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Psychological adjustment and victim-blaming among intimate partner violence offenders: The role of social support and stressful life events

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ABSTRACT

Intimate partner violence offenders often use victim-blaming attributions to explain their own violent behavior. These attributions represent an important challenge for intervention programs for intimate-partner violence offenders. The main objectives of this study were to analyze both the influence of social support and stressful life events on the psychological adjustment (self-esteem and depressive symptomatology) of intimate partner violence offenders and the relationship between offenders' psychological adjustment and their victim-blaming attributions. The sample consists of 314 men convicted of intimate partner violence who were referred to a community-based intervention program. Results from a structural equation model showed that social support and stressful life events were related to psychological adjustment. Psychological adjustment also was related to victim-blaming attributions among intimate partner violence offenders. A better understanding of the relationships between psychological adjustment of intimate partner violence offenders and its determinants, as well as its impact on victim-blaming attributions, may provide support to new intervention strategies. Implications of these results for improving the effectiveness of intervention programs are discussed.

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Ajuste psicológico y culpabilización de la víctima en maltratadores: el papel del apoyo social y los eventos vitales estresantes

RESUMEN

Los hombres condenados por violencia contra la mujer en las relaciones de pareja frecuentemente utilizan la atribución de culpa a la víctima para explicar su propia conducta violenta. Tal atribución representa un importante reto en los programas de intervención con maltratadores. Los principales objetivos de este estudio fueron por un lado analizar la influencia del apoyo social y los eventos vitales estresantes en el ajuste psicológico (autoestima y sintomatología depresiva) de los maltratadores y por otro las relaciones entre el ajuste psicológico de los agresores y su atribución de culpa a la víctima. La muestra estuvo compuesta de 314 hombres condenados por violencia contra la mujer en las relaciones de pareja que fueron derivados a un programa de intervención en un medio comunitario. Los resultados del modelo de ecuaciones estructurales mostraron que el apoyo social y los eventos vitales estresantes se encuentran relacionados con el ajuste psicológico. Igualmente, el ajuste psicológico se encuentra relacionado con la atribución de culpa a la víctima por parte de los maltratadores. Una mejor comprensión de las relaciones entre el ajuste psicológico de los maltratadores y sus determinantes, así como su impacto sobre la atribución de culpa a la víctima, puede proporcionar apoyo a nuevas estrategias de intervención. Se discuten las implicaciones de estos resultados para la mejora de la efectividad de los programas de intervención.

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Palabras clave:

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In this paper we explore relationships between two determinants of psychological adjustment (i.e., social support and stressful life events), two indicators of psychological adjustment (i.e., self-esteem and depressive symptomatology), and victim-blaming attributions among men convicted of intimate partner violence against women (IPVAW), a relevant outcome to assess the effectiveness of intervention programs for intimate partner violence offenders (IPVOs). Victim-blaming attributions are frequently used by IPVOs to explain and justify their own violent behavior, and their change remains a challenge for intervention programs (Cattlet, Toews, & Walilko, 2010; Henning & Holdford, 2006; Lila, Gracia, & Herrero, 2012). A better understanding of the relationships between the psychological adjustment of IPVOs and its determinants, as well as its impact on victim-blaming attributions, may provide support to new intervention strategies aimed at improving the psychological adjustment of IPVO (Bouman, Schene, & Ruiter, 2009; Langlands, Ward, & Gilchrist, 2009).

A growing body of research increasingly recognizes the importance of addressing the psychological adjustment of IPVOs in order to improve the effectiveness of intervention programs (Bouman et al., 2009; Langlands et al., 2009; Lee, Uken, & Sebold, 2007; Muldoon & Gary, 2011). For example, several authors have proposed to include motivational strategies and addressing personal goals as part of these intervention programs (Eckhardt, Murphy, Black, & Suhr, 2006; Kistenmacher & Weiss, 2008; Langlands et al., 2009). Less research attention has been paid, however, to the social determinants of psychological adjustment among IPVOs. This study aims to contribute to this growing body of literature on the influence of psychological adjustment on intervention programs outcomes by examining the influence of two key determinants of psychological adjustment, namely, social support and stressful life events (Cohen, Gottlieb, & Underwood, 2000; Gracia, 2011; Lin, Dean, & Ensel, 1986; Uchino, 2004), as well as the influence of psychological adjustment on victim-blaming attributions among IPVOs.

