

Intimate partner violence towards men and depression

Summary

The objective of the research was to determine if men between the ages of 18 and 45 in a community population from Perú who experience intimate partner violence will experience depression more frequently than men of the same ages who do not experience it. The sample consisted of 380 young people and adults from 18 to 45 years of age from 4 personnel selection centers that participated voluntarily. A demographic record was administered, the Cienfuegos-Martínez Scale of Violence in the Couple Relationship (receiver) (2014) and the Beck Inventory to assess depression (1967). The main results were that men between the ages of 18 and 45 in a community population who experience intimate partner violence will experience depression significantly more frequently than men of the same ages who do not experience it. Although in middle adulthood men experience more intimate partner violence, it is in emerging adulthood when they experience greater depression

Keywords: intimate partner violence, depression, community

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Introduction

In all societies there are couples made up of men and women, the formation of couples has been of interest to scientists. Over 90% of all human beings have had a partner at some point in their lives.^{1,2} Efforts to attract a mate and efforts to retain a mate for a long time involve a great deal of time and energy, and retention tactics range from observation or surveillance to violence.³ Family violence by couples is a complex problem that, despite occurring more frequently in impoverished families, occurs at all socioeconomic levels (OMS, 2002); Domestic violence and abuse is frequent in contemporary society.⁴ For Pelton⁵ there are three categories of violence: physical, sexual and psychological violence.

Physical violence refers to any conduct that involves the intentional use of force against the body of another person in such a way that there is a risk of physical harm or pain. It is accepted that, to be classified as family violence, this event must be frequent.⁴ Sexual violence is defined as any unwanted and forced intimacy from one person to another. This activity can be obtained using force or other forms of coercion. It can also be considered the refusal to have a sexual life if it is used as a way to punish the other person.⁶ Psychological violence is a constant action or omission of emotional damage that is manifested through isolation, excessive jealousy, insults, humiliating expressions, rejection, lack of attention, not allowing the approach to his family, distance, excessive control of money, within others. This form of violence is the most difficult to detect, it is not seen as aversive or punitive, but it is very harmful to development and psychological stability.⁶

Intimate partner violence is usually defined as the set of violent physical and psychological acts that affect the stability of the family atmosphere and cause negative effects on socialization and physical and psychological health, not only of the couple involved in the violence.^{7,8} Men's violence has more negative results and it is generally men who attribute negative behaviors to women to justify their violence; it is men who react with more violence to the possibility of a potential threat of abandonment by their partner.^{9,10} Women are generally the targeted victims of family violence, since they belong to less powerful population groups. But women are also violent in the context of family violence,¹¹ therefore, intimate partner violence is not

just a gender issue, it occurs due to certain social, legal and symbolic-cultural conditions that make one gender practices violence against the other gender.¹²

In 2001, Harned¹³ presented a controversial study in which he stated that both women and men are abused in intimate relationships, including that the percentage of assaults suffered between men and women were similar, the difference being due to the type of aggression experienced. , including physical violence was similar in both sexes, although women suffer more frequently serious physical and sexual violence, while in men the impact of physical violence is less, but men suffer more from psychological aggression. It is noteworthy that in our culture young men are taught not to express their emotions, that male behavior is characterized by control and not expressing suffering.¹⁴ In the mistreatment of men, the conception that he is a masochist or a fool is being left aside, or that men are aggressive in nature and women are sweet.¹⁵ Becerra et al.,¹⁶ in Peru, found that in the previous year 71% of the male participants were victims of abuse and that in 2009 80% of the males did not tell or report their experience out of shame, because they do not believe they will get any benefit or for fear that their children will pay the consequences. In 2010 Campbell¹⁷ reports that 40% of victims of domestic violence are male, that two out of five victims of domestic violence are male, that abused males are ignored by the police. Domestic violence is often conceptualized as: female victim, male perpetrator, but evidence shows that this description is false. The research reports that one in four women and one in six men have experienced domestic violence since the age of 16. In addition, one million women and 600,000 men experienced domestic abuse, in the period of the previous year, but it is only women who receive the most attention.

