



The European Journal of Psychology Applied to Legal Context

www.elsevier.es/ejpal



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

Marisol Lila*, Enrique Gracia, and Sergio Murgui

University of Valencia, Spain

ARTICLE INFORMATION

Manuscript received: 11/12/2012
Revision received: 19/04/2013
Accepted: 22/04/2013

Key words:

Intimate partner violence offenders
Psychological adjustment
Social support
Stress
Victim-blaming

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.

© 2013 Colegio Oficial de Psicólogos de Madrid. All rights reserved.

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.

© 2013 Colegio Oficial de Psicólogos de Madrid. Todos los derechos reservados.

Palabras clave:

Ajuste psicológico
Apoyo social
Culpabilización de la víctima
Estrés
Maltratadores

*Correspondence concerning this article should be sent to Marisol Lila, Departamento de Psicología Social, Facultad de Psicología, Avda. Blasco Ibáñez, 21, 46010 Valencia (Spain). E-mail: marisol.lila@uv.es

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, & Waliiko, 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

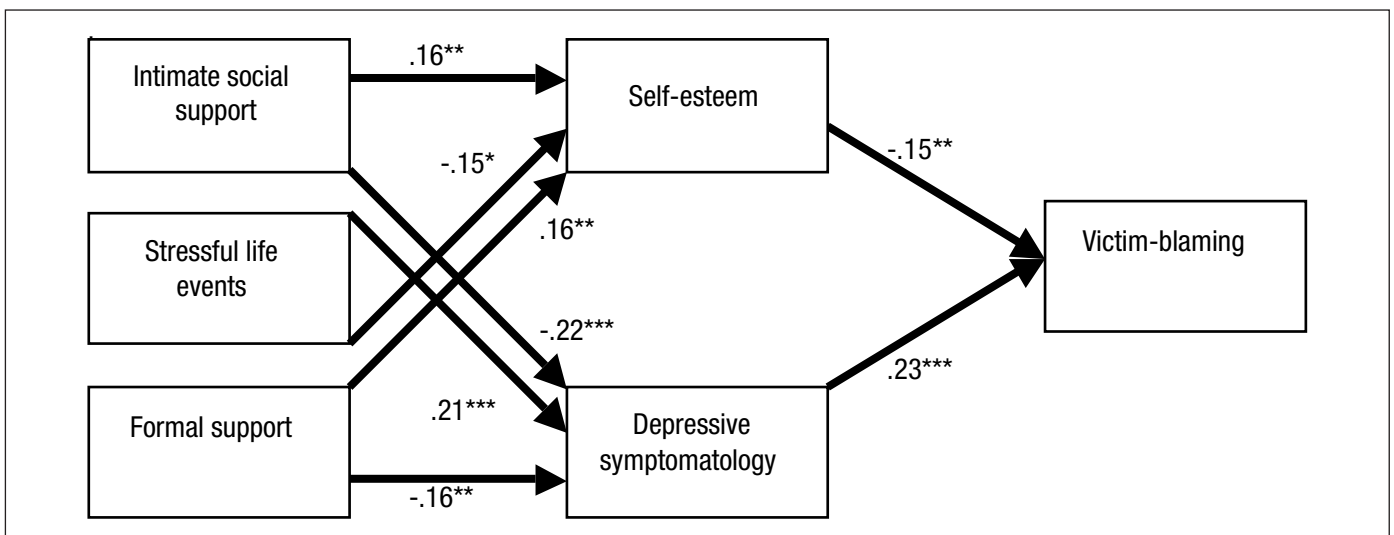


Figure 1. Structural Model
* $p < .05$; ** $p < .01$; *** $p < .001$; $\chi^2(5) = 5.32, p > .05$; $\chi^2/df = 1.06$; ACFI = .99; NNFI = .99; AGFI = .97; RMSEA = .015; $R^2 = .10$; correlation between stressful life events and intimate social support is not shown, $r = -.14^{***}$.

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 IPVAW, 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 IPVAW (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.

Acknowledgements

This research was supported by the Ministerio de Economía y Competitividad [Spanish Ministry of Economy and Competitiveness] (PSI2011-25434), and was conducted in collaboration with Penitentiary Institutions.

