ScieniQ Publishers

Journal of Neurology and Neuroscience Research

Review Article

Scale of Family Violence Associated with Mental Health Factors (EVIF-SM): A Descriptive Approach to Manifes tations of Violence and Mental Health-Related Factors

Dr.Irian Cecilia Pérez Hernández

American University of Europe, Skopje, North Macedonia

***Corresponding author**
Dr.Irian Cecilia Pérez Hernández. American University of Europe, Skopje, North Macedonia

Received: 25 October 2026
Accepted: 02 November 2026
Published: 16 November 2026

Copyright
© 2026 Irian Cecilia Pérez Hernández
OPEN ACCESS

Abstract

Intimate partner and family violence constitutes a social and public health issue that can affect the psychological, emotional, and relational well-being of individuals and family systems. Understanding this phenomenon requires consideration of the interaction among individual, family, social, and contextual factors. The present study aimed to characterize manifestations of family violence and selected mental health-related factors through the administration of *the Scale of Family Violence Associated with Mental Health Factors* (EVIF-SM). A quantitative study was conducted using a non-experimental, cross-sectional design with a descriptive scope. The participants were 84 adults aged 25–60 years from Colombia's Caribbean region. The results revealed a higher frequency of psychological and verbal violence than of physical violence indicators. Regarding insults or humiliation, 53.6% of participants reported that these occurred *sometimes*, while 41.7% reported that they occurred *frequently*. Likewise, 54.8% reported the presence of verbal threats, and 89.2% identified intense yelling associated with emotional problems. In contrast, the physical violence indicators showed a predominance of the never response category (51.2%–64.3%). Responses concerning mental health-related factors were predominantly *never* and *sometimes*, with a notable presence of a history of emotional difficulties and impulsive behaviors. These findings support the relevance of addressing this phenomenon from a multifactorial and preventive perspective. Given the descriptive, cross-sectional design, the results do not allow for the establishment of causal relationships or clinical diagnoses.

Keywords: Family violence, mental health, psychological violence, emotional regulation, physical violence, psychosocial factors

Introduction

Mental health is a fundamental component of individual and collective well-being, given its relationship with people's ability to cope with everyday demands, establish interpersonal relationships, regulate their emotional responses, and function effectively in different social contexts. From a comprehensive perspective, mental health cannot be understood exclusively in terms of individual characteristics, as it is influenced by social, family, economic, and environmental conditions.

The World Health Organization (WHO, 2022) has emphasized the importance of strengthening mental health promotion, prevention, and care initiatives in everyday settings. Among these, the family constitutes the primary environment for socialization, emotional bonding, and the learning of interaction patterns. Although family dynamics can promote well-being and protection, they can also become settings characterized by conflict, tension, and violence. In this regard, domestic violence is a complex phenomenon that extends beyond the private sphere and has significant social, legal, and public health implications.

In Colombia, Article 229 of the Criminal Code establishes penalties for physical or psychological abuse perpetrated against members of the family unit. The Ministry of Justice and Law (2024) reported an increase in the recorded rate of domestic violence, from 207.4 cases per 100,000 inhabitants in 2016 to 228.8 in 2023, with a peak of 250.9 in 2021. These figures should be interpreted in light of underreporting, since many incidents of violence are not reported to the authorities or remain normalized within the family context.

Domestic violence is not limited to physical aggression. Psychological and verbal manifestations, including insults, humiliation, threats, intimidation, and yelling, seriously undermine emotional security and the quality of family relationships. Consequently, its analysis requires consideration of different forms of violence and their relational implications.

The relationship between violence and mental health has been widely examined in public health research. Experiences of violence often coexist with emotional manifestations such as anxiety, depression, stress, and irritability. However, the presence of these manifestations does not justify attributing a causal role in violence to individual psychological characteristics. Domestic violence arises from a multifactorial configuration involving individual, relational, familial, sociocultural, and economic variables. Therefore, reductionist or individualistic interpretations should be avoided: emotional difficulties may coexist with conflict, but they do not, by themselves, provide a sufficient explanation for violent behavior.