Effectiveness of intervention programs for IPVOs

The negative consequences of IPVAW at individual and societal levels are well known (García-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005; Gracia, García, & Lila, 2009; Gracia & Lila, 2008; Guggisberg, 2010; Menéndez, Pérez, & Lorence, 2013; Shoener, 2008). It is important, therefore, that prevention and intervention strategies provide evidence of their effectiveness. This is also the case for intervention programs for IPVOs (Bennett & Williams, 2001; Bowen, 2011). However, the effectiveness of these programs remains a controversial issue (Bowen, 2011; Feder, Wilson, & Austin, 2008; Gondolf, 2012). According to Scott, King, McGinn, and Hosseini (2011), there are currently more than 40 studies and five meta-analyses published about the scientific evidence of the effectiveness of interventions in IPVOs (Babcock, Green, & Robie, 2004; Davis & Taylor, 1999; Dunford, 2000; Feder & Wilson, 2005; Gondolf, 2004; Scott, 2004). In Spain, where the present study has been conducted, there is also a growing number of studies examining the effectiveness of interventions in IPVOs (Boira, López del Hoyo, Tomás-Aragonés, & Gaspar, 2013; Echeburúa, Sarasua, Zubizarreta, & Corral, 2009; Lila, Oliver, Galiana, & Gracia, 2013; Novo, Fariña, Seijo, & Arce, 2012; Pérez, Giménez-Salinas, & de Juan, 2012). Despite the widespread use of intervention programs for IPVOs, the reviews and meta-analyses available report that the effect sizes of these interventions are small and, therefore, the evidence available on the effectiveness of these programs (specially, in terms of reducing recidivism rates) is still limited (Babcock et al., 2004; Dunford, 2000; Feder & Wilson, 2005; Gondolf, 2004; Sánchez-Meca, Martín-Martínez, & López-López, 2011).

According to Babcock, Graham, Canady, and Ross (2011), this field is presently in an *impasse*. Recently, two alternatives are being

considered in order to improve the effectiveness of the intervention programs for IPVOs: (1) Redefining the meaning of effectiveness (i.e., questioning the success indicators used) and (2) using new intervention strategies.

With respect to the first alternative, scholars have noted that the effectiveness of intervention programs for IPVOs has traditionally been defined in terms of their capability to reduce violent behavior (mainly physical violence) against women (Lee et al., 2007; Scott et al., 2011; Tolman & Bennett, 1990). Also, the evaluation of this outcome has been usually limited to assessing the decrease of recidivism rates after the intervention programs. In this regard, a growing number of researchers have pointed out the limitations of evaluating program effectiveness only in terms of recidivism rates –e.g., problems associated with the definition of recidivism, difficulty in collecting recidivism data– (Bowen, 2011; Dobash, Dobash, Cavanagh, & Lewis, 1999; Friendship, Beech, & Browne, 2002). Accordingly, some authors have proposed that rather than just examining recidivism data as the only success indicator, it is also important to examine the program capability to produce changes in other significant dimensions (e.g., cognitive, emotional and behavioral), to what extent these changes take place, and which factors are associated with these changes (Lee et al., 2007; Scott, 2004). For example, increasing the assumption of responsibility for the violence and reducing victim-blaming attributions are among the main goals of intervention programs for IPVOs (Austin & Dankwort, 1999; Lila et al., 2012; Scott & Strauss, 2007). Men convicted of intimate partner violence frequently deny and minimize their violent behavior by holding the victim responsible for provoking it (Cattlet et al., 2010; Henning & Holdford, 2006). In this regard, some studies suggest that those IPVOs who acknowledge the responsibility for their violent behavior are more likely to benefit from the intervention program (Cadsky, Hanson, Crawford, & Lalonde, 1996; Scott et al., 2011).

