

Perspectivas emergentes en la intervención con agresores de pareja: metas de cambio, variables grupales y satisfacción con la intervención

Emerging perspectives in intervention programs for intimate partner violence perpetrators: goal setting, group-related variables, and satisfaction with the intervention

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*Tres mil cinc-cents milions de lluitadors incansables,
que no s'aturen mai, conquereixen espais.
Sou la font de vida i la flor de tots els pobles que han unit el seu cant caminant.
Tres mil cinc-cents milions d'il·lusions emancipades creuaran tots els mars,
per seguir endavant.
Sou llengua materna, sou trinxera i sou la sang.
Sou cada xiqueta que aquesta nit ha de somniar.*

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Abbreviations

AFC = Análisis Factorial Confirmatorio

AFE = Análisis Factorial Exploratorio

CBT = Cognitive Behavioral Therapy

CDC = Centers for Disease Control and Prevention

CFI = Comparative Fit Index

CPBG = Client Perceived Benefits of Group

CRF = Client Rating of Facilitator

CRI = Composite Reliability Indices

IMP = Individualized Motivational Plan

IPV = Intimate Partner Violence

JCR = Journal Citation Reports

PEI = Principles of Effective Intervention

PRIA = Programa de Intervención para Agresores

PRIA-MA = Programa de Intervención para Agresores de violencia de género en Medidas Alternativas

PRISMA = Preferred Reporting Items for Systematic Reviews and Meta-Analyses

PROSPERO = International Prospective Register of Systematic Reviews

RCT = Randomized Controlled/Clinical Trials

RMSEA = Root-Mean-Square Error of Approximation

RNR = Risk-need-responsivity

SIIPVS = Satisfaction with the Intervention for Intimate Partner Violence Perpetrators Scale

SRMR = Standardized Root Mean Square Residual

TA = Thematic Analysis

UN = United Nations

VMRP = Violencia contra la Mujer en las Relaciones de Pareja

WAI-SR = Working Alliance Inventory-Short Revised

WHO = World Health Organization

WWP EN = European Network for the Work with Perpetrators of Domestic Violence

Abstract

Intimate partner violence (IPV) is widely recognized as the most prevalent type of violence against women and has been globally acknowledged as a major public health issue of pandemic proportions. Intervention programs for IPV male perpetrators aim to prevent further violence and promote transformative change among participants. Systematic reviews and meta-analyses evaluating the effectiveness of these treatments have reported small to moderate effect sizes in reducing recidivism rates. Consequently, it is essential to adopt new approaches for the assessment of these interventions to achieve a more comprehensive understanding of their effectiveness. This doctoral thesis included three studies that analyzed novel and promising variables in intervention programs for IPV perpetrators: group-related variables, goal setting, and satisfaction with the intervention. The main objectives were to examine group-related variables, their predictors, and their impact on program functioning and outcomes (Study 1); to categorize self-determined goals set by participants in an IPV intervention program (Study 2); and to evaluate participant satisfaction with the intervention and its relationship to intervention outcomes (Study 3). Results indicated that the primary predictors of group-related variables were motivational strategies and counseling leadership. Notably, group cohesion and participants' protherapeutic behavior were strongly associated with positive treatment outcomes, including increased participation and working alliance, and reduced violent behavior during follow-up. Additionally, the most common topics identified in self-determined goals were related to interpersonal relationships, personal resources for daily life, coping strategies, and motivation to change. Moreover, participants' satisfaction was associated with key intervention outcomes, such as increased motivation to change and working alliance, and reduced recidivism rates. These findings highlight the potential value of these approaches in understanding and improving intervention effectiveness. Although further research is needed to gain a deeper understanding of the role these variables play, our results have important treatment implications. Therefore, our findings could inform intervention programs in developing strategies that address participants' needs and interests (e.g., goal setting), as well as highlight relevant aspects to include in facilitator training curricula (e.g., motivational strategies, skills for fostering a collaborative, learning, and supportive environment). Incorporating these two elements may enhance intervention effectiveness, thereby contributing to prevent IPV against women and the promotion of healthy relationships.

Keywords: intimate partner violence, perpetrator intervention programs, group-related variables, self-determined goals, satisfaction with the intervention.

Resumen

La violencia contra la mujer en las relaciones de pareja (VMRP; i.e., violencia de género) representa la forma de violencia más prevalente experimentada por las mujeres (World Health Organization [WHO], 2021). Este tipo de violencia influye gravemente en la vida y la salud de las mujeres, constituyendo una violación de los derechos de las mujeres (WHO, 2009, 2021). La VMRP se define como cualquier conducta violenta en el contexto de una relación íntima de pareja que resulte en daño físico, psicológico, económico y/o sexual (WHO, 2013, 2014, 2021). En España, según la Ley Orgánica 1/2004 de Medidas de Protección Integral contra la Violencia de Género (Boletín Oficial del Estado, 2004), la VMRP se define como cualquier acto de violencia física y/o psicológica, incluidas las agresiones a la libertad sexual, las coacciones o la privación arbitraria de libertad.

La VMRP se considera un problema de salud pública de proporciones pandémicas (WHO, 2013, 2021). En el informe de la WHO (2021) sobre la prevalencia mundial de la VMRP, se estimó que el 26% de las mujeres mayores de 15 años, que han estado casadas o en pareja, han sufrido al menos un incidente de violencia física o sexual a lo largo de su vida a manos de su pareja o expareja. Asimismo, las mujeres presentan un riesgo significativamente más alto que los hombres de experimentar violencia en las relaciones de pareja (Centers for Disease Control and Prevention [CDC], 2022; WHO, 2013). En España, uno de los países europeos con menor prevalencia de VMRP, el 13% de las mujeres mayores de 15 años han sufrido violencia física o sexual al menos una vez en su vida a manos de su pareja o expareja (Martín-Fernández et al., 2020).

La literatura científica define la VMRP como un fenómeno multicausal (CDC, 2014). Es por ello por lo que se han identificado diferentes factores de riesgo que, al interactuar entre sí, incrementan la probabilidad de su ocurrencia. Siguiendo el modelo de Heise (2011), a nivel individual se incluyen factores como el consumo de sustancias, la victimización previa por maltrato infantil o una alta impulsividad (CDC, 2014; Expósito-Álvarez et al., 2023; WHO, 2019). A nivel relacional se consideran factores como el escaso apoyo social íntimo (Capaldi et al., 2012). A nivel relacional se encuentran factores como las tasas de desempleo o barrios con escasos recursos (Gracia et al., 2021). Finalmente, a nivel macrosocial se incluyen factores relacionados con la desigualdad de género y los roles de género (CDC, 2014).

Desde la década de los 70, los programas de intervención para agresores de pareja se han convertido en un elemento crucial del sistema judicial para afrontar la VMRP (Cunha &

Caridade, 2023). Por ello, su implementación se ha generalizado en la mayoría de los países occidentales (Lila & Gilchrist, 2023). Su objetivo principal es la reducción de la reincidencia de la conducta violenta, así como fomentar relaciones libres de violencia (Cheng et al., 2021). Por esta razón, estas intervenciones constituyen una estrategia fundamental de protección a las víctimas (Lila et al., 2013). En España, la Ley Orgánica 1/2004 (Boletín Oficial del Estado, 2004) proporciona el marco legal en el que se implementan los programas de intervención para agresores de pareja. En lo que respecta al desarrollo de esta tesis doctoral, los programas de intervención para agresores de pareja en medidas alternativas constituyen una medida judicial para aquellos hombres condenados por delitos de violencia de género, cuya condena ha sido suspendida y que, por mandato judicial, deben asistir a un programa de intervención (Lila et al., 2013). Para la concesión de la suspensión de condena es necesario que la pena de prisión sea inferior a dos años y que la persona carezca de antecedentes penales computables (Lila et al., 2018).

La intervención grupal es la modalidad más utilizada en los programas de intervención para agresores de pareja (Cannon et al., 2016), tanto en España como a nivel internacional. La intervención grupal se ha considerado preferible al tratamiento individual por varias razones. Además de que es potencialmente más rentable (Karakurt et al., 2019), permite la confrontación positiva entre iguales, el modelado de conductas prosociales, la adquisición y práctica de habilidades e información, la apertura emocional, o la prestación y recepción de apoyo social (McGinn et al., 2017; Portnoy & Murphy, 2020). Asimismo, los Principios de Intervención Eficaz (PEI) indican que la intervención grupal es el enfoque óptimo para los agresores de pareja (Radatz & Wright, 2016; Richards et al., 2022), pues este formato permite identificar y resolver las necesidades de los participantes, garantiza la participación efectiva y potencia el impacto de la intervención.