Emotions, Emotional Regulation, and Mental Health

Emotions are complex processes involving physiological, cognitive, affective, and behavioral components. In family environments characterized by tension, the ways in which individuals interpret and regulate their

emotional responses become particularly relevant. From the transactional perspective of stress, individual responses depend on the appraisal of environmental demands in relation to the resources perceived to be available for coping with them. When demands exceed available resources, stress responses may emerge and disrupt psychological functioning.Emotional regulation is a key process in managing interpersonal tension. Difficulties in this area may be expressed through irritability, impulsivity, or deficits in assertive communication. Nevertheless, it is essential to distinguish between the presence of emotional manifestations and the existence of a mental disorder. Identifying mood variations or emotional history through a characterization instrument does not constitute sufficient evidence to establish a clinical diagnosis.

Aggressive Behaviors and Domestic Violence

Aggressive behaviors encompass physical, verbal, or psychological actions intended to cause harm. Within the family, these behaviors may take the form of insults, threats, derogatory remarks, yelling, or physical aggression. Early identification of psychological and verbal manifestations is a priority for prevention, particularly when these behaviors are recurrent or accompanied by other indicators of family dysfunction.

Psychological Violence and Physical Violence

Psychological violence undermines the perception of safety and self-esteem through patterns of coercion, subjugation, and devaluation. Physical violence, in turn, involves the use of bodily force and poses a direct risk to physical integrity. Distinguishing between these two forms of violence is essential for research because a lower reported frequency of physical assaults does not imply the absence of violence. In many contexts, verbal and psychological aggression are more prevalent and remain largely invisible.

Assessment Background and Rationale for the EVIF-SM

The assessment of domestic violence requires standardized instruments capable of characterizing its different dimensions. In Colombia [1], provide a relevant precedent by addressing domestic violence and mental health in community-based samples.

Within this framework, *the Scale of Domestic Violence Associated with Mental Health Factors* (EVIF-SM, for its Spanish acronym) is proposed as an exploratory instrument designed to assess four dimensions: (a) psychological violence, (b) physical violence, (c) associated emotional and psychological indicators, and (d) impact on family functioning. Since the EVIF-SM is currently undergoing psychometric validation, its results should be interpreted as descriptive and exploratory evidence, without applying cutoff scores or diagnostic criteria.

Method

Objective

To characterize manifestations of domestic violence and factors related to mental health through the administration of the EVIF-SM to a sample of adults from Colombia's Caribbean Coast.

Design

This study employed a quantitative approach, a non-experimental, cross-sectional design, and a descriptive scope. No deliberate manipulation of variables was performed, and data were collected at a single point in time.

Participants

The sample consisted of 84 adults between 25 and 60 years of age residing on Colombia's Caribbean Coast. Women accounted for 60.0% of the sample. Participants were selected through non-probability convenience sampling, achieving heterogeneity in socioeconomic status.

Instrument

The Scale of Domestic Violence Associated with Mental Health Factors (EVIF-SM) was used. The instrument consists of 20 items distributed across four dimensions, with five items per dimension. The scale uses a five-point ordinal Likert-type response format: 1 (*Never*), 2 (*Almost never*), 3 (*Sometimes*), 4 (*Frequently*), and 5 (*Always*). The theoretical score range is 20–100. The instrument underwent expert review by professionals in clinical and social psychology.

Table 1. Operationalization Matrix of the Scale of Domestic Violence Associated with Mental Health Factors (EVIF-SM)

Dimension	Indicators	Items
1.Psychological Violence	Insults and humiliation; emotional dysregulation; verbal threats; yelling associated with emotional disturbances; control through fear.	1-5
2.Physical Violence	Physical aggression; violent reactions; physical injuries during conflict; fear of being assaulted; violence during arguments.	6-10
3. Associated Emotional and Psychological Indicators	Mood changes; impulsivity; history of emotional manifestations; emotional stress; aggressive behaviors associated with emotional disturbances.	11-15
4. Impact on Family Functioning	Disruption of family coexistence; fear and insecurity; difficulty resolving conflicts; communication problems within the family; family tension.	16-20

Note. Response options for all items use a five-point Likert-type scale: 1 = Never, 2 = Almost never, 3 = Sometimes, 4 = Frequently, and 5 = Always.

Procedure

The EVIF-SM was administered individually. The data collected were organized into a statistical matrix, and absolute and relative frequency distributions were calculated for each item and dimension.

Data Analysis

A descriptive statistical analysis was conducted using absolute frequencies and percentages (%). Response patterns were examined to compare the distribution of variables across the dimensions assessed.