As for the second alternative, two recent reviews have identified a number of intervention strategies that promote positive changes among IPVOs (Eckhardt et al., 2006; Saunders, 2008). These strategies include the motivational interview, the therapeutic alliance, and retention techniques, which appear to increase IPVOs' motivation and adherence to treatment and promote their active participation in their own change (Carbajosa, Boira, & Tomás-Aragonés, 2013; Kistenmacher & Weiss, 2008; Lee et al., 2007; Muldoon & Gary, 2011; Musser & Murphy, 2009). These new approaches are based on the notion that the intervention success can be increased by applying strategies which help the participants to commit themselves to the intervention and to understand that this is aimed to increase their wellbeing and psychological adjustment (Langlands et al., 2009; Taft & Murphy, 2007). For example, approaches such as the *Good Live Model* (Ward & Gannon, 2006; Ward & Maruna, 2007) are based on the idea that the psychological adjustment of IPVOs promotes their change (Bouman et al., 2009; Langlands et al., 2009). In this sense, several studies suggest that violent men with low scores on several indicators of psychological adjustment (e.g., low self-esteem) show a stronger tendency to perceive situations as threatening and, therefore, are more likely to make significant efforts to protect their own self-image, thus increasing the likelihood to use strategies such as denial, minimization, and victim-blaming (Dutton & Golant, 1997; Jacobson & Gottman, 1998; Lila et al., 2012). Recent research relating depressive symptoms to intimate partner violence against women also support this view (Graham, Bernards, Flynn, Tremblay, & Wells, 2012; Novo et al., 2012).

To sum up, in order to increase the effectiveness of intervention programs for IPVOs, a growing number of researchers advocate for the incorporation of new strategies that have proven to be effective in the design of future interventions and recommend avoiding the rigid adherence to long-established intervention formats (Babcock et al., 2004; Sartin, Hansen, & Huss, 2006).

The present study

Research has long confirmed that stressful life events and social support contribute to triggering and developing mental disorders (Aneshensel, 1992; Lin et al., 1986; Lin, Ye, & Ensel, 1999). As Silver and Teasdale (2005) noted, a large body of criminological research and theory has found that social support and stressful life events are significant factors explaining violence (Agnew, 1992; Colvin, Cullen, & Vander Ven, 2002; Hirschi, 1969). According to this body of research, social isolation (or lack of a social support network) and the accumulation of stressful life events are related to psychological maladjustment and to violent behavior, increasing not only the occurrence of violent behaviors, but also its continuity over time (Gracia, Herrero, Lila, & Fuente, 2009; Lanier & Maume, 2009; Silver & Teasdale, 2005). On the other hand, social support may help to solve conflicts in intimate relationships and serve as a protective factor. In this respect, social support may help to better cope with stressful life events and to provide intimate partners with the necessary resources to address conflicts (Silver & Teasdale, 2005). However, with few exceptions, stress and social support among IPVOs have not been sufficiently examined in the scientific literature (Choi, Cheung, & Cheung, 2012).

Drawing from these ideas, this study aims to explore the link between social support and stressful life events on one side and psychological adjustment on the other side in a sample of IPVOs. Two indicators of psychological adjustment will be used: self-esteem (i.e., the individual's attitudinal and evaluative component about himself) and depressive symptomatology (i.e., presence of symptoms associated to depression) (Baumeister, 1998; Fuentes, García, Gracia, & Lila, 2011; Herrero & Gracia, 2007). Also, this study aims to analyze the link between psychological adjustment and victim-blaming among IPVOs.

Method

Participants

The sample consisted of 314 men convicted of IPVAW who were court-mandated to a community-based intervention program for IPVOs (Programa Contexto, implemented in Valencia University, Spain; see Lila et al., 2010; Lila et al., 2013). All participants had been sentenced to less than two years in prison and had no previous criminal records, and so benefitted from a sentence suspension subject to their attendance to an intervention program. The criteria required to be included in this study were: (a) not to have a serious mental disorder, (b) not to have a serious addiction to alcohol or other substances, and (c) signing an informed consent.

