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Introduction

Interpersonal violence is a global phenomenon that cuts across the life-course – child abuse, intimate partner violence (IPV) and elder mistreatment – with both public and private implications for almost one in three women, and countless other victims worldwide.[1] In the U.S., the domestic violence movement emerged in the media, law, policy, research, and activism. Widely known cases such as Gabby Petito, Lauren McCluskey, Zhifan Dong, and Nicole Brown Simpson, have propelled IPV, victims and perpetrators alike, into the public sphere as a social, political, and public health concern. IPV is understood as the physical aggression, controlling behaviors (psychological abuse), financial exploitation, stalking, sexual coercion, or violence perpetrated by a current or former intimate partner in heterosexual and queer relationships.[2] IPV and family violence can be deadly when weapons are involved. Men are more often harmed by offenders who are other men, including strangers and acquaintances; however, for women, the harm from injuries and death most often come from intimate partners or other family members, and the vast majority takes place in the home of the victim.[3] Across adult ages, including mid and later life, female injury and death can be considered "femicide" – since the perpetrators of domestic violence homicide and intimate partner homicide-suicide (IPHS) are most often current or former male partners. Due to lax restrictions, the U.S. population has the highest access to lethal means and the greatest firearm-caused mortality in the developed world.[4] Globally, the vast majority (92%) of women's and children's (age 0-4) (97%) firearm deaths take place in the U.S.[5] Laws, policies and their enforcement represent the public response (or lack thereof) to the crisis of IPV.

Interpersonal Violence in Childhood

Adversity and trauma exposures during childhood are common and often involve interpersonal violence experiences (IVE) such as child abuse and witnessing partner violence between adult caregivers. The landmark work on Adverse Childhood Experiences (ACEs) Study fostered an understanding of how adversity, including IVE, during childhood is associated with lifelong health.[6] Our understanding of the effects of IVE on children has its roots in the neurobiology of trauma. The understanding of human development and disease across the lifespan, i.e., the "ecobiodevelopmental framework," has been called the new "basic science of pediatrics."[7] This perspective illustrates the complexities and intricacies of the combined effects of nature and nurture in the development of individuals and emphasizes the importance of relational health in building resilience.[8]

Ecology

The physical and social environment of a child plays an important role on the development of brain structure and function.[9,10] This period of development is important in laying the foundations for a child's cognitive, physical, and socioemotional responses to stress.9 The brain's neuronal organization in response to a child growing up in a safe, stable, nurturing home may be very different from one growing up in a chaotic, violent home.[11] These extrinsic environmental influences on brain development may help to explain why behaviors seen as maladaptive may actually be adaptive, but not necessarily healthy, responses to that

child's experiences.[10]

Biology

Working in conjunction with the environmental influences on child development are the intrinsic factors unique to that individual. Advancement in the science of epigenetics, neurodevelopment, and developmental psychology provides plausible biological pathways between early experiences and future health and development.[8,7] Timing, duration, and types of IVE mediate the risk for future adverse health impacts.[12,13] IPV exposure (i.e., witnessing) is a powerful disrupter to child health and development. Childhood exposure to IPV, irrespective of other adversity experiences, has been found to be a major factor to poor health outcomes over a child's lifetime.[14-16]

Biology

The science of neurobiology and the brain and body's response to stress has aided in the elucidation of the link between IVE in childhood to current and future poor mental and physical health.[16,17] These experiences also increase the risk for social disruptions, such as the adoption of high risk health behaviors (e.g., substance use, disordered eating, physical inactivity, suicidality) and being involved in unhealthy relationships later in life, which can further augment the negative impacts to social, emotional, and cognitive development.[6,14,18-23]

The evidence is clear, childhood adversity is an important preventable factor of lifelong morbidity and mortality in adults.[17] Our ability to utilize this knowledge in prevention and intervention efforts will be critical in enhancing the life trajectory of children.

The 1974 Child Abuse Prevention and Treatment Act (CAPTA) was first federal legislation enacted to address this problem. The policy has defined child maltreatment and required mandatory reporting of child abuse, neglect, and exploitation, also identifying important services and resources for victims.[24]

Interpersonal Violence in Adulthood

IPV impacts people across the life-course; however, adults 18 to 49 years old account for 90% of the victims of IPV.[2] The physiological implications of IPV are multiple. In a study that analyzed data from the National Violence Against Women Survey (NVAWS) of women and men aged 18 to 65, it was found that physical IPV victimization was associated with "increased risk of current poor health; depressive symptoms; substance use; and developing a chronic disease, chronic mental illness, and injury."[25] Victims of IPV experience physiological and psychological stress impacting their abilities and capacity to cope in everyday life. Other physiological impacts of IPV include physical injury, increased risk for sexually transmitted diseases, pregnancy complications, and death.[26] In a survey of 2,535 women ages 21 to 55 years, abused women experienced an increase in gynecological, central nervous system, and stress-related problems, when compared to their non-abused counterparts.[27] Screening for IPV in family practice settings increases documentation of abuse and positions healthcare providers to prevent future violence, thereby reducing morbidity and mortality.[28,29]