Results

Dimension 1: Psychological Violence

The results revealed a high prevalence of psychological violence. For the indicator *insults or humiliation*, 53.6% of participants reported that these occurred sometimes, while 41.7% reported that they occurred *frequently*. Taken together, 95.2% of the sample acknowledged the presence of this indicator. Regarding verbal threats, 54.8% reported their occurrence in at least one frequency category. Concerning *intense yelling associated with emotional problems*, 89.2% of responses fell within the categories *sometimes and frequently*. The *use of fear as a means of control* showed low frequencies, although it was present in specific cases.

Dimension 2: Physical Violence

For physical violence, the response option *never* predominated across all items, ranging from 51.2% to 64.3%. Nevertheless, regarding *violent reactions in response to emotional distress*, 35.7% of participants selected some-

times. Concerning *physical injuries during arguments*, 38.1% reported *sometimes* and 7.1% reported almost never, for a combined total of 45.2%. Regarding *pushing*, 33.3% selected *sometimes* and 2.4% selected *frequently*. Fear of *experiencing physical aggression* reached a cumulative 46.5% across the categories *almost never, sometimes, and frequently.*

Dimension 3: Mental Health-Related Indicators

The response category *sometimes* predominated in this dimension. A history of *anxiety, depression, or other emotional difficulties* showed the highest prevalence in this category, at 53.6%. Similarly, 47.6% of participants reported *extreme mood changes* and *occasional aggressive behaviors*. Impulsive behaviors and the *impact of emotional stress* each received 44.0% of responses in the *sometimes* category.

Dimension 4: Impact on Family Functioning

The response category *never* predominated in this dimension. Both the occurrence of *fear or insecurity* and *constant tension at home* received 71.4% of responses in the *never category*. *Difficulty resolving problems peacefully* was the indicator showing the greatest reported impact, with 40.5% of responses distributed across the categories from *almost never* to *always*. In addition, 39.3% of participants reported difficulties in *family communication* associated with psychological problems [2-18].

Discussion

The objective of this study was to characterize manifestations of domestic violence and mental health-related factors among adults from Colombia's Caribbean Coast. The main finding indicates a greater prevalence of psychological and verbal aggression compared with physical aggression.

The indicator of insults and humiliation (95.2% cumulative occurrence) and intense yelling (89.2%) suggest that intrafamily conflict in the sample was expressed predominantly through verbal behaviors. These findings are consistent with the literature highlighting the relative invisibility of psychological violence compared with physical violence.

In the physical violence dimension, the predominance of the never category indicates that direct physical aggression was reported less frequently, although it was not entirely absent. Meanwhile, the presence of mental health indicators, such as anxiety, depression, or impulsivity, in the *sometimes* category reinforces the need to understand this phenomenon through a biopsychosocial and multifactorial model. As previously discussed, the presence of emotional symptoms should not be interpreted unidirectionally as the sole cause of violence, but rather as a factor involved in the broader relational dynamics.

Limitations and Recommendations

This study has limitations inherent to its design. First, the sample size and non-probability sampling method prevent the generalization of the findings to the entire population of Colombia's Caribbean Coast. Second, the cross-sectional nature of the study does not allow causal relationships to be established or the temporal stability of the data to be assessed. Third, the EVIF-SM remains in an exploratory phase; therefore, further research is needed to validate its factor structure, internal consistency, and criterion validity.

Future research should aim to increase the sample size, employ probability sampling methods, and incorporate advanced psychometric analyses, including exploratory and confirmatory factor analyses. Longitudinal studies are also recommended to examine the interaction between emotional regulation and patterns of violence over time.

Conclusions

1. Psychological and verbal manifestations of violence, including insults, humiliation, and yelling, occurred considerably more frequently than manifestations of physical violence in the population studied.
2. Physical violence indicators were predominantly classified in the never category, although occasional reports of pushing and fear of physical aggression persisted.
3. Mental health-related factors and impacts on family coexistence were concentrated in the occasional frequency category (sometimes). These findings underscore the need for a preventive approach focused on emotional regulation and assertive communication, without making unwarranted clinical diagnoses.
4. The EVIF-SM demonstrates exploratory utility for characterizing these dynamics; however, further psychometric validation studies are required.

