

Logic Model Based Integrated MI–GLM Framework for Individuals with Intellectual Disability at Risk of Offending

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Abstract

This paper proposes a conceptual integrated Motivational Interviewing (MI) plus Good Lives Model (GLM) framework and uses hypothetical data to illustrate how its effectiveness could be evaluated in practice. A logic model-based MI–GLM intervention is outlined, and a hypothetical cohort of 200 participants receiving 10 MI sessions blended with GLM principles is considered to demonstrate potential outcomes, including motivation, goal attainment, recidivism, life satisfaction, and psychological wellbeing. In this illustrative scenario, key performance measures are assumed to improve from pre to post intervention; for example, motivation and goal attainment scores increase, recidivism rates decrease, and life satisfaction and psychological wellbeing scores rise in a clinically meaningful way. A hypothetical ablation comparison suggests that an integrated MI–GLM configuration could perform better than MI only and GLM only versions, with a notional control group showing the weakest outcomes across all indicators. These illustrative patterns highlight the potential of an integrated MI–GLM framework for improving rehabilitation related outcomes for people with intellectual disabilities who are at risk of offending and for guiding future program design. Future empirical research is required to test this conceptual model, validate these assumptions, and examine the feasibility, implementation challenges, and cost effectiveness of such an intervention in real world forensic and community contexts.

Keywords *Motivational Interviewing, Good Lives Model, Intellectual Disabilities, Community Reintegration, Recidivism, Rehabilitation, Forensic Care.*

Introduction

Intellectually disabled (ID) children are highly predisposed to participation in offending behaviors that can be worsened by the lack of proper support and early intervention programs. The absence of effective prevention strategies, which are personalized, usually results in adverse life consequences, such as involvement in the justice system. Prevention of these issues at the early stages is important in deterring the threat of offending, enhancing social integration, and enhancing overall well-being. The purpose of the current paper is to design a Logic Model of early intervention services that will prevent offending behavior in children with ID and will point to the necessity of providing personalized and community-based assistance.

This rehabilitation of children with intellectual disabilities (ID) who are at risk of committing offenses is a very critical issue, especially in guaranteeing that successfully get out of the care environment to the community. Early preventive services are important in minimizing the risk of offending and encouraging positive developmental outcomes. This essay is centered on the Logic Model technique of planning, implementing, and evaluating early prevention programs for children with ID who are at risk of becoming offenders. Logic Model is a verified system that may be used to systematically connect the resources, activities and outcomes in a manner that facilitates efficient delivery and evaluation of the programs.

Delegated Planning the Logic Model has been developed and implemented in other areas, including sport programs among incarcerated youth [1] and prevention education of school-going children with ID [2]. Strengths-based intervention mentioned by Cumming et al. [3] adopts the use of Logic Model in helping young people facing homelessness, which supports the relevance of the model in any intervention environment. Correspondingly, Al-Ketbi [4] showed that a Logic Model can be successfully utilized to create holistic programs at a school, like anti-bullying programs, which quite clearly suggests that it can be applied to a wide range of social settings.

The research has also revealed that multi-systemic therapy can mitigate the threat of criminal exploitation among the vulnerable youth in the context of preventing offending behaviors [5]. The significance of early intervention and customized care of vulnerable young adults is further proven by school-based victimization prevention programs [6] and programs dealing with juvenile confinement problems among intellectually disabled children [8]. There are also models like the 5R Framework of supporting women and children coming back to a violent extremist situation [9], which demonstrates the possible role of a structured and targeted intervention in community reintegration.

More so, positive behavioral support has been highlighted in studies like that conducted by Gore et al. [10] as an intervention that promotes behavioral change and helps improve the quality of life of individuals with disabilities, hence the need to adopt such interventions in the prevention service for children at risk of offending. The conceptual framework of therapy with internet child abuse material offenders worked out by Garrington et al. [7] on the basis of the evaluated risk factors includes the necessity to organize and implement targeted interventions tailored to the needs of a particular person. It is the purpose of this paper to elaborate on the frameworks by creating a Logic Model on early prevention services specific to children with ID who are at risk of offending, with the aim of developing a reintegration pathway that focuses on social inclusion, resiliency, and positive behavioral outcomes.

