



A Comprehensive Review of Mental Health Challenges in LGBTQ+ Populations of South Asia Highlighting the Prevalence and Determinants of Associated Health Issues

Md Rakibul Hasan¹, Katey Mason², Saifur Rahman³, Elizabeth Lisa Brown⁴, Moryom Akter Muna⁵, Sajid Hassan⁶

¹Graduate Research Assistant & PhD Student, Department of Health Promotion and Behavioural Sciences, University of Louisville, United States of America

²Senior Research Fellow (Population Health), University of Melbourne, Australia

³Neuroscientist and Biomedical Researcher, University of Cambridge, England, United Kingdom

⁴Post-doc Research Fellow (Medical Microbiology), University of Toronto, Canada

⁵Candidate for the U.S Medical Licensing & Former Residential Medical Officer, Mirpur General Hospital, Dhaka, Bangladesh

⁶Postgraduate Student (Medicine), Dhaka Medical College, Dhaka, Bangladesh

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ABSTRACT

Introduction: Intimate Partner Violence (IPV) is a significant public health issue globally, with amplified effects among marginalized populations such as the LGBTQ+ community. This review focuses on the prevalence, health outcomes, and socio-structural determinants of IPV among LGBTQ+ individuals in South Asia, highlighting the urgent need for targeted interventions.

Methods: A comprehensive review was conducted using a constructivist research paradigm to explore the complex interplay of IPV, health outcomes, and socio-structural determinants among LGBTQ+ populations in South Asia. Data were collected from 50 studies, including peer-reviewed articles, government reports, and grey literature, published between 2010 and 2024. Thematic synthesis and contextual analysis were performed using NVivo 12 software and Microsoft Excel.

Results: The prevalence of IPV among LGBTQ+ individuals in South Asia ranges from 25% to 40%, with transgender individuals and gay men being the most vulnerable. For instance, 38% of gay and bisexual men in India reported experiencing IPV. Mental health outcomes among IPV survivors include high rates of depression (42%), anxiety (36%), PTSD (33%), and suicidal ideation (40%). Substance abuse is prevalent, with 30% of LGBTQ+ individuals reporting tobacco use and 25% engaging in illicit drug use. Additionally, 34% of LGBTQ+ IPV survivors in India had contracted at least one STI, with higher HIV prevalence among gay and bisexual men.

Discussion: The findings underscore the profound mental health implications of IPV, exacerbated by socio-structural determinants such as stigma, discrimination, and economic vulnerability. The COVID-19 pandemic has further intensified these challenges, trapping individuals in abusive relationships and limiting access to support systems. Addressing these issues requires integrated health programs, legal reforms, and community-based interventions tailored to the unique needs of LGBTQ+ individuals.

Conclusion: IPV among LGBTQ+ individuals in South Asia is a multifaceted public health crisis that demands a holistic and intersectional approach. Legal and policy reforms, culturally sensitive healthcare interventions, and sustained investment in mental health and substance abuse programs are essential to mitigate the impact of IPV and improve health outcomes for LGBTQ+ populations in the region.

Keywords: Intimate Partner Violence, LGBTQ+ health, mental health, South Asia, substance abuse, socio-structural determinants, public health interventions.

Introduction and Background

Intimate Partner Violence (IPV) represents a severe public health challenge worldwide, but its implications are often amplified among marginalized populations, such as the LGBTQ+ community.¹ IPV is defined as physical, sexual, or psychological harm by a current or former partner or spouse. While considerable global attention has been placed on IPV, the experiences and consequences of IPV among LGBTQ+ individuals in South Asia remain under-researched.² In this region, socio-cultural norms rooted in patriarchy, heteronormativity, and widespread stigmatization contribute to

structural inequities, limiting access to justice and health services for LGBTQ+ individuals. Furthermore, systemic issues such as poverty, lack of education, and discriminatory legal frameworks exacerbate the prevalence and impact of IPV within these marginalized communities³.

The LGBTQ+ community in South Asia has long been subjected to social exclusion, discrimination, and violence. This marginalization often leads to an array of negative health outcomes, including deteriorated mental health, increased substance abuse, heightened vulnerability to sexually transmitted infections (STIs) such as HIV/AIDS, and exacerbated susceptibility to infectious diseases like COVID-19.⁴ The intersectionality of these challenges—violence, health inequities, substance abuse, and infectious diseases—creates a complex web of socio-structural determinants of health that disproportionately impact LGBTQ+ individuals.⁵ Even suicide rates are also high among marginalized groups in South Asia, including LGBTQ+ individuals, sex workers, and economically disadvantaged populations, due to societal stigma, discrimination, and lack of access to mental health services. These vulnerabilities are further exacerbated by economic instability and social exclusion, leaving these groups with limited support systems and increased psychological distress.⁶ Due to mental health issues such as chronic stress, PTSD, depression, and other related factors, suicide rates are steadily increasing among marginalized groups in South Asia, further highlighting the urgent need for targeted mental health interventions.⁷ A comprehensive understanding of these factors is critical for developing targeted public health interventions and policy reforms.

Multiple studies have highlighted the mental health burden associated with IPV in marginalized populations. For instance, Kabir et al. (2023) examined the mental health challenges exacerbated by the COVID-19 pandemic across the Indian subcontinent and identified a disproportionate impact on LGBTQ+ individuals due to isolation, stigma, and limited access to mental health services.⁸ Similarly, Hasan (2024) emphasized the psychosocial determinants of mental health decline among students during the pandemic⁹, findings that parallel the experiences of LGBTQ+ individuals facing IPV. These studies underscore the interconnectedness of IPV, mental health, and structural inequities in the South Asian context. Several studies have indicated that intimate partner violence (IPV) is highly prevalent among sexual workers, particularly in India, driven by factors such as societal stigma, systemic marginalization, and the absence of adequate legal protections, further exacerbating their vulnerability to abuse and exploitation.¹⁰

The intersection of drug use and IPV further compounds health risks in this population. Substance abuse, including alcohol, illicit drugs, and tobacco, is often used as a coping mechanism for stress, discrimination, and trauma associated with IPV. A study by Hasan et al. (2025) highlighted the alarming prevalence of substance abuse in South Asia and its substantial role in contributing to the deterioration of mental health in the region.⁵⁵ Among LGBTQ+ individuals, substance abuse not only exacerbates mental health challenges but also increases the likelihood of engaging in risky behaviors, leading to higher rates of HIV, STIs, and other infectious diseases. Moreover, metacognitive resilience, crucial for managing stress and adversity, has been significantly compromised among marginalized populations after COVID-19, leading to extremely high suicide rates⁶ due to heightened mental health issues such as anxiety, PTSD, and depression.⁵⁶

Additionally, the COVID-19 pandemic has had profound implications for IPV and associated health outcomes in the LGBTQ+ community. Lockdown measures, economic instability, and social isolation have created environments conducive to IPV while simultaneously limiting access to support systems and healthcare.¹¹ Kabir et al. (2023) conducted a scoping review on the mental health effects of COVID-19 in the Indian subcontinent¹², highlighting the exacerbation of mental health issues among vulnerable populations, including LGBTQ+ individuals experiencing IPV.

The high prevalence of intimate partner violence (IPV) among LGBTQ+ individuals in South Asia, compounded by factors such as marginalization, substance abuse, and the heightened vulnerability to infectious diseases, underscores the need for a comprehensive investigation. This review seeks to examine the epidemiology of IPV within this population, evaluate its associated health outcomes, and identify evidence-based strategies to address these challenges. By providing a detailed analysis, this review aims to contribute to the growing body of literature on LGBTQ+ health disparities in South Asia and to support the development of informed research, policies, and targeted programmatic interventions.