In Chile, Rojas et al.,¹⁸ and Vivanco et al.,¹⁹ found that, although men use economic violence more often, women report significantly more psychological violence; They also found that both men and women perceive female violence as less harmful than violence exerted by men.

Fernandez highlight the alarming incidence of men who suffer from violence, especially in the psychological area, to a higher degree than is recognized in society. Portilla^{20,21} reported that, although controversial, both women and men are abused in intimate relationships, including

that the percentage of attacks suffered between men and women were similar and that perhaps although in men the impact of the physical violence was less, psychological aggression was frequent and with consequences on the psychological health of men. Rojas et al.,²² refer that gender violence highlights violence against women, but does not refer to women's violence towards men, both sexes can play both the role of victim and perpetrator since men and women can be violent in a relationship. Interestingly Roebuck²³ found that native Canadian men are more likely to experience intimate partner violence than other population groups. It is generally accepted that violence is increasing or beginning to be recorded.²⁴

According to Harned¹³ and Radell et al.,²⁵ generally women's violence against men takes the forms of: (a) verbal abuse, humiliation in front of friends, colleagues or family, or in modern times on the internet; (b) being possessive, acting jealous without substantiation or false accusations of infidelity; (c) hide keys or other belongings, (d) try to control where you go out or who you meet; (e) prevent or show aggression when it comes to visiting their relatives; (f) accuse that she provides money to her family and that she does not; (g) try to control all the expenses made by the man or deliberately try to ensure that the money provided does not reach; (h) try to isolate him from his social group; and (i) threaten to deprive him of visiting the children if her requirements are not met. The men remain in the situation because: (a) desire to protect the children, (b) feelings of shame for being abused by the woman, (c) religious beliefs, lack of economic resources to live apart and still support the family and (d) denial that they are being subjected to domestic violence. NerdLove²⁶ affirms that usually men are invisible victims of an abusive relationship.

The study of female violence against her male partner has only just begun by intimate partner violence researchers. Studies are consistently finding that women are also violent in the context of family violence.

Depressive disorder

Sue et al.,²⁷ state that depressive disorders must be distinguished from the popular use of the expressions I'm sad, I'm depressed, which refer to feelings of not feeling well on a cloudy day, anger with a loved one or others, although these reactions are normal if they are severe and long-lasting they can be classified as a mood disorder.²⁸

In the DSM-5²⁹ they are titled as Depressive Disorders that include: disruptive mood dysregulation disorder, major depressive disorder, which can be a single episode or recurrent episode, dysthymic disorder (persistent depressive disorder), disorder premenstrual dysphoric, substance/medication-induced depressive disorder, depressive disorder due to another medical condition, other specified and unspecified depressive disorder.

Clinical symptoms of depression

It should be noted that depressive disorders in DSM-5²⁹ and DSM-5TR³⁰ have been separated from bipolar disorders (mania and depression) as they appear in DSM-IV TR.³¹

Barlow and Durand²⁸ and Sue et al.,²⁷ describe some symptoms that they consider central to depression, which can be grouped into four areas: affective area, cognitive area, behavioral area, and physiological area. The affective manifestations characterized by feeling sadness, lack of encouragement, discouragement and excessive and prolonged worry. There are feelings of worthlessness and loss of joy in living; with crying reactions to frustration and anger that may or may not be related to a specific situation. Any person who feels damaged or experiences the loss of a loved one or loss of dignity,

respect can have a normal reaction to the detailed manifestations, but if these manifestations are prolonged and accompanied by feelings of worthlessness, impaired functioning and retardation Severe psychomotor and generally longer than three months may indicate a serious depressive disorder.

Cognitive manifestations characterized by decreased speed of thought, slow mental speed, decreased working memory and, above all, decreased ability to concentrate; predominance of sad memories, lack of motivation to do the things of daily life, no hope for the future and little ability to make decisions.

Behavioral manifestations, there is carelessness in personal presentation: little care in clothing, grooming. His facial expression is empty, mask-like, his motor movements are slow, his gestures expressionless. Uncommunicative and slow speaking, social withdrawal, and poor performance at work if he continues to attend. On some occasions, states of agitation or restlessness may occur. Physiological manifestations, the most common is decreased appetite and low weight, sometimes constipation. Sleep problems, decreased libido and, in women, alteration of the menstrual cycle.