The average age was 38.6 years (between 18 and 76 years old), with a standard deviation of 11.10. As for education, 9.2% had not finished primary education, 43% had primary or elementary education, 38.2% had completed secondary education or vocational training, and 9.2% had a college degree.

Procedure

All the participants were referred from the Penitentiary Social Services, a public agency responsible for enforcing court-ruled sentences in cases of IPVAW, to the premises where the intervention program was carried out. After obtaining the informed consent from participants and ensuring their anonymity, a set of instruments was applied, some of which were used in this study. Instruments were administered in specially conditioned areas with the help of the intervention program staff.

Instruments

Close and Intimate Companions Scale (Lin et al., 1986). The Spanish adaptation of the scale was used (Herrero, Fuente, &

Gracia, 2011; Herrero, Gracia, Fuente, & Lila, 2012). This is a single-dimension 3-item measure that assesses the participant's perception of his social network of close relations, such as an intimate partner, family and friends (e.g., "How much time have you spent worrying for not having an intimate partner during the last six months?"). The response format is a 5-point Likert scale (1 = *Most of the time*, 5 = *Never*). Cronbach's alpha for this scale was .71.

Formal Social Support from Community Organizations (Gracia, García, & Musitu, 1995; Gracia, Herrero, & Musitu, 2002). This scale evaluates perceived social support from formal community organizations: social services, health centers, etc. (e.g., "If I had problems –personal, family, etc.– I would be able to find people in these organizations who would help me to solve them"). The response format is a 5-point Likert type scale (1 = *Totally disagree*, 5 = *Totally agree*). Cronbach's alpha for this scale was .79.

Stressful Life Events Inventory (Gracia & Herrero, 2004). This inventory includes 33 stressful life events and measures the amount of undesirable events experienced during the last six months. The list of stressful life events includes conflicts and problems in areas such as work, home, love and marriage, family, health, community, finances, and legal issues (e.g., "An increase of conflicts among children within the family"). The participant must choose the events he may have experienced from this list. High scores indicate an accumulation of stressful life events. Internal consistency analysis for this type of stressful events list is not appropriate (Cohen, 1988).

Centre for Epidemiologic Studies Depression Scale (Radloff, 1977). The Spanish adaptation of this scale (CES-D 7; Herrero & Gracia, 2007) was used. This 7-item scale taps the most common symptoms of depression. Participants are asked to report the frequency of symptoms during the last week (e.g., "I felt as if I could never get over this sadness" or "Everything I did seemed to tire me out"). Responses were rated on a 4-point scale (1 = *Rarely or none of the time –less than once a week–*, 4 = *Most or all of the time –5-7 days a week–*). Cronbach's alpha for this scale was .84.

Rosenberg Self-Esteem Scale (Rosenberg, 1965). This 10-item scale assesses participant's feelings of global self-worth (e.g., "On the whole, I am satisfied with myself"). Responses were rated on a 4-point scale (1 = *Totally disagree*, 4 = *Totally agree*). Cronbach's alpha for this scale was .72.

Victim-Blaming Scale. This 3-item subscale from the *Responsibility Attribution Scale* (Lila et al., 2012) evaluates the degree to which the participant put the blame for his situation on personal characteristics or behavior of the victim (e.g., "I am here because of my partner's lies and exaggerations"). The response scale is in a Likert-type format (1 = *Totally disagree*, 5 = *Totally agree*). Cronbach's alpha for this scale was .78.

Data Analyses

After calculating the Pearson correlations, we proceeded to the calculation of the structural model using the EQS program (Bentler, 1995). The estimation method was maximum likelihood (ML), which is reasonably robust to violations of multivariate normality assumption (Curran, West, & Finch, 1996). Fit indices were: chi-square (χ^2), ratio χ^2/df (a score of 2.00-3.00 or less indicates good fit; Marsh & Hau, 1996), the root mean square error of approximation (RMSEA, values less than .05 indicate good fit, and between .05 and .08 are considered acceptable; Browne & Cudeck, 1993), the comparative fit index (CFI, values greater than .95 indicate good fit and greater than .90 an acceptable fit; Marsh & Hau, 1996), and the adjusted goodness of fit index and the Bentler-Bonett non-normed fit index (AGFI and NNFI, which follow the same approach of the previous two; Medsker, Williams, & Holahan, 1994).

