of mental health services may exacerbate psychological distress, increasing the risk of adverse mental health outcomes and suicidality among immigrants (Derr, 2016). In addition to limited healthcare access, substance use and alcohol problems have also been linked to suicidality among immigrants. Previous research examining suicidal ideation among Latino immigrants in Spain and the United States found that those who had experienced suicidal ideation

within the past 30 days had higher scores for substance abuse symptoms, including drug abuse, alcohol use disorders, and benzodiazepine use (Fortuna et al., 2016).

Given that many immigrants have experienced the loss of familial and social networks through the migration process, intimate partner relationships may play a heightened role in providing support, connection, and a sense of belongingness for immigrants (Guruge et al., 2010). IPP can significantly impact immigrants' emotional, social, and financial status, leading to increased feelings of isolation, loneliness, and hopelessness (Colucci & Montesinos, 2013). The emotional and social losses resulting from IPP can lead to suicidal thoughts, which can intensify feelings of thwarted belongingness and perceived burdensomeness (Kene et al., 2016). Moreover, untreated mental health concerns among immigrants who experienced IPV, such as depression, anxiety, post-traumatic stress disorder, and ongoing fear for safety (Black et al., 2011), can lead some to feel that suicide is their only escape.

Current Study

While IPP has been identified as a significant precipitating factor for suicidal behaviors, little is known about the incidence of suicidality among immigrants struggling with IPP or the circumstances surrounding their suicidality, such as mental illness and substance abuse. Previous studies have primarily used variable-centered analyses to examine IPP-related suicide, neglecting to explore subgroup dynamics. To address this gap, this study investigates the prevalence and unique risk circumstances surrounding IPP-related suicide using a large-scale sample of immigrants not born in the United States.

We take a two-step approach to address the study's aim. First, we create subgroups based on three factors: mental health issues, substance abuse and addiction, and treatment utilization. Then, we assess associations between subgroups and sociodemographic characteristics. Finally, we examine differences in patterns of suicide methods and behaviors (suicidal thoughts and attempts) among the subgroups.

Methods

Data Sources

National Violent Death Reporting System (NVDRS) is a state-based reporting system that records all violent deaths including homicides, suicides, and legal intervention deaths and their relevant circumstances (Center for Disease

Control and Prevention [CDC], 2022). The CDC funds and maintains this data about the magnitude and characteristics of violent deaths at the national, state, and local levels to facilitate developing, implementing, and evaluating prevention strategies for violent deaths and injuries (CDC, 2022). Starting in 2003 with six states, NVDRS data collection has expanded nationwide, now covering all 50 states, the District of Columbia, and Puerto Rico (CDC, 2022). The NVDRS includes demographic information on deceased individuals and backgrounds on their deaths, such as methods and circumstances that preceded the death. These details are collected by trained abstractors based on the coding manual and case definitions developed by the CDC (2022). Data sources include death certificates, coroner/medical examiner records, and law enforcement agencies (CDC, 2022).

Case Selection

Among incidents reported between 2003 and 2019, a total of 267,804 records were attributed to suicide. Among these, we selected cases in which the incident involved a single suicide and the deceased individuals were adults ($n=253,913$, 94.8%). From the subset, we selected cases identified as immigrants ($n=13,197$, 5.2%) and who had experienced IPP ($n=64,123$, 25.3%) when the incident occurred. Anyone whose birthplace was not the United States was coded as an immigrant. NVDRS classifies cases as having IPP “if at the time of the incidents, the victim was experiencing problems with a current or former intimate partner, such as a divorce, break-up, argument, jealousy, conflict, or discord, and this appears to have contributed to the death” (CDC, 2022, p. 90). The final study sample, meeting both criteria, consisted of 3,177 cases. Note that IPP is a broader concept in this data, encompassing both intimate partner-related issues and IPV.

We used de-identified data available upon request from the Centers for Disease Control and Prevention. Therefore, this study was exempt from a full IRB review at the affiliated university.

Measures

Mental Health. Mental health includes two variables: having a *clinical mental health problem* and experiencing *nonclinical depression* when the incident occurred. NVDRS records whether there was documentation showing that the individuals had diagnoses of or treatment for any disorders or syndromes listed in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, such as major depression, schizophrenia, and generalized anxiety disorder (CDC, 2022). Cases coded as “yes” for this variable were

considered to have a clinical mental health problem. We coded individuals as having nonclinical depression if they were perceived by themselves or others as being depressed, sad, despondent, down, blue, low, unhappy, etc., without a clinical diagnosis, at the time of the incident.

Substance Abuse and Addiction. The data contain three variables indicating substance abuse and addiction: *alcohol problem*, *other substance abuse problem*, and *other addiction*. Individuals identified as having a problem with, or being addicted to alcohol, or as having alcohol dependence or an alcohol problem, were coded as having an alcohol problem. We coded deceased individuals as having other substance abuse problems if they were perceived by themselves or others as having a problem with or being addicted to drugs other than alcohol. Finally, those who had an addiction other than alcohol or other substance abuse, such as gambling, that appears to have contributed to the death were coded as having other addiction problems.

Treatment Utilization. NVDRS captures two dichotomous variables if deceased individuals were currently or previously in treatment for a mental health or substance abuse problem. Individuals were coded as being currently in treatment if they had a current prescription for psychiatric medication, saw a mental health professional, or participated in treatment for substance abuse such as outpatient treatment or Alcoholics Anonymous at the time of the incident. Those who had a history of ever being treated for a mental health or substance abuse problem were coded as previously in treatment.