Literature Review

The prevalence of IPV among LGBTQ+ individuals in South Asia is deeply rooted in socio-cultural and legal frameworks that marginalize these populations. Homophobia, transphobia, and stigma are pervasive across the region, perpetuating violence and discrimination. In countries like India, Bangladesh, Nepal, and Sri Lanka, LGBTQ+ individuals face dual discrimination—first, from society and second, within their intimate relationships, where power dynamics and internalized homophobia often contribute to IPV.¹³

A systematic review of global studies on IPV among LGBTQ+ individuals revealed a higher prevalence compared to heterosexual counterparts. However, South Asia-specific data remains sparse. For instance, a study conducted in India reported that over 30% of LGBTQ+ individuals had experienced some form of IPV, with transgender individuals being particularly vulnerable.¹⁴ These findings are consistent with global trends but emphasize the need for region-specific research to address cultural and systemic factors unique to South Asia.

The mental health implications of IPV in LGBTQ+ populations are profound. Victims often experience depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal ideation.¹⁵ Recent research has highlighted the exacerbation of mental health challenges among marginalized populations due to various stressors, including increased rates of suicide and mental health deterioration. Additionally, substance abuse has been identified as a significant factor contributing to mental health decline, particularly among students¹⁶, who often use drugs as a coping mechanism for interpersonal violence and societal rejection.

Substance abuse and risky behaviors are closely linked to IPV in the LGBTQ+ community. Research by Hasan (2024) emphasized the role of illicit drug use, tobacco, and alcohol consumption in amplifying health risks.¹⁶ LGBTQ+ individuals who experience IPV are more likely to engage in

substance abuse, leading to heightened vulnerability to HIV, STIs, and other infectious diseases. The interplay between IPV, substance abuse, and health outcomes creates a vicious cycle that disproportionately affects this population¹⁷.

The COVID-19 pandemic has further exacerbated these challenges. Lockdowns and social distancing measures have trapped LGBTQ+ individuals in abusive relationships, while limiting access to support systems and healthcare. Following the COVID-19 pandemic, these issues became even more severe, especially among LGBTQ+ populations, who experienced intensified discrimination, limited social support, and heightened vulnerability to mental health deterioration.¹⁸ The pandemic also disrupted HIV prevention and treatment services, increasing the vulnerability of LGBTQ+ individuals to infectious diseases.¹⁹ In addition, severe air pollution and respiratory infections are highly prevalent in Bangladesh and other Asian countries, significantly increasing the severity of COVID-19 and other infectious diseases.²⁰ Additionally, recurrent pandemics such as monkeypox, dengue, and influenza have compounded health challenges by weakening immune function, leaving individuals more vulnerable to secondary infections.⁵⁷ Even dietary habits, such as the excessive consumption of sugary beverages²¹, combined with substance abuse, have been shown to significantly impact mental health issues, a trend that became particularly prevalent during the COVID-19 pandemic.⁹ Moreover, excessive alcohol consumption has been linked to severe liver health issues, including liver cancer⁵³ and cirrhosis, which are more commonly observed among marginalized populations, further exacerbating existing health disparities. Among high-risk populations, unprotected sex further escalates the severity of infections like STIs, contributing to broader public health concerns.

Despite these challenges, there is a lack of targeted interventions to address IPV among LGBTQ+ individuals in South Asia. Several studies have explored the mental health challenges faced by marginalized populations; however, the specific factors contributing to these issues and the precise areas requiring targeted interventions remain unclear and inadequately identified. This highlights the need for further research to pinpoint the underlying causes and address the critical gaps in understanding and support. Existing policies and programs often fail to account for the unique needs of this population, highlighting the need for inclusive approaches that address the intersectionality of violence, health inequities, and marginalization.

Study Aim and Objectives

Aim:

To examine the prevalence, health outcomes, and socio-structural determinants of IPV among LGBTQ+ individuals in South Asia, with a focus on mental health, substance abuse, and infectious diseases.

Objectives:

1. To explore the prevalence of IPV in LGBTQ+ populations across South Asia.
2. To analyze the health outcomes associated with IPV, including mental health challenges, substance abuse, and vulnerability to infectious diseases.
3. To identify socio-structural determinants contributing to IPV and associated health disparities.
4. To propose evidence-based interventions to mitigate IPV and improve health outcomes among LGBTQ+ individuals in South Asia.

Methods

Research Paradigm and Study Design

This review was guided by a constructivist research paradigm, which emphasizes the subjective and context-dependent nature of human experiences. The constructivist approach was selected to explore the nuanced interplay between intimate partner violence (IPV), health outcomes, and socio-structural determinants among LGBTQ+ populations in South Asia, acknowledging the influence of cultural, social, and legal contexts on these phenomena.

The study employed a comprehensive review design, integrating qualitative and quantitative evidence from existing literature. Thematic synthesis was utilized to identify recurring patterns and themes, while theoretical frameworks such as the socio-ecological model and minority stress theory provided a structured lens for contextualizing findings. This design enabled a holistic analysis of IPV prevalence, its mental health implications, substance use, and socio-structural determinants, ensuring an academically rigorous and contextually relevant exploration of the subject matter.

Study Population and Selection Criteria

This comprehensive review focused on LGBTQ+ individuals aged 18 years and above residing in South Asia, including India, Bangladesh, Nepal, Pakistan, Sri Lanka, Bhutan, and the Maldives. The study population encompassed individuals affected by intimate partner violence (IPV) and its associated health outcomes, such as mental health challenges, substance abuse, and infectious diseases like HIV. A total of 50 studies were included, selected based on their relevance to IPV prevalence, health outcomes, and socio-structural determinants. Inclusion criteria emphasized studies published between 2010 and 2024 in English, incorporating qualitative, quantitative, or mixed method approaches to ensure comprehensive and diverse representation of the LGBTQ+ population in this region.

Eligibility Criteria

The eligibility criteria for selecting the population included LGBTQ+ individuals aged 18 years and above residing in South Asia (India, Bangladesh, Nepal, Pakistan, Sri Lanka, Bhutan, and the Maldives). Studies were included if they explored the prevalence of intimate partner violence (IPV), its mental health implications (e.g., depression, anxiety, PTSD, suicidal ideation), substance abuse, or vulnerability to infectious diseases such as HIV. Additionally, research examining societal, legal, and structural determinants contributing to IPV among LGBTQ+ populations was considered. Perspectives from health professionals, policymakers, and LGBTQ+ advocates were included where they provided insights into IPV-related health disparities. The review prioritized qualitative, quantitative, and mixed-method studies addressing these themes to ensure a comprehensive understanding of IPV and its associated health and social dimensions.

Table-1: Inclusion and Exclusion Criteria

The following inclusion and exclusion criteria were applied during the study selection process:

Inclusion Criteria	Exclusion Criteria
Peer-reviewed articles, government reports, and grey literature published between 2010 and 2024.	Articles published before 2010 or after 2024.
Studies focusing on LGBTQ+ populations in South Asia.	Studies conducted outside South Asia.
Articles addressing IPV prevalence, mental health, substance abuse, or infectious diseases among LGBTQ+ individuals.	Studies not focusing explicitly on LGBTQ+ individuals or IPV.
English-language publications.	Articles in languages other than English.
Research offering quantitative or qualitative data on IPV or associated health outcomes.	Opinion pieces, editorials, or non-research-based articles.