Table 1
Correlations between variables, means, and standard deviations

	1	2	3	4	5	6
1. Intimate Social Support	10.94(3.06)					
2. Formal Support	-.113*	11.54(3.05)				
3. Stressful life events	-.175**	-.043	3.01(2.94)			
4. Depressive symptomatology	-.238***	-.179**	.338***	13.40(5.21)		
5. Self-esteem	.181**	.118*	-.217***	-.404***	31.66(4.25)	
6. Victim-blaming	-.173**	.088	.152**	.268***	-.227***	2.91(1.18)

Note. * $p < .05$; ** $p < .01$; *** $p < .001$; means (standard deviations) on the diagonal.

Results

First, we calculated correlations between variables (see Table 1), showing relationships in the expected direction: for example, stressful life events and social support variables were related to both psychological adjustment variables; in turn, psychosocial adjustment variables correlate negatively with victim-blaming. Also, intimate social support and stressful life events were related to victim-blaming. No significant relation was observed between formal support and victim-blaming.

Next, we calculated a first model that tested direct relationships between social support, stressful life events, and psychological adjustment and between psychological adjustment and victim-blaming. This first model included also direct relationships between social support variables, stressful life events, and victim-blaming. However, as direct relationships between intimate social support, formal support, and stressful life events with victim-blaming were not significant (β values equal to .029, .098 and .029, respectively, with $p > .05$), a second model was calculated without these relationships yielding a very satisfactory fit (see Figure 1). In this model, both indicators of psychosocial adjustment (i.e., self-esteem and depressive symptoms) were significantly predicted by both social support variables and stressful life events. Thus, self-esteem was positively related to support measures ($\beta = .16, p < .01$) and negatively to stressful life events ($\beta = -.15, p < .05$). Also, depressive symptoms was negatively related to intimate social support ($\beta = -.22, p < .001$) and formal support ($\beta = -.16, p < .01$), and positively to stressful life events ($\beta = .21, p < .001$). Finally, this model illustrates

the significant relationship between both indicators of psychosocial adjustment (i.e., self-esteem and depressive symptoms) and victim-blaming. Thus, victim-blaming was negatively related to self-esteem ($\beta = -.15, p < .05$), and positively to depressive symptoms ($\beta = .23, p < .001$).

Discussion

This study aimed to examine relationships between two determinants of psychological adjustment (i.e., social support and stressful life events), two psychological adjustment indicators (i.e., self-esteem and depressive symptomatology), and victim-blaming among IPVOs. Our results showed the link between social support, stressful life events and psychological adjustment, a link well established in scientific literature (Cohen et al., 2000; Gracia, 2011; Lin et al., 1986; Uchino, 2004), but scarcely studied with IPVOs samples (Choi et al., 2012). As expected, participants with high levels of perceived intimate support (provided by his partner, friends or close relatives) and perceived support from community organizations (provided by formal systems of support within the community, such as social services or health centers) were those with higher levels of psychological adjustment. On the other hand, those participants who reported higher number of stressful life events in the last six months were those with lower levels of psychological adjustment.

Also, as expected, this study showed the significant relationship between psychological adjustment and victim-blaming. This supports the idea that IPVOs with lower levels of self-esteem and higher levels of depressive symptomatology (i.e., higher levels of