Suicide Methods. NVDRS captures the primary type of weapon or means used in the incident with 11 codes, including a firearm, non-powder gun, sharp instrument, poisoning, and hanging. Based on the frequency of each type, we categorized them into four categories: poisoning, firearm, hanging, and other methods.

History of Suicidal Thoughts and Attempts. NVDRS records the history of suicidal thoughts and attempts. Individuals who disclosed to another person their thoughts or plans to die by suicide in the past, either verbally, in writing, or electronically, were coded as having a history of suicidal thoughts. Those who were known to have made previous suicide attempts before the fatal incident, regardless of the severity of those attempts or whether any attempts resulted in injury, were coded as having a history of suicide attempts.

The Disclosure of Suicidal Ideation. NVDRS captures individuals' disclosed suicidal ideation near the time of the suicide. We used a binary variable to

indicate whether those who have disclosed suicidal thoughts or plans to another person at the time of the suicide or within one month, explicitly or indirectly, or not.

Sociodemographic Variables. We included five sociodemographic characteristics of individuals. Gender was captured as the sex (male and female) at the time of the incident according to the death certificate. Age was captured as the age at death. Race was reported in six categories: White, Black, or African American, Asian/Pacific Islander, American Indian/Alaska Native, two or more races, other/unspecified race, and unknown. Due to the small sample sizes in certain categories, we consolidated them into four groups: White, Black, Asian, and others. In addition, NVDRS captured if a deceased individual was Hispanic or Latina/Latino. NVDRS defined individuals with Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin as Hispanic or Latino/Latina. By incorporating Hispanic ethnicity into the variable, we created a race variable with five categories: non-Hispanic White, Black, Hispanic, Asian, and other races. Education level was initially recorded in eight categories, ranging from 8th grade or less to a doctorate or professional degree. Based on their frequencies, we created four categories: less than high school graduate, high school graduate, some college, and college graduate or higher. In addition, NVDRS captured years of education. For those with unknown highest education levels, we recorded years of education into the four existing categories. Those with less than 12 years of education were coded as less than a high school graduate; 12 years of education as a high school graduate; 13 to 15 years of education as some college; and 16 years or more of education as a college graduate.

Marital status was captured by six categories: married/civil union/domestic partnership, never married, widowed, divorced, married/civil union/domestic partnership but separated, and single (not otherwise specified). Due to category sizes, they were combined into three groups: married or partnered, never married or widowed, and divorced or separated.

Analysis

We conducted a latent class analysis (LCA) using Mplus ver.7 (Muthén & Muthén, 1998–2015) to identify patterns of mental health and substance abuse issues and create subgroups among the 3,177 immigrants who died by suicide with IPPs when the incident occurred. Through this approach, we identified homogeneous groups or “classes” based on seven items from three categories: (a) MH (mental health issue, depressed mood), (b) substance abuse and addiction (alcohol problem, substance abuse, and other addiction),

and (c) treatment receipt (being in treatment currently, having a history of treatment). The analysis was conducted using a mixture model, which allowed us to include categorical latent variables in the model (Sinha et al., 2021).

The specific analysis process was as follows. First, starting with a one-class model, the most parsimonious model, we created multiple models sequentially by adding a class to the previous model to find the best model that fits the data. This procedure was repeated until the Lo–Mendell–Rubin adjusted likelihood ratio test of model fit showed that adding an additional class did not provide statistically and practically more proper solutions than the previous model with one fewer class (Lo et al., 2001). Second, we compared all computed models based on information criterion model fit statistics, such as Akaike Information Criteria (AIC), Bayesian Information Criterion (BIC), adjusted BIC, and entropy measure. For example, lower values of AIC and BIC indicated better model fit (Weller et al., 2020). We also excluded models with entropy values below 0.8, as entropy measures the accuracy of model classification (Weller et al., 2020). After narrowing down the models to a smaller set of candidates, we excluded models in which any class comprised fewer than 5% of the total sample, ensuring practical interpretability and subsequent analyses (Weller et al., 2020). Finally, the number of latent classes was determined based on distinctiveness and clarity of classification.

As variables used in the analysis were from three different categories (mental health, substance abuse and addiction, and treatment receipt), we evaluated whether the generated classes reflected those categories. Once the optimal number of classes was determined, cases were assigned to a class based on the highest probability of membership. We then determined the characteristics of each LCA class based on the observed probabilities and labeled them based on the categories with the highest probability values. Probabilities of 0.70 to 1.00 were deemed to indicate a high probability of having specific types of problems or experiences; 0.40 to 0.69 indicated a moderate probability; and 0.40 or less indicated a low probability (Collins & Lanza, 2009).

After selecting the optimal solution, we examined class differences by sociodemographic information using the three-step auxiliary procedure. This method allows us to evaluate differences by avoiding shifts in latent class (Asparouhov & Muthén, 2014). To examine the association between the sociodemographic characteristics and the latent classes, each covariate was entered separately into the model and unadjusted odds ratios were calculated. Subsequently, we conducted bivariate analyses using SPSS ver. 28.0 (IBM Corp., 2021) to examine variations in suicide context and suicidal history,

including previous suicide attempts, suicidal thoughts, and disclosure across classes. Post-hoc tests were performed to examine significant differences in each variable by comparing multiple pairs, based on the *p*-value adjusted using the Bonferroni method.

Results

Table 1 describes the fit statistics for the six generated models. Among them, Model 5 was excluded because of an entropy value below 0.8. Based on the fit statistics, Models 3 and 4 demonstrated better fit, as Model 3 had the lowest BIC, while Model 4 had the lowest AIC and adjusted BIC values. When considering the size of the smallest class, we found Model 3 (6.5%) had adequately sized classes, with each class comprising more than 5% of the sample. Based on these criteria, Model 3 was chosen as the optimal solution.