References

- Agnew, R. (1992). Foundation for a general strain theory of crime and delinquency. *Criminology*, 30, 47-87. Doi: 10.1111/j.1745-9125.1992.tb01093.x
- Agoff, C., Herrera, C., & Castro, R. (2007). The weakness of family ties and their perpetuating effects on gender violence: A qualitative study in Mexico. *Violence against Women*, 13, 1206-1220. Doi: 10.1177/1077801207307800
- Aneshensel, C. S. (1992). Social stress: Theory and research. *Annual Review of Sociology*, 18, 15-38. Doi: 10.1146/annurev.soc.18.1.15
- Austin, J. B., & Dankwort, J. (1999). Standards for batterer programs: A review and analysis. *Journal of Interpersonal Violence*, 14, 152-168. Doi: 10.1177/088626099014002004
- Babcock, J. C., Graham, K., Canady, B., & Ross, J. M. (2011). A proximal change experiment testing two communication exercises with intimate partner violent men. *Behavior Therapy*, 42, 336-347. Doi: 10.1016/j.beth.2010.08.010

- Babcock, J. C., Green, C. E., & Robie, C. (2004). Does batterers' treatment work? A meta-analytic review of domestic violence treatment. *Clinical Psychology Review*, 23, 1023-1053. Doi: 10.1016/j.cpr.2002.07.001
- Baumeister, R. F. (1998). The self. In D. T. Gilbert, S. T. Fiske, & G. Lindzey (Eds.), *Handbook of social psychology* (4th ed., pp. 680-740). New York, NY: McGraw-Hill.
- Beeble, M. L., Bybee, D., Sullivan, C. M., & Adams, A. E. (2009). Main, mediating, and moderating effects of social support on the well-being of survivors of intimate partner violence across 2 years. *Journal of Consulting and Clinical Psychology*, 77, 718-729. Doi: 10.1037/a0016140
- Bennett, L., & Williams, O. (2001). *Controversies and recent studies of batterer intervention program effectiveness*. Harrisburg, PA: National Resource Center on Domestic Violence/Pennsylvania Coalition against Domestic Violence. Retrieved from <http://www.vawnet.org>
- Bentler, P. M. (1995). *EQS structural equations program manual*. Encino, CA: Multivariate Software.
- Boira, S., López del Hoyo, Y., Tomás-Aragónés, L., & Gaspar, A. R. (2013). Intervención psicológica en la comunidad en hombres condenados por violencia de género [Efficacy of different treatment modalities in men convicted of intimate partner violence]. *Anales de Psicología*, 29, 19-28. Doi: 10.6018/analesps.29.1.130631
- Bouman, Y. H. A., Schene, A. H., & de Ruiter, C. (2009). Subjective well-being and recidivism in forensic psychiatric outpatients. *International Journal of Forensic Mental Health*, 8, 225-234. Doi: 10.1080/14999011003635647
- Bowen, E. (2011). *The rehabilitation of partner-violent men*. Chichester, UK: Wiley-Blackwell.
- Browne, M. W., & Cudeck, R. (1993). Alternative ways of assessing model fit. In K. A. Bollen & J. S. Long (Eds.), *Testing structural equations models* (pp. 111-135). Beverly Hills, CA: Sage.
- Cadsky, O., Hanson, R. K., Crawford, M., & Lalonde, C. (1996). Attrition from a male batterer treatment program: Client-treatment congruence and lifestyle instability. *Violence and Victims*, 11, 51-64.
- Carbajosa, P., Boira, S., & Tomás-Aragónés, L. (2013). Difficulties, skills and therapy strategies in interventions with court-ordered batterers in Spain. *Aggression and Violent Behavior*, 18, 118-124. Doi: 10.1016/j.avb.2012.11.005
- Cattlet, B. S., Toews, M. L., & Walilko, V. (2010). Men's gendered constructions of intimate partner violence as predictors of court-mandated batterer treatment drop out. *American Journal of Community Psychology*, 45, 107-123. Doi: 10.1007/s10464-009-9292-2
- Chereji, S. V., Pintea, S., & David, D. (2012). The relationship of anger and cognitive distortions with violence in violent offenders' population. *The European Journal of Psychology Applied to Legal Context*, 4, 59-77.
- Choi, S. Y. P., Cheung, Y. W., & Cheung, A. K. L. (2012). Social isolation and spousal violence: Comparing female marriage migrants with local women. *Journal of Marriage and Family*, 74, 444-461. Doi: 10.1111/j.1741-3737.2012.00963.x
- Cohen, L. H. (1988). Measurement of life events. In L. H. Cohen (Ed.), *Life events and psychosocial functioning: Theoretical and methodological issues*. London, UK: Sage.
- Cohen, S., Gottlieb, B. H., & Underwood, L. G. (2000). Social relationships and health. In S. Cohen, L. G. Underwood, & B. H. Gottlieb (Eds.), *Social support measurement and intervention: A guide for health and social scientists* (pp. 3-25). New York, NY: Oxford University Press.
