

Article

Forensic Psychology and Gender Violence from a Developmental Perspective: Developmental Trajectories in Victims and Aggressors

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ABSTRACT: This article proposes a theoretical and empirical integration between forensic psychology and developmental theory to understand gender violence from a developmental perspective. From an interdisciplinary approach, the life trajectories of both victims and perpetrators are analyzed, taking into account individual, family, and social factors that shape their vulnerability and persistence in contexts of violence. Key explanatory models of criminal behavior—such as social learning theory, moral development, and distorted cognitive schemas—are reviewed, as well as the psychopathological consequences of chronic trauma, including complex post-traumatic stress disorder and learned helplessness. Trajectory analysis shows that childhood and adolescence represent critical stages where multiple risk factors converge: neglect, exposure to violence, dysfunctional attachment patterns, and coercive socialization. These elements are associated with an increased risk of victimization or aggression, and may become persistent if interventions are not implemented during critical developmental periods. Empirical data from longitudinal studies that corroborate the relationship between early adversity and later involvement in violent dynamics are presented, and paradigmatic cases are discussed from a forensic perspective. Finally, the implications of the developmental approach for intervention, expert assessment, and public policy formulation are highlighted. It advocates the implementation of programs differentiated by life stage, the strengthening of primary prevention, and the inclusion of biographical antecedents in forensic psychological reports. This model offers a more complex, contextualized, and transformative understanding of gender violence, with high practical value for clinical, legal, and social settings.

Keywords: Gender violence; Forensic psychology; Life cycle; Complex trauma; Moral development; Expert assessment; Aggression



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1. Introduction

Gender violence represents one of the most persistent, complex, and devastating problems in the field of mental health, criminal justice, and social coexistence. This form of violence not only constitutes a transgression of human rights but also reflects a profound expression of structural inequality between men and women. According to the World Health Organization (WHO), approximately one in three women worldwide has experienced physical and/or sexual violence by an intimate partner at some point in her life [1]. In the European context, recent reports from the European Observatory on Gender-Based Violence indicate that these figures are similar, and that violence against women constitutes a serious public health concern and a challenge for judicial and social systems [2].

In this article, gender-based violence is specifically defined as violence exerted by men against their female partners or ex-partners, focusing on the dynamics of violence within intimate relationships. This narrower definition allows for a targeted analysis of the most prevalent and severe forms of gender-related violence, distinguishing it from other forms of violence that may occur outside of intimate partnerships or involve different social groups.

From a psychosocial perspective, gender-based violence manifests itself as a complex phenomenon involving the interaction of individual, relational, cultural, and structural factors [3]. Its understanding cannot be limited only to the violent act itself, but must include the analysis of the life trajectories of the actors involved: both those who perpetrate the violence and those who suffer it. In this article, forensic psychology is defined as the branch of psychology that

applies clinical and scientific methods to questions arising within legal and judicial contexts, particularly those involving assessing, understanding, and preventing criminal behaviors. Within the field of gender-based violence, forensic psychology plays a distinct role by integrating insights from clinical assessment, criminological theory, and the legal process to support risk evaluation, expert testimony, and the development of evidence-based interventions. Throughout this paper, forensic analysis refers to the systematic application of psychological expertise to investigate, understand, and assess cases involving gender-based violence, distinguishing it from purely clinical assessment by its direct relevance to judicial decision-making and legal processes. The manuscript uses the term forensic psychology to include both the scientific field as well as the professionals applying these methods in real-world contexts, especially within the justice system.

During the last decades, studies on gender-based violence have mostly focused on two major areas: on the one hand, the analysis of the dynamics of control, domination and submission that characterize abusive relationships [4]; on the other, the study of the psychological impact that such violence has on victims, including disorders such as post-traumatic stress disorder, dissociation and impaired self-concept [5,6]. However, a remarkable fragmentation still persists in the field: few studies jointly address the developmental trajectories of victims and perpetrators across the life cycle, let alone from an integrative perspective combining developmental psychology and forensic analysis.

This fragmentation represents a critical limitation in terms of understanding and intervention. Numerous investigations have pointed to the need to incorporate models of human development into understanding violent behaviors, especially those that persist or escalate over time [7,8]. Life cycle development theory allows considering how certain early experiences-such as exposure to intrafamilial violence, disorganized attachment styles, emotional neglect, or punitive models of socialization-shape psychic predispositions and relationship patterns that can lead to aggressive behaviors or increased vulnerability to victimization [9–11].

From the perpetrator side, it has been documented that violence does not emerge suddenly or in isolation in adulthood, but usually represents the culmination of dysfunctional developmental processes, often marked by socialization in violent environments, deficits in emotional regulation, sexist beliefs, or persistent cognitive distortions [12,13]. Moffitt's (1993) theory of antisocial development, for example, distinguishes between perpetrators with a trajectory limited to adolescence and those with a persistent pattern over time-the latter representing the most common profile in cases of recurrent gender-based violence [7].

On the other hand, victims of gender-based violence cannot be understood as passive subjects trapped in external circumstances either. The psychology of trauma has shown that victimization in adulthood is often related to previous histories of abuse or neglect in early developmental stages [14,15]. The concept of complex trauma, developed by Judith Herman, highlights how continued exposure to abusive relationships since childhood can erode a victim's ability to identify maltreatment, set healthy boundaries, or escape from dangerous situations [5]. Rather than a conscious choice, this structural vulnerability represents the crystallization of a developmental damage that colors the subject's entire affective and social experience.

In light of these considerations, it becomes clear that gender-based violence, in both its active and passive dimensions, must be understood not only as a situational phenomenon but as the result of evolutionary processes that affect people throughout their lives. This perspective is consistent with contemporary approaches in forensic developmental psychology, which advocate dynamic models that consider the continuous interaction between individual, familial, and social factors in the genesis and maintenance of criminal behaviors [16,17].

This article constitutes an integrative narrative review combining empirical evidence from longitudinal studies with theoretical frameworks in developmental and forensic psychology. Its primary objective is to synthesize developmental trajectories of both victims and perpetrators of gender-based violence across the lifespan, bridging multidimensional empirical data with conceptual models. This integrative approach addresses a gap in the literature by uniting victim and offender perspectives within a developmental-forensic framework, providing valuable theoretical insights and practical implications for clinical intervention, forensic assessment, and public policy design.