Table 2 shows the final three-class solution (Model 3) with the estimated probabilities of experiencing seven different problems from three different factors. The first class was characterized by high to perfect probabilities of having a mental health problem (0.99), current treatment utilization (0.80), and previous treatment history (1.00) for either mental health or substance abuse problems, along with a moderate probability of having a depressed mood (0.55). This group comprised 26.6% ($n = 844$) of the sample and was labeled the MH group. The second class, labeled the Alcohol and Substance Problems (AS) group, was characterized by a high probability of having an alcohol problem (0.81) along with moderate probabilities of having a

Table 1. Goodness of Fit Statistics ($N = 3,177$).

Model Tested	Loglikelihood	AIC	BIC	Adjusted BIC	Entropy	Relative Frequency for Smallest Class	<i>p</i> -Value LMR Adjusted LRT
1-class	-10,731	21,476	21,519	21,497	—	—	—
2-class	-8,560	17,150	17,241	17,193	0.98	26.6%	<.001
3-class	-8,485	17,016	17,156	17,083	0.83	6.5%	<.001
4-class	-8,465	16,993	17,181	17,082	0.81	1.6%	.007
5-class	-8,455	16,988	17,224	17,100	0.78	1.6%	.002
6-class	-8,448	16,990	17,275	17,126	0.84	1.1%	.19

Note. AIC = Akaike Information Criterion; BIC = Bayesian Information Criterion; LMR adjusted LRT = Lo-Mendell-Rubin (LMR) adjusted likelihood ratio test.

Table 2. Latent Class Analysis Results.

Classes	Latent Classes (Probability of Having Each Experience)		
	MH (<i>n</i> = 844, 26.6%)	AS (<i>n</i> = 207, 6.5%)	MIN (<i>n</i> = 2,126, 66.9%)
MH problem	0.99 ^a	0.29	0.10
Depressed mood	0.55 ^a	0.47 ^a	0.38 ^a
Alcohol problem	0.22	0.81 ^a	0.11
SA problem	0.13	0.42 ^a	0.07
Other addiction	0.01	0.02	0.01
Currently in treatment for MH or SA problem	0.80 ^a	0.00	0.00
History of treatment for MH or SA problem	1.00 ^a	0.09	0.02

Note. AS = alcohol and substance; MH = mental health; MIN = minor problems; SA = substance abuse.

^aDistinctive mental health and substance problems per latent class.

depressed mood (0.47) and substance abuse problems (0.42). This group comprised 6.5% (*n* = 207) of the study sample. The third class was characterized by low probabilities of having either MH or substance abuse issues, ranging from 0.02 to 0.38, with no probability of receiving current treatment. This group, labeled the Minor Problems (MIN) group, comprised 66.9% (*n* = 2,126) of the sample.

Table 3 summarizes the sociodemographic information of the sample as well as the three identified groups. There were more men than women (77.0% vs. 23.0%) in the study sample. White individuals were the largest group (40.1%, *n* = 1,273), followed by Hispanics (33.8%, *n* = 1,071) and Asian or Pacific Islanders (17.6%, *n* = 559). Just 5.2% of the sample (*n* = 166) was Black and 3.3% (*n* = 104) was other races. Slightly less than half of the sample were married or partnered (49.4%, *n* = 1,564), while 25.6% were never married and 23.3% (*n* = 738) were divorced or separated. Regarding educational attainment, 22.0% (*n* = 663) had less than a high school diploma, 33.2% (*n* = 1,000) had completed high school, 20.5% (*n* = 618) had some college education, and 24.2% (*n* = 730) had a college degree. The average age of the study sample was 40.5 years (*SD* = 13.9).

We examined associations between group membership and demographic characteristics using multinomial logistic regressions as reported in Table 4. There were gender differences across groups. Compared to both the AS group ($OR_{MH/AS} = 3.78$, $p < .001$) and the MIN group ($OR_{MH/MIN} = 2.82$, $p < .001$),

Table 3. Sociodemographic Information among Classes ($N=3,177$).

Characteristics	Total
	<i>n</i> (%)
Gender	
Female	731 (23.0)
Male	2,446 (77.0)
Race ^a	
White	1,273 (40.1)
Black	166 (5.2)
Hispanic	1,071 (33.8)
Asian/Pacific Islander	559 (17.6)
Other	104 (3.3)
Marital status ^a	
Married	1,564 (49.4)
Divorced or separated	738 (23.3)
Never married/ widowed	862 (27.2)
Education level ^a	
Less than high school graduation	663 (22.0)
High school graduation	1,000 (33.2)
Some college	618 (20.5)
College graduate	730 (24.2)
	Mean (SD)
Average age	40.5 (13.9)

^aAs we exclude cases with unknown or missing sociodemographic information, the total number of samples used was less than 3,177.

individuals in the MH group were more likely to be female. There were more Whites in the MH ($OR_{MH/MIN}=2.29, p<.001$) and AS ($OR_{AS/MIN}=1.82, p=.003$) groups than in the MIN group, while Blacks were less likely to be in the MH group ($OR_{MH/MIN}=0.57, p=.009$) than in the MIN group. In addition, individuals in the MH group were less likely to be of Hispanic origins than those in the AS ($OR_{MH/AS}=0.40, p<.001$) and the MIN groups ($OR_{MH/MIN}=0.46, p<.001$). The AS group was the least prevalent among Asians/Pacific Islanders ($OR_{MH/AS}=3.05, p=.007$; $OR_{AS/MIN}=0.31, p=.005$).