- Colvin, M., Cullen, F. T., & Vander Ven, T. (2002). Coercion, social support, and crime: An emerging theoretical consensus. *Criminology*, 40, 19-42. Doi: 10.1111/j.1745-9125.2002.tb00948.x
- Curran, P. J., West, S. G., & Finch, J. F. (1996). The robustness of test statistics to nonnormality and specification error in confirmatory factor analysis. *Psychological Methods*, 1, 16-29. Doi: 10.1037//1082-989X.1.1.16
- Davis, R. C., & Taylor, B. G. (1999). Does batterer treatment reduce violence? A synthesis of the literature. *Women and Criminal Justice*, 10, 69-93. Doi: 10.1300//J012v10n02_05
- Dobash, R. E., Dobash, R. P., Cavanagh, K., & Lewis, R. (1999). *Changing violent men*. London, UK: Sage.
- Dunford, F. W. (2000). The San Diego Navy experiment: An assessment of interventions for men who assault their wives. *Journal of Consulting and Clinical Psychology*, 68, 468-476. Doi: 10.1037//0022-006X.68.3.468
- Dutton, D. G., & Golant, S. K. (1997). *El golpeador. Un perfil psicológico* [The batterer. A psychological profile]. Buenos Aires, Argentina: Paidós.
- Echeburúa, E., Sarasua, B., Zubizarreta, I., & Corral, P. (2009). Evaluación de la eficacia de un tratamiento cognitivo-conductual para hombres violentos contra la pareja en un marco comunitario: una experiencia de 10 años (1997-2007) [Efficacy evaluation of a community-based cognitive-behavioral program for intimate male partner violence: A ten-year experience (1997-2007)]. *International Journal of Clinical and Health Psychology*, 9, 199-217.
- Eckhardt, C. I., Murphy, C., Black, D., & Suhr, L. (2006). Intervention programs for perpetrators of intimate partner violence: Conclusions from a clinical research perspective. *Public Health Reports*, 121, 369-381.
- Feder, L., & Wilson, D. B. (2005). A meta-analytic review of court-mandated batterer intervention programs: Can courts affect abusers' behavior? *Journal of Experimental Criminology*, 1, 239-262. Doi: 10.1007/s11292-005-1179-0
- Feder, L., Wilson, D. B., & Austin, S. (2008). Court-mandated interventions for individual convicted of domestic violence. *Campbell Systematic Reviews*, 12. Retrieved from <http://campbellcollaboration.org/lib/project/44/>
- Friendship, C., Beech, A. R., & Browne, K. D. (2002). Reconviction as an outcome measure in research: A brief methodological note. *British Journal of Criminology*, 42, 442-444. Doi: 10.1093/bjc/42.2.442
- Fuentes, M. C., García, J. F., Gracia, E., & Lila, M. (2011). Autoconcepto y ajuste psicosocial en la adolescencia [Self-concept and psychosocial adjustment in adolescence]. *Psicothema*, 23, 7-12.
- García-Moreno, C., Jansen, H. A. F. M., Ellsberg, M., Heise, L., & Watts, C. (2005). *WHO multi-country study on women's health and domestic violence against women: Initial results on prevalence, health outcomes, and women's responses*. Geneva, Switzerland: World Health Organization.
- Gondolf, E. W. (2004). Evaluating batterer counseling programs: A difficult task showing some effects and implications. *Aggression and Violent Behavior*, 9, 605-631. Doi: 10.1016/j.avb.2003.06.001
- Gondolf, E. W. (2012). *The future of batterer programs: Reassessing evidence-based practice*. Lebanon, NH: University Press of New England.
- Gracia, E. (2011). Apoyo social e intervención social y comunitaria [Social support and community and social intervention]. In I. Fernández, J. F. Morales, & F. Molero (Eds.), *Psicología de la intervención comunitaria* [Community intervention psychology] (pp. 129-171). Bilbao, Spain: Desclée de Brouwer.
- Gracia, E., García, F., & Lila, M. (2008). Police involvement in cases of intimate partner violence against women: The influence of perceived severity and personal responsibility. *Violence Against Women*, 14, 697-714. Doi: 10.1177/1077801208317288
- Gracia, E., García, F., & Lila, M. (2009). Public responses to intimate partner violence against women: The influence of perceived severity and personal responsibility. *The Spanish Journal of Psychology*, 12, 648-656. Doi: 10.1017/S1138741600002018
- Gracia, E., García, F., & Lila, M. (2011). Police attitudes toward policing partner violence against women: Do they correspond to different psychosocial profiles? *Journal of Interpersonal Violence*, 26, 189-207. Doi: 10.1177/0886260510362892
- Gracia, E., García, F., & Musitu, G. (1995). Macrosocial determinants of social integration: Social class and area effect. *Journal of Community & Applied Social Psychology*, 5, 105-119. Doi: 10.1002/casp.2450050204