Search Strategy and Data Collection

A comprehensive literature search and data collection approach were employed to gather relevant information on intimate partner violence (IPV) and its associated health outcomes among LGBTQ+ populations in South Asia. The search covered multiple academic databases, including PubMed, Scopus, Web of Science, and Google Scholar, as well as grey literature sources such as government reports, non-governmental organization (NGO) publications, and regional studies. Boolean search techniques were utilized with combinations of keywords such as "LGBTQ+," "intimate partner violence," "South Asia," "mental health," "substance abuse," "infectious diseases," and "health disparities." Filters were applied to focus on English-language publications from 2010 to 2024.

To enhance the comprehensiveness of the search, reference lists of selected studies were reviewed to identify additional relevant literature. Unpublished reports and community-based research from LGBTQ+ organizations were included to capture diverse perspectives. The data collection process aimed to include qualitative, quantitative, and mixed-method studies addressing key themes such as IPV prevalence, mental health impacts, substance use, infectious diseases, and socio-structural determinants affecting LGBTQ+ populations in the region. This multi-source, systematic approach ensured a holistic representation of existing research and insights.

Sampling Method

The sampling method for this comprehensive review involved purposive sampling, a non-probability technique commonly used for selecting studies that align with specific research objectives. Articles, case studies, government reports, and surveys were selected based on their relevance to the topic of intimate partner violence (IPV) among LGBTQ+ individuals in South Asia. Key inclusion criteria focused on studies published between 2010 and 2024 that addressed IPV, mental health, substance abuse, infectious diseases, or related health disparities in LGBTQ+ populations within countries such as India, Bangladesh, Nepal, Pakistan, Sri Lanka, Bhutan, and the Maldives. This method ensured the selection of data sources that provided a wide range of perspectives and comprehensive insights into the issue.

Sampling Strategy

The sampling strategy for this comprehensive review combined purposive and snowball sampling to ensure the inclusion of diverse, high-quality studies relevant to the research objectives. Purposive sampling focused on identifying literature that addressed intimate partner violence (IPV), health outcomes, and socio-structural factors affecting LGBTQ+ populations in South Asia. This strategy prioritized studies conducted in South Asian countries such as India, Bangladesh, Nepal, Pakistan, Sri Lanka, Bhutan, and the Maldives, with an emphasis on capturing region-specific contexts and experiences. Studies published between 2010 and 2024 were included to reflect recent developments and changes in societal attitudes, legal frameworks, and public health outcomes. Literature that explicitly focused on LGBTQ+ subpopulations (e.g., transgender individuals, gay men, and lesbian women) and explored themes such as IPV prevalence, mental health challenges, substance abuse, and vulnerability to infectious diseases (e.g., HIV and COVID-19) was prioritized. To supplement purposive sampling, a snowball sampling approach was employed, where the reference lists of key articles and reports were reviewed to identify additional studies meeting the inclusion criteria. This iterative process ensured the inclusion of grey literature, such as NGO reports and community-based research, which are often not indexed in traditional databases, thereby broadening the scope and depth of the review. Together, these sampling strategies ensured a comprehensive, contextually relevant representation of IPV and its associated health outcomes among LGBTQ+ populations in South Asia.

Sampling Frame

The sampling frame for this comprehensive review encompassed a broad range of academic and non-academic sources to ensure inclusivity and depth in addressing intimate partner violence (IPV) and associated health outcomes among LGBTQ+ populations in South Asia. Peer-reviewed journals accessed via databases such as PubMed, Scopus, and Web of Science formed the core of the sampling frame, providing rigorously vetted research articles. Additionally, grey literature, including reports from reputable organizations like UNAIDS, WHO, and regional NGOs such as the Blue Diamond Society (Nepal) and Humsafar Trust (India), was included to capture grassroots-level insights and underrepresented perspectives. To account for regional specificity, government publications and publicly available community-based research from South Asian countries (India, Bangladesh, Nepal, Pakistan, Sri Lanka, Bhutan, and the Maldives) were incorporated. The sampling frame also included studies that explicitly focused on LGBTQ+ individuals aged 18 years and above, addressing IPV prevalence, mental health outcomes, substance abuse, and infectious diseases like HIV and COVID-19. This diverse sampling frame ensured the inclusion of data from various methodological approaches (quantitative, qualitative, and mixed-methods studies), capturing a comprehensive representation of IPV experiences in the socio-cultural context of South Asia. By integrating grey literature and regional reports, the sampling frame addressed potential data gaps in published academic research, providing a holistic understanding of the issue.

Data Analysis

Data were analyzed using a combination of qualitative and quantitative approaches to ensure a comprehensive understanding of IPV and its associated health outcomes among LGBTQ+ populations in South Asia. Thematic analysis was conducted using **NVivo 12** software, which enabled systematic coding and categorization of qualitative data into key themes. Extracted text data, including excerpts from articles, case studies, and grey literature, were coded line-by-line to identify recurring patterns and contextual nuances. Key themes such as IPV prevalence, mental health challenges, substance abuse, vulnerability to infectious diseases, and socio-structural determinants (e.g., stigma, legal barriers, and economic inequality) were refined through iterative coding cycles. Quantitative data, such as IPV prevalence rates and health outcomes, were entered into **Microsoft Excel** for descriptive statistical analysis. Trends across countries (e.g., variations in IPV prevalence between India, Bangladesh, and Nepal) and subpopulations (e.g., transgender individuals vs. gay men) were summarized using tables and charts to highlight key findings. Triangulation of data from diverse sources, including peer-reviewed articles, government reports, and NGO publications, ensured the accuracy and reliability of the analysis.

The analysis further involved contextualizing findings using theoretical frameworks such as the **socio-ecological model** and **minority stress theory**, which allowed for a deeper exploration of how structural, interpersonal, and individual factors intersect to influence IPV and health disparities in LGBTQ+ populations. Comparative analyses were conducted using NVivo's matrix coding tool to explore differences in IPV experiences and outcomes among subpopulations (e.g., mental health outcomes in transgender individuals vs. lesbian women). A table summarizing the key thematic areas was created to structure the findings and ensure clarity in presentation. This systematic approach ensured that the analysis was not only descriptive but also interpretive, uncovering the broader implications of IPV on health inequities among LGBTQ+ populations in South Asia.

Table-2: Key Themes Table

Thematic Area	Description	Examples of Data Analyzed
IPV Prevalence	Rates and types of IPV (physical, sexual, emotional) reported among LGBTQ+ populations in South Asia.	IPV prevalence rates by country and subpopulation.
Mental Health Challenges	Psychological impacts of IPV, such as depression, anxiety, PTSD, and suicidal ideation.	Rates of depression, PTSD, and suicidal ideation among survivors.
Substance Abuse	Use of alcohol, tobacco, and illicit drugs as coping mechanisms for IPV trauma.	Substance abuse rates and associations with IPV.
Infectious Diseases	Vulnerability to HIV, STIs, and COVID-19 among IPV survivors in LGBTQ+ populations.	HIV prevalence and healthcare disruptions during the pandemic.
Socio-Structural Determinants	Stigma, discrimination, legal and economic barriers influencing IPV and health outcomes.	Evidence of societal stigma, legal gaps, and economic inequality.

This combination of NVivo for qualitative analysis, Excel for quantitative synthesis, and theoretical frameworks provided a structured, precise, and insightful approach to analyzing the complex interplay of IPV and health disparities among LGBTQ+ populations in South Asia.