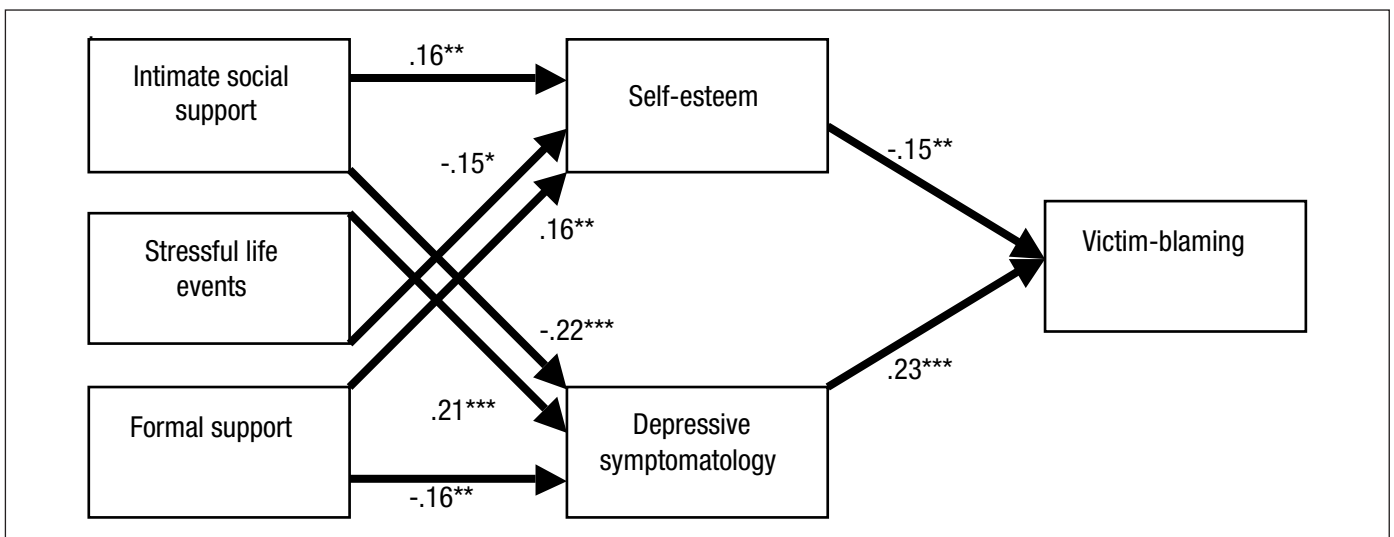


Figure 1. Structural Model

* $p < .05$; ** $p < .01$; *** $p < .001$; $\chi^2(5) = 5.32, p > .05$; $\chi^2/df = 1.06$; ACFI = .99; NNFI = .99; AGFI = .97; RMSEA = .015; $R^2 = .10$; correlation between stressful life events and intimate social support is not shown, $r = -.14^{***}$.

psychological maladjustment) are more likely to use victim-blaming attributions, holding thus the victim responsible for their conviction. These results are consistent with previous scientific literature reporting that violent men with low self-esteem and depressive symptoms tend to perceive situations and other people's behaviors as threats (Dutton & Golant, 1997; Jacobson & Gottman, 1998). This interpretation may increase the need to use strategies such as blaming other people for their own actions (including the victim), which, in turn, helps them to protect their self-image. In this regard, in a study by Lila et al. (2012), a significant relation was found between self-esteem and minimization of violent events among IPVOs (i.e., lower levels of self-esteem were associated with higher levels of minimization). Therefore, the results of the present study support the link between social support, stressful life events and psychological adjustment, as well as the relation between psychological adjustment and victim-blaming attributions among IPVOs.

As for practical implications of this study, our results suggest the necessity to implement intervention strategies addressed to increase IPVOs' psychological adjustment, as a promising path to improve intervention effectiveness. This idea is supported by recent intervention approaches for IPVOs such as those developed by Langlands et al. (2009), based on the *Good Lives Model* (Ward & Gannon, 2006; Ward & Maruna, 2007), that also address participants' psychosocial adjustment. This intervention model aims to provide participants with the psychological and social resources needed to improve their wellbeing in a way that is both socially acceptable and personally satisfying. In order to achieve this, this approach focuses on the promotion of meaningful targets for the participant. This intervention model and other successful strategies aiming to increase motivation to change and adherence to treatment, such as the motivational interview, the therapeutic alliance, or proactive retention techniques, are being recognized by a growing number of scholars as important paths to improve the effectiveness of intervention programs for IPVOs (Carbajosa et al., 2013; Kistenmacher & Weiss, 2008; Lee et al., 2007; Muldoon & Gary, 2011; Musser & Murphy, 2009; Taft & Murphy, 2007).