Accordingly, the present article aims primarily to explore how developmental trajectories influence both violent behavior and the psychic effects of victimization in the context of gender-based violence. This approach is articulated around three fundamental axes: (1) the identification of evolutionary risk and protective factors present in the critical stages of development (childhood, adolescence, adulthood); (2) the characterization of aggression and victimization patterns as differentiated but interrelated life trajectories; and (3) the articulation of these findings with their clinical, forensic and public policy implications.

The novelty of this approach lies in its integrative nature. Far from approaching victims and aggressors as static and dichotomous categories, the proposed analysis assumes that both groups may have been exposed to similar

developmental factors (e.g., family dysfunction, early trauma, affective deficits). However, their psychic and behavioral expression manifests itself in divergent ways. This approach allows us not only to delve deeper into the etiology of violence but also to understand the psychological damage, as well as to develop prevention and intervention strategies that are better adjusted to the biographical and developmental reality of the individuals involved.

In addition, this article aims to contribute to the field of forensic psychology from a life-cycle perspective, offering a theoretical and empirical framework to improve risk assessment, the prediction of recidivism, the understanding of trauma, and the design of developmentally sensitive therapeutic and judicial interventions. In contrast to the fragmented approaches that predominate in the judicial or clinical setting, a broader, more complex and developmental view is advocated, capable of capturing the continuity—and, at times, the possibility of change—that characterizes both aggression and human suffering in the context of gender-based violence.

Finally, this article is based on an integrative narrative review of the scientific literature focused on forensic psychology and developmental trajectories related to gender-based violence. To select sources, systematic searches were conducted in specialized academic databases, including PubMed, PsycINFO, Scopus, and Web of Science, covering the period from 1990 to 2024. Key terms such as ‘gender-based violence’, ‘forensic psychology’, ‘developmental trajectories’, ‘intimate partner violence’, ‘complex trauma’, and ‘risk factors’ were used, combined with Boolean operators to maximize precision. Priority was given to longitudinal studies, systematic reviews, meta-analyses published in peer-reviewed journals, and influential theoretical models supported by empirical evidence. For focus reasons, studies exclusively centered on violence unrelated to gender or on child populations without connections to adult victimization or aggression were excluded. This strategy allowed the integration of robust evidence about risk factors, psychopathological mechanisms, and intervention strategies relevant across the lifespan. Table 1 summarizes the main referenced studies, highlighting their sample sizes, designs, and key findings.

Table 1. Key Longitudinal Studies and Empirical Evidence on Developmental Trajectories in Gender-Based Violence.

Author(s) and Year	Study Type	Sample Description	Key Findings
Moffitt et al. (2002) [18]	Longitudinal cohort study	Over 1000 individuals born in New Zealand (1972–73)	Identified two offender profiles: life-course persistent and adolescence-limited, with distinct clinical implications.
Campo-Tena et al. (2024) [19]	Systematic review (longitudinal)	Adolescents and young adults	Established links between adolescent dating violence victimization and adverse long-term outcomes.
Costa et al. (2015) [20]	Systematic review	Multiple longitudinal studies	Identified predictors of domestic violence perpetration and victimization over time.
Cerezo (1995) [21]	Empirical study	Women with childhood abuse histories	Found increased risk of revictimization in contexts of economic hardship and low self-esteem.
Ehrensaft et al. (2003) [13]	Prospective longitudinal	Families and intimate partners	Provided evidence for intergenerational transmission of partner violence.
Dutton & Kropp (2000) [22]	Forensic case review	Paradigmatic offender cases	Developed typologies of aggressors based on psychopathology, risk levels, and violence patterns.
Wolfe et al. (2009) [23]	Prevention program evaluation	Adolescents in school-based programs	Demonstrated that enhancing self-esteem and social skills reduces intimate partner violence incidence.
Ministry of the Interior (2022) [24]	Technical/Program evaluation	Spain’s VioGén System	Validated an integrated tool for risk assessment and early femicide prevention in gender violence cases.

Note. This table summarizes key longitudinal studies and empirical evidence referenced in the article regarding developmental trajectories in gender-based violence. The selected studies include large cohort investigations, systematic reviews, forensic case analyses, and program evaluations that collectively provide comprehensive insights into the risk and protective factors influencing the onset, persistence, and consequences of violent behavior and victimization across the lifespan. These findings underscore the importance of developmental timing and contextual influences for targeted prevention, clinical intervention, and forensic assessment in gender-based violence cases.

2. Theoretical Framework

This section is structured around an integrative ecological and life-course framework to enhance theoretical clarity, organizing the multiple perspectives relevant to understanding gender-based violence. First, developmental models and risk factors are presented to contextualize the phenomenon within individual, relational, and societal levels over time. Next, forensic psychological theories focusing on the etiology and maintenance of aggressive behavior are discussed, highlighting their evolution and empirical support. Finally, clinical and trauma-focused models elucidate the psychopathological impact on victims, complemented by reflections on alternative approaches to victim resilience. This structure allows for a cohesive synthesis linking theoretical insights to divergent yet intertwined trajectories of perpetrators and victims throughout the life cycle.

The theoretical framework of this article is structured around four major interrelated blocks that allow us to understand gender violence from a developmental and forensic perspective: (1) developmental theory and risk factors associated with violent behavior or victimization; (2) explanatory models of criminal behavior in forensic psychology; (3) psychopathology associated with prolonged victimization; and (4) integrative approaches that emerge from the intersection between developmental psychology, trauma, and criminology.

2.1. Developmental Theory and Risk Factors

The theory of human development offers a comprehensive framework for the study of gender-based violence by examining how certain personal and contextual factors, present from early stages of life, can shape trajectories of aggression or victimization. Within this perspective, it is recognized that emotional, moral, and social development is shaped by multiple experiences in family, educational, and community contexts, which act as risk or protective factors in the face of violence.

To situate these factors within a comprehensive framework, this article adopts Bronfenbrenner's ecological systems theory (1979), which emphasizes how individual behavior is influenced by nested environmental layers—from immediate family to societal culture [25]. Building on this, Lori Heise's integrated ecological model (1998) specifically adapts this framework to gender-based violence, highlighting interactive risk and protective factors across individual, relational, community, and societal levels that operate throughout the life course.

Regarding emotional development, the ability to regulate negative emotions, such as anger or frustration, is established from early interactions with significant caregivers. Longitudinal studies have shown that poor emotional regulation in childhood is associated with higher levels of aggression in adolescence and adulthood [26]. In turn, moral development, particularly the internalization of prosocial norms and empathy, has also been identified as a key predictor in inhibiting violent behavior [27].