En cuanto a la efectividad de los programas de intervención para agresores de pareja, los diferentes metaanálisis y revisiones sistemáticas muestran resultados positivos, aunque con tamaños del efecto pequeños o moderados con respecto a la reducción de la reincidencia (Arce et al., 2020; Babcock et al., 2004; Cheng et al., 2021; Nessel et al., 2019). Asimismo, estos estudios han indicado los principales desafíos que es necesario afrontar para potenciar la efectividad de estas intervenciones. La mayoría de los participantes en los programas de intervención para agresores de pareja, al ser derivados por mandato judicial, muestran una alta resistencia al tratamiento, así como escasa motivación para el cambio y asunción de

responsabilidad (Lila et al., 2014). Asimismo, como consecuencia, estos programas presentan elevadas tasas de abandono de la intervención, lo que incrementa el riesgo de reincidencia en la conducta violenta (Lila et al., 2019). Finalmente, la mayoría de los programas de intervención implementan un modelo estándar para todos los participantes, por lo que no ajustan la intervención a los factores de riesgo ni a las necesidades específicas de los participantes altamente resistentes y de alto riesgo (Karakurt et al., 2019).

Con el objetivo de afrontar los desafíos mencionados anteriormente, los programas de intervención para agresores de pareja han incorporado nuevos enfoques en la intervención. Las estrategias motivacionales han mostrado resultados prometedores a la hora de fomentar la motivación al cambio y la adherencia, así como reducir el abandono y la reincidencia (DiClemente et al., 2017). El enfoque riesgo-necesidad-responsividad (RNR; Andrews & Bonta, 2010) tiene como objetivo ajustar la intervención a los factores de riesgo y necesidades de los participantes. Finalmente, el estudio de las dinámicas grupales en la intervención podría aportar un enfoque más comprehensivo a la hora de comprender la efectividad de estas intervenciones (Bowen & Gilchrist, 2004).

1.1 La influencia de las dinámicas grupales en los programas de intervención para agresores de VMRP

Una variable grupal puede ser entendida como cualquier interacción entre las partes implicadas en el proceso de intervención grupal. Así pues, incluye aspectos relacionados con la composición del grupo (e.g., tamaño del grupo, género de las y los facilitadores), procesos que ocurren durante la intervención (e.g., clima grupal, cohesión), interacciones participante-facilitador e interacciones participante-participante.

El estudio de las variables y dinámicas grupales que se producen durante la intervención en los programas para agresores de pareja puede proporcionar información relevante sobre la eficacia y resultados de estas intervenciones. Algunos autores han subrayado la necesidad de incluir nuevos indicadores de efectividad para los programas de intervención para agresores (Bowen & Gilchrist, 2004; Velonis et al., 2020). Por ejemplo, con el objetivo de adoptar un enfoque más comprehensivo, Bowen y Gilchrist (2004) han propuesto considerar variables como el clima grupal o la competencia de las y los facilitadores a la hora de evaluar la eficacia de estas intervenciones.

Sin embargo, las variables grupales han sido insuficientemente exploradas en la literatura científica sobre los programas de intervención para agresores de pareja (Gray et al., 2014; Morrison et al., 2019). Existen algunos estudios cualitativos que sugieren que las variables y procesos grupales ejercen una influencia significativa sobre el funcionamiento y resultados de estas intervenciones (Gray et al., 2014; Holtrop et al., 2017). Por ejemplo, en el estudio de Gray et al. (2014) se encontró que las discusiones positivas entre los participantes incrementaban la adherencia a la intervención y la motivación al cambio, mientras que las discusiones negativas reducían la capacidad de cambio de los compañeros del grupo. Es por ello por lo que es necesaria más investigación que analice el rol e influencia de estas variables en las intervenciones con agresores de pareja.

1.2 El enfoque riesgo-necesidad-responsividad

A la luz de las limitaciones y desafíos de los programas de intervención para agresores de pareja, la literatura ha propuesto un cambio hacia enfoques de intervención individualizados que consideren las necesidades y factores de riesgo específicos de los participantes (Karakurt et al., 2019; Turner et al., 2023). El enfoque RNR postula que los resultados óptimos de la intervención se logran cuando las necesidades y los factores de riesgo de los participantes se consideran y trabajan durante el proceso de intervención (Andrews & Bonta, 2010).

Recientes metaanálisis y revisiones sistemáticas han señalado que el enfoque RNR fomenta significativamente la efectividad de los programas de intervención para agresores de pareja en comparación con los programas estándar (Travers et al., 2021; Karakurt et al., 2019). En concreto, la incorporación del enfoque RNR ha mostrado tasas más reducidas de abandono y reincidencia, así como una mayor adherencia a la intervención y motivación al cambio (Olver et al., 2011; Richards et al., 2022).

1.3 Las estrategias motivacionales

Las estrategias motivacionales surgen en el ámbito de la intervención en adicciones y han mostrado su efectividad en pacientes altamente resistentes. Estas estrategias se caracterizan por emplear un enfoque colaborativo centrado en la persona y diseñado para estimular la motivación al cambio y generar ambivalencia respecto al mismo (Miller & Rollnick, 2002, 2023; Rogers, 1951). En el campo de la intervención con agresores de pareja, el conjunto de estrategias implementadas incluye: la entrevista motivacional (Musser et al., 2008), las técnicas de retención (Mbilingi et al., 2011), el modelo transteórico del cambio (Prochaska &

DiClemente, 1982), técnicas basadas en potenciar las fortalezas de los participantes (Lehmann & Simmons, 2009) y las metas de cambio. La implementación de estas estrategias en los programas de intervención para agresores de pareja ha mejorado los resultados de estas intervenciones, incrementando la adherencia a la intervención y la motivación al cambio y reduciendo las tasas de reincidencia y abandono (Alexander et al., 2010; Murphy et al., 2020; Scott et al., 2011; Stuart et al., 2007).

En concreto, las metas de cambio se han convertido en una estrategia motivacional cada vez más relevante. Las metas pueden definirse como objetivos significativos que sirven para motivar un mayor rendimiento personal (Lee et al., 2007). La implementación de esta estrategia permite al participante implicarse activamente en su proceso de cambio mediante el establecimiento de objetivos de cambio adaptados a sus necesidades (Expósito-Álvarez, Gilchrist et al., 2024). Aunque el establecimiento de metas de cambio requiere más investigación en el ámbito de los programas de intervención para agresores de pareja, ha mostrado resultados prometedores relacionados con la promoción del cambio conductual y actitudinal, la asunción de responsabilidad del comportamiento violento, la adherencia a la intervención y la motivación para el cambio (Curwood et al., 2011; Expósito-Álvarez, Roldán-Pardo et al., 2024; Lee et al., 2003, 2014).

1.4 La satisfacción de los participantes con la intervención

Como se ha mencionado anteriormente, el análisis de las variables grupales, la incorporación de las estrategias motivacionales y el enfoque RNR, representan vías potenciales para afrontar los retos presentes en los programas de intervención para agresores de pareja (Andrews & Bonta, 2010; Bowen & Gilchrist, 2004; DiClemente et al., 2017). Es por ello por lo que cabe suponer que, al poner a la persona en el centro de la intervención, los participantes muestren elevados niveles de satisfacción con la intervención.

Algunos autores, siguiendo el ejemplo de otros ámbitos de intervención psicosocial, han sugerido la satisfacción como un indicador de efectividad (Sidani et al., 2017). Sin embargo, escasos estudios han analizado el rol que juega la satisfacción en los programas de intervención para agresores de pareja. Estos estudios sugieren que la satisfacción con la intervención podría incrementar la adherencia a la intervención y el cumplimiento de esta (Hamel et al., 2022; Vargas et al., 2020).

2. Objetivos

El objetivo principal de la presente tesis doctoral era identificar estrategias y variables novedosas y comprensivas para analizar de forma integral la eficacia de los programas de intervención para hombres que han ejercido o ejercen VMRP. Asimismo, esta tesis doctoral presenta tres trabajos de investigación que responden a los objetivos específicos que se describen a continuación.

El primer objetivo específico fue identificar y analizar el rol de las variables grupales en la intervención con agresores de pareja, así como analizar sus predictores y su relación con el funcionamiento y los resultados de estos programas. Este primer objetivo específico se alcanzó mediante el Estudio 1, una revisión sistemática que pretendía dar respuesta a dos preguntas de investigación: a) ¿Cuáles son los predictores de las variables grupales? b) ¿Las variables grupales influyen en el funcionamiento y los resultados de los programas de intervención para agresores de pareja?