This study also illustrates the importance of psychological adjustment of IPVOs and its determinants, and therefore, their potential role in improving intervention effectiveness. Therefore, both are potential targets for intervention strategies. Several studies have reported a high prevalence of depressive symptomatology in men participating in intervention programs for IPVOs (Graham et al., 2012; Novo et al., 2012), suggesting the need to address depressive symptomatology among IPVOs in order to reduce the risk of recidivism, such as the inclusion of screening instruments to detect and treat depressive symptomatology. Likewise, a number of studies point out that IPVOs tend to have a distorted self-image (Dutton & Golant, 1997; Murphy, Stosny, & Morrel, 2005). In this regard, interventions to improve IPVOs' psychological adjustment may also include strategies aimed to adjust their self-image and to achieve an adaptive self-esteem (Lee, Sebold, & Uken, 2003; Murphy et al., 2005; Redondo, Martínez-Catena, & Andrés-Pueyo, 2012).

Our study suggests as a potential target for intervention programs not only the psychological adjustment but also its psychosocial determinants (like those explored in this study, social support and stressful life events). As our study has illustrated, social support and stressful life events will have an impact on the IPVOs' psychological adjustment. However, this is clearly an under-researched area. Although a sizeable number of studies have explored the link between social support and IPVAV, they have mainly focused on victims' social networks and support (Agoff, Herrera, & Castro, 2007; Beeble, Bybee, Sullivan, & Adams, 2009; Heise, 1998; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). However, except for few studies, IPVOs social support has rarely been studied (Choi et al., 2012). Future research would benefit from exploring new intervention strategies,

such as promoting IPVOs interpersonal relationships with members from their communities or to promote supportive relations among participants in an intervention group. A note of caution is necessary however, as some studies show that some members of the support network for IPVOs may condone or tolerate IPVAV (Agoff et al., 2007; Choi et al., 2012). With regard to stressful life events, also connected in this study to the IPVOs' psychological adjustment, potential intervention targets are training in coping strategies, stress-control techniques, cognitive restructuring and problem-solving techniques, and other traditional techniques from cognitive-behavioral approaches that may help IPVOs to better cope with stressful life events in an adaptive way and without having to use violence to solve problems or conflicts.

Finally, this study has also some limitations. First, data were cross-sectional, which limits the possibility to draw firm conclusions on issues of causal direction. Second, the sample of this study consisted of IPVOs participating in a mandatory and community-based intervention. Some caution is needed to generalize these results to samples of imprisoned IPVOs. Third, the potential mediation or suppressor effect of variables such as alcohol consumption, cognitive distortions, and anger in the relationship between psychosocial adjustment and victim-blaming is not considered and future research examining these relationships would help to better understand this link (Chereji, Pintea, & David, 2012; Gracia, García, & Lila, 2008, 2011; Murgui & Jiménez, 2013; Romero-Martínez, González-Bono, Lila, & Moya-Albiol, 2013). Fourth, our results show relations between psychosocial adjustment and victim-blaming but they cannot be generalized to other success indicators of intervention programs for IPVOs (e.g., assumption of responsibilities attitudes towards violence, risk of recidivism).

Notwithstanding these limitations, this study reports data that may help to improve the effectiveness of interventions programs for IPVOs. This study showed the relationship between IPVOs' psychological adjustment and victim-blaming and that this relationship is partly explained by social support variables and stressful life events, thus contributing to lay the foundations for future research efforts exploring the contribution of contextual variables to the intervention programs for IPVOs (Lila et al., 2013; Merlo, 2011; Rodrigo & Byrne, 2011). As Silver and Teasdale (2005) put it, "ignoring the stress and support contexts of individuals may unnecessarily limit the focus of treatment interventions aimed at reducing violence" (p. 72).

Conflicts of interest

The authors of this article declare no conflicts of interest.

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