- Gracia, E., & Herrero, J. (2004). Determinants of social integration in the community: An exploratory analysis of personal, interpersonal, and situational variables. *Journal of Community & Applied Social Psychology*, 14, 1-15. Doi: 10.1002/casp.746
- Gracia, E., Herrero, J., Lila, M., & Fuente, A. (2009). Perceived neighborhood social disorder and attitudes toward domestic violence against women among Latin-American immigrants. *The European Journal of Psychology Applied to Legal Context*, 1, 25-43.
- Gracia, E., Herrero, J., & Musitu, G. (2002). *Evaluación de recursos y estresores psicosociales en la comunidad* [Evaluation of psychosocial resources and stressors in the community]. Madrid, Spain: Síntesis.
- Gracia, E., & Lila, M. (2008). Los profesionales de la salud y la prevención de la violencia doméstica contra la mujer [Role of health professionals in the prevention of domestic violence against women]. *Revista Médica de Chile*, 136, 394-400. Doi: 10.4067/S0034-98872008000300017
- Graham, K., Bernards, S., Flynn, A., Tremblay, P. F., & Wells, S. (2012). Does the relationship between depression and intimate partner aggression vary by gender, victim-perpetrator role, and aggression severity? *Violence and Victims*, 27, 730-743. Doi: 10.1891/0886-6708.27.5.730
- Guggisberg, M. (2010). *Women, violence and comorbidity: The struggle with victimisation, mental health problems and substance use*. Saarbrücken, Germany: Lambert Academic Publishing.
- Heise, L. L. (1998). Violence against women: An integrated, ecological framework. *Violence against Women*, 4, 262-291. Doi: 10.1177/1077801298004003002
- Henning, K., & Holdford, R. (2006). Minimization, denial, and victim blaming by batterers: How much does the truth matter? *Criminal Justice and Behavior*, 33, 110-130. Doi: 10.1177/0093854805282322
- Herrero, J., Fuente, A., & Gracia, E. (2011). Covariates of subjective well-being among Latin-American immigrants in Spain: The role of social integration in the community. *Journal of Community Psychology*, 39, 761-775. Doi: 10.1002/jcop.20468
- Herrero, J., & Gracia, E. (2007). Una medida breve de la sintomatología depresiva (CES-D 7) [A brief measure of depressive symptomatology: CES-D 7]. *Salud Mental*, 30, 40-46.
- Herrero, J., Gracia, E., Fuente, A., & Lila, M. (2012). Desorden social, integración social y bienestar subjetivo en inmigrantes latinoamericanos en España [Social disorder, social integration and subjective well-being among Latin-American immigrants in Spain]. *Anales de Psicología*, 28, 505-514. Doi: 10.6018/analesps.28.2.148721
- Hirschi, T. (1969). *Causes of delinquency*. Berkeley, CA: University of California Press.
- Jacobson, N., & Gottman, J. (1998). *When men batter women: New insights into ending abusive relationships*. New York, NY: Simon & Schuster.
- Kistenmacher, B. R., & Weiss, R. L. (2008). Motivational interviewing as a mechanism for change in men who batter: A randomized controlled trial. *Violence and Victims*, 23, 558-570. Doi: 10.1891/0886-6708.23.5.558
- Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (2002). *World report on violence and health*. Geneva, Switzerland: World Health Organization.
- Langlands, R. L., Ward, T., & Gilchrist, E. (2009). Applying the good lives model to male perpetrators of domestic violence. *Behaviour Change*, 26, 113-129. Doi: 10.1375/bech.26.2.113
- Lanier, C., & Maume, M. O. (2009). Intimate partner violence and social isolation across the rural/urban divide. *Violence Against Women*, 15, 1311-1330. Doi: 10.1177/1077801209346711
- Lee, M. Y., Sebold, J., & Uken, A. (2003). *Solution-focused treatment of domestic violence offenders: Accountability for change*. New York, NY: Oxford University Press.
- Lee, M. Y., Uken, A., & Sebold, J. (2007). Role of self-determined goals in predicting recidivism in domestic violence offenders. *Research on Social Work Practice*, 17, 30-41. Doi: 10.1177/1049731506294375
- Lila, M., Catalá, A., Conchell, R., García, A., Lorenzo, M. V., Pedrón, V., & Terreros, E. (2010). Una experiencia de investigación, formación e intervención con hombres penados por violencia contra la mujer en la Universidad de Valencia: Programa Contexto [A research, training and intervention experience at University of Valencia with men convicted of violence against women: Programa Contexto]. *Intervención Psicosocial*, 19, 167-179. Doi: 10.5093/in2010v19n2a8