Risk factors for violence in the life cycle include early exposure to domestic violence, physical or emotional abuse, insecure attachment, low socioeconomic status, and the use of harsh punishment as a form of discipline. In longitudinal research, these factors have been identified as critical predictors of violent behavior and antisocial development [9,28]. During adolescence, these factors can be consolidated through violent socialization processes, such as belonging to groups with sexist norms or observing rigid traditional gender roles [29]. In adulthood, the persistence of violent behavior can be explained through processes of cognitive justification (e.g., minimizing the harm caused), reinforced learning (violence as a functional strategy for relational control), and attributional distortions (victim blaming) [30,31].

However, it is important to emphasize that the presence of these risk factors does not deterministically lead to violent behavior or victimization but rather increases the probability of such outcomes. Longitudinal studies demonstrate that while early adversity correlates with higher rates of violence, a considerable proportion of individuals exposed to these adverse experiences do not become perpetrators or victims, highlighting the significant heterogeneity and diversity in developmental trajectories [16,32]. This variability underscores the role of protective and contextual factors that moderate risk, supporting the need to view violent trajectories as multifactorial and probabilistic processes rather than simplistic or deterministic pathways.

The interplay of these factors over time has been linked to persistent antisocial trajectories, as observed in the developmental criminology literature [7,8]. These trajectories not only explain the repetition of violent behavior, but also its chronification and resistance to change without specialized intervention.

While this framework highlights important developmental and psychosocial risk factors for gender-based violence, it is important to acknowledge current limitations related to the consideration of intersectional identities and cultural contexts. Factors such as race and ethnicity, sexual orientation, gender identity, and socioeconomic status critically influence both the risk of victimization and perpetration, as well as access to resources and support systems. The existing

literature and models often underrepresent these dimensions, limiting the generalizability of findings and the effectiveness of interventions across diverse populations. Future research should prioritize an intersectional approach that addresses how multiple identities and structural inequalities intersect to shape unique experiences of gender violence, thereby informing culturally sensitive assessment, prevention, and treatment strategies.

2.2. Forensic Psychology and Criminal Behavior

In forensic psychology, criminal and aggressive behavior has been approached from multiple theoretical frameworks that seek to explain its etiology, maintenance, and manifestation in different contexts. While Bandura's social learning theory [33] has been foundational in understanding the transmission of violent behaviors, contemporary research highlights the role of genetic, neurobiological, and contextual moderators of observational learning [34]. Moreover, some critics emphasize that individual agency and cognitive appraisal play an important role; not all exposure to violence leads to imitation or perpetration [35].

While Bandura's social learning theory remains foundational, subsequent research has expanded and critiqued its explanatory scope, acknowledging that aggressive behavior results from complex, multifactorial processes rather than simple observational learning [36–41]. Neurobiological models provide evidence of limbic and prefrontal cortex involvement in emotional regulation and impulse control among repeat offenders; however, these findings must be interpreted in the context of brain plasticity and the moderating effects of environmental factors [42]. Ethical debates persist around the admissibility and interpretation of neuroimaging data in forensic settings, cautioning against overreliance given current scientific limitations.

In recent years, neurobiological models have provided evidence of alterations in emotional regulation systems, impulsivity, and empathy in repeat offenders. For example, neuroimaging studies have identified dysfunctions in the limbic system and prefrontal cortex in subjects with chronic violent patterns, which compromise their capacity for behavioral inhibition and moral appraisal [42]. Nevertheless, brain plasticity and environmental influences are recognized as moderating factors in these outcomes [43]. However, it is important to contextualize these findings within ongoing debates about neuroplasticity and environmental moderation. Emerging research emphasizes that neural structures and functions remain dynamic and can be modified by environmental experiences and psychosocial interventions throughout the life course, challenging overly deterministic interpretations of neurobiological vulnerabilities. Such evidence suggests that early adversity and neurobiological risks are neither immutable nor solely determinative of aggressive behavior. This underscores the need for integrative approaches that consider the interplay of biological, environmental, and psychosocial factors in the development and potential modification of violent conduct.

Nevertheless, the use of neuroimaging as forensic evidence remains highly controversial. Recent scholarship warns that neuroimaging findings are often insufficiently specific for legal purposes and brain images can unduly influence judges and juries [44,45]. Significant ethical and scientific debates remain regarding the admissibility, reliability, and risk of misuse of neuroscientific evidence in the courtroom.

Cognitive distortions have been widely studied as mechanisms that allow the aggressor to justify his behavior and avoid moral conflict. These distortions include minimization of harm, victim blaming, denial of responsibility, and biased perception of others' intentions [46]. In the context of gender-based violence, these distortions are articulated with sexist beliefs and attitudes of domination that reinforce a relational model based on control and submission.

Conceptually, emotional regulation, attachment, dissociation, and hostility emerge as "bridging concepts" that connect developmental psychology with forensic criminology. For example, a disorganized attachment style in childhood has been associated with increased likelihood of coercive behaviors in intimate partner relationships [47]. Likewise, difficulty regulating intense emotions-such as jealousy or rejection-may trigger violent episodes when there are perceived threats to the perpetrator's emotional or relational control.

2.3. Psychopathology of Victims

From a clinical perspective, the psychological impact of gender violence on victims has been widely documented, showing that its effects are not limited to the immediate period of the aggression but generate profound and lasting alterations in the psyche. Among the most common sequelae are post-traumatic stress disorder (PTSD), dissociative states, depressive symptoms, learned helplessness, and impaired self-concept [5,48].

The concept of Complex Post-Traumatic Stress Disorder (C-PTSD), initially proposed by Herman and subsequently incorporated into the ICD-11 [49], has been particularly useful in characterizing the effects of chronic

interpersonal violence. In contrast to classic PTSD, C-PTSD includes alterations in self-image, affective regulation, and interpersonal relationships, elements that are especially relevant in long-term victims of gender-based violence.

Learned helplessness, conceptualized by Seligman, also helps to understand why many victims remain in abusive relationships even when there are opportunities to escape [50,51]. This theory posits that, after multiple experiences of failure to avoid harm, subjects internalize a perception of helplessness that inhibits defensive action. The repetition of victimization (revictimization) thus becomes a psychological trap, sustained by the erosion of self-judgment, internalized guilt, and emotional dependence [52].

In addition to deficit-focused models, alternative perspectives such as post-traumatic growth and resilience trajectories emphasize victims' potential for psychological recovery and strength following trauma [53]. It is also important to acknowledge critiques of models like learned helplessness, which, originating from animal studies, may inadequately capture the complexity of human responses to abuse and victimization.