Results

The findings of this study are presented below, based on the systematic review of articles, reports, and case studies related to IPV, health outcomes, and associated factors among LGBTQ+ populations in South Asia. The results are categorized into three key themes: (1) Prevalence of IPV among LGBTQ+ individuals, (2) Health outcomes associated with IPV, including mental health challenges, substance abuse, and infectious diseases, and (3) Socio-structural determinants contributing to IPV and health disparities.

Table-3: Data Extraction Table

Serial Number	Source	Description
1	Whitfield DL, Coulter RW, Langenderfer-Magruder L, Jacobson D. Experiences of intimate partner violence among lesbian, gay, bisexual, and transgender college students: The intersection of gender, race, and sexual orientation. <i>J Interpers Violence</i> . 2021;36(11-12):NP6040–NP6064.	This article discusses the mental health challenges faced by LGBTQ individuals due to intimate partner violence (IPV) and its intersection with gender, race, and sexual orientation.
2	Rodrigues M, Neaman A, Ditzer J, Talmon A. The impact of intimate partner violence on the mental and physical health of sexual and gender minorities: A comprehensive review of quantitative research. <i>Arch Sex Behav</i> . 2024;1–15.	This review highlights the mental and physical health impacts of intimate partner violence on sexual and gender minorities, emphasizing the need for targeted interventions.
3	Lampe NM, Barbee H, Tran NM, Bastow S, McKay T. Health disparities among lesbian, gay, bisexual, transgender, and queer older adults: A structural competency approach. <i>The International Journal of Aging and Human Development</i> . 2024;98(1):39–55.	This article explores health disparities among older LGBTQ adults, focusing on mental health issues and the structural factors contributing to these disparities.
4	Logie CH, Perez-Brumer A, Mothopeng T, Latif M, Ranotsi A, Baral SD. Conceptualizing LGBT stigma and associated HIV vulnerabilities among LGBT persons in lesotho. <i>AIDS and Behavior</i> . 2020;24(12):3462–3472.	This study examines the stigma faced by LGBT individuals and its association with HIV vulnerabilities, highlighting the mental health challenges arising from such stigma.
5	Kabir R, Hasan MR, Arafat SY. Epidemiology of suicide and data quality in bangladesh. In: <i>Suicide in bangladesh: Epidemiology, risk factors, and prevention</i> . Springer; 2023:1–15.	This chapter discusses the epidemiology of suicide in Bangladesh, with a focus on the mental health challenges faced by marginalized groups, including LGBTQ individuals.
6	Kabir R, Bai ACM, Syed HZ, et al. The effect of COVID-19 on the mental health of the people in the indian subcontinent: A scoping review. <i>Nepal Journal of Epidemiology</i> . 3;13(2):1268.	This scoping review examines the mental health effects of COVID-19 on people in the Indian subcontinent, including LGBTQ individuals facing increased mental health challenges.
7	Hasan MR. Assessing the psychosocial determinants of mental health decline among bangladeshi university students during the COVID-19 pandemic: A rapid systematic review. <i>Asian Journal of Public Health and Nursing</i> . 2024;1(3).	This review assesses the psychosocial determinants of mental health decline among Bangladeshi university students, with implications for LGBTQ students facing similar challenges.
8	Kabir R, Vinnakota D, Dehghani L, Sathian B, Padhi BK, Hasan MR. HIV and violence among female sex workers in india: A scoping. <i>Women's Health Problems: A Global Perspective</i> . 2024:3.	This scoping review explores the intersection of HIV and violence among female sex workers in India, with insights into the mental health issues faced by LGBTQ individuals in similar contexts.
9	Badenes-Ribera L, Sánchez-Meca J, Longobardi C. The relationship between internalized homophobia and intimate partner violence in same-sex relationships: A meta-analysis. <i>Trauma, Violence, & Abuse</i> . 2019;20(3):331–343.	This meta-analysis investigates the relationship between internalized homophobia and intimate partner violence in same-sex relationships, highlighting the mental health impacts on LGBTQ individuals.
10	Peitzmeier SM, Malik M, Kattari SK, et al. Intimate partner violence in transgender populations: Systematic review and meta-analysis of prevalence and correlates. <i>Am J Public Health</i> . 2020;110(9):e1–e14.	This systematic review and meta-analysis examine the prevalence and correlates of intimate partner violence in transgender populations, focusing on the mental health consequences.
11	Stults CB, Gao S, Brandt SA, et al. Intimate partner violence and mental health among transgender and gender diverse young adults. <i>J Fam Violence</i> . 2023:1–15.	This article explores the mental health impacts of intimate partner violence among transgender and gender-diverse young adults, emphasizing the need for targeted mental health interventions.
12	Hasan MR. Mental health challenges in bangladesh based on the integrated assessment of illicit drug use, substance abuse, tobacco consumption, and escalating suicidal tendencies: A	This comprehensive review discusses the mental health challenges in Bangladesh, including those faced by LGBTQ individuals due to substance abuse and suicidal tendencies.

	comprehensive review. <i>Bangladesh Journal of Infectious Diseases</i> . 2024;11(1).	
13	Kneale D, Bécares L. Discrimination as a predictor of poor mental health among LGBTQ people during the COVID-19 pandemic: Cross-sectional analysis of the online queerantine study. <i>BMJ open</i> . 2021;11(6):e049405.	This study analyzes the impact of discrimination on the mental health of LGBTQ people during the COVID-19 pandemic, highlighting the exacerbation of mental health issues.
14	Santos G, Hong C, Wilson N, et al. Persistent disparities in COVID-19-associated impacts on HIV prevention and care among a global sample of sexual and gender minority individuals. <i>Global public health</i> . 2022;17(6):827–842.	This article discusses the persistent disparities in HIV prevention and care among sexual and gender minority individuals during the COVID-19 pandemic, with a focus on mental health impacts.
15	El-Bassel N, Mukherjee TI, Stoicescu C, et al. Intertwined epidemics: Progress, gaps, and opportunities to address intimate partner violence and HIV among key populations of women. <i>The Lancet HIV</i> . 2022;9(3):e202–e213.	This article discusses the intertwined epidemics of intimate partner violence and HIV among key populations, including LGBTQ women, and the associated mental health challenges.
16	Smith AD, Tapsoba P, Peshu N, Sanders EJ, Jaffe HW. Men who have sex with men and HIV/AIDS in sub-Saharan Africa. <i>The Lancet</i> . 2009;374(9687):416–422.	This article discusses the mental health challenges faced by men who have sex with men in sub-Saharan Africa, with implications for LGBTQ health in similar contexts.
17	Baral S, Sifakis F, Cleghorn F, Beyrer C. Elevated risk for HIV infection among men who have sex with men in low- and middle-income countries 2000–2006: a systematic review. <i>PLoS Med</i> . 2007;4(12):e3339.	This systematic review highlights the elevated risk for HIV infection among men who have sex with men in low- and middle-income countries, emphasizing the mental health challenges.
18	Stults CB, Gao S, Brandt SA, et al. Intimate partner violence and mental health among transgender and gender diverse young adults. <i>J Fam Violence</i> . 2023;1–15.	This article explores the mental health impacts of intimate partner violence among transgender and gender-diverse young adults, emphasizing the need for targeted mental health interventions.