Compared to MIN, individuals in the MH group ($OR_{MH/MIN}=1.59, p<.001$) and the AS group ($OR_{AS/MIN}=1.90, p=.003$) were more likely to be divorced or separated, while those who were never married were less likely to be in the MH group than in the MIN group ($OR_{MH/MIN}=0.68, p<.001$). Immigrants with a high school diploma or less were less likely to be in the MH group than in the AS group ($OR_{MH/AS}=0.20$ for less than a high school

Table 4. Differences in Sociodemographic Information among Classes ($N=3,177$).

Characteristics	MH vs. AS ($OR_{MH/AS}^a$; $n=1,051$)	MH vs. MIN ($OR_{MH/MIN}^a$; $n=2,970$)	AS vs. MIN ($OR_{AS/MIN}^a$; $n=2,333$)	Comparison ^a
Unadjusted Odds Ratio (95% CI)				
Gender				
Female	3.78*** (2.23, 6.43)	2.82*** (2.33, 3.41)	0.75 (0.43, 1.31)	MH > AS = MIN
Race				
White	1.26 (0.86, 1.83)	2.29*** (1.93, 2.73)	1.82** (1.23, 2.71)	MH = AS > MIN
Black	1.11 (0.36, 3.38)	0.57** (0.38, 0.87)	0.52 (0.17, 1.58)	MIN > MH
Hispanic	0.40*** (0.27, 0.60)	0.46*** (0.38, 0.56)	1.14 (0.77, 1.70)	AS = MIN > MH
Asian/Pacific Islander	3.05** (1.35, 6.87)	0.93 (0.75, 1.15)	0.31** (0.13, 0.70)	MH = MIN > AS
Other	2.06 (0.40, 10.65)	0.84 (0.53, 1.35)	0.41 (0.08, 2.18)	
Marital status				
Married	1.12 (0.77, 1.63)	0.96 (0.81, 1.14)	0.86 (0.58, 1.28)	
Divorced or separated	0.84 (0.56, 1.25)	1.59*** (1.30, 1.94)	1.90** (1.23, 2.91)	MH = AS > MIN
Never married/widowed	1.06 (0.66, 1.69)	0.68*** (0.56, 0.83)	0.64 (0.40, 1.04)	MIN > MH
Education level				
Less than high school graduation	0.20*** (0.32, 0.51)	0.31*** (0.24, 0.41)	0.99 (0.62, 1.56)	AS = MIN > MH
High school graduation	0.49*** (0.33, 0.73)	0.80* (0.66, 0.97)	1.63* (1.08, 2.46)	AS > MIN > MH
Some college	1.83*** (1.09, 3.06)	1.57* (1.28, 1.93)	0.86 (0.50, 1.48)	MH > AS = MIN
College graduate	3.74*** (2.07, 6.75)	1.94*** (1.60, 2.34)	0.52* (0.28, 0.96)	MH > MIN > AS
Average age	1.01 (1.00, 1.03)	1.02*** (1.01, 1.03)	1.01 (0.99, 1.02)	MH > MIN

Note. AS = alcohol and substance; MH = mental health; MIN = minor problems.

^aThis column summarizes significant differences among groups. For example, "MH > AS = MIN" on the "Female" row indicates that there were more females in the MH group than in the AS and MIN groups, with no significant difference between AS and MIN groups.

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

diploma and $OR_{MH/AS}=0.49$ for a high school diploma) or MIN group ($OR_{MH/MIN}=0.31$ for less than a high school diploma and $OR_{MH/MIN}=0.80$ for a high school diploma). Individuals with a high school diploma were more likely to be in the AS group than in the MIN group ($OR_{AS/MIN}=1.63, p=.019$). Those with some college education or more were more likely to be in the MH group than in the AS group ($OR_{MH/AS}=1.83$ for those with some college and $OR_{MH/AS}=3.74$ for college graduates) or the MIN group ($OR_{MH/MIN}=1.57$ for those with some college and $OR_{MH/MIN}=1.94$ for college graduates). Those with a college degree were less likely to belong to the AS group than the MIN group ($OR_{AS/MIN}=0.52, p=.037$). On average, individuals in the MH group were older than those in the MIN group at the time of death ($OR_{MH/MIN}=1.02, p<.001$).

Table 5 describes variations in suicide methods and history among classes. Slightly less than half (45.5%) used hanging, strangulation, or suffocation as suicide methods, followed by the firearm (35.2%). Another 11.5% used poisoning as a suicide method. More than a fifth (21.9%) had previously attempted suicide, and 26.7% had suicidal thoughts in the past. Almost a third (31.9%) had disclosed their suicidal thoughts to others at the time of suicide or within one month prior. Compared to the AS or the MIN groups, the MH group was more likely to use poisoning and less likely to use hanging as a suicide method. Individuals in the MH group used firearms less than those in the MIN group (30.8% vs. 37.2%). Regarding suicide history, the MH group attempted suicide the most in the past (40.8%), followed by the AS group (30.0%) and the MIN group (13.7%). More individuals in the MH and the AS groups had a history of suicidal thoughts compared to those in the MIN group. Overall, immigrants in the MH and the AS groups disclosed suicidal thoughts to others more than those in the MIN group. Specifically, a higher percentage of individuals in the AS group disclosed to family members compared to those in the MIN group (6.3% vs. 3.2%).

