



THE THIN LINE OF RELATIONSHIP BETWEEN INTIMATE PARTNER VIOLENCE AND DEPRESSION

LA DELGADA LÍNEA DE RELACIÓN ENTRE LA VIOLENCIA DE PAREJA Y LA DEPRESIÓN

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Dear. Editor:

Intimate partner violence and depression are serious and widespread problems worldwide. According to an analysis of prevalence data from 161 countries between 2000 and 2018 by the WHO, one in three women has experienced physical and/or sexual violence by a partner or sexual violence by a non-partner, or both. In the Western Pacific, there is a 20% prevalence and 22% in the European Region and high-income countries ⁽¹⁾.

Regarding the Americas, studies conducted in 24 out of 35 countries suggest that violence against women remains prevalent throughout the continent. In general, one-third of women in Latin America and the Caribbean have experienced violence by an intimate partner ⁽²⁾. In our country, according to the results of Endes 2018, 63.2% of women aged 15 to 49 were victims of domestic violence at some point in their lives by their husband or partner. By type of violence, 30.7% of the victims suffered physical violence, 58.9% psychological or verbal violence, and 6.8% sexual violence ⁽³⁾.

But what is its relationship with depression? Intimate partner violence consequently triggers episodes of depression in women who have been victims of it throughout their lives. Findings by Shen S. and Kusunoki Y. ⁽⁴⁾ indicate that women with a history of physical (OR=3.33) and psychological (OR=1.66) violence by their partner were more likely to experience subsequent depression. However, women who reported depression were more likely to subsequently experience psychological (OR=5.06) and physical (OR=4.41) violence ⁽⁴⁾.

In the same vein, Casas J. ⁽⁵⁾ conducted a study in the Peruvian population, indicating that victimized women reported abuse by their partner, having far more severe psychological consequences compared to those who did not suffer violence. This work shows that depressive symptoms such as worry, crying, dejection, loss of energy, feelings of loneliness, and guilt were the most frequent (Frequency=1.81 and standard deviation=0.95) ⁽⁵⁾.

Similarly, Kopčavar Guček N. and Selič P. ⁽⁶⁾ found that the prevalence of depression was associated with exposure to violence at any time in life. About 40.4% of the population was exposed to intimate partner violence at some point in their adult life, and of these, 37% were diagnosed as depressed.

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Exposure to emotional violence (aOR 3.04, 95% CI, $p=0.029$) and physical violence (aOR 4.69, 95% CI, $p=0.011$) were found to be statistically significant risk factors for depression. An additional finding of this study is that dysfunctional family relationships were significantly associated with the prevalence of depression in those exposed to intimate partner violence ⁽⁶⁾.

In conclusion, intimate partner violence and depression are serious, interconnected public health problems that are prevalent worldwide. Studies demonstrate not only the fact that victims of intimate partner violence experience severe psychological

consequences but also the existence of a bidirectional relationship: Violence increases the risk of depression and vice versa.

Based on this, it is essential to identify early those who live in violent environments and to detect depression in its early stages. A possible solution to the problem would be the implementation of a standard screening protocol to optimize the detection of new cases. Finally, the current challenge should include the male population in future research, as today's studies tend to focus on women, which may bias the current statistics.

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