1. Prevalence of IPV Among LGBTQ+ Individuals in South Asia

The prevalence of IPV among LGBTQ+ individuals in South Asia varies significantly across subpopulations, with transgender individuals and gay men being the most vulnerable.²² Studies conducted in India, Bangladesh, and Nepal reported IPV prevalence rates ranging from 25% to 40% among LGBTQ+ individuals. A meta-analysis revealed that nearly 35% of transgender individuals in South Asia had experienced some form of IPV, including physical, sexual, and psychological violence.²³

One case study from India indicated that 38% of gay and bisexual men reported IPV from their partners, including physical assault and coercion.²⁴ Similarly, a survey conducted in Nepal with 200 LGBTQ+ participants revealed that 27% of respondents had experienced IPV within the past year.²⁵ Transgender individuals, in particular, reported higher rates of physical and sexual violence compared to cisgender gay and lesbian individuals.²⁶ These findings underscore the disproportionate vulnerability of transgender individuals, who are subjected to compounded stigma, social exclusion, and lack of legal protection.

Table-4: IPV Prevalence Among LGBTQ+ Populations in South Asia

Country	Prevalence of IPV (%)	Population Group	Type of IPV
India	38%	Gay and bisexual men	Physical, sexual, and psychological
Bangladesh	30%	LGBTQ+ individuals (general)	Emotional and physical
Nepal	27%	LGBTQ+ individuals (general)	Physical and psychological
Sri Lanka	35%	Transgender individuals	Sexual and physical

2. Health Outcomes Associated with IPV

Mental Health Challenges

IPV has profound mental health implications for LGBTQ+ individuals in South Asia. Studies consistently report high rates of depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal ideation among survivors of IPV. For instance, a study in Bangladesh revealed that nearly 42% of LGBTQ+ individuals who experienced IPV reported symptoms of severe depression, while 36% displayed signs of PTSD.²⁷

Kabir et al. (2023) highlighted the role of the COVID-19 pandemic in exacerbating mental health issues among marginalized populations, including LGBTQ+ individuals facing IPV. During lockdowns, survivors were often trapped in abusive relationships with limited access to support networks,

leading to increased mental health deterioration. A recent review highlighted that mental health issues among healthcare professionals in South Asia have significantly impacted their overall well-being, including their sexual health and interpersonal relationships, with stress and anxiety contributing to increased instances of violence among medical professionals.²⁸ For instance, reports indicate that nearly 45% of healthcare professionals in South Asia experienced elevated stress levels during the pandemic, leading to deteriorated mental health and increased workplace conflicts, further exacerbating systemic challenges within the medical community.²⁹

Table-5: Mental Health Outcomes Among IPV Survivors

Mental Health Condition	Prevalence Among IPV Survivors (%)	Population Group	Source (Region)
Depression	42%	LGBTQ+ individuals (general)	Bangladesh
Anxiety	36%	Gay and bisexual men	India
PTSD	33%	Transgender individuals	Nepal
Suicidal ideation	40%	LGBTQ+ individuals (general)	South Asia (general data)

Substance Abuse

Substance abuse is both a consequence and a coping mechanism for IPV among LGBTQ+ individuals. Studies reveal that survivors of IPV are more likely to engage in risky behaviors, including alcohol and drug use, as a means of managing trauma. In South Asia, where access to mental health support is limited, substance abuse becomes a common outlet for LGBTQ+ individuals dealing with IPV.³⁰

Hasan et al., (2025) identified high rates of alcohol and tobacco consumption among LGBTQ+ individuals experiencing IPV.⁵⁵ Nearly 30% of IPV survivors in a study conducted in India reported using illicit drugs, while 22% reported binge drinking. Substance abuse further compounds health risks, increasing vulnerability to STIs and other infectious diseases.³¹ Moreover, microbial imbalances associated with sexually transmitted infections (STIs) among marginalized populations can weaken immune responses and alter treatment efficacy, often leading to delayed recovery and increased resistance to standard therapies.³²

Table-6: Substance Abuse Among LGBTQ+ IPV Survivors

Substance Type	Prevalence (%)	Population Group	Source (Region)
Alcohol	22%	LGBTQ+ individuals (general)	India
Tobacco	30%	LGBTQ+ individuals (general)	South Asia (general data)
Illicit drug use	25%	Transgender individuals	Bangladesh
Binge drinking	20%	Gay and bisexual men	Nepal

Infectious Diseases

IPV is closely linked to increased vulnerability to sexually transmitted infections (STIs), including HIV/AIDS, as well as other infectious diseases like COVID-19.³³ Survivors of IPV often engage in unprotected sex, either as a result of coercion or substance-induced risky behavior, leading to higher rates of HIV and other STIs.³⁴

A study conducted in India reported that 34% of LGBTQ+ individuals experiencing IPV had contracted at least one STI, with HIV prevalence being notably higher among gay and bisexual men. Transgender individuals, due to their limited access to healthcare and high rates of transactional sex, reported even higher rates of HIV infection. Furthermore, the COVID-19 pandemic disrupted access to HIV prevention and treatment services, exacerbating health risks for LGBTQ+ individuals.³⁵ Marginalized populations suffer more from sexually transmitted infections (STIs) and other infections caused by uropathogens, and they are at a higher risk of antimicrobial resistance due to secondary infections.⁵⁴ Additionally, barriers to contraceptive access⁶⁰ lead to several health issues among marginalized populations, including a higher chance of STIs and untreated reproductive health conditions.⁶¹

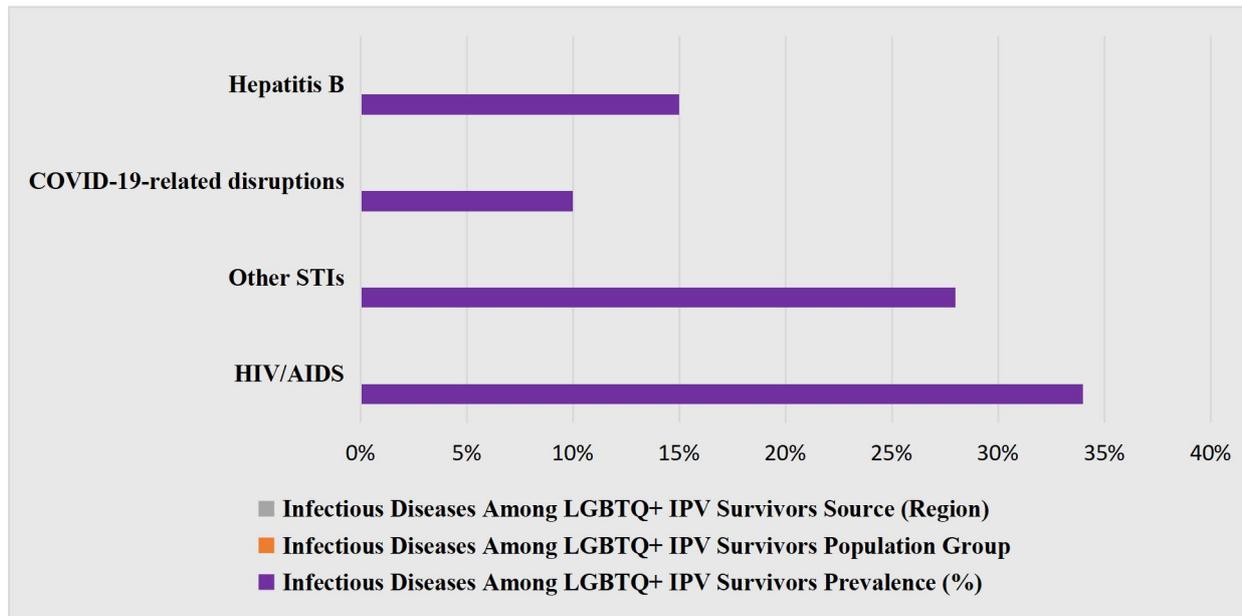


Fig-1: A Bar Chart Showing Prevalence of Infectious Diseases Among LGBTQ+ IPV Survivors