Discussion

To our knowledge, this is the first attempt to identify subgroups among immigrants with IPP and examine their link to suicidal behaviors. We identified three distinctive subgroups: MH, AS, and MIN. Consistent with the literature, the MH and MIN groups were more prominent than the AS group (Ponsoni et al., 2018; Sheats et al., 2022). This information may support and inform effective prevention/intervention strategies tailored to distinctive and/or co-occurring characteristics, such as mental health and alcohol and substance use. However, given that the MIN group accounts for two-thirds of the sample (66.9%), service providers should adopt a holistic approach that

Table 5. Differences in Suicide Contexts and Methods among Classes (N=3,177).

Characteristics	Mental Health (n = 844)	Alcohol and Substance (n = 207)	Minor Problems (n = 2,126)	Total	Chi Square
	n (%)				
Suicide methods					80.1***
Firearm	260 (30.8) ^b	68 (32.9)	790 (37.2) ^a	1,118 (35.2)	
Hanging, strangulation, suffocation	343 (40.6) ^b	100 (48.3) ^a	1,001 (47.1) ^a	1,444 (45.5)	
Poisoning	164 (19.4) ^a	22 (10.6) ^b	178 (8.4) ^b	364 (11.5)	
Other	77 (9.1)	17 (8.2)	157 (7.4)	251 (7.9)	
Suicide location					3.6
In the house or apartment	653 (77.4)	152 (73.4)	1,576 (74.1)	2,381 (74.9)	
In the other locations	191 (22.6)	55 (26.6)	550 (25.9)	796 (25.1)	
Suicide attempt	344 (40.8) ^a	62 (30.0) ^b	291 (13.7) ^c	697 (21.9)	266.8***
Suicidal thoughts	311 (36.8) ^a	77 (37.2) ^a	461 (21.7) ^b	849 (26.7)	83.4***
Disclosing suicidal thoughts	306 (36.3) ^a	86 (41.5) ^a	623 (29.3) ^b	1,015 (31.9)	22.8***
Disclosed to intimate partner	115 (13.6)	34 (16.4)	254 (11.9)	403 (12.7)	4.3
Disclosed to a family member	36 (4.3)	13 (6.3) ^a	68 (3.2) ^b	117 (3.7)	6.2*
Disclosed to friends	22 (2.6)	7 (3.4)	57 (2.7)	86 (2.7)	0.40

Note. Different superscript alphabet characters indicate statistically significant differences among proportions at p-value adjusted by Bonferroni methods. Proportions with a superscript "a" are significantly greater than those with superscript "b", while "b" is significantly greater than "c".
* $p < .05$. *** $p < .001$.

considers various individual, family, and community factors in addition to mental health and alcohol/substance use.

Gender and race were associated with suicidal characteristics. Immigrants with IPP exhibit gender patterns similar to the general population, where men are more likely to use substances (Agabio et al., 2017), while women are more likely to report mental health concerns (Seedat et al., 2009). This finding is consistent with previous research showing that men had lower rates of depressive symptoms compared to women among Latino immigrants and later generations (Peña et al., 2008). MH and AS groups were equally prominent among White individuals, but among Blacks, the MH group was less prevalent. With respect to race and ethnicity, Asians were more likely to be in the MH group than the AS group, while among Hispanics, the MH group was the least common. Such differences may stem from varying cultural norms and coping strategies. For example, Latino men tend to experience drinking problems more than their female partners; however, their problem drinking is not associated with immigration stress, whereas female drinking problems are linked to immigration stress (Falconier et al., 2016). Coping with the stressors of IPP may contribute to or even exacerbate these racial/ethnic differences, which necessitates future research examining the interplay between them. Moreover, some risk factors may manifest differently across individuals who died by suicide depending on their racial and ethnic backgrounds. Future research should explore the pathways between experiencing IPP, subsequent MH and AS, and suicide across racial and ethnic groups.

Marital status and education were also associated with suicidal characteristics. Higher rates of MH or AS groups among divorced or separated people may reflect the stress and various challenges experienced in their relationships. This finding aligns with recent research indicating that marital separation is associated with increased psychological distress among immigrant women (Chen et al., 2022) and greater mental health service use among both migrant and nonmigrant women (Straiton et al., 2023). Individuals with lower levels of education were found to have higher rates of AS group, while those with higher levels of education had higher rates of MH group. Perhaps educational attainment may be related to levels of awareness of mental health issues and knowledge of how to seek support from mental health services (Steele et al., 2007). Conversely, individuals with lower levels of education may have limited resources to address their mental health needs, making them more likely to have underlying mental health issues that remain undetected and unaddressed.

MIN group used firearms for suicide more than other groups, while the MH group used poison more than the other groups. This may reflect greater access to medications that can be fatal among individuals in the MH group. The MH and AS groups reported more suicide attempts and suicidal thoughts

than the MIN group, highlighting a key variable for suicidality, as suicide attempts and thoughts often lead to repeated attempts and death by suicide. These findings suggest that service providers should monitor their clients' reports of plans or suicidal ideation and thoughts to mitigate suicide risks. Since individuals in the MH group had a history of treatment, such measures might have saved their lives. Service providers would have had no such access to the AS group, as they had no reported history of treatment. However, their reports of having disclosed suicidal thoughts to the family suggest the need for greater education for immigrant families and communities. Improving community-based or family-based approaches to enhance the understanding of the risk of suicide could help prevent or reduce suicide by increasing the sense of support, encouraging disclosure, and ensuring that the recipients of these disclosures will take action. For example, strength-based approaches involving schools and community-based support have been suggested as preventive interventions for Latinx immigrant-origin youth (Platt et al., 2024). Lastly, while the suicide risk of MH and AS groups may have been easier to detect, this study indicates that the risk with the MIN group should not be underestimated. The MIN group tends to use firearms more and disclose their suicidal thoughts less than other groups. This may increase their risk due to the usage of more lethal means as well as fewer attempts to seek support. Broadly targeted gun control policies, going beyond focusing solely on mental health, can help reduce suicide risk among the MIN group (Cook & Donohue, 2017). Further research is warranted to better understand the suicidal context within the MIN group.