Depression can be classified as major depression, when all the symptoms are severe since they impede work, family and social functioning, and dysthymic disorder in which all the depressive symptoms are of lesser intensity, apparently allowing one to continue their daily life, although clearly diminished, but it can last for years, this last disorder is the most frequent in problems of intimate partner violence.

Despite the fact that women present depression more frequently than men³²⁻³⁵ did not find sufficient evidence of heterogeneity between men and women, so it is more research is needed as these results are controversial.

Intimate partner violence and depression in men

The main findings of intimate partner violence research are related to the increase in mental health problems in the victims; perhaps the most significant findings are the relationship between the violence experienced and the presence of depression, post-traumatic stress, and anxiety.⁶ Although it has been suggested that the consequences of violence are different between men and women, the only accepted thing is that women suffer more physical violence than men, but that the effects of violence in both genders are similar.³⁶ The issue of male victims of violence is being studied in various parts of the world, thus Josolyne³⁷ and Perryman and Appleton³⁸ in England, argue that there is an increase in the number of men who are victims of violence perpetrated by women, although it is still an unexplored subject and very little understood. Kubai³⁹ in Kenya found that support and assistance programs for male victims of domestic violence are practically non-existent. Similarly, in Zambia, Musune et al.,⁴⁰ report that violence against men is largely invisible, unrecognized and trivialized. Tjaden and Thoennes⁴¹ state that the effects of physical and psychological violence on male victims are significant, especially on anxiety or depression.

In recent times there has been a significant increase in depression at all ages, socioeconomic levels, or educational or cultural quality, but especially in males and increasingly at younger ages.^{42,43} Depression in men is a mental health condition, it is not a sign of emotional weakness or a male failure, unfortunately depression in men is overlooked, for many men it is difficult to talk about these feelings, they are usually only focused on the physical symptoms of depression, such as back pain, headaches, sexual problems, and others, but not on feelings of sadness or discouragement. Although

there is a lack of research on depression and gender, it is accepted that depression may be masked in men, as it may be hidden by substance abuse and other externalizing behaviors, therefore it is possible that men respond differently to depression. There is evidence that women have depression in a much higher percentage than men, but each time the diagnosis gap is narrowing and suicide attempts are associated with depression, which is higher in women, but the attempts that become deaths, is higher in males. In addition, women use mental health services more frequently than men, but these differences are also narrowing.^{44,45} Due to cultural factors that give men higher status, it is known that women on average are at greater risk than men for experiencing intimate partner abuse, but few studies have examined the symptoms of depression in men. men who may also be victims of intimate partner violence.⁷

When investigating violence against men and its relationship with male depression, Próspero⁴⁶ concludes that the high-frequency report of symptoms of mental problems is significantly related to the experience of high levels of intimate partner violence and not to gender. of the victims, the presence of symptoms of depression, anxiety, hostility and somatization has nothing to do with the gender of the people, the effects are similar for men and women; Although they found a significant relationship between being a victim of violence and high levels of depression, anxiety, and somatization, they found some correlations that differ between men and women. For example, no significant association was found between sexual violence and mental health symptoms in women. Surprisingly, a significant association was found between sexual victimization and symptoms of mental problems in men.

The high presence of mental problems is related to the intensity of the violence experienced by the victim and not to the fact of being male or female. Próspero⁴⁶ affirms that he does not agree with the position that partner violence is related to the patriarchal structure of society, family violence researchers add that sexism is a factor in partner violence and not that the sexism is the cause of violence as affirmed by feminist theory.