Furthermore, the notion that traumatic memory is stored in dissociated or poorly integrated systems, as some trauma theorists suggest [54], remains an active topic of scientific debate. Clinical and neurobiological evidence indicates that while trauma can disrupt memory integration, traumatic memories are more often characterized by heightened sensory and emotional vividness and intrusive recall, rather than literal fragmentation [55,56].

2.4. Recent Integrative Approaches in Developmental Forensic Psychology

In recent years, a growing body of research has emerged that seeks to integrate findings from developmental psychology, trauma psychopathology, and developmental criminology into comprehensive models of interpersonal violence. One such approach is the “cycle of violence” model, which suggests that early victimization may be linked to a higher probability of involvement in violence later in life, but empirical studies also demonstrate substantial variation in these developmental pathways [32,57]. Longitudinal studies have provided evidence that supports the existence of intergenerational trajectories of violence and relational dysfunction, although individual outcomes can vary widely.

Another relevant approach is developmental and lifespan criminology, represented by authors such as Farrington and Thornberry, who stress the need to analyze criminal behavior as the result of multiple factors interacting over time. These models offer valuable tools for understanding critical moments of intervention, such as childhood or adolescence, when antisocial trajectories may still be modifiable.

Likewise, the integration between trauma psychology and gender studies has led to more sensitive and effective interventions in the treatment of victims, including therapies focused on empowerment, emotional validation, and reconstruction of the life narrative [58]. In the forensic field, these approaches are also beginning to be used for the assessment of psychological harm and the prediction of recidivism in individuals involved in judicial processes, proposing an approach that is not merely punitive but also therapeutic.

In the forensic context, while traditional risk assessment tools such as VioGén or the HCR-20-V3 provide valuable static and dynamic indicators, their integration with developmental and trauma-informed models remains limited. Our approach advances forensic assessment by systematically incorporating longitudinal developmental data, including childhood attachment patterns, histories of complex trauma, and cognitive-emotional regulation profiles. This multidimensional assessment allows for more nuanced risk stratification and tailored intervention planning that addresses underlying etiological mechanisms rather than solely focusing on present behaviors. For instance, recent programs employing developmental forensic frameworks have demonstrated improved predictive validity for recidivism risk and better clinical outcomes through combined judicial and therapeutic strategies [59,60]. By bridging developmental psychology, trauma-informed care, and criminology, the proposed model enhances the accuracy of forensic evaluations and the ethical imperative of rehabilitation over mere punishment. This innovative integration represents a substantive evolution beyond current forensic practice, promoting a longitudinal, person-centered, and dynamic understanding of gender violence within the judicial system.

Finally, these integrative approaches allow us to conceptualize gender-based violence not as an isolated event, but as a far-reaching psychosocial process that impacts the emotional, cognitive, and relational development of the subjects. This reinforces the need for prevention and intervention strategies that consider the complete life trajectory of victims and aggressors, as well as the relational contexts in which they emerge.

This review recognizes a limitation in the current literature's limited examination of intersectional factors such as race, ethnicity, sexual orientation, and socio-economic status, all of which significantly influence life-course risks and experiences of gender-based violence. Future research should prioritize these dimensions to enhance the inclusiveness and applicability of developmental and forensic models.

3. Life Trajectories of the Aggressor

Understanding gender-based violence from a developmental perspective implies recognizing that aggressive behavior in adulthood, particularly in the intimate sphere, does not emerge spontaneously, but is configured through developmental trajectories marked by the continuous interaction between individual vulnerabilities, family factors, and social contexts. These trajectories begin in childhood and are consolidated in adolescence and adulthood, often with little critical awareness on the part of the aggressor, which contributes to the chronification of the violent pattern.

Developmental psychology and life-cycle criminology have shown that adverse childhood experiences often precede persistent aggressive behaviors, deficits in emotional and moral learning, exposure to violent relational models, and socialization processes that reinforce sexist beliefs or attitudes of dominance [7,61]. In this sense, gender-based violence by men in adulthood can be read as the culmination of a trajectory shaped by relational vulnerabilities, deficits in self-regulation, and cognitive distortions that have early roots.

3.1. Childhood and Early Socialization

Childhood represents a critical stage for the development of socioemotional competencies, the regulation of behavior, and the internalization of moral norms. When this process is interfered with by dysfunctional family environments, the likelihood of developing aggressive patterns is greatly increased. The scientific literature has shown that exposure to domestic violence, physical or emotional abuse, and emotional neglect constitutes significant risk factors for future perpetration of violence in intimate relationships [13,62].

Children who witness violence between their parents or who are directly victimized tend to develop cognitive representations of relationships as scenarios where power and control are exercised through aggression. This exposure configures what Bandura described as vicarious learning: children internalize models of aggressive behavior as legitimate or functional responses to interpersonal conflicts. In addition, desensitization to the suffering of others, limited exposure to peaceful conflict resolution skills, and a lack of secure emotional attachment weaken the development of empathy and self-regulation, essential pillars of violence inhibition [9,63].

Likewise, an insecure attachment style, particularly the disorganized or avoidant type, has been associated with higher levels of hostility, pathological jealousy, and need for control in intimate relationships in adulthood [47]. These individuals present difficulties in regulating intense emotions, tend to interpret each other's signals as threatening, and react aggressively to experiences of frustration or rejection.

A meta-analysis by Stith et al. found that a history of child maltreatment and exposure to interparental violence are significantly associated with an elevated likelihood of spousal violence perpetration [64]. This link should not be interpreted in deterministic terms, but as a structural basis from which multiple risk mechanisms emerge that are projected to later stages of development.

3.2. Adolescence

Adolescence constitutes a second crucial stage in the aggressor's trajectory, characterized by important biological, cognitive, and social changes. During this phase, the sense of identity is consolidated and the first intimate relationships begin to form, which also implies the emergence of more complex relational patterns.

One of the key processes at this stage is gender socialization, particularly in contexts where rigid masculine norms based on dominance, competitiveness, and emotional repression are reinforced. Empirical studies have shown that adherence to sexist beliefs and myths about violence against women predicts the likelihood of physical, psychological, or sexual aggression in adolescent and adult relationships [65,66].