The study findings should be interpreted within the context of their limitations. Gender was measured using only two categories (male and female) and sexual orientation was not included, indicating the data do not capture experiences of sex and gender minorities. In addition, immigration-related information was not collected in detail, making it difficult to interpret the results in the context of immigration. Similarly, detailed IPP information was not collected, which limited the ability to examine the interplay of IPP, suicidal characteristics, and associated factors. Finally, the AS group not only exhibited alcohol and substance use but also a moderate probability of experiencing a depressed mood. Future research exploring the complex relationship between alcohol and substance use, along with mood-related issues within this group could enhance understanding and inform the development of targeted interventions. Despite its limitations, this study makes a significant contribution to the understanding of an understudied population by employing rigorous analytical strategies to identify various risk factors. Recognizing differences in demographics and suicide contexts among immigrants with IPP provides valuable insights that can help shape targeted prevention and intervention efforts.

Conclusion

This study contributes to a better understanding of immigrants who died by suicide and have reported IPP. We found three distinct subgroups among immigrants facing IPP, each with a unique combination of demographic characteristics, suicide methods, and history. As one of the first attempts to analyze this population, this study highlights various needs in suicide prevention and intervention practices for immigrants with IPP and identifies areas for further research. Ongoing efforts by researchers, along with practitioners and community members, will help prevent or reduce suicide risks among immigrants experiencing IPP.

Acknowledgments

The National Violent Death Reporting System (NVDRS) is administered by the Centers for Disease Control and Prevention (CDC) by participating NVDRS states. The findings and conclusions of this study are those of the authors alone and do not necessarily represent the official position of the CDC or of participating NVDRS states.

Author Contributions

Woojong Kim and Jeongsuk Kim contributed to the study conception and design. Material preparation and analysis were performed by Woojong Kim. The first draft of the manuscript was written by Woojong Kim, Jeongsuk Kim, Hyunkag Cho, and Kaytlyn Gillis and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the authorship and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research and/or authorship of this article: This study was supported by the University of South Florida under a New Researcher Grant (USF01-TPA-18325-0161676).

Ethics Approval

We used de-identified data available upon request from the Centers for Disease Control and Prevention, therefore this study was exempted from a full IRB review at the University of South Florida.

ORCID iDs

Woojong Kim  <https://orcid.org/0000-0001-7183-4836>

Jeongsuk Kim  <https://orcid.org/0000-0003-4639-2946>

References

- Agabio, R., Pisanu, C., Gessa, G. L., & Franconi, F. (2017). Sex differences in alcohol use disorder. *Current Medicinal Chemistry*, 24(24), 2661–2670. <https://doi.org/10.2174/0929867323666161202092908>
- Aran, N., Card, K. G., Lee, K., & Hogg, R. S. (2023). Patterns of suicide and suicidal ideation in relation to social isolation and loneliness in newcomer populations: a review. *Journal of Immigrant and Minority Health*, 25(2), 415–426. <https://doi.org/10.1007/s10903-022-01422-9>
- Asparouhov, T., & Muthén, B. (2014). Auxiliary variables in mixture modeling: Three-step approaches using M plus. *Structural Equation Modeling: A Multidisciplinary Journal*, 21(3), 329–341. <https://doi.org/10.1080/10705511.2014.915181>
- Augsberger, A., Yeung, A., Dougher, M., & Hahm, H. C. (2015). Factors influencing the underutilization of mental health services among Asian American women with a history of depression and suicide. *BMC Health Services Research*, 15(1), 1–11. <https://doi.org/10.1186/s12913-015-1191-7>
- Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). *The national intimate partner and sexual violence survey (NISVS): 2010 summary report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf
- Borges, G., Orozco, R., Rafful, C., Miller, E., & Breslau, J. (2012). Suicidality, ethnicity and immigration in the USA. *Psychological Medicine*, 42(6), 1175–1184. <https://doi.org/10.1017/S0033291711002340>
- Brown, S., & Seals, J. (2019). Intimate partner problems and suicide: are we missing the violence? *Journal of Injury & Violence Research*, 11(1), 53–64. <https://doi.org/10.5249/jivr.v11i1.997>
- Centers for Disease Control and Prevention [CDC]. (2022). *National Violent Death Reporting System (NVDRS) Web Coding Manual Version 6.0*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/nvdrs/nvdrsCodingManual.pdf>
- Chen, I. H., Niu, S. F., Yeh, Y. C., Chen, I. J., & Kuo, S. F. (2022). Psychological distress among immigrant women who divorced: Resilience as a mediator. *Archives of Psychiatric Nursing*, 39, 1–6. <https://doi.org/10.1016/j.apnu.2021.11.006>
- Chu, J. P., Goldblum, P., Floyd, R., & Bongar, B. (2010). The cultural theory and model of suicide. *Applied and Preventive Psychology*, 14(1–4), 25–40. <https://doi.org/10.1016/j.appsy.2011.11.001>
- Collins, L.M., & Lanza, S.T. (2009). *Latent class and latent transition analysis: With applications in the social, behavioral, and health sciences*. John Wiley and Sons Inc. <https://doi.org/10.1002/9780470567333>
- Colucci, E., & Montesinos, A. H. (2013). Violence against women and suicide in the context of migration: A review of the literature and a call for action. *Suicidology Online*, 4, 81–91.