Reeves and O'Leary-Kelly⁴⁵ refer that their findings suggest that in men and women victims of intimate partner violence depression, low self-esteem, work problems and family conflicts occur and that the first confidences about the violence experienced are usually with their coworkers. It is clear that the first thing that the researchers point out is that the population of battered men is underestimated and that several of the manifestations of anger and alcohol consumption can make the diagnosis of depression difficult, since they can even be manifestations of depression, in addition to the, Traditional gender roles could contribute to the difficulty for men to express their depressed mood and not seek specialized help when it is already needed. It is worth mentioning that the relationship between intimate partner violence and depression is also directly related to suicidal ideation and that the findings reveal that whether the victims are male or female, the psychological effects are similar.⁴⁷

The World Health Organization through Marcus et al.,⁴⁸ published that depression is the major cause of disability in both men and women, whether they are of a high, medium or low economic level. In this regard, Haines and Douglas,⁴⁹ in a clinical sample and a community sample of men, also found that in both groups of men there is an association between intimate partner violence sustained over time and the presence of post-traumatic stress disorder, anxiety and depression.

Rioli et al.,⁵⁰ in Italy, found that both men and women can be victims of intimate partner violence and that the results of mental

health problems are worse in the male or female population who are victims of violence than in the general population, the Post-traumatic stress symptoms and depression are the major consequences of violence and the severity of these symptoms is related to the severity of the aggression.

Londoño and Gonzales⁵¹ and Londoño et al.,⁵² in Colombia found that depression in men can have significant differences from depression in women and that several of these symptoms are not considered in the current classifications and point out that depression in men can present with: negative self-image, hopelessness or pessimistic vision of the future, impoverishment of the social image, permanent feeling of being empty, avoidance and unusual behavior. Depression rates in women and men are higher when they have been experiencing intimate partner violence.⁵³

The interest of this research is to find out if in our community of men depression occurs more frequently in men who experience intimate partner violence than in men who do not experience intimate partner violence.

Method

Participants

The study was carried out in four Personnel Selection Centers from Perú, attended by an average of 796 men for six months. The sample consisted of 380 young people and adults between the ages of 18 and 45 who agreed to collaborate and had time to do so, constituting 47.7% of the population studied. According to Papalia and Martorell,⁵⁴ they were grouped into three age groups, 118 in emerging adulthood (19/20 to 25 years old), 126 in early adulthood (25 to 40 years old) and 136 in middle adulthood (40 to 65 years old).

Instruments

Three instruments were used; a Demographic Card, the Scale to Evaluate Violence in the Couple Relationship (receiver) and the Beck Inventory to evaluate depression

Demographic cart

Built by the researchers in order to collect relevant information from the participants and favor the interpretation of results.

Scale to evaluate violence in the couple relationship (receiver)

Cienfuegos-Martínez⁵⁵ developed this scale to assess intimate partner violence. According to the author, it is reliable for assessing violence in the relationship perpetrated by women or by men seeking to obtain a more inclusive vision of the phenomenon of violence more beyond the sex of the participants. The scale has two sub-scales, the first has 28 items to assess the victim or recipient of violence, whether male or female, and the second sub-scale has 11 items to assess the perpetrator, male or female. For the present investigation, the first sub-scale (receiver) will be used. 6 items directly related to women as recipients of violence will not be used. Likewise, small adjustments have been made in the use of the language trying to adapt it to our culture, without altering the content structure of the items or reagents. The subscale contains four basic factors: economic factor, psychological factor, physical/bullying factor, and sexual factor. The author refers that the Reliability Index of the scale is Cronbach's Alpha of .94. Regarding economic violence, Cronbach's Alpha is .92. Psychological violence Cronbach's alpha of .86. In the physical violence factor Alpha Cronbach .88. Finally, in the factor sexual

violence. Although it is not so precise, the indices considered adequate of validity and reliability of the base scale are exposed. Prior to the final version that was used in the research, the instrument was applied to 15 people between the ages of 18 and 45, which allowed them to adopt the necessary idiomatic expressions. Regarding the respective cuts, the consulted statesman made the appropriate cuts.

