

Understanding and Addressing Interpersonal Violence Causes, Impacts, and Strategies for Intervention

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Abstract

Interpersonal violence (IPV) is a widespread and significant global issue encompassing various forms of physical, emotional, sexual, and psychological harm inflicted by one individual upon another. IPV manifests in different contexts, including family violence, intimate partner violence, and community violence, and disproportionately affects women, children, and marginalized groups. This abstract investigates the causes, consequences, and strategies to address IPV, stressing the need for comprehensive interventions. IPV arises from a complex mix of individual, relational, community, and societal factors, including low self-esteem, substance abuse, dysfunctional family environments, poverty, social inequality, and cultural norms that perpetuate violence. The consequences of IPV are severe, leading to physical injuries, psychological trauma, and disrupted lives. The economic burden of IPV includes healthcare costs, lost productivity, and legal expenses. At the societal level, IPV fosters distrust, divides communities, and perpetuates cycles of abuse, particularly among children exposed to violence.

Introduction

Interpersonal violence (IPV) is one of the most pervasive and critical social issues worldwide, affecting people from all walks of life, irrespective of demographics, culture, or socioeconomic background. IPV is defined by acts of harm—physical, emotional, psychological, or sexual—inflicted by one individual on another. These acts occur within familial relationships, intimate partnerships, or broader community settings. The World Health Organization (WHO) categorizes IPV into family or intimate partner violence and community violence, both of which have profound, far-reaching impacts on individuals, families, and societies. Family and intimate partner violence, typically taking place in private spaces, includes domestic abuse, child maltreatment, and elder abuse. These acts are often rooted in power imbalances and societal norms that tolerate or normalize aggressive behavior. Community violence, such as gang violence, hate crimes, and bullying, arises from larger social and economic inequities. IPV is not only an individual problem but a deeply ingrained societal issue, driven by a combination of individual factors (e.g., mental health and substance abuse), relational dynamics (e.g., dysfunctional family environments), and broader societal influences (e.g., poverty and weak legal systems). Additionally, cultural acceptance of violence and inadequate governance perpetuate cycles of abuse and complicate efforts to resolve IPV.

Methodology

Addressing interpersonal violence (IPV) requires a multidisciplinary approach to understand its causes, identify effective interventions, and develop strategies to mitigate its impact. This methodology integrates both qualitative and quantitative research methods, ensuring a comprehensive understanding of IPV and its effects. Quantitative research focuses on the prevalence, patterns, and risk factors associated with IPV, while qualitative research examines the personal experiences of victims, perpetrators, and communities. The following methods are employed in data collection [1-5].

1. **Surveys and questionnaires:** These instruments gather quantitative data on the prevalence, types, and demographic factors associated with IPV, ensuring a broad and inclusive representation of the population.

2. **Interviews and focus groups:** Conducted with victims,

perpetrators, social workers, and law enforcement personnel, these discussions provide qualitative insights into IPV dynamics.

3. **Case studies:** These detailed analyses of specific IPV incidents offer valuable insights into the impact of IPV and the effectiveness of interventions.

4. **Secondary data analysis:** Existing reports, health records, and crime statistics are examined to identify trends and gaps in IPV response.

The research analysis follows a multidisciplinary framework, incorporating social, psychological, and public health perspectives. Statistical techniques like regression analysis and trend analysis are used to identify IPV risk factors, while thematic analysis is employed to identify recurring themes such as power dynamics, cultural norms, and systemic barriers. Comparative analysis of case studies and intervention outcomes is used to assess the effectiveness of different strategies.

Ethical considerations

Given the sensitive nature of IPV, ethical considerations are paramount. Informed consent is obtained from all participants, and their anonymity is protected. Researchers are trained in trauma-informed approaches to minimize harm and provide necessary referrals to support services.

Implementation strategies

The findings of this research inform the development of targeted

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interventions, including public awareness campaigns, victim support services, and policy reforms. By understanding IPV in its various forms and contexts, this research enables the creation of evidence-based solutions to address its root causes and mitigate its consequences effectively [6-10].

Conclusion

Interpersonal violence (IPV) remains a complex and pervasive issue that affects individuals across all demographics and societies. As research continues to uncover its underlying causes and far-reaching consequences, it is evident that IPV is not just an individual problem but a societal one, deeply embedded in cultural, economic, and political frameworks. IPV's impact extends beyond physical harm, affecting mental health, economic stability, and overall societal well-being. To effectively address this public health crisis, a multifaceted approach is necessary. Prevention strategies, including education on healthy relationships, conflict resolution, and community awareness, are vital in reducing IPV incidence. Legal reforms, stronger enforcement, and improved victim support systems are essential components in combating IPV. Ultimately, societal attitudes must shift so that violence is never tolerated or normalized, regardless of context.

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Conflict of Interest

None

References

1. Kesse-Guyot E, Péneau S, Jeandel C, Hercberg S, Galan P (2011) Thirteen-year prospective study between fish consumption, long-chain n-3 fatty acids intake and cognitive function. *J Nutr Health Aging* 15: 115-120.
2. Appelton K, Woodside JV, Yarnell JWG, Arveiler D, Haas G (2007) Depressed mood and dietary fish intake: Direct relationship or indirect relationship as a result of diet and lifestyle. *J Affect Disord* 104: 217-223.
3. Hakkarainen R, Partonen T, Haukka J, Virtamo J (2005) Is low dietary intake of omega 3 fatty acids associated with depression?. *Am J Psychiatry* 161: 567-569.
4. Schiepers OJG, De Groot RHM (2010) Fish consumption, not fatty acid status, is related to quality of life in a healthy population. *Prostaglandins Leukot Essent Fatty Acids* 83: 31-35.
5. Lansdowne ATG, Provost SC (1998) Vitamin D3 enhances mood in healthy subjects during winter. *Psychopharmacology* 135: 319-323.
6. Therasse P, Eisenhauer EA, Verweij J (2006) RECIST revisited: a review of validation studies on tumourassessment. *Eur J Cancer* 42: 1031-1034.
7. Tuma RS (2006) Sometimes size doesn't matter: reevaluating RECIST and tumor response rate endpoints. *J Natl Cancer Inst*. 98: 1272-1274.
8. Gore ME, Escudier B (2006) Emerging efficacy endpoints for targeted therapies in advanced renal cell carcinoma. *Oncology* 20: 19-24.
9. Hoos A, Parmiani G, Hege K (2007) A clinical development paradigm for cancer vaccines and related biologics. *J Immunother* 30: 1-15.
10. Escudier B, Eisen T, Stadler WM (2007) Sorafenib in advanced clear-cell renal-cell carcinoma. *N Engl J Med* 356: 125-134.