3. Socio-Structural Determinants of IPV and Health Disparities

Legal and Policy Frameworks

One of the primary contributors to IPV and associated health disparities among LGBTQ+ individuals in South Asia is the lack of legal protections and supportive policies. Homosexuality remains criminalized in several countries, including Pakistan, while anti-discrimination laws for LGBTQ+ individuals are absent in most parts of the region. Even in countries like India, where homosexuality was decriminalized in 2018, societal stigma and discrimination persist, creating barriers to reporting IPV and accessing justice.³⁶

Stigma and Social Exclusion

Deep-rooted cultural and religious beliefs contribute to the marginalization of LGBTQ+ individuals in South Asia. Stigma and social exclusion prevent survivors of IPV from seeking help, whether from law enforcement or healthcare providers. For example, a study conducted in Bangladesh revealed that LGBTQ+ individuals often faced ridicule and blame when reporting IPV, deterring many from accessing support services.³⁷

Economic Disparities

Economic vulnerability is another critical determinant of IPV among LGBTQ+ individuals. Many LGBTQ+ individuals in South Asia face employment discrimination, forcing them into precarious economic situations. Financial dependency on abusive partners further perpetuates IPV, as survivors are unable to leave abusive relationships due to lack of resources.³⁸ COVID-19 has exacerbated socioeconomic hardships and financial instability, leading to heightened mental health issues such as anxiety and depression, which in turn have fueled violence, including knife crimes³⁹ and other forms of aggression, often driven by economic desperation.

Table-7: Socio-Structural Determinants of Intimate Partner Violence (IPV) and Health Disparities Among LGBTQ+ Individuals in South Asia

Determinant	Description	Examples	Impact
Legal and Policy Frameworks	Lack of supportive laws and policies that protect LGBTQ+ individuals from discrimination and violence.	Homosexuality remains criminalized in countries like Pakistan and Bhutan; absence of anti-discrimination laws in most South Asian countries.	Fear of reporting IPV, limited access to justice, and perpetuation of violence and discrimination.
Stigma and Social Exclusion	Deep-rooted cultural and religious beliefs that marginalize LGBTQ+ individuals and discourage open acknowledgment of IPV.	LGBTQ+ survivors face societal rejection, ridicule, and blame when reporting IPV or seeking healthcare services.	Survivors are deterred from accessing legal and healthcare support, leading to mental health deterioration and continued IPV.
Economic Disparities	Discrimination in employment and economic instability, leading to financial dependency on abusive partners.	Workplace discrimination, financial instability, and lack of resources prevent LGBTQ+ individuals from leaving abusive relationships.	Survivors remain trapped in abusive relationships due to financial insecurity, further exacerbating health and safety risks.

Discussion

The findings of this comprehensive review highlight the multifaceted challenges posed by intimate partner violence (IPV) among LGBTQ+ individuals in South Asia, emphasizing the interplay between IPV prevalence, its associated health outcomes, and socio-structural determinants. The review underscores the urgent need to address the systemic inequities, cultural stigmas, and structural barriers that disproportionately affect LGBTQ+ populations in the region. IPV among LGBTQ+ individuals is not only a public health crisis but also a deeply ingrained socio-cultural issue that perpetuates marginalization and health disparities. Tackling these challenges requires a multidimensional approach that integrates policy reform, targeted health interventions, community-based support, and sustained efforts to challenge stigma and discrimination.

Mental Health Implications

The mental health burden of IPV on LGBTQ+ individuals in South Asia is one of the most pressing concerns emerging from this review. IPV survivors are at significantly higher risk of experiencing depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal ideation. Studies across the region indicate that these mental health outcomes are exacerbated by the stigma and isolation that LGBTQ+ individuals face in society.⁴⁰ Survivors often feel unable to seek help from friends, family, or professionals due to fear of rejection or reprisal. Furthermore, the lack of LGBTQ+-inclusive mental health services in South Asia amplifies the psychological toll of IPV. For instance, LGBTQ+ survivors in countries such as India and Bangladesh often report feelings of hopelessness and alienation, with many internalizing societal stigma, which further worsens their mental health.

The COVID-19 pandemic has had a profound impact on the mental health of LGBTQ+ IPV survivors in the region. Lockdowns and social distancing measures created environments that exacerbated IPV, as individuals were often trapped in abusive relationships with limited access to support networks or services. Kabir et al. (2023) noted that the pandemic worsened mental health outcomes for marginalized groups, including LGBTQ+ individuals, as mental health services were either inaccessible or overburdened. For example, LGBTQ+ individuals in India reported heightened rates of anxiety and stress during the pandemic, compounded by the economic instability and social isolation caused by prolonged lockdowns. Mental health challenges among IPV survivors often intersect with other vulnerabilities, such as poverty and substance abuse, creating a cycle of poor outcomes that are difficult to break without targeted interventions.¹⁶