In addition, adolescence is a particularly vulnerable stage in emotional regulation. The development of the prefrontal lobe -responsible for impulse control and planning- is still in progress, which may make it difficult to inhibit aggressive responses to frustrations or conflicts [67]. Add to this early experiences of adversity, deficits in social skills, and exposure to peers who reinforce violent behaviors, and the likelihood of developing coercive relational styles increases.

Longitudinal research has identified a subgroup of individuals who develop antisocial behaviors in adolescence and sustain these patterns into adulthood—unlike those whose antisocial conduct is more time-limited [7]. This persistent pattern has been found to correlate with histories of family adversity, low empathy, substance use, and low school engagement.

During this stage, cognitive distortions that contribute to the normalization of violence are also consolidated, such as minimizing the harm caused, blaming the partner, or an exaggerated perception of threats to masculinity. These

beliefs are reinforced by certain cultural discourses and social environments where male aggressiveness is interpreted as an expression of virility or control (*machismo*, honor culture, *etc.*) [68].

3.3. Adulthood

In adulthood, the pattern of gender violence can become chronic and acquire more sophisticated forms of emotional, psychological, or economic control over the partner. In contrast to the impulsive behaviors observed in adolescence, at this stage, aggression tends to be more strategic and functional, aimed at maintaining an unequal and dependent power dynamic [69].

The violence exercised in this phase is usually supported by a web of distorted beliefs, sexist attitudes, and rationalization mechanisms that allow the aggressor to justify his actions and maintain a self-protected image. Dutton has described this profile as that of the abusive personality, characterized by an anxious-ambivalent attachment style, low frustration tolerance, impulsivity, excessive need for control, and high hostility towards women.

Some studies suggest that aggressiveness in adulthood may also be influenced by contextual factors such as unemployment, economic insecurity, chronic stress, and substance abuse, which act as immediate precipitants of violent episodes [70,71]. However, these interact with broader structural determinants—including social, political, and economic systems—that shape developmental trajectories and relational patterns contributing to violence [9,72].

The chronification of the aggressive pattern in adulthood also manifests in resistance to change. Many aggressors show low motivation to participate in treatment, deny or minimize the violence perpetrated, and maintain attitudes of moral superiority towards the victim. This resistance is strengthened by judicial or social contexts that do not effectively sanction the behavior, or even relativize it under the premises of couple conflict [73,74].

From a developmental perspective, the persistence of violence may reflect reinforced behavioral learning, where aggression has previously yielded perceived benefits (such as obedience, submission, or control), which can sustain these patterns over time. This subjective functionality reinforces the maintenance of violent behavior, especially when specialized interventions and psychoemotional re-education processes are not promoted.

4. Trajectory of the Victim

The analysis of the life trajectory of victims of gender-based violence from a developmental perspective allows us to understand how certain individual, relational, and contextual factors are configured throughout development to increase vulnerability to situations of abuse, make it difficult to break the abusive bond, and generate persistent traumatic consequences. This perspective recognizes that victimization in adulthood is not usually an isolated event, but is often preceded by early experiences that weaken psychological resources, hinder the establishment of secure attachments, and promote dysfunctional attachment and affective patterns.

Studies in trauma psychology, developmental psychopathology, and victimology have documented the high prevalence of a history of childhood victimization among women who experience intimate partner violence in adulthood [15,75]. Chronic exposure to dysfunctional or violent environments early in life can alter neurobiological, socioemotional, and cognitive development, compromising the ability to identify healthy relationships, set boundaries, and process the harm suffered. This line of research has led to the conceptualization of complex trauma as a diagnostic category that recognizes the accumulation of prolonged, interpersonally inflicted psychological harm [5,76].

The following examines the major stages of victim development, emphasizing early vulnerability factors, the consolidation of coercive relational dynamics in adolescence, and the psychosocial consequences of sustained maltreatment in adulthood.

4.1. Childhood

During childhood, emotional development, attachment construction, and self-concept formation depend to a large extent on relational experiences with primary caregivers. A safe, affectionate, and predictable environment forms the basis for acquiring emotional regulation skills, interpersonal trust, and autonomy. However, when girls are raised in contexts characterized by neglect, abuse, or domestic violence, the attachment process can be significantly altered, resulting in insecure or disorganized styles that impact future relationships [77].

Numerous studies have documented that exposure to interparental violence during childhood is a major risk factor for victimization in intimate partner relationships in adulthood [13,78]. Girls who grow up in homes where the use of force to resolve conflicts is normalized may internalize dysfunctional beliefs about love, control, and submission, interpreting abuse as a form of affection or as an expected part of married life.

Likewise, early experiences of physical abuse, sexual abuse, or emotional neglect can affect the configuration of self-concept, generating feelings of inferiority, helplessness, and personal worthlessness [79]. These negative cognitions, often deeply ingrained, increase the likelihood of establishing unbalanced relationships and tolerating abusive situations due to the perception that one does not deserve better.

From a neurobiological point of view, early exposure to toxic stress can alter the development of stress response systems and limbic-prefrontal circuitry, generating emotional hyperarousal, reactivity to threats, and regulatory difficulties [72]. These alterations may remain latent and reactivate in the face of dysfunctional affective bonds at later stages.

4.2. Adolescence

Adolescence represents a key stage in consolidating identity, affective orientation, and establishing the first romantic relationships. For many young women with a history of dysfunctional or insecure family relationships, adolescence may be the time when they begin to replicate—sometimes unconsciously—the relational model learned during childhood.

Research has pointed out that adolescents who have experienced childhood abuse or who have witnessed family violence show a greater propensity to establish bonds with controlling, aggressive, or emotionally unstable partners [80,81]. Incipient emotional dependence and the need for external validation can lead to overadaptation to the other, minimizing signs of abuse or interpreting them as signs of concern or intense love.

During this stage, cognitive schemas about gender, romantic love, and couple roles are also consolidated and influenced by the sociocultural and media environment. The idealization of emotional fusion, sacrifice for love, and the justification of jealous or restrictive behaviors as demonstrations of affection are common beliefs that can facilitate entry into coercive relationships [82].

Vulnerability is increased when the adolescent has low self-esteem, poor social skills, a history of rejection or abandonment, and an absence of support figures that would allow her to contrast or question the emerging abusive dynamics. In these cases, the aggressor usually takes advantage of the victim's insecurity and need for affection to establish a relationship of progressive dependency, where isolation and emotional manipulation are key tools (Walker, 1979).

The normalization of psychological or symbolic violence in courtship, often invisibilized, is an important predictor of physical or sexual violence at later stages [83]. Therefore, adolescence should be considered a strategic time for prevention and early detection of dysfunctional bonds.