Beck inventory to assess depression

It was developed by Beck,⁵⁶ it is based on two assumptions: (a) the more intense the depression, the more symptoms will appear, which makes it possible to distinguish between a healthy person and others who will have mild, moderate and/or severe depression, and (b) while the person is more depressed, the symptoms will be experienced more intensely. It is classified into 5 areas: Affective Area, includes manifestations of sadness, feelings of guilt, predisposition to cry and irritability Motivational area, composed of dissatisfaction and suicidal ideas Cognitive area, includes pessimism regarding the future, feeling of failure, expectation of punishment, self-disgust, indecision, distorted self-image, somatic concerns and self-accusations. Behavioral Area, covers social distancing, slow work, and fatigability. Physical Area, includes loss of sleep, loss of appetite, weight loss and loss of sexual desire. Inventory can be applied individually or in groups Scoring is straightforward, the total score representing the combination of symptom categories and severity of particular symptoms: o A score of zero indicates no depression o From eleven to twenty, mild depression o Score of twenty-one to thirty, moderate depression o Over thirty means severe depression. The correlation between the Beck scale and the well-known Hamilton scale has been found to be .72 and with the also widely used Zung test to be .76. These studies show that the Beck scale has satisfactory validity. Reliability is related to measurement error. Regarding stability over time, a correlation coefficient of .80 has been obtained and in terms of internal consistency with the Alpha Cronbach coefficient, a coefficient of .81, which demonstrates a good reliability of the test.

Procedures

Initially, the instruments were applied to a pilot sample of 15 participants to identify possible difficulties in the instruments and their application. Regarding the collection of the data itself, the 4 Personnel Selection Centers with which there are direct contacts were contacted and a possible collaboration on their part was discussed: Visor, Sepropsac, Kola Real and Health Polyclinic to formalize the respective permits. Apart from the respective permits, the voluntary collaboration of the participants was requested trying to apply the demographic file and the two instruments since it was impossible to achieve their collaboration at two different times. So that it is not tedious, the data from the demographic record were inserted in the heading of the instruments. For data analysis, the SPSS Statistics 24.0 program was used with the advice of a statistician. Means of the scores (12.8) were taken to locate the participants, a group below the average (lower procrastination score) and another group above the average (higher procrastination score).

Results

The results are presented by means of tables with frequencies, percentages and when possible with statistical tests. The first three correspond to the proposed objective and the following to additional results.

Table 1 shows that men who experience intimate partner violence experience a significantly higher percentage (67.7%) of depression than men who do not experience intimate partner violence (32.3%).

Conversely, it is also clear that the highest percentage (82,6%) of men who do not experience intimate partner violence do not experience depression.

Table 1 Intimate partner violence and depression (IPV)

Depression	Intimate partner violence					
	Yes		No		Total	
	N	%	N	%	N	%
Yes	86	67.7	41	32.3	127	100
No	44	17.4	209	82.6	253	100
Total	130	34.2	250	65.8	380	100

Source: Data Matrix P = 0.000 (P < 0.05) S.S.

Table 2 shows that of the 67% participants who experience intimate partner violence and depression, a significant percentage, 49.6 mild depression and 18.1% experience moderate depression. It is also clear that men who do not experience intimate partner violence also experience depression, although in lower percentages, mild 31.5% and moderate 0.8%.

Table 2 Intimate partner violence and depression levels

Depression	Intimate partner violence					
	Yes		No		Total	
	N	%	N	%	N	%
Mild	63	49.6	40	31.5	103	81
Moderate	23	18.1	1	0.8	24	18.9
Total	86	67.7	41	32.3	127	100

Source: Data Matrix P = 0.000 (P < 0.05) S.S.

Given the type of variable measurement presented in Table 3, it was only possible to work on percentages. It can be seen that regardless of whether the participants have experienced depression or not, the percentages of the various types of violence: economic, psychological, sexual or physical, are quite similar.

Table 3 Depression and types of intimate partner violence

Types of violence	Depression				Total	
	Yes	%	No	%	N	%
Economic	127	33.6	251	66.4	378	100
Psychological	127	33.4	253	66.6	380	100
Sexual	124	32.9	253	67.1	377	100
Physical	127	33.4	253	66.6	380	100

Table 4 shows two important aspects: first, of the 67.8 % of men in the emerging stage, 32.2% of the participants perceive that they experience intimate partner violence, the majority (65.8%), do not experience it. Second, the younger (emerging adulthood) they experience less violence (32,2%), but as they get older, middle adulthood, they experience more intimate partner violence (36.0%).