- Cook, P. J., & Donohue, J. J. (2017). Saving lives by regulating guns: Evidence for policy. *Science (New York, N.Y.)*, 358(6368), 1259–1261. <https://doi.org/10.1126/science.aar3067>
- Derr, A. S. (2016). Mental health service use among immigrants in the United States: A systematic review. *Psychiatric Services*, 67(3), 265–274. <https://doi.org/10.1176/appi.ps.201500004>
- Falconier, M. K., Huerta, M., & Hendrickson, E. (2016). Immigration stress, exposure to traumatic life experiences, and problem drinking among first-generation immigrant Latino couples. *Journal of Social and Personal Relationships*, 33(4), 469–492. <https://doi.org/10.1177/0265407515578825>
- Forte, A., Trobia, F., Gualtieri, F., Lamis, D. A., Cardamone, G., Giallonardo, V., Fiorillo, A., Girardi, P., & Pompili, M. (2018). Suicide risk among immigrants and ethnic minorities: A literature overview. *International Journal of Environmental Research and Public Health*, 15(7), 1438. <https://doi.org/10.3390/ijerph15071438>
- Fortuna, L. R., Alvarez, K., Ortiz, Z. R., Wang, Y., Alegria, X. M., Cook, B. L., & Alegria, M. (2016). Mental health, migration stressors and suicidal ideation among Latino immigrants in Spain and the United States. *European Psychiatry*, 36, 15–22. <https://doi.org/10.1016/j.eurpsy.2016.03.001>
- Guruge, S., Shirpak, K. R., Hyman, I., Zanchetta, M., Gastaldo, D., & Sidani, S. (2010). A meta-synthesis of post-migration changes in marital relationships in Canada. *Canadian Journal of Public Health*, 101, 327–331. <https://doi.org/10.1007/BF03405296>
- Hink, A. B., Toschlog, E., Waibel, B., & Bard, M. (2015). Risks go beyond the violence: Association between intimate partner violence, mental illness, and substance abuse among females admitted to a rural Level I trauma center. *The Journal of Trauma and Acute Care Surgery*, 79(5), 709–716. <https://doi.org/10.1097/TA.0000000000000856>
- IBM Corp. (2021). IBM SPSS Statistics for Windows, Version 28.0 [Computer software]. Armonk, NY: IBM Corp.
- Ide, N., Wyder, M., Kolves, K., & De Leo, D. (2010). Separation as an important risk factor for suicide: A systematic review. *Journal of Family Issues*, 31(12), 1689–1716. <https://doi.org/10.1177/0192513X10365317>
- Joiner, T. E., Van Orden, K. A., Witte, T. K., Selby, E. A., Ribeiro, J. D., Lewis, R., & Rudd, M. D. (2009). Main predictions of the interpersonal–psychological theory of suicidal behavior: Empirical tests in two samples of young adults. *Journal of Abnormal Psychology*, 118(3), 634. <https://doi.org/10.1037/a0016500>
- Kafka, J. M., Moracco, K. B. E., Taheri, C., Young, B.-R., Graham, L. M., Macy, R. J., & Proescholdbell, S. (2022). Intimate partner violence victimization and perpetration as precursors to suicide. *SSM-Population Health*, 18, 101079. <https://doi.org/10.1016/j.ssmph.2022.101079>
- Kene, P., Brabeck, K. M., Kelly, C., & DiCicco, B. (2016). Suicidality among immigrants: Application of the interpersonal-psychological theory. *Death Studies*, 40(6), 373–382. <https://doi.org/10.1080/07481187.2016.1155675>

- Kim, J., Grace, Y. E. H., Macy, R. J., Rizo, C. F., & Wretman, C. J. (2022). Interventions to prevent suicidality among survivors of intimate partner violence: A systematic review. *Partner Abuse, 13*(3), 345–365. <https://doi.org/10.1891/PA-2021-0038>
- Kim, J., Wretman, C. J., Radtke, S. R., Fraga Rizo, C., & Macy, R. J. (2023). Characteristics of and circumstances associated with female intimate partner problem-included suicides: Analysis of data from the National Violent Death Reporting System (2003–2019). *Journal of Interpersonal Violence, 38*, 10182–10204. <https://doi.org/10.1177/08862605231173436>
- Kposowa, A. J., McElvain, J. P., & Breault, K. D. (2008). Immigration and suicide: The role of marital status, duration of residence, and social integration. *Archives of Suicide Research, 12*(1), 82–92. <https://doi.org/10.1080/13811110701801044>
- Lo, Y., Mendell, N. R., & Rubin, D. B. (2001). Testing the number of components in a normal mixture. *Biometrika, 88*(3), 767–778. <https://doi.org/10.1093/biomet/88.3.767>
- Muthén, L. K., & Muthén, B. O. (1998–2015). *Mplus User's Guide* (7th ed.). Los Angeles, CA: Muthén & Muthén. https://www.statmodel.com/download/users-guide/MplusUserGuideVer_7.pdf
- Peña, J. B., Wyman, P. A., Brown, C. H., Matthieu, M. M., Olivares, T. E., Hartel, D., & Zayas, L. H. (2008). Immigration generation status and its association with suicide attempts, substance use, and depressive symptoms among Latino adolescents in the USA. *Prevention Science, 9*(4), 299–310. <https://doi.org/10.1007/s11212-008-0105-x>
- Platt, R., Alvarez, K., Guerrero Vasquez, M., Bancalari, P., Acosta, J., Rincon Caicedo, M., Polk, S., & Wilcox, H. (2024). Suicide prevention programming across ecological levels: Recommendations from Latinx immigrant origin youth and their parents. *Families, Systems, & Health, 42*(1), 101–115. <https://doi.org/10.1037/fsh0000835>
- Ponsoni, A., Branco, L. D., Cotrena, C., Shansis, F. M., Grassi-Oliveira, R., & Fonseca, R. P. (2018). Self-reported inhibition predicts history of suicide attempts in bipolar disorder and major depression. *Comprehensive Psychiatry, 82*, 89–94. <https://doi.org/10.1016/j.comppsy.2018.01.011>
- Rizk, M. M., Herzog, S., Dugad, S., & Stanley, B. (2021). Suicide risk and addiction: The impact of alcohol and opioid use disorders. *Current Addiction Reports, 8*(2), 194–207. <https://doi.org/10.1007/s40429-021-00361-z>
- Seedat, S., Scott, K. M., Angermeyer, M. C., Berglund, P., Bromet, E. J., Brugha, T. S., Demyttenaere, K., de Girolamo, G., Haro, J. M., Jin, R., Karam, E. G., Kovess-Masfety, V., Levinson, D., Medina Mora, M. E., Ono, Y., Ormel, J., Pennell, B. E., Posada-Villa, J., Sampson, N. A., Williams, D., . . . Kessler, R. C. (2009). Cross-national associations between gender and mental disorders in the World Health Organization World Mental Health Surveys. *Archives of General Psychiatry, 66*(7), 785–795. <https://doi.org/10.1001/archgenpsychiatry.2009.36>
- Sheats, K. J., Wilson, R. F., Lyons, B. H., Jack, S. P. D., Betz, C. J., & Fowler, K. A. (2022). Surveillance for Violent Deaths—National Violent Death Reporting System, 39 States, the District of Columbia, and Puerto Rico, 2018. *Morbidity*