- Lila, M., Gracia, E., & Herrero, J. (2012). Asunción de responsabilidad en hombres maltratadores: influencia de la autoestima, la personalidad narcisista y la personalidad antisocial [Responsibility assumption among male batterers: Self-esteem, narcissistic and antisocial personality influence]. *Revista Latinoamericana de Psicología*, *44*, 99-108.
- Lila, M., Oliver, A., Galiana, L., & Gracia, E. (2013). Predicting success indicators of an intervention programme for convicted intimate-partner violence offenders: The Contexto Programme. *The European Journal of Psychology Applied to Legal Context*, *5*, 73-95.
- Lin, N., Dean, A., & Ensel, W. M. (1986). *Social support, life events, and depression*. New York, NY: Academic Press.
- Lin, N., Ye, X., & Ensel, W. M. (1999). Social support and depressed mood: A structural analysis. *Journal of Health and Social Behavior* *40*, 344-359. Doi: 10.2307/2676330
- Marsh, H. W., & Hau, K. T. (1996). Assessing goodness of fit: Is parsimony always desirable? *The Journal of Experimental Education*, *64*, 364-390.
- Medsker, G. J., Williams, L. J., & Holahan, P. J. (1994). A review of current practices for evaluating causal models in organizational behavior and human resources management research. *Journal of Management*, *20*, 439-464. Doi: 10.1016/0149-2063(94)90022-1
- Menéndez S., Pérez, J., & Lorence, B. (2013). La violencia de pareja contra la mujer en España: Cuantificación y caracterización del problema, las víctimas, los agresores y el contexto social y profesional [Partner violence against woman in Spain: Quantification and characterization of the problem, victims, aggressors, and the social and professional context]. *Psychosocial Intervention*, *22*, 41-53. Doi: 10.5093/in2013a6
- Merlo, J. (2011). Contextual influences on the individual life course: Building a research framework for social epidemiology. *Psychosocial Intervention*, *20*, 109-118. Doi: 10.5093/in2011v20n1a9
- Muldoon, J. P., & Gary, J. M. (2011). Enhancing treatment compliance among male batterers: Motivators to get them in the door and keep them in the room. *Journal of Mental Health Counseling*, *33*, 144-160.
- Murgui, S., & Jiménez, T. I. (2013). Efecto de supresión y mediación en el contexto de la intervención psicosocial: Diferencias, similitudes y ejemplos [Suppression and mediation effect in psychosocial intervention: Differences, similarities and examples]. *Psychosocial Intervention*, *22*, 55-59. Doi: 10.5093/in2013a7
- Murphy, C. M., Stosny, S., & Morrel, T. M. (2005). Change in self-esteem and physical aggression during treatment for partner violent men. *Journal of Family Violence*, *20*, 201-210. Doi: 10.1007/s10896-005-5983-0
- Musser, P. H., & Murphy, C. M. (2009). Motivational interviewing with perpetrators of intimate partner abuse. *Journal of Clinical Psychology*, *65*, 1218-1231. Doi: 10.1002/jclp.20642
- Novo, M., Fariña, F., Seijo, D., & Arce, R. (2012). Assessment of a community rehabilitation programme in convicted male intimate-partner violence offenders. *International Journal of Clinical and Health Psychology*, *12*, 219-234.
- Pérez, M., Giménez-Salinas, A., & de Juan, M. (2012). *Evaluación del programa "Violencia de género: programa de intervención para agresores", en medidas alternativas [Evaluation of the community-based program "Gender violence: Intervention program for offenders"]*. Madrid: Ministerio del Interior. Retrieved from <http://www.institucionpenitenciaria.es/>
- Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, *1*, 385-401. Doi: 10.1177/014662167700100306
- Redondo, S., Martínez-Catena, A., & Andrés-Pueyo, A. (2012). Therapeutic effects of a cognitive-behavioural treatment with juvenile offenders. *The European Journal of Psychology Applied to Legal Context*, *4*, 159-178.
- Rodrigo, M. J., & Byrne, S. (2011). Social support and personal agency in at-risk mothers. *Psychosocial Intervention*, *20*, 13-24. Doi: 10.5093/in2011v20n1a2
- Romero-Martínez, A., González-Bono, E., Lila, M., & Moya-Albiol, L. (2013). Testosterone/cortisol ratio in response to acute stress: A possible marker of risk for marital violence. *Social Neuroscience*, *8*, 240-247. Doi: 10.1080/17470919.2013.772072
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Sánchez-Meca, J., Marín-Martínez, F., & López-López, J. A. (2011). Meta-analysis and evidence-based psychosocial intervention. *Psychosocial Intervention*, *20*, 95-107. Doi: 10.5093/in2011v20n1a8
- Sartin, R. M., Hansen, D. J., & Huss, M. T. (2006). Domestic violence treatment response and recidivism: A review and implications for the study of family violence. *Aggression and Violent Behavior*, *11*, 452-440. Doi: 10.1016/j.avb.2005.12.002
- Saunders, D. G. (2008). Group interventions for men who batter: A summary of program descriptions and research. *Violence and Victims*, *23*, 156-172. Doi: 10.1891/0886-6708.23.2.156
- Scott, K. L. (2004). Predictors of change among male batterers: Application of theories and review of empirical findings. *Trauma, Violence, & Abuse*, *5*, 260-284. Doi: 10.1177/1524838003264339
- Scott, K., King, C., McGinn, H., & Hosseini, N. (2011). Effects of motivational enhancement on immediate outcomes of batterer intervention. *Journal of Family Violence*, *26*, 139-149. Doi: 10.1007/s10896-010-9353-1
- Scott, K., & Straus, M. (2007). Denial, minimization, partner blaming, and intimate aggression in dating partners. *Journal of Interpersonal Violence*, *22*, 851-871. Doi: 10.1177/0886260507301227
- Shoener, S. J. (2008). Health consequences of intimate partner violence. In C. M. Renzetti & J. L. Edleson (Eds.), *Encyclopedia of interpersonal violence* (Vol. 1, pp. 326-327). Thousand Oaks, CA: Sage.
- Silver, E., & Teasdale, B. (2005). Mental disorder and violence: An examination of stressful life events and impaired social support. *Social Problems*, *52*, 62-78. Doi: 10.1525/sp.2005.52.1.62
- Taft, C., & Murphy, C. M. (2007). The working alliance in intervention for partner violence perpetrators: Recent research and theory. *Journal of Family Violence*, *22*, 11-18. Doi: 10.1007/s10896-006-9053-z
- Tolman, R. M., & Bennett, L. W. (1990). A review of quantitative research on men who batter. *Journal of Interpersonal Violence*, *5*, 87-118. Doi: 10.1177/088626090005001007
- Uchino, B. N. (2004). *Social support and physical health: Understanding the health consequences of relationships*. New Haven, CT: Yale University Press.
- Ward, T., & Gannon, T. A. (2006). Rehabilitation, etiology, and self-regulation: The comprehensive good lives model of treatment for sexual offenders. *Aggression and Violent Behavior*, *11*, 77-94. Doi: 10.1016/j.avb.2005.06.001
- Ward, T., & Maruna, S. (2007). *Rehabilitation: Beyond the risk paradigm*. London, UK: Routledge.