El segundo objetivo específico fue analizar y categorizar el contenido de las metas de cambio establecidas por los participantes en los programas de intervención para agresores de pareja. Este segundo objetivo específico se alcanzó con el Estudio 2, en el que se empleó el análisis temático de las metas de cambio en una muestra de hombres derivados por mandato judicial a un programa para agresores de pareja.

Finalmente, el tercer objetivo específico fue analizar el grado de satisfacción con la intervención de los participantes que completaron la intervención grupal en un programa de intervención para agresores de pareja y analizar la relación de esta variable con los resultados de la intervención. Este objetivo se alcanzó mediante el Estudio 3, que consistió en el diseño y la validación de una escala para analizar el nivel de satisfacción con la intervención de los participantes que finalizaron un programa de intervención para agresores de pareja.

3. Metodología

3.1 La revisión sistemática

La revisión sistemática (Estudio 1) se realizó siguiendo las normas *Preferred Reporting Items for Systematic Reviews and Meta-Analyses* (PRISMA; Page et al., 2021). El protocolo de estudio se registró en abril de 2022 en el *International Prospective Register of Systematic Reviews* (PROSPERO; número de registro, CRD42022313243). Se consultaron las siguientes

bases de datos: Web of Science, Scopus, PUBMED y PsycINFO. La primera búsqueda se realizó en septiembre de 2020 y se repitió en noviembre de 2022. La estrategia de búsqueda empleada en el presente estudio fue adaptada de revisiones sistemáticas anteriormente realizadas por el equipo de investigación (Gracia et al., 2020). Se establecieron los siguientes criterios de inclusión: a) estudios en los que se analicen intervenciones dirigidas a hombres agresores de pareja, b) intervenciones grupales, c) estudios que analicen cuantitativamente variables grupales (e.g., cohesión grupal, confrontación positiva entre participantes), d) análisis centrados en los predictores de las variables grupales y/o en el impacto de estas variables sobre el funcionamiento o resultados de los programas de intervención para agresores de pareja, e) estudios publicados en inglés en revistas revisadas por pares, y f) estudios que presentan una metodología cuantitativa. La calidad metodológica de los estudios incluidos en la revisión sistemática se evaluó mediante el instrumento *Mixed Methods Appraisal Tool* (Hong et al., 2018).

3.2 Estudios empíricos

Con relación a los Estudios 2 y 3, ambos emplearon una muestra de hombres derivados por mandato judicial a un programa de intervención para agresores de pareja. En concreto, los participantes asistieron al Programa Contexto (Lila et al., 2018), un programa de intervención psicosocial en medio abierto para prevenir la violencia de género a través del trabajo con el agresor. La asistencia a este programa de intervención constituye una medida alternativa al ingreso a prisión, pues los penados carecen de antecedentes penales y su pena es inferior a dos años. Los criterios de inclusión de ambos estudios fueron: a) hombres adultos que han ejercido violencia contra la pareja y han sido remitidos a participar en un programa de intervención para agresores de pareja, b) no presentaban graves problemas de consumo de sustancias, c) no presentaban trastornos psicológicos graves, d) no mostraban conductas disruptivas o violentas que interfirieran con la intervención, y e) habían firmado el consentimiento informado. Además, en el Estudio 2 se determinó como criterio de inclusión que los participantes se hubiesen establecido una meta de cambio y en el Estudio 3 se determinó como criterio de inclusión la finalización de la intervención.

En el Estudio 2 se analizaron un total de 240 metas de cambio correspondientes a 227 participantes. Las metas de cambio se construyeron durante la tercera entrevista motivacional entre el participante y las/los facilitadores, antes del inicio de la intervención grupal. Cada meta de cambio incluía aspectos relacionados con: a) el objetivo de cambio, b) la situación actual

con respecto al objetivo, c) los pasos a dar para lograr el objetivo, d) los cambios comportamentales y actitudinales necesarios para lograr el objetivo, e) una descripción de una situación de retroceso en el proceso de cambio, y f) las medidas necesarias para revertir la situación de retroceso. En el Anexo I se aporta un ejemplo de una meta de cambio de un participante.

En el Estudio 3 se emplearon diferentes medidas para validar la *Satisfaction with the Intervention for Intimate Partner Violence Perpetrators Scale* (SIIPVS). En primer lugar, se diseñó la SIIPVS por un grupo de expertos del Programa Contexto (Lila et al., 2018). El instrumento incluyó 17 ítems para evaluar la satisfacción de los participantes con la intervención (ver Anexo II). Asimismo, se evaluó la alianza terapéutica (informada por los participantes y por las/los facilitadores), la reincidencia oficial, el estadio de cambio y la motivación al cambio.

La recogida de datos tuvo lugar en diferentes fases del programa de intervención. Los datos relativos a las metas de cambio (Estudio 2) se recogieron tras la finalización de las entrevistas motivacionales, antes del inicio de la intervención grupal. Los datos utilizados en el Estudio 3 se recogieron en diferentes puntos tras la finalización del programa de intervención. Al finalizar la intervención grupal se obtuvieron los datos de satisfacción con la intervención, alianza terapéutica, estadio de cambio y motivación al cambio; los datos de reincidencia se recogieron en septiembre de 2023. Ambos estudios han sido aprobados por la Comisión Ética en Investigación Experimental de la Universitat de València (Ref. H1537520365110).

Finalmente, con relación al análisis de datos, en el Estudio 2 se empleó la técnica del Análisis Temático (TA) para analizar el contenido de las metas de cambio. El TA permite identificar, analizar e informar sobre los temas emergentes en los datos. Mediante un proceso iterativo realizado por cuatro investigadores, se identificaron los códigos, categorías y categorías principales emergentes de los datos. Tras la finalización de cada una de las fases del TA, dos investigadores adicionales revisaron y validaron los análisis. El TA se realizó utilizando el software NVivo12.

En el Estudio 3 se emplearon diferentes análisis estadísticos para validar la SIIPVS. Se realizó el análisis factorial exploratorio (AFE) y confirmatorio (AFC) para examinar la estructura factorial de los datos, empleando diferentes índices de bondad de ajuste (e.g., *chi-square statistic*, *Comparative Fix Index*). Una vez establecida la dimensionalidad de los datos,

se estimó la fiabilidad de la escala y sus dimensiones mediante los coeficientes de Cronbach y los *Composite Reliability Indices* (CRI). La consistencia interna se evaluó mediante correlaciones corregidas ítem-total. Por último, se analizó la validez de la escala mediante correlaciones de Pearson y regresiones logísticas entre las puntuaciones factoriales y diferentes variables teóricamente relevantes (e.g., reincidencia oficial, motivación al cambio). Los análisis factoriales exploratorios y confirmatorios se realizaron con el programa estadístico MPlus 8.9, mientras que los análisis de fiabilidad, consistencia interna y validez se realizaron con el programa estadístico IBM SPSS 28.0.1.1.

4. Resultados

4.1 Estudio 1: “Group-related variables in intervention programs for intimate partner violence perpetrators: a systematic review”

La revisión sistemática se llevó a cabo para analizar los predictores de las variables grupales y el impacto que tienen estas variables sobre los resultados y el funcionamiento de los programas de intervención para agresores de pareja. Los resultados obtenidos mostraron, en primer lugar, que las variables grupales identificadas se podían agrupar en tres categorías principales: conducta del facilitador en el grupo (e.g., apoyo, conductas de gestión grupal), conducta del participante en el grupo (e.g., confrontación positiva, conductas proterapéuticas), y dinámicas grupales (e.g., cohesión grupal, aprendizaje interpersonal).

Con relación a los predictores de las variables grupales, se identificaron tres predictores de estas variables: las estrategias motivacionales, la fase de intervención y el liderazgo basado en la orientación-asesoramiento. Entre ellas, la implementación de estrategias motivacionales se vinculó en mayor medida con las variables grupales. Los resultados mostraron que las estrategias motivacionales predijeron una mayor conducta de gestión grupal y menor confrontación negativa, estilo no-proterapéutico e interpretaciones (conducta del facilitador en el grupo). Asimismo, se asociaron con mayores niveles de conducta proterapéutica y actitud positiva hacia el grupo (conducta del participante en el grupo).

Con relación a las variables grupales como predictoras del funcionamiento y resultados de la intervención, tanto la conducta del facilitador en el grupo, la conducta del participante en el grupo, como las dinámicas grupales se han vinculado con resultados positivos de la intervención. La conducta del facilitador se ha vinculado con una mayor orientación a la tarea, autoexploración, percepción de los beneficios de la intervención y participación (Bowen, 2010;

Hamel et al., 2022). Por otro lado, la conducta del participante se vinculó con menor reincidencia a los 6 meses y una mayor alianza terapéutica, motivación al cambio, participación, y adherencia a la intervención (Chovanec & Roseborough, 2016; Santirso et al., 2018; Semiatin et al., 2013). Finalmente, las dinámicas grupales se vincularon con una mayor orientación a la tarea, autoexploración, alianza terapéutica y participación (Bowen, 2010; Taft et al., 2003), así como con una menor reincidencia en la conducta violenta (Taft et al., 2003).