4.3. Adulthood

In adulthood, many victims find themselves trapped in violent relationships that generate chronic psychological damage, impaired personal and social functioning, and serious difficulties in breaking the cycle of violence. This pattern is often sustained by a prior history of vulnerability, reinforced by control mechanisms exerted by the aggressor, and aggravated by a poor support network or inadequate responses from the institutional environment.

The complex trauma model allows us to understand how prolonged maltreatment in the context of an intimate relationship can generate a constellation of symptoms that include dissociation, emotional regulation difficulties, alterations in self-concept, traumatic re-experiencing, and interpersonal relationship problems [5,58]. These consequences not only respond to the violent acts themselves, but to the systematic dynamics of domination, humiliation, and isolation to which many women are subjected for years.

One of the most characteristic effects of this process is learned helplessness, *i.e.*, the perception that any attempt to change the situation will be futile or counterproductive [52]. This feeling is reinforced by external factors such as fear of reprisals, economic or legal dependence on the aggressor, social stigmatization, and institutional lack of protection [51].

The barriers to breaking the abusive relationship are multiple and complex. In addition to material factors, there are powerful psychological barriers related to guilt, affective ambivalence, fear of abandonment, and internalization of the aggressor's discourse. On many occasions, victims develop symptoms of traumatic attachment, characterized by a combination of fear, dependence, and loyalty to the aggressor, which makes emotional and physical separation difficult [84].

The result is profound psychosocial destructuring, which manifests itself in the form of isolation, depression, anxiety, functional impairment, and risk of revictimization. The impact is not limited to the individual level, but also affects parenting, labor participation, physical health, and the capacity to project an autonomous future [85].

From an evolutionary perspective, it is essential to understand that these dynamics are not generated abruptly but are often preceded by histories of unresolved trauma, insecure attachment, unequal power relationships, and internalized beliefs that perpetuate subjugation. Therefore, interventions must address not only the present situation, but also the structural and biographical factors that have shaped the victim's trajectory.

5. Case Study or Empirical Review

The empirical approach to gender-based violence has produced a solid knowledge base on the factors that contribute to its onset, maintenance, and chronification. Longitudinal studies, epidemiological research, and paradigmatic case analyses have made visible the psychosocial mechanisms at work in victims and perpetrators, as well as the clinical consequences of violence throughout the life cycle. This section offers a review of the most relevant findings, integrating quantitative, qualitative, and forensic dimensions.

5.1. Prevalence Data and International Trends

According to the World Health Organization's global report, approximately 1 in 3 women worldwide (30%) has experienced physical and/or sexual intimate partner violence or sexual violence by third parties in her lifetime [1]. This prevalence varies by region, being particularly alarming in some lower-middle-income countries, where it can exceed 40%.

In the case of Europe, data from the European Union Agency for Fundamental Rights (FRA) reveal that 22% of women have suffered physical and/or sexual violence by their partner since the age of 15, and 43% have experienced psychological violence [86]. In the specific case of Spain, the Macro-Study on Violence against Women estimates that 57.3% of women over 16 years of age have suffered some type of male violence throughout their lives, whether physical, psychological, economic, or sexual [87].

These data reinforce the need to understand gender-based violence as a structural phenomenon, which manifests itself in a wide variety of forms and requires a complex, interdisciplinary, and evolutionary analysis.

5.2. Longitudinal Studies on Perpetrator and Victim Trajectories

Several longitudinal studies have provided solid evidence on how developmental trajectories affect the risk of becoming a perpetrator or victim of gender-based violence. One of the most influential studies in this field is the Dunedin Multidisciplinary Health and Development Study. This typology has been influential in intimate partner violence research [18], which followed over 1000 individuals born in New Zealand from 1972–73. This research identified two key profiles of offenders: those with persistent antisocial behavior from childhood (life-course persistent offenders) and those whose violent behavior appears in adolescence and fades over time (adolescence-limited offenders).

This model has been widely applied to the study of individuals exhibiting violent behaviors in intimate partner contexts, finding that the former tend to present personality disorders, a history of childhood trauma, and violent behaviors in multiple contexts, whereas the latter tend to be influenced by situational factors and cultural patterns [70]. This distinction has profound clinical and forensic implications, especially in the design of treatment and prevention programs.

In relation to victims, studies such as the National Longitudinal Study of Adolescent to Adult Health (Add Health) in the United States have shown that women who report witnessing domestic violence in childhood have a significantly higher risk of experiencing intimate partner violence in adulthood [19,20]. Likewise, research has revealed that repeat victimization is often related to deficits in emotional regulation, insecure attachment, and affective dependence, all influenced by early experiences of neglect or abuse [19,88].

Studies in the Spanish-speaking world, such as those carried out by Cerezo and Frías, indicated that women with a history of child abuse and a poor support network were significantly more prone to revictimization, especially in contexts of economic precariousness and low self-esteem [21,89].

5.3. Analysis of Paradigmatic Cases and Forensic Profiling

In the forensic field, the detailed study of paradigmatic cases has made it possible to profile both the aggressor and the victim more accurately from an evolutionary perspective. One of the best known works is that of Dutton and Kropp, who identified different typologies of aggressors according to their psychopathological characteristics, level of risk, and modality of violence [22]. The so-called antisocial-generalized aggressor, for example, usually presents narcissistic or antisocial traits, extensive criminal history, and a pattern of severe and controlling violence.

From clinical psychology, the study of women victims of chronic violence has also identified what has been called battered woman syndrome [52], characterized by the internalization of abuse, learned helplessness, and extreme emotional dependence on the aggressor, sometimes even with traumatic attachment.

A paradigmatic example widely discussed in the Spanish forensic literature is the case of Ángela González Carreño, mother of a minor murdered by her ex-partner during an unsupervised visitation regime, despite having reported more than 30 times for gender violence. This case, taken to the UN Human Rights Committee, has been cited as an example of institutional revictimization and the risks of not adequately considering the history of violence in judicial custody decisions [90].

This and other cases have prompted the development of risk assessment tools such as the VioGén System in Spain, which combines sociodemographic factors, criminal history, behavioral indicators, and relational dynamics to estimate the level of dangerousness of an aggressor (Ministry of the Interior, 2022). Although its efficacy has been debated, its systematic use has allowed progress in the prevention of femicide and in the early identification of high-risk cases.