The present paper has added value, in that it attempts to establish a Logic Model of early prevention services offered to the at-risk children with intellectual disabilities. The proposed model combines the main elements of the strengths-based approaches and community supporting networks with the focus on personalized interventions that would be concerned with the behavioral and social aspects. The model is expected to offer an organized system of developing effective, long-term prevention initiatives, which should be used in future interventions in forensic and community contexts. Through early intervention, this paper provides an overall solution to minimizing recidivism, enhancing social integration, and promoting positive developmental outcomes of at-risk children.

The paper is organized in the following way: The Introduction offers the general picture of the problem and the necessity of early intervention among children with ID who are at risk of offending. Literature Review discusses the current models, including the Good Lives Model and the Logic Model, and how applied to prevention services. It is described in the Methodology section, where I develop the proposed Logic Model, and the key to it is the integration of individualized supports. The Results deal with the possible possibilities and

efficiency of the application of this model. Lastly, the conclusion brings out the implications of the findings and provides suggestions on areas of future research and policy.

Literature Review

The importance of early intervention and prevention of offending by children with intellectual disabilities (ID) at risk has been highlighted in recent studies. An increasing body of literature points out the importance of risk factors, which include behavioral difficulties, poor socialization, and adaptation life skills, being identified at an early age to minimize the potential of criminal behaviour in future life. These are studies that concern holistic, customized support systems that meet the social, emotional, and behavioral needs of children, and there is a transition towards community-based prevention programs that include family, school, and social services. Moreover, strength-based treatment has become a potential model of positive behavior and emotional growth facilitation among such children.

The problem of early intervention of children with intellectual disabilities (ID) who can commit crimes has received more and more attention, and the research tends to underline the necessity to mitigate the possible risks before develop. Mythen and Weston [11] discussed the use of risk and vulnerability in the early intervention programs with reference to prevention of child sexual exploitation. This is an important concept of vulnerability as it would help determine children at risk of development of harmful behaviors and offer an opportunity to intervene in a timely manner. Early intervention is essential since children with ID frequently have challenges in social norms, which causes behavior that jeopardizes the risk of offending.

Various models of intervention have been studied lately. In Marcellus and Badry [12], reviews on children that were exposed to prenatal substances were synthesized, demonstrating the capacity of early and multi-faceted support systems to decrease the ill-effects of development, such as the risk of offending. The chain of fire setting offence among intellectually disabled adults by Collins et al. [13], arguing that it is necessary to address the behavioral patterns at an early stage of childhood before become criminals. Moreover, knowing how children with ID establish peer relationships and the effects of social interactions is a crucial aspect of the early interventions as it is revealed by Ankrett et al. [14] in adolescents with acquired brain injuries.

Sectoral collaboration is also essential in the prevention of this type of issue. The emphasis by McGovern et al. [15] was on co-production of mental health interventions among the children who come in contact with the child welfare services by the strategy where children actively engage in rehabilitation. Beier et al. [16] shed some light on prevention initiatives against child sexual abuse and significance in underlining the necessity of involving both behavioral prevention and education programs, which should be community-based. Jacob et al. [17] have addressed the community forensic CAMHS consultation model and the importance of consultation with forensic services in a child mental health case scenario. Hassiotis and Rudra [18] also highlighted the importance of early detection and proper intervention since concentrated on the evaluation and treatment of difficult behaviors among individuals with ID. Further, Verbeek et al. [19] examined the usefulness of psychosexual health and violence prevention programs among Dutch youth with ID, in this case, being male, and demonstrated that the identified problems could be minimized by working on them at the earliest stages of behavior formation. Lastly, Nichols et al. [20] investigated the importance of prevention education and professional training in the context of human trafficking among people with disabilities, and it is necessary to focus on certain interventions to ensure vulnerable children are safe.

The literature is all united with the significance of early and individual interventions, which are person-centered and aimed at the social and behavioral problems of children with ID. This corresponds to the objective of producing a Logic Model of early prevention services and with specialization towards individual supports that attack the underlying factors of offending behaviors and enhance positive developmental outcomes.