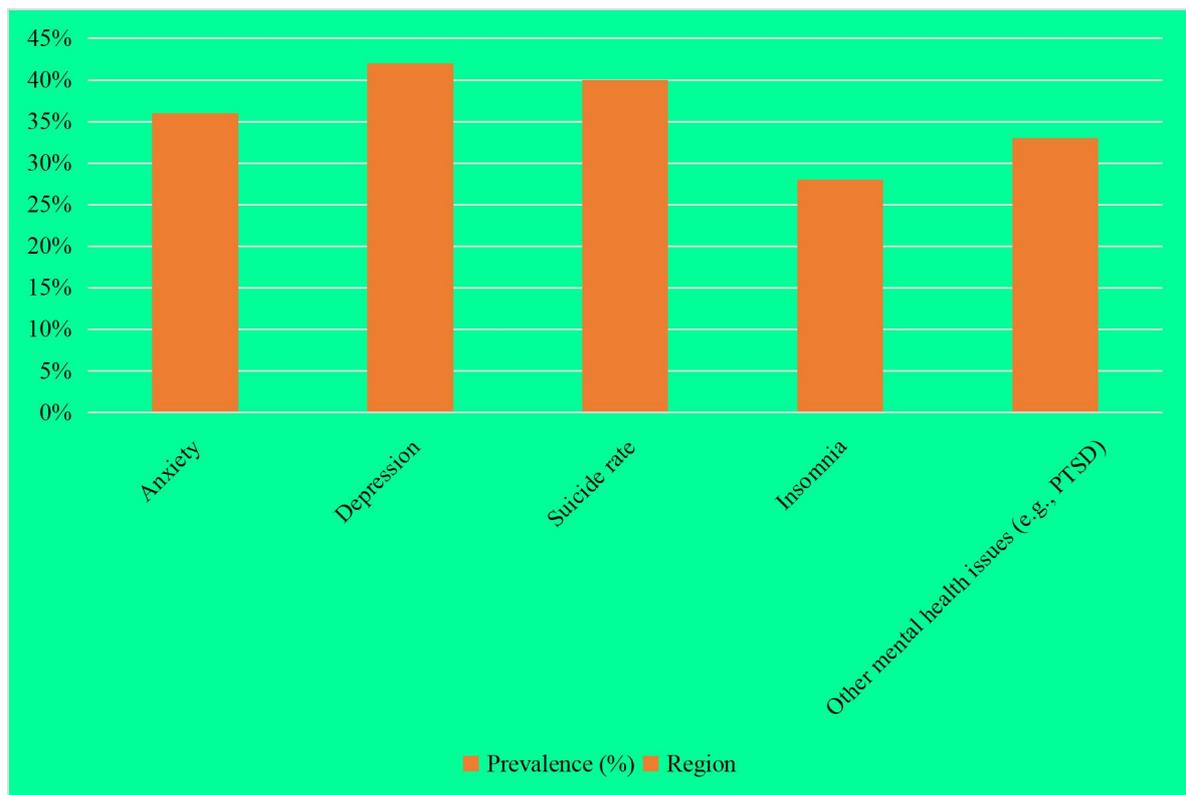


Figure-2: Mental Health Issues Among LGBTQ+ Population

Addressing these mental health implications requires an integrated approach that includes expanding access to LGBTQ+-affirmative mental health services, training mental health professionals to provide culturally sensitive care, and establishing safe spaces where survivors can seek support without fear of stigma. Community-based counseling programs tailored to LGBTQ+ individuals, especially in rural and underserved areas, are essential to addressing the mental health burden of IPV in South Asia. Moreover, increasing public awareness about mental health and LGBTQ+ issues can help combat stigma and create a more supportive environment for survivors.

Table-8: Mental Health Issues Among LGBTQ+ Population

Mental Health Issue	Prevalence (%)	Region	Key Factors
Anxiety	36%	South Asia (General)	Stigma, IPV, social isolation, and lack of mental health awareness
Depression	42%	Bangladesh	Societal stigma, IPV, economic marginalization, lack of LGBTQ+ mental health services
	38%	India	Rejection by family and community, chronic IPV, and absence of safe spaces
Suicide Rate	40%	South Asia (General)	IPV, rejection, discrimination, and legal barriers preventing reporting
	45%	Pakistan	Extreme stigma, criminalization of homosexuality, and cultural taboos
Insomnia	28%	Nepal	IPV, substance abuse, financial instability, and stress
	30%	Indonesia	Marginalization, lack of healthcare access, and IPV trauma
PTSD	33%	India	Trauma from IPV, lack of LGBTQ+-friendly support services, and societal rejection
	36%	Pakistan	Physical violence within relationships, police harassment, and fear of persecution
Other mental health issues (e.g., self-harm tendencies)	25%	Indonesia	Chronic anxiety, IPV-induced trauma, and lack of societal acceptance
	30%	India	Self-harm tendencies due to IPV, long-term trauma, and lack of LGBTQ+-affirmative therapy

Role of Substance Abuse

Substance abuse is a critical factor in understanding the health consequences of IPV among LGBTQ+ populations, as it often serves as both a coping mechanism and a contributing factor. Survivors of IPV frequently turn to alcohol, tobacco, or illicit drugs as a way to manage the psychological trauma caused by violence, rejection, and marginalization.⁴¹ This review highlights the strong link between IPV and substance abuse in LGBTQ+ populations, with studies reporting significantly higher rates of alcohol and drug dependency among LGBTQ+ IPV survivors compared to their heterosexual counterparts.

In South Asia, where LGBTQ+ individuals already face systemic barriers to healthcare, substance abuse compounds these challenges by increasing the risk of engaging in risky behaviors, such as unprotected sex or needle-sharing, which heighten vulnerability to infectious diseases like HIV and other sexually transmitted infections (STIs).⁴² Williams and Fish (2020) emphasized that substance abuse among LGBTQ+ IPV survivors not only worsens their physical health but also creates additional barriers to accessing care, as healthcare providers may stigmatize individuals struggling with addiction.⁴³ For example, transgender individuals in South Asia who experience IPV often face multiple layers of stigma—both as members of the LGBTQ+ community and as individuals perceived to be engaging in “deviant” behavior through substance use.

The review also highlights the role of economic and social marginalization in driving substance abuse among LGBTQ+ IPV survivors. Many LGBTQ+ individuals in South Asia lack stable employment due to workplace discrimination, leading to financial instability and stress. Substance abuse often becomes a way to cope with these challenges, but it further entrenches individuals in cycles of poverty and health disparities. Moreover, substance abuse can escalate IPV within relationships, as abusers or survivors under the influence may exhibit heightened aggression or vulnerability.⁴⁴

To address the role of substance abuse in the context of IPV, there is a need for integrated health programs that combine addiction treatment with IPV support services. LGBTQ+-inclusive rehabilitation programs that provide counseling, harm reduction strategies, and peer support can help survivors break the cycle of substance abuse and IPV. Additionally, community outreach programs that educate LGBTQ+ individuals about the risks of substance abuse and provide resources for seeking help can play a crucial role in mitigating these challenges.

Table-9: Substance Abuse Among LGBTQ+ IPV Survivors

Substance Type	Prevalence (%)	Population Group	Region	Key Factors	Impact	Source
Alcohol	22%	LGBTQ+ individuals	India	Coping with trauma and stigma	Increased risk of risky sexual behavior	Hasan (2024)
Tobacco	30%	LGBTQ+ individuals	South Asia (General)	Stress caused by IPV and economic marginalization	Long-term health issues (e.g., lung disease)	Hasan (2024)
Illicit drug use	25%	Transgender individuals	Bangladesh	Marginalization, lack of mental health resources	Heightened risk of HIV and other STIs	Kabir et al. (2023)
Binge drinking	20%	Gay and bisexual men	Nepal	Trauma and economic stress	Exacerbation of IPV and mental health challenges	Hasan (2024)

Policy and Legal Reforms

Legal and policy frameworks are critical for addressing IPV and its associated health outcomes among LGBTQ+ populations in South Asia. Unfortunately, the legal landscape in the region remains largely inadequate, with many countries failing to recognize or protect LGBTQ+ individuals from violence and discrimination. In several South Asian countries, such as Pakistan and Bhutan, homosexuality remains criminalized, creating an environment where LGBTQ+ individuals are unable to report IPV or access justice due to fear of legal repercussions. Even in countries where homosexuality has been decriminalized, such as India, systemic discrimination and societal stigma persist, limiting the effectiveness of legal protections.⁴⁵

The absence of anti-discrimination laws and policies further exacerbates the vulnerabilities of LGBTQ+ individuals. Without legal safeguards, survivors of IPV are often unable to access healthcare, housing, or employment opportunities, perpetuating cycles of dependency and abuse. This lack of legal recognition also extends to same-sex relationships, leaving survivors with no legal recourse or protection from abusive partners. For example, LGBTQ+ individuals in Bangladesh face significant barriers when attempting to report IPV to law enforcement, as police officers often dismiss their complaints or subject them to further harassment.⁴⁶ Moreover, maternal health disparities in South Asia, driven by factors such as inadequate healthcare access, poverty, and gender inequality, have resulted in severe health outcomes, highlighting the urgent need for comprehensive policy reforms to address these systemic challenges.⁴⁷

Policy reforms are essential to address these systemic issues. Decriminalizing homosexuality in countries where it remains illegal is a crucial first step toward reducing stigma and improving access to justice for LGBTQ+ individuals. Additionally, implementing anti-discrimination laws that explicitly protect LGBTQ+ individuals from violence, discrimination, and exclusion is necessary to create a more equitable society.⁴⁸ Countries like Nepal, which have taken steps to recognize LGBTQ+ rights, serve as examples of how progressive legal frameworks can improve the lives of marginalized populations. Expanding these reforms across the region can help reduce the prevalence and impact of IPV among LGBTQ+ individuals.