The social impact of IPV on victims and survivors is evident in their primary needs – such as housing. Housing is a pressing need for survivors of human trafficking, from emergency, to transitional, to permanent, where the conditions to leave an abusive environment is predicated on a person's ability to find safe housing.[30]

Recognizing that IPV impacts people across race, gender, class, and sexuality, influences how it materializes for communities and people varies. For example, for lesbian/gay/bisexual/transgender/queer (LGBTQ) survivors of IPV, perpetrators may threaten to disclose a victim's identity as a way to attack and isolate them, a form of psychological manipulation and coercion.[31] Research shows that Black, Indigenous, and People of Color (also commonly referred to as ethnic minorities, communities of color or racial minorities) have lower levels of help seeking behaviors compared to their white counterparts and underutilize resources (Lispky et al., 2006).

The social impact of IPV is most apparent in the ongoing challenges with reporting. Barriers include fear of retaliation or abandonment, feelings of loyalty, stigma, and other social and psychological constraints.[32] In addition to the social impact, IPV is costly for survivors and society. Domestic violence costs societies an estimated $8.3 billion. Although the costs vary, it is widely recognized that abusers economically control,

financially exploit victims, and sabotage victims' employment.[33]

Federal policy aimed at IPV, titled Violence Against Women Act (VAWA), was first enacted in 1994, has been reauthorized in 2000, 2005, 2013 and 2022. Vulnerabilities and victim rights are identified and some funding for resources are provided to prevent and address victimization.[34]

Interpersonal Violence for Elder Populations

The 2023 Census Bureau data noted several changes in the U.S. population, such as a rise in the median age and increasing overall diversity.[35] Adults in the "third age" are also affected by IPV, but the patterns do not necessarily mirror those of other age categories. Developmentally, they are in another stage of life. Ageism may contribute to the dialogue, playing a role in how society perceives abuse in this age group.

Challenges exist when attempting to define abuse, neglect, and exploitation of "vulnerable adults," definitions, which vary by state and can include those over 60 or 65 years of age or older and adults with developmental disabilities. It may be more difficult to diagnose evidence of abuse in the older adults due to the greater chance of chronic health conditions. Functional and cognitive limitations and characteristics of aging, such as the thinning of skin, may result in discolorations which mimic the appearance of bruising. Victims often have more reluctance to report abuse, compared to other adult age categories. Like other vulnerable populations, they may protect their abusers or have a fear of police involvement. Poor neighborhoods may lack access to adequate emergency response, shelters, or other resources. Medical examiners are less likely to conduct autopsies when an older adult dies. Documented cases show evidence of an abused or neglected older body transferred directly from a care facility to a funeral home without an investigation regarding the cause of death.[36]

The offender-victim relationship pattern may differ in later life abuse. For example, unlike their younger counterparts, elder victims of intimate partner homicide were less likely to attempt to leave the relationship before they were murdered. In addition to partners, adult children and grandchildren may also carry out physical attacks on their mothers or grandmothers. No one is immune from family and partner violence, but for older women, the people who should love and care for them are also those who are the most likely to be the offenders.[3]

Older adults may also engage in neglect or abuse of themselves, due to physical and cognitive decline. The most serious type of self-abuse is suicide. White men experience a suicide peak in their later years. The Baby boomer cohort has had higher suicide rates than previous cohorts, and aging increases the lethality. Younger generations have also continued this pattern. Later life suicide of men is concerning, because of the link to domestic homicide-suicides, which are over 90% male perpetrated.[36]

"Caregiver stress model" is one motive which is commonly identified to be associated with elder adult mistreatment. For many who provide care, the duties are overwhelming and a caregiver might take out the frustrations on the vulnerable spouse, parent, or even adult child. Our society does not provide enough resources for those who are in these difficult positions.[37,38] Pillemer (2016) emphasizes that the predominant pattern is that a "dependent abuser" is typically an adult child or grandchild with substance abuse or other problems, who does not provide caregiving to the parent, but rather, lives in their home, financially exploits them and may also be physically and/or emotionally abusive.[39,40]

Psychological or emotional abuse is also common in later life in households, aging services, or care facilities. Infantilization involves the child-oriented treatment of older persons, and often includes the use of baby-talk, reprimands, and nicknames. In addition, older individuals may be subjected to deference obligations and privacy violations.[36]

In 2010, the Elder Justice Act (EJA) was passed as part of the Affordable Care Act. However, opposition to "Obamacare" led the legislation to be severely underfunded. It was not until the fatal vulnerability, neglect, and abuse of elders during the COVID-19 pandemic, that the CARES and American Recovery Acts contributed more funds toward the already established framework of the EJA.[36]

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