4.2 Estudio 2: “Self-determined goals of male participants attending an intervention program for intimate partner violence perpetrators: a thematic analysis”

El presente estudio empírico tuvo como objetivo analizar y categorizar el contenido de las metas de cambio de los participantes en programas de intervención para agresores de pareja. Los resultados del TA mostraron cuatro categorías principales con relación al contenido de las metas de cambio: relaciones interpersonales, recursos personales para el día a día, estrategias de afrontamiento, y motivación al cambio.

La categoría principal “relaciones interpersonales” fue la que mostró mayor prevalencia e incluyó el contenido de metas relacionadas con las habilidades de comunicación, mejora de las relaciones sociales y resolución de conflictos interpersonales. La segunda categoría principal, “recursos personales para el día a día”, incluyó aspectos relacionados con el bienestar personal, habilidades cognitivas, resolución de problemas diarios y la decodificación emocional. En tercer lugar, “estrategias de afrontamiento” incorporó aquellas metas que hicieron referencia al manejo de emociones, autocontrol y consumo de sustancias. Finalmente, la categoría menos prevalente fue “motivación al cambio”, incluyendo metas relacionadas con la asunción de responsabilidad y el compromiso con la intervención.

4.3 Estudio 3: “Development and validation of the Satisfaction with the Intervention for Intimate Partner Violence Perpetrators Scale (SIIPVS)”

El objetivo del estudio fue diseñar y validar una escala para evaluar la satisfacción de los participantes que finalizaron un programa de intervención para agresores de pareja. Los estadísticos descriptivos mostraron que la mayoría de los participantes estaban muy satisfechos con la intervención ($M \geq 3.76$). Los estadísticos de asimetría y curtosis también mostraron esta tendencia, pues los ítems presentaron una distribución desplazada a la derecha y leptocúrtica.

Con relación a los análisis exploratorios, se llevaron a cabo seis AFE en la muestra de entrenamiento. El ajuste del modelo se consideró bueno para todas las soluciones con tres o más factores según sus valores combinados de CFI y SRMR. No obstante, las diferencias de CFI de todos estos modelos eran insignificantes, por lo que se optó por el modelo más simple. Por ello, se decidió mantener el modelo de tres factores (CFI = .97, SRMR= .048). Los factores identificados fueron los siguientes: *Satisfacción con las/los facilitadores y el programa* (ítems 1 a 5 y 7), *Satisfacción con el proceso de aprendizaje* (ítems 8 a 13, 16 y 17) y *Satisfacción con los compañeros del grupo* (ítems 6, 14 y 15).

Los resultados del AFC mostraron que el modelo de tres factores se ajustó adecuadamente a los datos ($\chi^2_{115} = 408.8$, $p < .05$, CFI = .96, SRMR= .053, y RMSEA = .089 [.08–.098]). En general, todas las cargas factoriales fueron grandes y estadísticamente significativas ($p < .01$). Asimismo, las correlaciones entre factores también fueron grandes y estadísticamente significativas ($p < .01$), pero sus valores no pusieron en peligro la validez convergente de las dimensiones.

La escala mostró una adecuada consistencia interna. Los valores alfa de Cronbach y CRI fueron, respectivamente, .80 y .91 para la subescala de *Satisfacción con las/los facilitadores y el programa*; .89 y .92 para la subescala de *Satisfacción con el proceso de aprendizaje*; y .72 y .84 para la subescala de *Satisfacción con los compañeros del grupo*. Finalmente, los resultados de validez mostraron que la subescala de *Satisfacción con las/los facilitadores y el programa* se relacionó positivamente con la alianza terapéutica informada por el participante ($r = .50$, $r = .46$) y el facilitador ($r = .16$, $r = .24$), estadio de cambio ($r = .14$) y motivación al cambio ($r = .12$, $r = .16$), y negativamente con la reincidencia en la conducta violenta ($r = -.09$). Asimismo, los resultados de las regresiones logísticas mostraron que una mayor puntuación en esta subescala predijo una menor tasa de reincidencia ($W = 12.7$, $OR = -.99$, $p < .001$). La *Satisfacción con el proceso de aprendizaje* se asoció positivamente con la alianza terapéutica informada por el participante ($r = .66$, $r = .37$) y el facilitador ($r = .38$, $r = .32$), estadio de cambio ($r = .24$) y motivación al cambio ($r = .27$, $r = .32$). Y la *Satisfacción con los compañeros del grupo* se relacionó positivamente con la alianza terapéutica informada por el participante ($r = .28$, $r = .20$) y la motivación al cambio ($r = .11$, $r = .15$).

5. Conclusiones

La presente tesis doctoral planteó como objetivo principal analizar e identificar estrategias y variables emergentes y prometedoras en la intervención con hombres que han ejercido VMRP y que permiten una visión más comprehensiva e integral de la eficacia de estas intervenciones. Para ello, se tuvieron en cuenta el estudio de las variables grupales durante el proceso de intervención, las metas de cambio y la satisfacción de los participantes con la intervención.

El Estudio 1 tuvo como objetivo identificar las principales variables grupales implicadas en la intervención grupal para agresores, así como los principales predictores de estas variables y su relación con los resultados de la intervención y el funcionamiento de la misma. Los resultados de la revisión sistemática mostraron tres grupos de variables grupales: la conducta del facilitador en el grupo (e.g., apoyo, conductas de gestión grupal), la conducta del participante en el grupo (e.g., confrontación positiva, interacción positiva con los compañeros), y las dinámicas grupales (e.g., aprendizaje interpersonal, clima grupal). En cuanto a los predictores de las variables grupales, se identificaron tres: las estrategias motivacionales, el liderazgo y la fase de intervención. No obstante, las estrategias motivacionales y el liderazgo basado en la orientación-asesoramiento mostraron un mayor impacto sobre las variables grupales, ya que se vincularon con una mayor incidencia de las conductas asociadas a la gestión del grupo, comportamientos proterapéuticos, confrontación positiva entre participantes, actitud favorable hacia el grupo, aprendizaje interpersonal y cohesión grupal; además, se vincularon con una menor incidencia de la confrontación negativa, el estilo contra-terapéutico y las interpretaciones del facilitador. Finalmente, en lo referente a las variables grupales como predictoras de los resultados de la intervención, encontramos que la cohesión grupal, confrontación positiva y las conductas proterapéuticas de los participantes se asociaron con resultados positivos de la intervención como, por ejemplo, una mayor alianza terapéutica y participación, y una menor tasa de reincidencia.

El Estudio 2 tuvo como objetivo analizar el contenido de las metas de cambio de un grupo de participantes del Programa Contexto (Lila et al., 2018). Los resultados del análisis temático mostraron cuatro categorías principales: relaciones interpersonales, recursos personales para el día a día, estrategias de afrontamiento, y motivación al cambio. Entre estas, la categoría principal más prevalente fue “relaciones interpersonales”. Las categorías de “autocontrol” y

“habilidades de comunicación” fueron las más representadas y, por último, se identificó el código “control de la ira” como el más prevalente.

Finalmente, el Estudio 3 tuvo como objetivo desarrollar y validar la Satisfaction with the Intervention for Intimate Partner Violence Perpetrators Scale (SIIPVS). Los resultados del presente estudio mostraron que la SIIPVS es un instrumento adecuado para evaluar la satisfacción de los participantes con la intervención. Se determinó que la estructura de tres factores era la más adecuada para los datos. Los tres factores se denominaron: Satisfacción con las/los facilitadores y el programa, Satisfacción con el proceso de aprendizaje y Satisfacción con los compañeros del grupo. Los análisis de validez mostraron que el primer factor se asoció positivamente con la alianza terapéutica, el estadio de cambio y la motivación al cambio, y negativamente con la reincidencia; el segundo factor se asoció positivamente con la alianza terapéutica, el estadio de cambio y la motivación al cambio; y, finalmente, el tercer factor se asoció positivamente con la alianza terapéutica y la motivación al cambio.