Table 4 Intimate partner violence and age group

Age group	Intimate partner violence				Total	
	Yes	%	No	%	N	%
Emerging adulthood	38	32.2	80	67.8	118	100
Early adulthood	43	34.1	83	65.9	126	100
Middle adulthood	49	36	87	64	136	100
Total	130	34.2	250	65.8	380	100

Source: Data Matrix: P = 0.000 (P < 0.05) S.S.

Males with fewer levels of schooling, primary (22 participants), are more likely to experience more partner violence (40.9%); on other hand, men with a higher level of education (84 with university studies) experience less intimate partner violence (22.6%). Table 5 clearly shows that as the level of schooling increases, the violence experienced gradually decreases.

Table 5 Intimate partner violence and education level

	Intimate partner violence					
	Yes		No		Total	
Education level	N	%	N	%	N	%
Without schooling	0	0	1	100	1	100
Elementary	9	40.9	13	59.1	22	100
Secondary	56	38.1	91	61.9	147	100
Technique	46	36.5	80	63.5	126	100
University	19	22.6	65	77.4	84	100
Total	130	34.2	250	65.8	380	100

Source: Data Matrix P = 0.000 (P < 0.05) S.S.

Table 6 clearly shows that 50% of those who do not work experience intimate partner violence, followed by workers, 59.5%. Those who experience violence the least are those with a more or less fixed income such as employees, 31.6% and independents, 34.8%.

Table 6 Intimate partner violence and occupation

	Intimate partner violence					
	Yes		No		Total	
Occupation	N	%	N	%	N	%
Not busy	7	50	7	50	14	100
Worker	30	39.5	46	60.5	76	100
Employee	77	31.6	167	68.4	244	100
Independent	16	34.8	30	65.2	46	100
Total	130	34.2	250	65.8	380	100

Source: Data Matrix P = 0.000 (P < 0.05) S.S.

The presence of children creates situations that facility the violence experienced by men. Table 7 shows that of the 269 participants who have children 36.4% of them experience IPV more frequently, while a lower percentage, 27.9% who do not have children experience IPV. Taking into account only men who do not have children, the vast majority 72.1% do not suffer from IPV.

Table 7 Intimate partner violence (ipv) and presence of children

	Intimate partner violence					
	Yes		No		Total	
Presence of children	N	%	N	%	N	%
Yes	98	36.4	171	63.6	269	100
No	31	27.9	80	72.1	111	100
Total	129	33.9	251	66.1	380	100

Source: Data Matrix P = 0.000 (P < 0.05) S.S.

Regarding the presence of depression, Table 8 shows that of the 118 participants in emerging adulthood (35.6%) and in middle adulthood (34.6%) are the ages in which manifestations of depression are most experienced. Early adulthood is the age at which significantly less depression is experienced (3.2%). It is also important to note that the majority of participants (380), 66.6%, did not experience depression.

Table 8 Depression and age group

	Depression					
	Yes		No		Total	
Age group	N	%	N	%	N	%
Emerging Adulthood	42	35.6	76	64.4	118	100
Early adulthood	38	30.2	88	69.8	126	100
Middle adulthood	47	34.6	89	65.4	136	100
Total	127	33.4	253	66.6	380	100

Source: Data Matrix P = 0.000 (P < 0.05) S.S.

Table 9 clearly shows that as the participants have a higher level of education, they have less risk of manifesting depression. Of the 126 people with technical education, 29.2% and of the 84 people with university education, 22.6% experience depression. But, of the 22 participants with only primary school, 45.5% and of the participants with secondary school, 41.5 present higher percentages of depressive manifestations.

Table 9 Depression and educational level

	Depression					
	Yes		No		Total	
Educational level	N	%	N	%	N	%
Without schooling	0	0	1	100	1	100
Elementary	10	45.5	12	54.5	22	100
Secondary	61	41.5	86	58.5	147	100
Technique	37	29.4	89	70.6	126	100
University	19	22.6	65	77.4	84	100
Total	127	33.4	253	66.6	380	100

Source: Data Matrix P = 0.000 (P < 0.05) S.S.