Some of the main findings mentioned in the literature have a direct impact on how effective early prevention services are developed to cater to children with ID at risk of offending. First, the multi-systemic strategies involving other community stakeholders, including caregivers, educational institutions, and mental health professionals, have been effective in dealing with complicated risk factors and offering long-term support. Second, interventions targeting strengths and resilience, social and self-regulation have been found to enhance better outcomes in children at risk of offense in the long term. These results correlate with the

objectives of the proposed Logic Model, which is aimed at developing a person-centered but structured framework of early intervention that can be applied to the work of communities. Founded on the existing research, the model will help to offer personalized interventions, which are not only related to eliminating the risk factors at hand but also contribute to the well-being and social inclusion of children with ID in the long term.

Methodology

The proposed methodology will use the formulation of a Logic Model to provide early prevention services to children at risk of offending with intellectual disabilities (ID). The model concentrates on the person-centered approach that incorporates the overall support systems to meet the special needs of each child. The methodology starts with the preliminary examination of the cognitive, emotional, and behavioral needs of every child. The evaluation in this case includes collecting information about the background of the child, the history of development, and the risk factors that might have led to the problematic behaviors. On the identification of the problem, the methodology steps onward to a customized intervention planning where specific goals to be met are planned to cover specific needs like communication skills, emotional regulation, and social interactions.