Conclusions

1. Ferrel Ortega, F. R., Ferrel Ballestas, L. F., Oblitas Guadalupe, L., & Yáñez Canal, H. (2017). Risk indicators and mental health communication regarding psychoactive substance use and domestic violence among community leaders. Revista Científica Salud Uninorte. 33: 152–167. https://doi.org/10.14482/sun.33.2.10574
2. Bogotá Mayor's Office. (2026). Domestic violence: 1,125 cases of violence against older adults reported as having received assistance. Family Commissioners' Offices. https://bogota.gov.co/mi-ciudad/integracion-social/reportaron-1125-casos-atendidos-de-violencia-contra-personas-mayores
3. Ciudad de la Psicología. (2025). Freud's basic human drives: Sex and aggression. https://psychology.town/psychotherapeutic-methods/freud-basic-human-drives-sex-aggression/
4. Corporación Excelencia en la Justicia. (2026). Domestic violence in Colombia per 100,000 inhabitants. https://cej.org.co/indicadores-de-justicia/criminalidad/violencia-intrafamiliar-en-colombia-por-cada-100-000-habitantes/
5. Gómez-Díaz, J. A., & Barón-Birchenall, L. (2025). Intimate partner violence among Colombian population: Exploring various types of abuse. International Journal of Psychological Research. 18: 1–12. https://doi.org/10.21500/20112084.7402
6. Instituto Nacional de Salud. (2025). 75.6% of cases of gender-based violence recorded in 2024 involved women. Ministerio de Salud y Protección Social. https://www.ins.gov.co/Noticias/Paginas/75,6-de-los-casos-registrados-por-violencia-de-g%C3%A9nero-en-2024-son-contra-mujeres.aspx
7. Jaramillo Oyervide, J., Bermeo Álvarez, J., Caldas Ochoa, J., & Astudillo Ñauta, J. (2014). Development of a domestic violence scale, Cuenca, Ecuador, 2013. Revista de la Facultad de Ciencias Médicas de la Universidad de Cuenca. 32: 19–28. https://publicaciones.ucuenca.edu.ec/ojs/index.php/medicina/article/view/885
8. McGinty, B. (2023). The future of public mental health: Challenges and opportunities. The Milbank Quarterly. 101: 532–551. https://doi.org/10.1111/1468-0009.12622
9. Mingote Bernad, B., & Mingote Adán, J. C. (2025). Mental disorders: Differential biological, psychosocial, and cultural factors. Encuentros Multidisciplinares. 27: 1–15. https://dialnet.unirioja.es/servlet/articulo?codigo=10138972
10. Ministerio de Justicia y del Derecho. (2024). Report on domestic violence in Colombia (2016–2023). Government of Colombia. https://www.minjusticia.gov.co/Sala-de-prensa/Paginas/MinJusticia-presenta-relevante-informe-sobre-fenomeno-de-violencia-intrafamiliar-en-Colombia-(2016-2023).aspx
11. World Health Organization. (2025a). Mental health: Strengthening our response. https://www.who.int/es/news-room/fact-sheets/detail/mental-health-strengthening-our-response
12. World Health Organization. (2025b). Mental disorders. https://www.who.int/es/news-room/fact-sheets/detail/mental-disorders
13. World Health Organization. (2025c). 840 million women have experienced partner or sexual violence. https://www.who.int/es/news/

item/19-11-2025-lifetime-toll--840-million-women-faced-partner-or-sexual-violence
14. Pan American Health Organization. (2026). Violence prevention. https://www.paho.org/es/temas/prevencion-violencia
15. Pinedo Cantillo, I. A., & Yáñez Canal, J. (2024). Emotions in perspective: An interdisciplinary analysis of their historical evolution. Sello Editorial UNAD. https://doi.org/10.22490/UNAD.9789586519755
16. Colombia's National Open Data Portal. (2026). Domestic violence [Data set]. Ministerio de Tecnologías de la Información y las Comunicaciones. https://www.datos.gov.co/browse?tags=violencia+intrafamiliar
17. Republic of Colombia. (2000, July 24). Law 599 of 2000: Establishing the Criminal Code (Article 229). Diario Oficial No. 44,097. https://leyes.co/codigo_penal/229.htm
18. Ruiz Mitjana, L. (2026). Richard S. Lazarus's theory of stress. Psicología y Mente. https://psicologiaymente.com/psicologia/teoria-estres-lazarus

Cite this article: Dr.Irian Cecilia Pérez Hernández. (2026) Scale of Family Violence Associated with Mental Health Factors (EVIF-SM): A Descriptive Approach to Manifestations of Violence and Mental Health-Related Factors. Journal of Neurology and Neuroscience Research 7(3): 265-268.

Copyright: ©2026 Dr.Irian Cecilia Pérez Hernández. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.