Los resultados de los estudios incluidos, a pesar de mostrar ciertas limitaciones principalmente relacionadas con la heterogeneidad de la muestra y artículos incluidos, las dificultades para generalizar los hallazgos o la escasez de investigaciones previas, presentan implicaciones prácticas importantes. En primer lugar, se destaca la importancia de que las y los facilitadores posean las habilidades necesarias y reciban una formación especializada, complementada con una formación continua. En este sentido, nuestros resultados subrayan la importancia de formar a las y los facilitadores en el uso de las estrategias motivacionales, el enfoque RNR, el liderazgo basado en la orientación-asesoramiento y en habilidades para crear climas terapéuticos basados en la colaboración, aprendizaje y apoyo. Asimismo, es necesario que los programas de intervención se ajusten y trabajen sobre los contenidos de las metas de cambio de los participantes, ya que puede tener un impacto positivo en los resultados de la intervención. Así, los contenidos y objetivos de la intervención podrían alinearse con los valores individuales de los participantes y adaptarse para responder a sus necesidades específicas. Por ejemplo, para mejorar las habilidades de gestión cognitiva, se podría enseñar a los participantes a identificar y contrarrestar las distorsiones cognitivas que desencadenan la ira e impiden la asunción de responsabilidad. Estas estrategias podrían compartirse durante las sesiones de grupo y, de este modo, los compañeros y facilitadores tendrían la oportunidad de reforzarlas y supervisar el progreso. Finalmente, se derivan ciertas recomendaciones para los programas de

intervención. Estos programas deben garantizar la provisión de instalaciones cómodas y acogedoras, así como materiales que sean atractivos, relevantes y fáciles de comprender.

En conclusión, la presente tesis doctoral se ha centrado en el estudio de tres variables prometedoras relacionadas y presentes en los programas de intervención para agresores de pareja, ofreciendo una base para futuras investigaciones en esta área. Los resultados de los estudios subrayan el potencial de estos enfoques para comprender, analizar y mejorar la eficacia y resultados de estas intervenciones. Sin embargo, es importante señalar que esta tesis supone un primer paso en su estudio. Variables como las relacionadas con el grupo o la satisfacción de los participantes con la intervención no han sido suficientemente consideradas en la literatura científica, y solo un número limitado de estudios las consideran. En consecuencia, es necesaria más investigación centrada en comprender el papel que desempeñan estas variables en la eficacia de la intervención, así como las relaciones entre estas variables (e.g., las variables grupales y las metas de cambio), y con otras variables clave en la intervención (e.g., la satisfacción y la reincidencia en la conducta violenta). No obstante, los hallazgos presentados en esta tesis doctoral indican que estas tres variables tienen un potencial considerable, tanto desde el punto de vista de la investigación como del punto de vista de la intervención, ofreciendo enfoques significativos que pueden mejorar la práctica profesional a través del desarrollo e implementación de estrategias de intervención eficaces. En conclusión, estos resultados destacan la relevancia de precisar y ampliar la comprensión e implementación de enfoques y perspectivas eficaces en los programas de intervención para agresores de pareja, pues estas intervenciones representan un componente fundamental y necesario a la hora de erradicar la VMRP.

Chapter 1: Introduction

Intimate partner violence

Intimate partner violence (IPV) against women represents the most prevalent form of violence experienced by women (Devries et al., 2013; World Health Organization [WHO], 2021). IPV is widely acknowledged internationally as a serious and pervasive issue that impacts women's lives and health, constituting a violation of their rights (WHO, 2009, 2021). That is the reason why IPV against women has been considered a global public health problem of pandemic proportions (WHO, 2013, 2021). IPV is defined as any violent conduct within an intimate relationship that results in physical, psychological, economic, or sexual harm. These acts can be committed by a partner or ex-partner and may take place in either formal or informal relationships (WHO, 2013, 2014, 2021). In Spain, according to the Comprehensive Law 1/2004 on Measures for Integral Protection against Gender-Based Violence (Boletín Oficial del Estado, 2004), IPV is defined as any act of physical and/or psychological violence, including assaults on sexual freedom, threats, coercion, or arbitrary deprivation of liberty.

IPV is manifested in a multitude of forms, including but not limited to physical, psychological, economic, and sexual violence. Physical violence is defined as the intentional use of physical force with the potential to cause harm, injury, disability, or death (Breiding et al., 2015). This type of violence includes acts such as pushing, biting, choking, beating, and shaking. Psychological violence involves using verbal and non-verbal communication to inflict mental or emotional harm on another person, and/or to exert control over them (Breiding et al., 2015; Smith et al., 2017). This type of violence encompasses a range of acts, including threatening, ridiculing, humiliating, intimidating, or ignoring the partner. Moreover, this type of violence is a crucial element of IPV, as it frequently precedes the occurrence of other forms of violence (Breiding et al., 2015). Economic violence can be defined as the attempt to control the financial resources of a partner in a manner that results in the loss of autonomy and dependence on the perpetrators (Fawole et al., 2008; Peterson et al., 2018). This type of violence is characterized by behaviors such as control of expenses, prohibition of the use of money, and prevention of access to the bank account. Finally, sexual violence, within this context, is defined as the act of forcing or attempting to force a partner to engage in sexual intercourse without their explicit consent (Breiding et al., 2015). This type of violence encompasses a range of scenarios, including forced penetration through the use of physical force, the distribution of images of a sexual nature without consent, and the failure to use a condom. It is of paramount

importance to acknowledge that various forms of IPV frequently coexist simultaneously (Llano-Suárez et al., 2023).

Heterosexual women are at a significantly greater risk of experiencing IPV from male partners than men are of experiencing IPV from female partners (Centers for Disease Control and Prevention [CDC], 2022; WHO, 2013). The WHO (2021) report on IPV global prevalence estimates that 26% of women aged 15 and older who have ever been married or in a partnership have experienced at least one incident of physical or sexual violence from their spouse or former partner during their lifetime. This percentage is 10% when physical or sexual violence suffered in the previous 12 months is taken into account (WHO, 2021). In the European region, 21% of women over the age of 15 have reported having experienced physical and/or sexual violence at the hands of a current or former partner during their lifetime (WHO, 2021). However, the prevalence of psychological IPV increases to 43% (European Union Agency for Fundamental Rights, 2014). Spain is one of the European countries with the lowest prevalence of IPV against women. Between 13 and 15% of women have experienced physical or sexual violence at least once in their lives (Martín-Fernández et al., 2020; WHO, 2021). The Spanish Government's Delegation against Gender Violence (2020) posits that 14.2% of all women aged 16 years or older residing in Spain have experienced physical and/or sexual violence from a current or former partner at some point in their lives. Specifically, 11% of women have experienced physical violence at least once in their lifetime, and 8.9% have experienced sexual violence (Spanish Government's Delegation against Gender Violence, 2020).

Consequently, IPV against women has a significant impact on the lives of millions of women worldwide (Sardinha et al., 2022; WHO, 2021). IPV against women has a profound and long-lasting effect on their physical and mental health and well-being, both in the short term and over the course of their lives (WHO, 2021). Such violence can result in a range of adverse outcomes, including injuries, unintended pregnancies, gynecological problems, isolation, depression, anxiety disorders, homicide, and suicide (WHO, 2013). IPV has significant negative impacts on children (Wathen & Macmillan, 2013; WHO, 2021), and it is associated with behavioral and emotional problems, morbidity, perpetrating or experiencing violence later in life, and mortality (WHO, 2013). Finally, the social and economic costs of IPV against women are considerable, creating ripple effects throughout society (WHO, 2021). In Spain, the economic costs associated with IPV against women in 2022 were estimated to be approximately 4 billion euros (Mañas-Alcón et al., 2024).

Given the high prevalence and severe consequences of IPV against women, the United Nations (UN, 2015) has incorporated gender equality and women's empowerment into the Sustainable Development Goals (Gracia et al., 2023). Specifically, target 5.2.1 is focused on "eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation" (UN, 2015, p. 22). Nevertheless, the most recent report by the UN (2023) indicates that the rate of progress in reducing IPV against women has been relatively slow and that the countries are not on track to meet this commitment. A reassuring finding is that IPV can be prevented by specific interventions and strategies grounded in evidence (Sardinha et al., 2022).

Risk factors for IPV against women

A substantial body of published research exists on the risk and protective factors associated with violence in intimate partner relationships. This research demonstrates that violence in such relationships is a complex phenomenon with multiple causes (CDC, 2014; WHO, 2019). Building upon the bioecological systems theory proposed by Bronfenbrenner (1979), Heise (2011) develops a framework for categorizing risk and protective factors for IPV against women into four distinct levels: individual, relational, community, and societal. This categorization illuminates how risk and protective factors at different levels interact and contribute to the incidence of IPV.