The type of occupation is important. Table 10 shows that of the 46 who have independent jobs, 21.7% and of the 244 who are employed, 31% have depression, significantly fewer manifestations of depression than of 14 unemployed 57.1% and of the 76 workers, the 42.1% who manifest depression. The presence or absence of children is important in the functioning of a family. Table 11 shows that, of the 269 men with children, 33.1% of them present depression and of the 109 who do not have children a similar percentage, 33.9% also present depression. Similar percentages occur in the case of absence of depression.

Table 10 Depression and work occupation

	Depression					
	Yes		No		Total	
Occupation	N	%	N	%	N	%
Not busy	8	57.1	6	42.9	14	100
Worker	32	42.1	44	57.9	76	100
Employee	77	31.6	167	68.4	244	100
Independent	10	21.7	36	78.3	46	100
Total	127	33.4	253	66.6	380	100

Source: Data Matrix P = 0.000 (P < 0.05) S.S.

Table 11 Depression and presence of children

	Depression					
	Yes		No		Total	
Presence of children	N	%	N	%	N	%
Yes	89	33.1	180	66.9	269	100
No	37	33.9	72	66.1	109	100
Total	126	33.3	252	66.7	378	100

Discussion

In the present investigation, it was proposed that: Men between the ages of 18 and 45 from a community population from Perú who experience intimate partner violence more frequently will present depression more frequently than men of the same ages who do not experience it. The hypothesis was verified, with statistical significance it was found that men from a community population who experience intimate partner violence present depression in 67.7% (Table 1). These results are higher than those found by Tjaden and Thoennes⁴¹ who found that 23% of the men in their sample had a diagnosis of anxiety and depression and 35% presented physical damage; times are changing, it is possible that, at present, little by little men, especially in a situation of anonymity, can express their experiences with some freedom. Relationships that should promote growth between the couple can become an environment of control and violence whose physical and psychological consequences are not only for women but also for men.^{24,55}

It is important to note that of the participants who experience intimate partner violence and depression, a significant percentage, 49.6%, experience mild depression and 18.1% moderate (Table 2), it is possible that due to the mild depression group they only need psychological support and in a few cases, drug help, while the group with moderate depression needs drug help more quickly, although perhaps the fact of getting a job or a better job placement in the future will help them cope or experience less intimate partner violence. Men who do not experience intimate partner violence also experience depression, although in lower percentage, mild 31.5% and moderate 0.8%.^{45,46}

Numerous investigations conclude that men suffer more from psychological violence than other types of violence, in our investigation there are no major differences between economic (33.6%), psychological (33.4%), sexual (32.9%) and physical (33.4%) violence (Table 3). Only sexual violence is slightly less experienced than the other types of violence. These results are different from other investigations such as those by Rojas et al.,²² in Chile where they found that women use more verbal violence; from Vivanco et al.,¹⁹ also in Chile concluded that women exercise significantly more psychological violence; Rojas et al.,¹⁸ in Mexico points out that in violence against men psychological violence stands out and that the role of the so-called masculinity in men makes it difficult to recognize that they are victims of violence. The reason for these differences, it is possible that the males in the sample experience the violence as a single one that encompasses all aspects or perhaps also that the instrument is not so clear in differentiating the types of violence. What is clear in Table 3 is that there is no greater relationship between depression and any specific type of violence.

An important result found in this research is that men also suffer from intimate partner violence; of the 380 participating men, 34.2% (Table 4) of them report having been victims of intimate partner violence. These results also confirm what was found in various latitudes of the world, in England. Campbell¹⁷ reports that 40% of victims of domestic violence are men, in our environment the data is not so different 34.2% of men suffered violence (Table 4) and much higher than that reported by Rockeville⁶ in the United States, indicating that 5% of problems about Family violence is caused by women against men and this percentage is increasing, but lower than those found in Lima-Peru, where Becerra et al.,¹⁶ although in a sample of high school and higher education students, found that 71 % of the participants suffered some type of abuse; it should be taken into account that it was falling in love and not necessarily in a relationship