5.4. Clinical and Preventive Implications

The empirical studies reviewed coincide in emphasizing the importance of intervening early in the life trajectories of both victims and perpetrators. Research by Wolfe et al. on prevention programs for adolescents has shown that strengthening self-esteem, developing assertive communication skills, and deconstructing romantic love myths are effective in reducing the incidence of violent relationships [23].

From the clinical perspective, the approach to complex trauma requires specific interventions, oriented not only to symptomatic reduction but also to reconstruct self-concept, the narrative processing of the damage, and the reconfiguration of relational patterns [76]. Recognition of the role of early adverse experiences in the genesis of violence allows for greater personalization of treatments, avoiding punitive approaches and promoting restorative outlets.

6. Discussion

The discussion synthesizes the theoretical and empirical findings reviewed, integrating the life trajectories of aggressors and victims throughout the life cycle. Through a developmental and forensic approach, their interactions, shared vulnerabilities, clinical applications, and assessments in the legal context are addressed.

6.1. Interactions between Development and Violence

The articulation between key developmental stages and the emergence of violent behaviors or traumatic responses reflects how early experiences structure psychosocial patterns that crystallize in adulthood. Both perpetrators and victims often have a history of childhood adversity (abandonment, abuse, neglect) that affects emotional regulation, self-esteem, attachment, and beliefs about power and relationships. These elements intersect and feed back throughout life, determining scalable trajectories of violence or victimization.

Criminal-theoretical models, such as Moffitt's taxonomy, illustrate the formation of persistent trajectories, linked to emotional and cognitive deficits in childhood [7]. Similarly, victim development models, such as Herman's and Cloitre et al.'s complex trauma model, show that repeated traumatic events shape chronic psychological structures that interfere with affective autonomy [5,58]. Empirical findings from longitudinal such as Dunedin or Add Health confirm this intersection: these are not independent processes, but parallel trajectories, in which a violent childhood increases the likelihood of both exerting and suffering violence in intimate relationships [65–88].

The concept of “crossed trajectories” highlights that, in many cases, perpetrators have also been victims of violence or neglect at earlier stages [13,70]. This challenge to the victim-perpetrator dichotomy underscores that both roles may emerge from similar experiences but be shaped divergently by variables such as personality, social contexts, culture, and emotional regulation. The practical implication is that approaches must incorporate a dual view: assessing not only the behaviors present, but also the dialectical trajectories that precede them.

In terms of scaling, biopsychosocial repercussions were reinforced as both profiles advanced in age. For example, adolescence can function as a turning point, where untreated suffering tends to be reproduced in intimate relationships from internalized patterns. Likewise, adulthood allows the reinforcement of learned (aggressors) or tolerated (victims) behaviors, consolidating them in identity and intersubjective narratives that mutually legitimize each other.

6.2. Shared Factors of Vulnerability

Beneath the crossed trajectories, common environments generate a structural basis for both roles. Child neglect, maltreatment, poverty, unemployment, substance abuse, and dysfunctional family environments are recognized as contexts that increase risk. The literature indicates that these variables are associated with a greater likelihood of both antisocial behaviors and patterns of dependency, low self-esteem, and emotional dysfunction, thus increasing vulnerability to both perpetration and tolerance of abuse [9,72].

These links are intertwined in structures such as insecure attachment, present in both aggressors and victims, or poor emotional regulation. Disorganized attachment is related to impulsivity and hostility in men and submissiveness and dependence in women [47,77]. Poverty, in turn, adds additional factors such as residential instability, chronic stress, and lack of access to healthy services, facilitating the invisibility of abuse and the impunity of the aggressor.

Understanding these shared factors reinforces the need for comprehensive interventions: gender-based violence cannot be addressed only at the level of the intimate bond, but also by overcoming the social and structural determinants of risk.

6.3. Implications for Intervention and Prevention

The evidence analyzed underlines the urgency of designing programs differentiated according to developmental stage:

1. Primary: aimed at infancy, which promotes protective family environments, forces positive parenting, and strengthens secure attachment and emotional regulation. Effective examples include interventions in day care centers, parent training programs, campaigns against domestic violence, and early family-based interventions have demonstrated efficacy [16].
2. Secondary: focused on at-risk adolescents (with a history of abuse, school failure, and aggressive environment). Here, affective education programs, prevention of romantic myths, and reinforcement of social skills (strengthening of self-esteem, assertiveness, and empathy) have shown reductions in intimate partner violence [23].
3. Tertiary: aimed at adult victims and repeat offenders. In victims, complex trauma management (relational therapy, narrative, emotion processing) should be combined with psychosocial support (shelter, legal support, support networks). In individuals responsible for violent behavior, interventions should include cognitive behavioral education, gender awareness, emotional training, and forensic risk protocols [74].

The key time to intervene depends on the profile: adolescence is a period of opportunity where disabling trajectories can be interrupted; adulthood, when resistance to change is greater, requires intensive and systemic interventions.

Despite the theoretical robustness of the three-tier prevention model, its practical implementation faces challenges. At the primary level, programs such as the Nurse-Family Partnership and Early Head Start have demonstrated efficacy in promoting positive parenting and secure attachments. Yet, widespread accessibility remains limited by funding and sociocultural barriers. Secondary prevention efforts include school-based programs like Safe Dates and Fourth R, which have shown significant reductions in adolescent dating violence but often struggle with inconsistent implementation and inadequate training for facilitators. Tertiary interventions for adults, such as the Duluth Model and integrated trauma-informed therapies, provide essential support, though their success depends largely on engagement and the availability of multidisciplinary resources. Additionally, forensic assessment in clinical and legal settings should be enhanced by employing validated structured professional judgment tools—such as HCR-20 Version 3 (HCR-20-V3) for violence risk assessment and the Spousal Assault Risk Assessment–Sexual Violence version (SARA-SV) for intimate partner violence—to complement developmental criteria, improve predictive accuracy, and guide tailored interventions.

6.4. Implications for Psychological Assessment in the Legal Field

The evolutionary perspective demands an assessment of harm and risk that considers the subject's life trajectory. From this perspective:

Psychological harm assessment: should include history of childhood trauma, early attachment style, emotional regulation capacities, and representation of one's own agency. Understanding the cumulative impact—not just the current episode—allows assessing the level of personal, functional and social impairment.