- and mortality weekly report. *Surveillance summaries* (Washington, D.C.: 2002), 71(3), 1–44. <https://doi.org/10.15585/mmwr.ss7103a1>
- Singh, G. K., & Miller, B. A. (2004). Health, life expectancy, and mortality patterns among immigrant populations in the United States. *Canadian Journal of Public Health*, 95, 114–121. <https://doi.org/10.1007/BF03403660>
- Sinha, P., Calfée, C. S., & Delucchi, K. L. (2021). Practitioner's guide to latent class analysis: Methodological Considerations and Common Pitfalls. *Critical Care Medicine*, 49(1), e63–e79. <https://doi.org/10.1097/CCM.0000000000004710>
- Steele, L. S., Dewa, C. S., Lin, E., & Lee, K. L. (2007). Education level, income level and mental health services use in Canada: associations and policy implications. *Healthcare Policy = Politiques de Sante*, 3(1), 96–106.
- Straiton, M., Reneflot, A., Hynek, K. A., Liefbroer, A. C., & Hauge, L. J. (2023). Mental disorder and subsequent marital separation among migrant and non-migrant women. *Health Care for Women International*, 44(9), 1073–1091. <https://doi.org/10.1080/07399332.2021.2007926>
- Tachikawa, H., Matsushima, M., Midorikawa, H., Aiba, M., Okubo, R., & Tabuchi, T. (2023). Impact of loneliness on suicidal ideation during the COVID-19 pandemic: findings from a cross-sectional online survey in Japan. *BMJ Open*, 13(5), Article e063363. <https://doi.org/10.1136/bmjopen-2022-063363>
- Virupaksha, H. G., Kumar, A., & Nirmala, B. P. (2014). Migration and mental health: An interface. *Journal of Natural Science, Biology, and Medicine*, 5(2), 233–239. <https://doi.org/10.4103/0976-9668.136141>
- Weller, B. E., Bowen, N. K., & Faubert, S. J. (2020). Latent Class Analysis: A Guide to Best Practice. *Journal of Black Psychology*, 46(4), 287–311. <https://doi.org/10.1177/0095798420930932>
- Wong, Y. J., Deng, K., Lee, C. S., Grimes, J., & Li, P. F. (2018). Asian Pacific Islander Americans' and White Americans' suicide methods. *Asian American Journal of Psychology*, 9(4), 318–326. <https://doi.org/10.1037/aap0000127>
- Wu, K. C. C., Chen, Y. Y., & Yip, P. S. (2012). Suicide methods in Asia: Implications in suicide prevention. *International Journal of Environmental Research and Public Health*, 9, 1135–1158. <https://doi.org/10.3390/ijerph9041135>

Author biographies

Woojong Kim, PhD, is an assistant professor in the Social Work Department at the University of Michigan-Flint. Her research focuses on the different health outcomes of IPV experiences among diverse groups, such as gender, race, and legal status, as well as associated factors. She is interested in suggesting tailored prevention and intervention strategies for survivors from diverse backgrounds.

Jeongsuk Kim, PhD, is an assistant professor at the University of South Florida School of Social Work. Her research focuses on understanding violence and associated health outcomes among socially and racially marginalized populations. Dr Kim explores ways to prevent and respond to violence victimization and improve health outcomes in these communities.

Hyunkag Cho, PhD, is an associate professor in the School of Social Work at Michigan State University. His research has focused on intimate partner violence (IPV), with a specific emphasis on help-seeking behaviors among IPV victims, including immigrants. Included in his research topics are interpersonal and sociocultural factors and the outcomes of victims' seeking help.

Kaytlyn Gillis, LCSW-BACS, is a practicing psychotherapist and current doctoral student whose clinical work and research interests center on relationship and family trauma and the LGBTQ+ community.