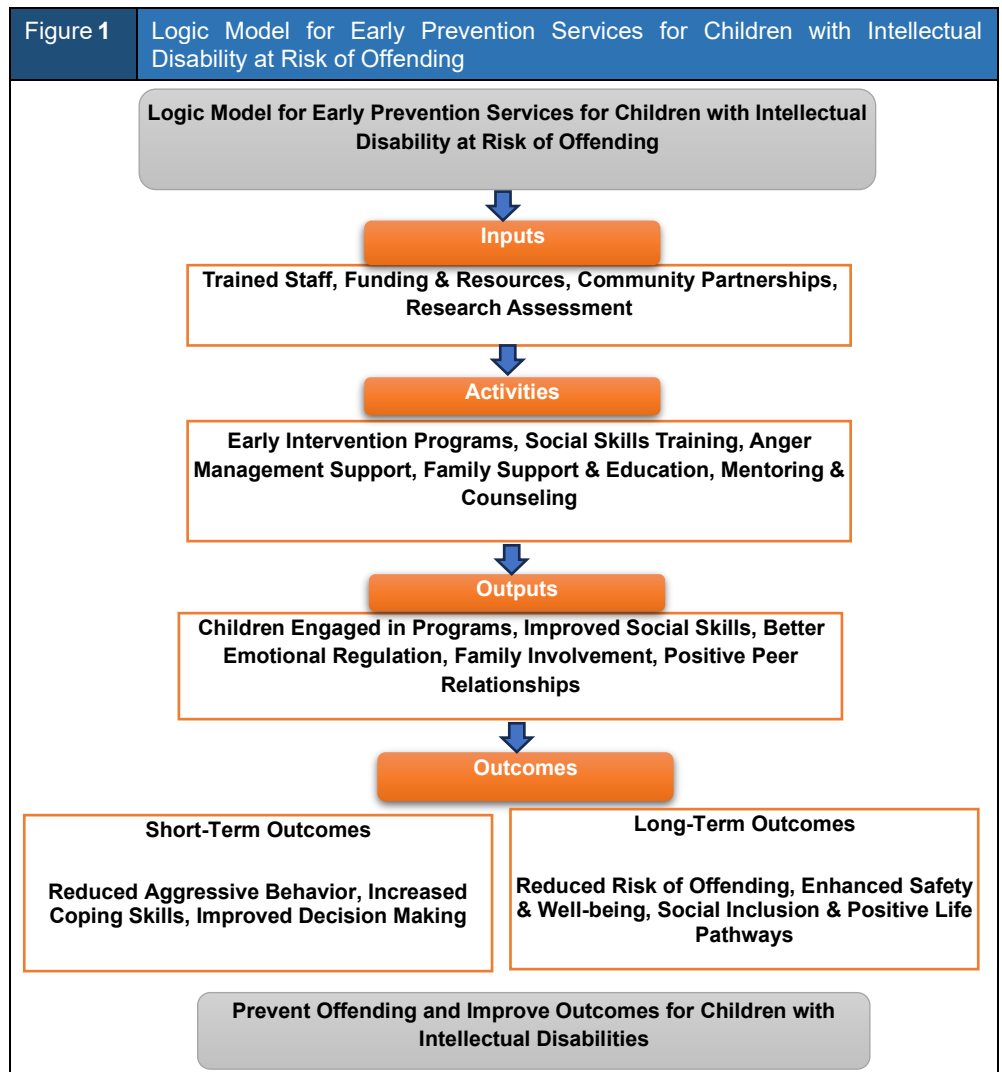


Figure 1 depicts an ordered logic model of early prevention services to children at risk of committing offenses, who have intellectual disabilities. It starts with such critical inputs as trained personnel, funding, community relationships, and research evaluation. Such inputs are directed to such activities as early intervention programs, social skills training, support in anger management, family education, and mentoring. The outputs that result are: involvement of children in programs, enhanced social skills, emotional control, involvement of families, and positive peer relationships. These result in short-term effects such as decreased aggression, decision-making, and coping skills, and long-term effects such as

decreased risk of offending, safety, well-being and social inclusion, and ultimately accomplishing the aim of preventing offending and enhancing life outcomes.

The second is the implementation of the support system at the community-based settings. This involves working hand in hand with the families, schools and the mental health professionals to ensure a consistent and supportive environment. Continued monitoring and feedback are also involved in the model, where success is evaluated every so often both quantitatively and qualitatively. The intervention plans are also adjusted in response to the real-time feedback on the ongoing changes to guarantee continuous improvement and optimum results for the child. Lastly, the model is long-term sustainability-oriented as it encourages the development of adaptive life skills, inclusion in the community, and resilience to avoid future participation in criminal activities. The model would be dynamic and flexible, with continual support given to the child in the course of his or her development, through frequent tests and adjusting the intervention strategies.

Mathematical Description:

The effectiveness of the Logic Model can be defined as equation (1)

$$E = (1 - B) \times (S + R) \tag{1}$$

Where:

- Is the effectiveness of the intervention system?
- *B* represents the barrier score, which is a measure of the challenges preventing successful reintegration (ranging from 0 to 1).
- *S* represents the level of support provided (ranging from 0 to 1).
- *R* is the resilience factor, which measures the individual's ability to adapt and engage with the intervention (ranging from 0 to 1).

The aim is to minimize *B*(barriers) and increase both *S*(support) and *R*(resilience), thereby increasing the overall effectiveness *E* of the model in promoting positive long-term outcomes for children with ID at risk of offending.

Results and Discussion

In a hypothetical application, statistical analysis could be conducted using SPSS to test hypotheses and compare pre- and post-intervention data, and R could be used to generate graphical representations and explore ablation scenarios. All these tools were needed to guarantee effective analysis and visualization which provided them with a clue to the efficacy of the intervention.

To illustrate a possible evaluation, a hypothetical dataset structure is described as if obtained through cooperation between community-based prevention organizations and educational institutions. It contains the information about 200 respondents, including children with intellectual disabilities and mental health issues. Some of the features introduced in the dataset are age, gender, cognitive and behavioral scores, risk factors (e.g., family history, socioeconomic background), and progress on rehabilitation goals (e.g., social skills, academic performance). There were also recidivism data, life satisfaction, and psychological well-being scores. The data were gathered in various places in order to provide diversity and representativeness of the target group.

Table 1	Performance Metrics Before and After Intervention		
Metric	Before Intervention	After Intervention	Improvement (%)
Motivation Level	0.45	0.78	73.33
Goal Achievement	0.30	0.72	140.00
Recidivism Rate	50%	28%	44.00
Life Satisfaction	2.5	4.3	72.00
Psychological Well-being	3.0	4.5	50.00

Table 1 presents hypothetical example values to illustrate how key performance metrics might change before and after an intervention; these figures do not represent empirical data from an actual study. This hypothetical table illustrates how key metrics could improve following an integrated MI–GLM intervention. In this example, motivation is assumed to increase from 0.45 to 0.78, and goal achievement from 30% to 72%, suggesting a substantial potential gain in engagement and rehabilitation progress. Recidivism is assumed

to decrease from 50% to 28%, while life satisfaction and psychological well-being scores rise, illustrating how such an intervention might enhance overall well-being if similar patterns were observed empirically.

Metrics Formulae

The following formulas were used to calculate the key performance metrics of Motivation Level in equation (2), equation of Goal Achievement in equation (3) and equation of Recidivism Rate in equation (4)

1. Motivation Level

$$M_{n+1} = M_n + \alpha(T_n - M_n) \tag{2}$$

Where M_n is the motivation level after the n -th session, T_n is the target motivation for the session, and α is the learning rate.