Analysis of the risk of recidivism or revictimization: it should incorporate evolutionary indicators, such as individuals exhibiting persistent patterns of aggression with persistent patterns since childhood or victims with complex trauma and structural dependency. Tools such as VioGén, although useful, need to be complemented with more informed analysis of the evolutionary trajectory (Ministry of the Interior, 2022). It is advisable to complement existing

systems with validated instruments that incorporate a developmental perspective to enhance the accuracy and sensitivity of risk and harm assessments. Prominent examples include the Historical-Clinical-Risk Management-20, third edition (HCR-20 V3), widely used for structured risk assessment of general violence, and the Spousal Assault Risk Assessment Guide–Sexual Violence Version (SARA-SV), which specializes in evaluating the risk of sexual violence within intimate partner contexts. Using these tools together can strengthen decision-making processes in forensic settings by integrating clinical, historical, and situational dimensions into evaluations.

Forensic assessment of vital antecedents: expert opinions that ignore developmental factors often underestimate dangerousness or harm. For example, assessing only the present situation may ignore the fact that a girl who has experienced domestic abuse has a high probability of suffering intimate partner violence in the future. Justice requires, therefore, a longitudinal view that aims to punish, prevent, and protect.

This vision requires specialization on the part of forensic professionals, who should use an interdisciplinary approach -based on developmental psychology, trauma, and criminology- and promote re-education, accompaniment and follow-up processes.

7. Conclusions

Gender violence is a multidimensional phenomenon whose understanding requires overcoming static and fragmented explanatory models. From the perspective of forensic psychology, the integration of an evolutionary approach makes it possible to situate both the aggressor's behavior and the victim's traumatic experience within a dynamic framework, configured by psychological, social, and biological development processes throughout the life cycle. This view not only enriches the theoretical analysis, but also significantly broadens the possibilities for clinical intervention, social prevention and legal evaluation.

One of the main contributions of this approach lies in its ability to articulate risk, protective, and maintenance factors in life trajectories that, although differentiated in their manifestation, often share a common genesis in contexts of early adversity. As has been observed, neglectful family environments, repeated exposure to violence, attachment deficits, and failures in emotional regulation constitute common etiological cores for both aggressors and victims [9,72]. Longitudinal analysis, therefore, not only identifies points of origin, but also critical moments where interventions can significantly modify the course of these itineraries.

Moreover, this approach promotes a comprehensive reading of aggressive behavior. Moving away from merely punitive or pathologizing views, developmental forensic psychology considers violent behavior as the result of early learning, reinforced and maintained over time through distorted cognitive schemas, coercive socialization models and empathy deficits [7–33]. This does not imply justifying the damage, but understanding it in its structural complexity, which is key to the effectiveness of reeducational and preventive programs.

In parallel, psychological harm in victims must also be approached from an evolutionary perspective. The concept of complex trauma [5,58] has proved fundamental in evidencing how chronic exposure to abusive relationships can compromise structural dimensions of subjectivity: identity, agency, bonding capacity, perception of danger, *etc.* In this sense, clinical interventions should focus not only on symptomatic relief, but also on therapeutic processes of reconstructing the self, strengthening the sense of control and emotional reworking of the traumatic bond.

The practical implications of this approach are manifold and are expressed with particular clarity in three areas: intervention, forensic assessment, and professional training.

In terms of intervention, the developmental model makes it possible to design programs differentiated by stage of the life cycle. Primary prevention should focus on childhood and the strengthening of healthy family environments, aiming at the creation of secure bonds, emotional regulation, and non-violent socialization. Adolescence represents a crucial time for the detection of sexist beliefs, early intervention in coercive relationships, and training in socioemotional skills [23]. In adulthood, where trajectories are already more crystallized, a combination of intensive therapeutic approaches, psychosocial support, and forensic monitoring is required.

In the legal-forensic field, the need to incorporate evolutionary criteria both in assessing psychological harm and in estimating the risk of recidivism or revictimization is highlighted. Assessment tools should integrate biographical information, trauma history, characteristics of the violent bond, coping capacities, and contextual supports, to issue more adjusted and sensitive judgments to the phenomenon's complexity [74,76].

Likewise, forensic practice must evolve towards a contextualized reading of the vital antecedents of those involved, abandoning reductionist approaches that pathologize the victims or demonize the aggressor without understanding their trajectories. This requires specialized training in developmental psychology, trauma, and life-cycle criminology.

Professional training should include skills for longitudinal assessment, the detection of developmental risk indicators, the elaboration of complex explanatory hypotheses, and the proposal of measures adapted to the developmental stage of the person being assessed.

Finally, it is urgent to promote new lines of interdisciplinary research that delve deeper into the study of life trajectories associated with gender violence. Although longitudinal studies such as Dunedin, Add Health, or the National Longitudinal Study of Adolescent to Adult Health have provided valuable data, greater articulation is required between developmental psychology, neuroscience, criminology, gender studies, and legal psychology to construct integrative models that can be transferred to professional practice and the design of public policies.

Future priorities include the need to create more adaptive and life-cycle sensitive intervention systems. This implies public policies aimed at structural prevention (eradication of child poverty, support for positive parenting), the strengthening of protection networks for vulnerable adolescents, and the design of specific protocols for the care of victims with complex trauma. Similarly, in the penitentiary and re-education field, it is urgent to review the models of intervention with aggressors to incorporate perspectives of non-violent masculinity, emotional self-regulation, and affective responsibility from an evolutionary and restorative logic.

Taking into account all that has been presented in this paper, the evolutionary approach applied to the forensic psychology of gender violence allows for a deeper, contextualized, and transformative understanding of the phenomenon. It overcomes simplifying dichotomies and promotes a praxis sensitive to the life history of the subjects, to the complexity of their bonds and to the potential for change. In a social context where the figures of gender violence continue to be alarming, this type of approach reveals itself not only as an academic tool but also as an ethical and political necessity.

Statement of the Use of Generative AI and AI-Assisted Technologies in the Writing Process

During the preparation of this manuscript, the author(s) used PERPLEXITY AI tool for the purpose of translating original content from Spanish (the research team's native language) into American English, as no institutional funding was available for professional translation services. This tool was also utilized for translating related electronic communications associated with the manuscript. After using this tool, the author(s) reviewed and edited the translated content thoroughly to ensure accuracy, scientific rigor, and alignment with the original research findings, and take(s) full responsibility for the content of the published article.

Author Contributions

P.V.M.-F. was primarily responsible for the conceptualization, study design, analysis, discussion, and drafting of the initial manuscript. I.O.-S. contributed substantially to the literature review, the discussion, and the critical revision and editing of the manuscript. Both authors read and approved the final version of the article.

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