and/or formal and informal cohabitation as in the present. It is also observed in the studied sample that intimate partner violence occurs in all age groups (Table 4), it is in middle adulthood where there is a higher incidence (36.0%) of intimate partner violence, gradually decreasing as the group of males is younger, 34.1% in early adulthood and 32.2% in emerging adulthood, different results from those shown by Fernández et al.,⁹ who found that adolescence and youth are the periods of life with the highest risk of suffering violence, especially between the ages of 15 and 24, apparently these results are different from ours, but these researchers refer to women and not to the males. In the present study it is clear that the older the person, the greater the probability of suffering abuse from the partner. Although Table 4 also shows that 65.8% of men report not having experienced intimate partner violence, this percentage would seem high, but it is possible that this percentage is not real since, for example, Campbell¹⁷ reports that battered men who have tried to report the violence suffered have often been ignored by the police and often have nowhere to go if they feel in danger at home; NerdLove²⁶ affirms that men are invisible victims of an abusive relationship. Becerra et al.,¹⁶ found that 80% of men did not tell or report their experience out of shame or because they do not believe they will get any benefit or for fear that their children will pay the consequences.

Despite the fact that the group of emerging adults suffers less IPV, it is the group that presents the greatest depression, 35.6% of the 118 participants in this group (Table 8). These results are not strange, Londoño and Gonzales⁵¹ found high levels of depression in men, Fernández et al.,⁹ found that the cohort most vulnerable to depression is from 45 to 65 years old, data similar to those of the present investigation, where the middle adult group presents 34.6% with depression; the greater the age, the greater the risk of depression.

In recent years there has been an increase in the prevalence of depression at ever younger ages by Guillen, these findings agree with what is found in the current investigation where the emerging population is the one with the highest percentage of depression, 35.6%. Sometimes depression can be masked by manifestations of alcohol use or anger.⁴⁷ Recently, Rioli et al.,⁵⁰ in Italy, found that the outcomes of post-traumatic stress mental health problems and depression are the greatest effects in men and women of intimate partner violence. In this regard, in Colombia, Londoño et al.,⁵² found that the manifestations of depression in men may be different from those of women and that some of these manifestations are not recognized in the official classifications of mental disorders, some of these manifestations are: negative self-image, hopelessness or pessimistic vision of the future, impoverishment of the social image, permanent feeling of being empty, among others. It should be noted that more is yet to be known about depression in men.^{7,44}

In relation to demographic data, it is also found that men, to the extent that they have less schooling, are more vulnerable to violence by their partner. Table 5 shows that the participants who suffer the most from partner violence are those with primary education (49.2%), the results follow the same direction as those published by the WHO that low levels of education increase the possibility of suffering increased intimate partner violence for both men and women. In the same way, it has been found that men with less educational level suffer depression more frequently, 45.5% of the participants with primary education express depression, while only 22.6% of men with university studies experience it (Table 9). Likewise, Table 6 describes the type of work carried out by the participants and it is noteworthy that the group that suffers the most from violence are the unemployed and the workers, 50.0% and 39.5% respectively, it is easy to deduce that lower economic income in the couple increases the tension

especially in societies where the man is the main provider, and the WHO has remarked that economic difficulties increase the possibility of greater violence. Similarly, men without work or who are only workers present depression more frequently (Table 10).

The difficulties of supporting a family increase when there are children, Table 7 clearly presents this reality, 269 men have children, 36.4% of them suffer from intimate partner violence, while a significantly lower percentage, 28.4%, of Men without children experience violence. It seems that the fact of having children (Table 11), despite the responsibilities, provides a certain sense of transcendence or fullness of existence that are motivation to continue, the percentage (33.1%) of men with children and depression is similar to the percentage (33.9%) of males without children and depression.

It is clear that men also experience intimate partner violence and that it also causes a series of psychological problems, including depression. It is advisable to continue investigating intimate partner violence against men since in Peru it is denied or minimized. It should be noted that most of the research on IPV against males has been done with community participants, but research in clinical populations remains to be done.^{57–59}

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Conflicts of interest

There is no conflict of interest.

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