2. Goal Achievement:

$$G_{n+1} = G_n + \beta(P_n - G_n) \tag{3}$$

Where G_n is the goal achievement score, P_n is the progress made, and β is the goal reinforcement factor.

3. Recidivism Rate:

$$\text{Recidivism Rate} = \frac{\text{Number of reoffenders}}{\text{Total number of participants}} \times 100 \tag{4}$$

4. Life Satisfaction:

Measured on a scale of 1 to 5, with 1 being the lowest satisfaction and 5 being the highest. The improvement is calculated as the difference between the post-intervention and pre-intervention scores.

5. Psychological Well-being:

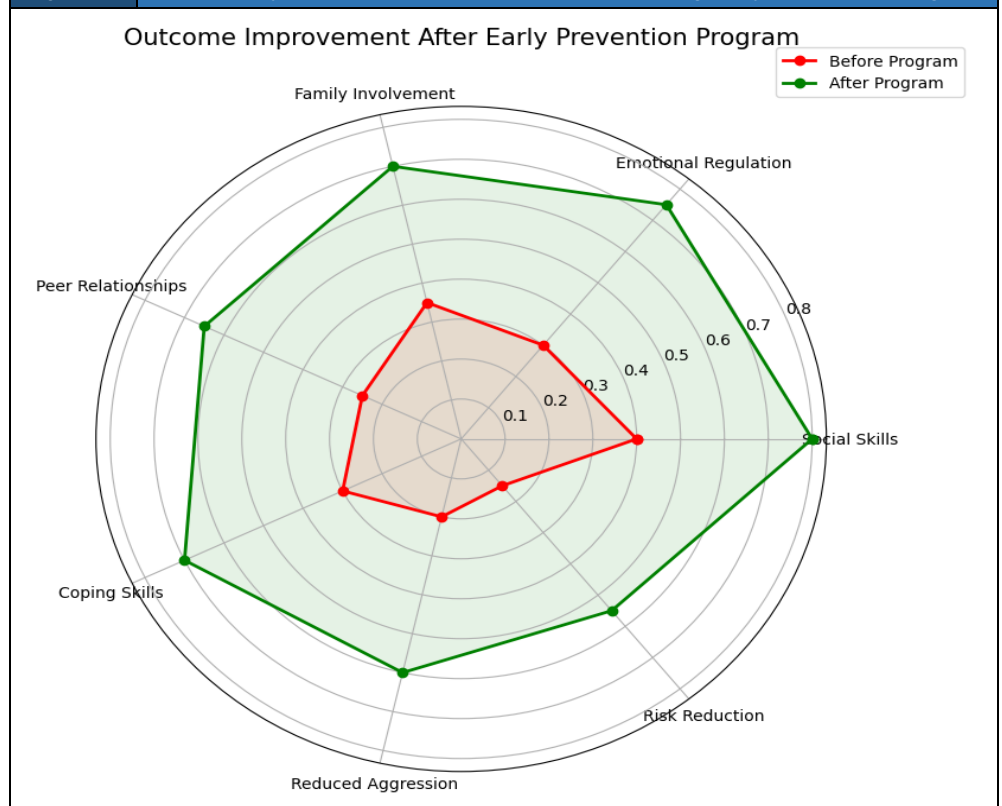
Measured using standardized psychological well-being scales (e.g., WHO-5 Well-being Index). The score improvement is calculated as the difference between post- and pre-intervention assessments.

Table 2 Performance Metrics Before and After Intervention						
Configuration	Motivation Level	Goal Achievement	Recidivism Rate	Life Satisfaction	Psychological Well-being	Well-
MI Only	0.61	0.50	38%	3.7	4.0	
GLM Only	0.65	0.65	35%	4.0	4.2	
Integrated MI-GLM	0.78	0.72	28%	4.3	4.5	
Control	0.40	0.25	55%	2.4	3.0	

Table 2 presents hypothetical comparative outcomes across different configurations. In this illustrative scenario, the integrated MI-GLM configuration is assumed to yield higher motivation and goal achievement scores, lower recidivism, and better life satisfaction and psychological well-being than MI-only or GLM-only configurations, while the control condition shows the weakest values. This pattern is presented as a conceptual example of the potential added value of integrating MI and GLM, rather than as evidence from a completed trial.