In accordance with Heise's model (2011), several individual-level risk factors have been identified as increasing the probability of perpetrating IPV against women. Some of these factors are young age, low educational level, prior victimization of child abuse or IPV, high impulsivity, substance use problems, attitudes of acceptance or justification of IPV against women, and history of violence in intimate partner relationships (Cafferky et al., 2018; Capaldi et al., 2012; CDC, 2014; Heise, 2011; WHO, 2019). Among individual risk factors, alcohol and other drug use problems have consistently been documented as one of the main risk factors in IPV (Expósito-Álvarez et al., 2021, 2023; Langenderfer, 2013; Leonard & Quigley, 2017). Specifically, male perpetrators with substance use problems were found to be 7 to 8 times more likely to perpetrate IPV than those without these problems (Yu et al., 2019).

The relational level encompasses a multitude of risk factors, which are shaped by the dynamics of the couple's interactions. Some of these factors include frequent violent or non-violent arguments, jealousy, low social support, financial difficulties, and a conflictive family relationship (CDC, 2014; Heise, 2011; WHO, 2019). At the community level, men residing in

isolated or disadvantaged neighborhoods, with low social cohesion, or with less capacity to detect and condemn instances of violence are at an elevated risk of perpetrating IPV against women (CDC, 2014; Gracia et al., 2021; Heise, 2011; WHO, 2019). Finally, high levels of gender inequality, traditional gender norms, hegemonic masculinity, honor cultures, and economic inequality stand out as risk factors at the societal level (CDC, 2014; Heise, 2011; Ozaki & Otis, 2017; Zark & Satyen, 2022).

Subsequently, the biopsychosocial model emerged as an approach that provides particularly significant information. The biopsychosocial model, like Heise's model (2011), understands IPV against women from an integrative perspective. According to this perspective, violent behavior is the result of a complex bidirectional and dynamic interaction between psychosocial, cultural, and biological factors (Moya-Albiol & Romero-Martínez, 2020; Murphy et al., 2014; Pinto et al., 2010). Biological factors facilitate the activation or inhibition of functions that influence the interpretation of environmental information, thereby predisposing the interaction between the individual and the environment (Bolton, 2022; Frieze et al., 2020). Biological factors identified by the scientific literature are, but not limited to, low cognitive performance, high testosterone levels, weakened sympathetic response, and lower parasympathetic activity (Comes-Fayos et al., 2024; Kaiser & Powers, 2006; Murphy et al., 2014; Romero-Martínez et al., 2023).

Intervention programs for IPV perpetrators

Institutions and associations employ a variety of strategies to prevent and/or reduce violence against women in intimate partner relationships. The interventions under discussion are directed at different populations and are all of significant importance in the prevention and eradication of violence (Arrojo & Santirso, 2023). Such services include victim-support services, which are essential for minimizing harm and offering support to survivors (Ogbe et al., 2020), and interventions targeted for adolescents who are at risk of experiencing IPV due to a history of maltreatment (Arrojo & Santirso, 2023). Finally, another strategy for the prevention of IPV against women is the implementation of intervention programs for IPV perpetrators (Mackay et al., 2015; Scott et al., 2011). Given that IPV perpetrators frequently abuse multiple victims or continue their relationship with the victim (Lila et al., 2013), it is imperative that intervention programs for this population be implemented in order to foster change and reduce IPV recidivism.

Intervention programs for IPV male perpetrators have been around since the mid-1970s and are in widespread use in most Western countries (Lila & Gilchrist, 2023; Lilley-Walker et al., 2018). Since that time, perpetrator programs have become a crucial part of the criminal justice approach to addressing IPV (Cunha & Caridade, 2023). In Spain, although some community-based intervention programs for IPV perpetrators had already been in existence since the end of the 1990s, it was after the entry into force of Organic Law 1/2004 on Comprehensive Protection Measures against Gender Violence that there was a significant and rapid increase in the number of such interventions (e.g., Arce & Fariña, 2010; Echaury et al., 2005; Expósito & Ruiz, 2010; Lila et al., 2013).

The arguments in favor of intervention programs for IPV perpetrators are numerous. Among the principal justifications for this type of intervention is the necessity to safeguard victims who continue to interact with or reside with their perpetrator, to forestall violent conduct in future victims, to preclude victimization of children, to prevent intergenerational transmission of violence and observational learning by children, and to provide perpetrators with an opportunity to modify their attitudes and behavior (Benett & Williams, 2001; Echeburúa et al., 2009; Expósito-Álvarez et al., 2023; Santirso, Gilchrist et al., 2020).

Traditionally, two primary intervention approaches have been employed in intervention programs for IPV perpetrators: the Duluth Model (Pence & Paymar, 1993) and Cognitive Behavioral Therapy (CBT; Wexler, 2000). The Duluth Model conceptualizes IPV as a pattern of actions designed to control and dominate the female partner (Babcock et al., 2016). However, it does not consider the adjacent causes of violence (e.g., risk factors such as alcohol use). From a feminist perspective, the proposed intervention focuses on the education and behavioral change of perpetrators, with the goal of helping them understand and overcome their patterns of violence (Eckhardt et al., 2006). Conversely, CBT posits that IPV is a learned behavior pattern and that perpetrators can modify their behavior patterns through education and training (Eckhardt et al., 2014; Menacho et al., 2015). This approach focuses on the modification of distorted beliefs and thoughts that lead to violence, as well as the acquisition of alternative conflict resolution skills and strategies (Eckhardt et al., 2014). Nevertheless, CBT does not address the social and cultural factors that perpetuate violence. Interventions based on CBT are the most commonly adopted approach in Spain (Lila et al., 2018). With time, the distinction between the Duluth Model and CBT has become increasingly blurred, leading to the emergence of intervention programs where these two approaches are equally integrated and overlap

(Babcock et al., 2004, 2016; Cannon et al., 2016). Nevertheless, recent studies reported promising results of trauma-informed interventions (Karakurt et al., 2019; Taft et al., 2016) and integrated interventions such as psychosocial intervention with substance use treatment (Expósito-Álvarez, Roldán-Pardo, Gilchrist, et al., 2024; Tarzia et al., 2020). Therefore, it is important to integrate a diverse array of approaches beyond the Duluth Model and CBT.

In Spain, the Organic Law 1/2004 provides the legal framework within which intervention programs for IPV perpetrators are implemented. Intervention programs for IPV perpetrators are divided into two categories: those for men in prison serving an IPV sentence (*Programa de Intervención para Agresores* [PRIA]; Ruiz et al., 2010), and those for men whose prison sentence has been suspended and have been court-referred to a community-based intervention program (*Programa de Intervención para Agresores de violencia de género en Medidas Alternativas* [PRIA-MA]; Suárez, 2015). The suspended sentence is contingent upon participation in these intervention programs and includes a mandatory restraining order (Carbajosa & Boira, 2013; Ferrer-Pérez et al., 2016; Lila, 2013). In order for a suspended sentence to be granted, two conditions must be met: 1) the individual must be sentenced to a prison term of less than two years, and 2) there must be no previous criminal record of IPV (Lila et al., 2018). This thesis is concerned with the population of the latter group.

Group-based intervention approach

Group-based psychosocial intervention refers to a type of therapeutic treatment provided to multiple participants collectively and guided by a professional. Its objective is to enhance participants' emotional well-being and equip them with the knowledge and resources to cope with difficulties (Díaz, 2000; Kaplan & Sadock, 1998; Yalom & Leszcz, 2020). Group treatment is the most commonly used modality in intervention programs for perpetrators of IPV, regardless of the theoretical approach or model applied (Babcock et al., 2016; Gondolf, 2015; Nicholas et al., 2020; Semiatin et al., 2013; Travers et al., 2021). For instance, Cannon et al. (2016) conducted a survey of 238 executive staff of intervention programs for IPV perpetrators in North America. The results indicated that 97.3% of the intervention programs delivered the treatment using group-based therapy. Similarly, in Europe, group treatment is likewise the most common modality of intervention in these programs. In the systematic review conducted by Akoensi et al. (2013), the majority of the intervention programs (91.7%) employed group-based treatment, whereas the remaining programs solely implemented individual sessions with the perpetrators. Additionally, the European Standards for Perpetrator Programmes (European

Network for the Work with Perpetrators of Domestic Violence [WWPEN], 2023) stipulates that the recommended intervention format is group-based intervention with a minimum duration of 51 hours. Similarly, the Principles of Effective Intervention (PEI) indicate that group-based models with a duration of approximately 26 weeks (1.5 hours per week) are the optimal approach for IPV perpetrators (Radatz & Wright, 2016; Richards et al., 2022). This format allows for the identification and resolution of the participants' needs, ensures the most effective participation, and enhances the impact of the intervention. In Spain, as in many other countries, the majority of intervention programs employ a group-based intervention format (Akoensi et al., 2013; Lila, 2013).