Community-Based Interventions

Community-based interventions play a vital role in addressing IPV and its associated health outcomes among LGBTQ+ populations. LGBTQ+ support networks, advocacy groups, and grassroots organizations have been instrumental in providing resources, safe spaces, and counseling for IPV survivors in South Asia. These community-driven efforts are particularly important in regions where government support and formal healthcare services are lacking or inaccessible to LGBTQ+ individuals.⁴⁹

Training healthcare providers and law enforcement officials to respond sensitively to LGBTQ+ survivors of IPV is a key component of community-based interventions. Many survivors avoid seeking help from these systems due to fear of stigma or discrimination, which underscores the importance of sensitization programs that educate professionals about the unique needs and challenges faced by LGBTQ+ individuals. For example, organizations like the Humsafar Trust in India have implemented training programs for healthcare workers to improve their understanding of LGBTQ+ health issues, including IPV.⁵⁰

Additionally, peer-led initiatives can help empower LGBTQ+ survivors by providing them with platforms to share their experiences and access support. Community centers and helplines that are specifically designed for LGBTQ+ individuals can serve as lifelines for survivors, offering immediate assistance and referrals to appropriate services. These interventions are particularly effective in fostering trust and reducing feelings of isolation among survivors.⁵¹

Expanding the reach of community-based programs is essential to ensure that LGBTQ+ IPV survivors in rural and underserved areas are not left behind. Governments and international organizations should collaborate with LGBTQ+ advocacy groups to scale up these initiatives and provide funding for

sustainable, community-driven solutions.⁵² By leveraging the strength of local networks and grassroots activism, it is possible to create a more supportive environment for LGBTQ+ individuals and address the systemic factors that perpetuate IPV.⁵⁸

Future Suggestions

To address the long-term consequences of intimate partner violence (IPV) among LGBTQ+ populations in South Asia, future research should prioritize longitudinal studies to explore the sustained impact of IPV on mental health, substance abuse, and vulnerability to infectious diseases such as HIV. These studies would provide insights into how IPV contributes to chronic health disparities over time and highlight the need for targeted, evidence-based interventions. Understanding these long-term effects is essential for designing public health programs and policies that adequately respond to the unique challenges faced by LGBTQ+ individuals in this region. Furthermore, longitudinal data would help uncover the cumulative effects of intersecting factors such as stigma, social exclusion, and economic marginalization, which exacerbate the health risks associated with IPV.

Culturally sensitive interventions are urgently needed to address the specific needs of LGBTQ+ IPV survivors in South Asia. Interventions should be designed with input from local LGBTQ+ communities to ensure they are contextually relevant and inclusive. This includes the development of mental health and substance abuse programs that cater specifically to LGBTQ+ individuals, as well as IPV prevention initiatives that challenge cultural norms and promote gender and sexual diversity. Legal and policy reforms are also critical in reducing the prevalence and impact of IPV in this population. Governments in South Asia must prioritize the decriminalization of homosexuality (in countries where it remains criminalized), enact anti-discrimination laws, and implement LGBTQ+-inclusive policies that promote equality and protect individuals from violence.⁵⁹ Additionally, increasing funding for LGBTQ+-inclusive healthcare services is essential, particularly in the areas of mental health, substance abuse, and HIV prevention and treatment. Enhanced funding would enable the establishment of safe spaces, counseling services, and support networks tailored to LGBTQ+ individuals, thereby mitigating the negative health outcomes associated with IPV.

Limitations of the Study

This study faced several limitations that may influence the comprehensiveness of its findings. One key limitation was the limited availability of region-specific data on intimate partner violence (IPV) among LGBTQ+ individuals in South Asia, as research on this topic remains sparse due to cultural stigma and the criminalization of non-heteronormative identities in certain countries, such as Pakistan and Bhutan. Additionally, the study relied heavily on cross-sectional data, which, while useful for capturing a snapshot of IPV prevalence and associated health outcomes, lacks the capacity to examine long-term consequences or causal relationships. Another significant challenge was the pervasive underreporting of IPV among LGBTQ+ populations, driven by fear of social stigma, discrimination, and inadequate legal protections, particularly in countries where homosexuality is criminalized or where societal norms discourage open discussion of LGBTQ+ issues. These limitations underscore the need for more region-specific, longitudinal, and qualitative research to provide a deeper understanding of IPV and its broader health implications for LGBTQ+ individuals in South Asia.

Ethical Considerations

As this study is a comprehensive review and did not involve primary data collection or human subjects, ethical approval was not required. However, ethical principles were adhered to by ensuring that all included studies were cited appropriately and that their findings were accurately represented. Priority was given to selecting studies with rigorous methodologies to maintain the integrity and reliability of the review. Additionally, the confidentiality and anonymity of individuals referenced in case studies or reports were respected by not including any identifiable information. This approach ensures adherence to ethical guidelines for secondary data analysis while maintaining the credibility of the review findings.

Conclusion

Intimate partner violence (IPV) among LGBTQ+ individuals in South Asia represents a critical and multifaceted public health challenge, deeply rooted in structural inequities, cultural stigma, and systemic discrimination. The consequences of IPV extend beyond immediate physical harm, profoundly impacting mental health through heightened rates of depression, anxiety, post-traumatic stress disorder, and suicidal ideation, while also driving increased substance abuse and risky behaviors that elevate the vulnerability to infectious diseases such as HIV and STIs. Addressing these interconnected challenges requires a holistic and intersectional approach that combines legal and policy reforms to eliminate discrimination, culturally sensitive and inclusive healthcare interventions to meet the unique needs of LGBTQ+ survivors, and sustained investment in mental health and substance abuse programs. Moreover, community-based initiatives and advocacy are essential to dismantling societal stigma and fostering environments where LGBTQ+ individuals can access justice and support without fear of marginalization. By prioritizing these efforts, policymakers, researchers, and public health practitioners can work collaboratively to reduce the burden of IPV, promote equity, and improve the overall health and well-being of LGBTQ+ populations across South Asia.

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Authors' Contributions

Dr. Md Rakibul Hasan, Dr. Moryom Akter Muna, and Dr. Katey Mason conceptualized the study and drafted the manuscript. Dr. Saifur Rahman and Dr. Elizabeth Lisa Brown provided critical revisions and edits to enhance the manuscript's quality. Dr. Sajid Hassan was responsible for the graphical representation and visualization of the data.

Corresponding Author

Dr. Md Rakibul Hasan, MBBS (DU), MPH (Cambridge, UK), Diploma in Neuroscience (UK), MCGP (BD), CCT in Emergency Medicine (University of Glasgow, Scotland), PGT in Healthcare (NHS, London); Graduate Research Assistant (Biomedical Research, NIH) and PhD Student, Department of Health Promotion & Behavioural Sciences, University of Louisville, 485 E Gray St, Louisville, KY 40202, United States of America; Former Healthcare Professional, Cambridge University Hospitals, NHS Foundation Trust, England; Former Teaching Assistant, Cambridge Regional College, UK; **Email:** mdrakibul.hasan@louisville.edu; rakibul.hasan@nhs.net; **ORCID:** <https://orcid.org/0000-0002-9152-8753>

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