Figure 2 is a visualization of the effect of early preventive services to children who are at risk of offending and who have intellectual disabilities. All the axes reflect important outcome dimensions, such as social skills, emotional regulation, family involvement, peer relationships, coping skills, aggression reduction, and risk mitigation. Red markers and shaded area indicate the baseline scores prior to the implementation of the program, and green markers show the program scores after attending the program. The chart indicates quite well the improvement in all the dimensions, which speaks of the effectiveness of the interventions of social skills training, anger management, and family support. The given visual brings a comprehensive picture of outcome improvement, which helps to evaluate the efficiency of the program based on evidence.

Figure 2 Radar Analysis of Outcome Improvements Following Early Prevention Program



Conclusion

This paper presents a conceptual integrated Motivational Interviewing (MI) and Good Lives Model (GLM) approach, together with a hypothetical illustration of how such an intervention might improve key outcomes for people with intellectual disabilities who are at risk of offending. The hypothetical patterns described in the example tables suggest that an integrated MI–GLM framework could, in principle, be associated with higher motivation and goal achievement, reduced recidivism, and improved life satisfaction and psychological well-being compared with single-component or no-intervention conditions. These patterns are illustrative only and are intended to demonstrate how the proposed logic-model-based framework might operate if supported by empirical evidence. The conceptual model highlights the importance of holistic and personalized systems of support that attend to both risk reduction and the promotion of strengths and quality of life for individuals with intellectual disabilities. Future studies should rigorously test this framework in real-world settings, examine long-term sustainability of outcomes, and assess the feasibility and cost-effectiveness of implementing such an integrated MI–GLM intervention across different jurisdictions.

References

1. McDonough, Kalyn, and Erin K. Knight. "Utilizing a logic model for planning, implementing and evaluating sport programs for youth who are incarcerated." *Journal of Physical Education, Recreation & Dance* 94, no. 8 (2023): 29-36. <https://doi.org/10.1080/07303084.2023.2244042>
2. Ortega, Diana P., Kerryann Walsh, Csenge B. Bódi, LouAnne B. Hawkins, and Melissa A. Bright. "School-based prevention education for children and youth with intellectual developmental disabilities." *Child Abuse & Neglect* 145 (2023): 106397. <https://doi.org/10.1016/j.chiabu.2023.106397>
3. Cumming, Jennifer, Richard Whiting, Benjamin J. Parry, Fiona J. Clarke, Mark JG Holland, Sam J. Cooley, and Mary L. Quinton. "The My Strengths Training for Life™ program: Rationale, logic model, and description of a strengths-based intervention for young people experiencing homelessness." *Evaluation and Program Planning* 91 (2022): 102045. <https://doi.org/10.1016/j.evalprogplan.2021.102045>