Group-based intervention has been deemed preferable to individual treatment for several reasons. It was believed to offer perpetrators more opportunities to expand their social networks to include supportive, non-abusive individuals (Barner & Carney, 2011). Additionally, it provided opportunities for peer learning (Yalom & Leszcz, 2020). Furthermore, it was potentially more cost-effective by encompassing a wide range of different treatment approaches (Karakurt et al., 2019). However, group-based interventions are not universally effective for all perpetrators. In cases of high harm, an individual approach is necessary, as these participants are often difficult to engage and unlikely to attend groups (Tsantefski et al., 2021).

In the field of intervention programs for males who perpetrate IPV, group-based interventions offer advantages over individual treatment. For instance, Murphy et al. (2020) compared the intervention outcomes of a group-based intervention versus an individual intervention that employed motivational strategies. The results indicated that, although attendance and participation were higher in the individual intervention, the group-based intervention achieved better final outcomes, including significant reductions in psychological and physical abuse, cognitive distortions, and improved relationship adjustment (Murphy et al., 2020). Additionally, group-based intervention offers additional benefits such as: positive peer confrontation; modeling prosocial behaviors; interpersonal learning; the acquisition and practice of skills and information; the sharing of common problems; emotional openness; the provision and receipt of social support; or the reduction of isolation and the stigma associated with IPV (Hamel et al., 2022; McGinn et al., 2017; Portnoy & Murphy, 2020; Yalom & Leszcz, 2005). Nevertheless, group-based intervention may also present some potential drawbacks that should be considered (Murphy & Meis, 2008). These include the pervasiveness of attitudes and

behaviors that promote IPV, and the difficulty of tailoring interventions to participants' specific needs, risk factors, and stages of change.

Evaluation of the effectiveness of intervention programs for IPV perpetrators

Intervention programs for IPV perpetrators are considered the primary model for court-ordered male offenders to increase their accountability and awareness of their violent behaviors and attitudes (Voith et al., 2018). As these interventions focus on reducing recidivism rates, promoting changes in violent attitudes and behaviors, and promoting egalitarian relationships (Babcock et al., 2016; Eckhard et al., 2014; Travers et al., 2021); interest in evaluating the effectiveness of intervention programs for IPV has increased significantly (Cheng et al., 2021; Lila & Gilchrist, 2023).

A number of systematic reviews and meta-analytic studies have been conducted to assess the efficacy of these intervention programs and have found small to moderate positive effect sizes (Arce et al., 2020; Babcock et al., 2004; Cheng et al., 2021; Nessel et al., 2019; Wilson et al., 2021). Babcock et al. (2004) conducted a meta-analytic review of 22 studies on intervention programs for IPV male perpetrators. There were no significant differences in the effectiveness of the Duluth Model compared to CBT in reducing recidivism of violence in IPV male perpetrators. The effect sizes for these interventions were relatively similar, yielding a small effect size. Moreover, the study design (experimental or quasi-experimental) did not significantly impact the effect sizes observed in police and partner reports, both of which proved effective in assessing the effectiveness of the interventions. Overall, this review indicated that intervention programs for IPV perpetrators could result in a 5% reduction in IPV recidivism among treated IPV perpetrators compared to those who did not undergo treatment (Babcock et al., 2004).

Nessel et al. (2019) conducted a systematic review and analyzed six studies, four of which were randomized controlled trials (RCT) and two of which were non-randomized controlled trials. The results showed a significant reduction in IPV recidivism after the end of the intervention. Nevertheless, the evidence for effectiveness remained inconclusive due to the mixed findings.

In their meta-analysis, Arce et al. (2020) reviewed 25 studies and found positive outcomes, although the results were not generalizable. The results indicated that interventions based on the Duluth Model and CBT demonstrated a positive and significant medium-sized

effect in reducing IPV recidivism. However, CBT exhibited a higher effect size compared to the Duluth Model. Conversely, brief programs (less than 16 sessions) have been observed to potentially elevate the recidivism rate by 39.5%, while long intervention programs (more than 16 sessions) have been observed to potentially reduce the recidivism rate by 26.5% without any adverse effects. Overall, the meta-analytic review yielded an estimated 21% reduction in IPV recidivism among male perpetrators who received an intervention, in comparison to those who did not (Arce et al., 2020).

The meta-analytic review conducted by Cheng et al. (2021) analyzed 14 studies to provide updated evidence of the efficacy of intervention programs for IPV male perpetrators. The results indicated that these interventions were effective in decreasing IPV recidivism when reported by the criminal justice system. Males who participated in intervention programs for IPV perpetrators were approximately three times less likely to engage in IPV than non-treated male perpetrators. Nevertheless, the pooled effect sized varied based on research design, with a non-significant effect size for RCTs and a significant effect size for quasi-experimental design studies (Cheng et al., 2021).

Similarly, Wilson et al. (2021) conducted an updated systematic review of 11 studies to assess the effectiveness of intervention programs for IPV male perpetrators through the analysis of official or victim-reported IPV recidivism. The results indicated that the evidence was insufficient to ascertain the efficacy of these interventions.

In the meta-analysis conducted by Travers et al. (2021), a total of 31 studies were included to analyze the effectiveness of intervention programs for IPV perpetrators. The results indicated that interventions with a follow-up period of at least one year demonstrated a statistically significant reduction in recidivism rates. Furthermore, risk-need-responsivity (RNR) treatments demonstrated superior efficacy compared to other intervention approaches (e.g., CBT, Duluth Model, Acceptance and Commitment Therapy), suggesting potential for short- to medium-term effectiveness (Travers et al., 2021). However, sustaining effects in the longer term remains a challenge.

Although the existing body of research does not provide definitive evidence regarding the effectiveness of intervention programs for IPV male perpetrators, it is imperative to highlight the necessity for the implementation of more rigorous study methodologies in order to obtain more conclusive evidence regarding their effectiveness (Babcock et al., 2004, 2016; Tarzia et

al., 2020). This pertains to the use of higher sample sizes, more rigorous study designs, and control conditions, as well as a reduction in attrition rates. Moreover, the research in this area underscores significant challenges that must be overcome in order to enhance the effectiveness of these interventions (Lila & Gilchrist, 2023).

First, participants in intervention programs for IPV perpetrators frequently demonstrate high levels of resistance to the intervention and low motivation to change, which impairs their capacity to work properly during the intervention process (Jewell & Wormith, 2010; Taft et al., 2003). Second, intervention programs for IPV male perpetrators frequently lack strategies that are specifically tailored to the unique risks and needs presented by highly resistant and high-risk participants (Butters et al., 2021; Karakurt et al., 2019). This is due to the fact that the majority of these interventions adhere to the one-size-fits-all model, a standard treatment protocol that seeks to diminish IPV and foster the development of healthy relationships through a group intervention format (Richards et al., 2022). Third, most of the participants are court-mandated to attend these interventions, which may result in a lack of intrinsic motivation, a tendency to deny and minimize their responsibility, and victim blaming (Lila et al., 2014; Martín-Fernández et al., 2018; Tutty et al., 2020). As a result, intervention programs for IPV male perpetrators frequently report high dropout rates (Karakurt et al., 2019; Lila et al., 2020; Olver et al., 2011), with an average of 35.4% as reported in the systematic review conducted by Cunha et al. (2024). These elevated rates require special attention, given the high predictive power of dropout on IPV recidivism (Lila et al., 2019). To summarize, a significant number of intervention programs for IPV perpetrators fail to address the challenges identified by the scientific literature, which may contribute to the high dropout rates and poor adherence to treatment often observed in such programs (Cunha et al., 2024).

In order to address the aforementioned challenges and enhance the effectiveness of intervention programs for IPV male perpetrators, new approaches have been devised. First, intervention programs have been integrating motivational strategies (Miller & Rollnick, 2002) as a promising method to improve motivation to change and engagement, as well as to lower dropout and IPV recidivism rates (DiClemente et al., 2017). Second, the RNR approach (Andrews & Bonta, 2010) seeks to tailor the intervention to the participant's identified risk factors and specific needs. Finally, the analysis of group-related variables could provide a more comprehensive understanding of intervention effectiveness (Bowen & Gilchrist, 2004).

On the whole, there is scope for enhancement of intervention programs for IPV male perpetrators effectiveness. This thesis will examine emerging approaches to intervention with IPV perpetrators. In particular, it will examine the influence of group dynamics on the intervention process and outcomes; the potential value of goal setting as a novel motivational strategy that can be adjusted to the needs and risks of the participants; and participants' satisfaction with the intervention itself.