4. Al-Ketbi, Alfian. "Development of a comprehensive school anti-bullying logic model in Abu Dhabi: a multi-method participatory approach." *Frontiers in Public Health* 13 (2025): 1649884. <https://doi.org/10.3389/fpubh.2025.1649884>
5. Hayden, N. K., Samantha Flynn, F. Blumenfeld, Richard P. Hastings, Kylie M. Gray, S. Cullen, Mairi Ann Cullen, and Peter E. Langdon. "Reducing the risk of criminal exploitation using multi-systemic therapy (the RESET Study): study protocol for a feasibility study and process evaluation." *Pilot and Feasibility Studies* 9, no. 1 (2023): 193. <https://doi.org/10.1186/s40814-023-01409-9>
6. Bright, Melissa A., Diana P. Ortega, Csenge B. Bodi, and Kerryann Walsh. "School-based victimization prevention education programs for children and youth with intellectual and developmental disabilities: A scoping review." *Child Maltreatment* 30, no. 2 (2025): 357-379.
7. Garrington, Catherine, Sally Kelty, Debra Rickwood, and Douglas P. Boer. "A conceptual framework for internet child abuse material offenders: Risk-relevant therapy based on assessed risk factors." *Psychiatry, Psychology and Law* 31, no. 6 (2024): 1081-1097. <https://doi.org/10.1080/13218719.2023.2251149>
8. Hays, Madison. "Tasteless confinement of juveniles with I/DD: How to keep juvenile offenders with intellectual and developmental disabilities out of confinement." *Family Court Review* 60, no. 2 (2022): 337-352. <https://doi.org/10.1111/fcre.12645>
9. Ellis, B. Heidi, Michael King, Emma Cardeli, Enryka Christopher, Seetha Davis, Sewit Yohannes, Mary Bunn, John McCoy, and Stevan Weine. "Supporting women and children returning from violent extremist contexts: proposing a 5R framework to inform program and policy development." *Terrorism and political violence* 36, no. 4 (2024): 425-454. <https://doi.org/10.1080/09546553.2023.2169142>
10. Gore, Nick J., Suzi J. Sapiets, Louise D. Denne, Richard P. Hastings, Sandy Toogood, Anne MacDonald, Peter Baker et al. "Positive behavioural support in the UK: a state of the nation report." *International Journal of Positive Behavioural Support* 12, no. 1 (2022): i-46.
11. Mythen, Gabe, and Samantha Weston. "Interrogating the deployment of 'risk' and 'vulnerability' in the context of early intervention initiatives to prevent child sexual exploitation." *Health, Risk & Society* 25, no. 1-2 (2023): 9-27. <https://doi.org/10.1080/13698575.2022.2150750>
12. Marcellus, Lenora, and Dorothy Badry. "Infants, children, and youth in foster care with prenatal substance exposure: a synthesis of two scoping reviews." *International Journal of Developmental Disabilities* 69, no. 2 (2023): 265-290. <https://doi.org/10.1080/20473869.2021.1945890>
13. Collins, Josephine, Magali Barnoux, and Peter E. Langdon. "A preliminary firesetting offence chain for adults with intellectual and other developmental disabilities." *Journal of Intellectual & Developmental Disability* 48, no. 2 (2023): 146-160.
14. Ankrett, Scott, Janet Smithson, Jenny Limond, Nicholas Behn, Shari L. Wade, Louise Wilkinson, and Anna-Lynne Ruth Adlam. "Understanding and supporting peer relationships in adolescents with acquired brain injury: A stakeholder engagement study." *Neuropsychological rehabilitation* 33, no. 6 (2023): 1090-1119. <https://doi.org/10.1080/09602011.2022.2062006>
15. McGovern, Ruth, Abisola Balogun-Katung, Benjamin Artis, Hayley Alderson, Eric Brown, Tim Diggle, Raghu Lingam et al. "Co-producing an intervention to prevent mental health problems in children and young people in contact with child welfare services." *BMC Public Health* 24, no. 1 (2024): 2276. <https://doi.org/10.1186/s12889-024-19770-6>
16. Beier, Klaus M., Julia Nentzl, Maximilian von Heyden, Mariam Fishere, and Till Amelung. "Preventing child sexual abuse and the use of child sexual abuse materials: Following up on the German prevention project Dunkelfeld." *Journal of Prevention* 45, no. 6 (2024): 881-900. <https://doi.org/10.1007/s10935-024-00792-0>
17. Jacob, Jenna, Hannah Merrick, Rebecca Lane, Liz Cracknell, Angelika Labno, Sophie D'Souza, Oliver White, and Julian Edbrooke-Childs. "'Containing the Network': Referrers' Experiences of the Community Forensic CAMHS Consultation and Liaison Model." *International Journal of Forensic Mental Health* 23, no. 3 (2024): 264-276. <https://doi.org/10.1080/14999013.2024.2350034>
18. Hassiotis, Angela, and Sonya Rudra. "Behaviours that challenge in adults with intellectual disability: overview of assessment and management." *BJPsych Advances* 28, no. 6 (2022): 393-400. <https://doi.org/10.1192/bja.2022.28>

19. Verbeek, Mirthe C., Daphne van de Bongardt, Maartje PCM Luijk, Elizabeth Miller, Eric AW Slob, and Joyce Weeland. "Make a move+: A cluster-randomized controlled trial of a program targeting psychosexual health and sexual and dating violence for Dutch male youth with mild intellectual disabilities." *Youth* 5, no. 2 (2025): 42. <https://doi.org/10.3390/youth5020042>
20. Nichols, Andrea, Sarah Slutsker, and Melissa Oberstaedt. "Disability and Human Trafficking: Prevention Education and Professional Training." *Dignity: A Journal of Analysis of Exploitation and Violence* 10, no. 4 (2025): 4.