The influence of group dynamics on intervention programs for IPV perpetrators

A substantial body of research in the field of the effectiveness of intervention programs for IPV perpetrators has focused on the IPV recidivism rate as the primary outcome measure (Turner et al., 2023). Nevertheless, the exclusive reliance on recidivism rates as a sole indicator of intervention success has been subject to critical scrutiny (Gondolf, 2004; Westmarland & Kelly, 2013). A number of authors have highlighted the necessity of incorporating additional variables that are pertinent to the intervention process in order to gain a more comprehensive understanding of the impact and effectiveness of intervention programs for IPV male perpetrators (Bowen & Gilchrist, 2004; Velonis et al., 2020; Westmarland & Kelly, 2013). For instance, in order to adopt a more comprehensive approach, Bowen and Gilchrist (2004) have proposed that variables, such as the climate in which the intervention takes place or the facilitators' competence, should be taken into account when evaluating the effectiveness of these interventions. Accordingly, the study of group-related variables and processes that occur during group-based intervention may provide insight into the efficacy and outcomes of intervention programs for IPV male perpetrators.

A group-related variable can be defined as any interaction or dynamic between the parties involved in a group intervention process. These variables encompass aspects related to group composition (e.g., group size, number or gender of the facilitators, duration), processes occurring within the group (e.g., group climate, group cohesion), as well as participant-participant (e.g., positive confrontation between participants) and participant-facilitator interactions (e.g., support, counseling). Group-related variables have been insufficiently explored in the existing literature on intervention programs for IPV male perpetrators (Gray et al., 2014; Morrison et al., 2019; Murphy et al., 2020). However, a limited body of qualitative research has examined the impact of group-related variables and processes on the efficacy and outcomes of these intervention programs.

For instance, Gray et al. (2014) conducted interviews with 14 male participants at two points in time: at the conclusion of the intervention and at 6-month follow-up. The findings indicated that positive peer-group discussions were a significant motivating factor for attendance, motivation to change, and behavior change among participants. Conversely, participants reported that negative peer-group discussions could diminish their enjoyment of the group process, foster an inauthentic group climate, and negatively impact their confidence in other participants' capacity to change. It is, therefore, necessary to foster a supportive and constructive group environment in order to enhance participants' motivation and engagement in intervention programs for IPV male perpetrators (Gray et al., 2014).

Likewise, the study conducted by Enosh and Buchbinder (2019) involved 16 interviews with men participating in these intervention programs and identified confrontation among participants as a key intervention process. The results showed that the process of confrontation is conducive to the development of self-awareness. Moreover, the process of identifying with the experiences of other participants can facilitate a reflective approach to understanding the causes of their violent behavior, thereby promoting motivation to change violent attitudes and behaviors.

In their study, Holtrop et al. (2017) conducted 15 individual interviews with male participants in an intervention program for IPV perpetrators. The findings indicated that group cohesion, support, and confrontation are crucial factors for promoting reflexivity and positive change among participants. The results also suggested that group-peer support may sustain participants' positive behavioral change even after program participation has ended (Holtrop et al., 2017). In addition, the study identified the behavior of the facilitator as a group-related variable. The participants indicated that facilitators who could motivate their involvement, challenge and support them, and pose respectful and accurate questions were instrumental in promoting their process of change and accountability (Holtrop et al., 2017).

Morrison et al. (2019) interviewed 76 male participants who were attending an intervention program for IPV perpetrators in order to identify the positive and helpful aspects of working in a group-based intervention format. The results of the thematic analysis revealed the following positive aspects: a) the opportunity to learn from peer-group, b) reducing isolation, c) holding each other accountable, d) observing the progress of other participants, e) assisting others, f) having a space in which participants could discuss their difficulties, g) gaining insight from alternative perspectives, and h) forming connections with other group

members. One negative aspect of the group process was identified: other participants who disrupted or impeded the intervention process in some way (Morrison et al., 2019). In a further study conducted by the same research team (Morrison et al., 2017), 36 interviews with facilitators of intervention programs for IPV male perpetrators were subjected to analysis. The professionals identified three fundamental group processes that can impact the participants' process of change. These included challenging and confronting their attitudes and behaviors, fostering a safe and open environment, and tailoring the intervention to their needs (Morrison et al., 2017).

The existing body of qualitative research suggests that group-related variables and processes exert a relevant influence on the functioning and outcomes of intervention programs for IPV male perpetrators. However, the scientific literature on this subject is severely limited. The analysis of group-related variables and their influence on program performance and outcomes could provide a more comprehensive understanding of the elements that enhance the effectiveness of intervention programs for IPV male perpetrators. Consequently, further research is needed to examine the role and influence of group-related variables on group-based intervention with IPV perpetrators. If necessary, this research should be followed by the design and implementation of evidence-based strategies that enhance positive group dynamics within the group intervention.

Need-risk-responsivity approach

In light of the limitations of universal intervention programs for male perpetrators of IPV, a recent body of research has proposed a shift towards individualized approaches that address the specific needs and risks of participants in these interventions (Babcock et al., 2016; Karakurt et al., 2019; Turner et al., 2023). The individualized approach will be integrated with the group-based intervention in a manner that allows both approaches to be mutually reinforcing. In this regard, the RNR model (Andrews & Bonta, 2010) was designed to address the inherent variability of group-based interventions and to tailor interventions to the participants' identified risks and specific needs (Bonta & Andrews, 2017). The RNR model postulates that optimal intervention outcomes are achieved when the needs and risks of participants are duly considered and addressed during the intervention process. This model is therefore consistent with the PEI, which also encompasses the principles of fidelity and treatment (Richards et al., 2022).

In alignment with the RNR model (Andrews & Bonta, 2010), the risk principle stipulates that intervention programs for IPV perpetrators should employ risk assessments at intake to

identify the perpetrators' criminogenic risk factors (Bonta & Andrews, 2017). Subsequently, the results of these assessments should then be used to categorize IPV perpetrators into risk levels (i.e., low-, medium-, and high-risk), with corresponding intensities of treatment based on these categories (Lowenkamp et al., 2006). The need principle is concerned with the assessment of perpetrators' criminogenic needs (e.g., unemployment, alcohol and other drug use problems, low educational level) and the adaptation of the intervention to address these needs (Bonta & Andrews, 2017). The subsequent principle, responsivity, is concerned with the interrelationship between treatment styles and approaches, and perpetrators' characteristics. Responsivity encompasses both general factors pertaining to the intervention program as a whole and specific factors focusing on the participants (Bonta & Andrews, 2017). In accordance with the PEI framework (Radatz & Wright, 2016), the treatment principle indicates that intervention programs are predicated on social learning techniques, including role-playing, skill development, and problem-solving applications (Bonta & Andrews, 2017). The final principle, fidelity, emphasizes the importance of therapeutic integrity (Richards et al., 2022). This is achieved by ensuring that intervention program staff is qualified, trained, and participates in both continued education and on-the-job training (Radatz & Wright, 2016).

A synthesis of recent systematic reviews and meta-analyses indicates that adherence to the principles of the RNR model and PEI enhances the efficacy of intervention programs for perpetrators of IPV relative to conventional, one-size-fits-all programs (Butters et al., 2021; Travers et al., 2021; Karakurt et al., 2019). Particularly, as proposed by Olver et al. (2011), intervention programs that align with the RNR model tend to exhibit the lowest IPV recidivism rates and dropout (Babcock et al., 2004). Similarly, a number of recent studies have provided evidence in support of the RNR model in intervention programs for IPV perpetrators as a means of addressing the criminogenic needs and risks of participants with a view to improve intervention outcomes (Hilton & Radatz, 2021; Richards et al., 2022), including motivation to change and treatment engagement (Dheensa et al., 2022; Dillon et al., 2020).

Motivational strategies

As previously stated, a noteworthy and promising approach to enhancing the effectiveness of intervention programs for IPV perpetrators and addressing their challenges is the integration of motivational-based strategies (Pinto e Silva et al., 2023; Santirso, Gilchrist, et al., 2020; Soleymani et al., 2018). Derived from the addiction field and demonstrated efficacy for patients exhibiting high resistance, these strategies can be characterized as a person-

centered, collaborative approach designed to stimulate motivation for change and engender ambivalence about change (Miller & Rollnick, 2002, 2023; Rogers, 1951).

Motivational strategies recognize that individuals undergoing an intervention process demonstrate varying degrees of readiness to change, as conceptualized within the Transtheoretical Model of change (Prochaska & DiClemente, 1982; Prochaska et al., 1992). In accordance with this model, the process of change is comprised of distinct stages: precontemplation (i.e., the person is not yet acknowledging that there is a problematic behavior that needs to be changed), contemplation (i.e., the person is acknowledging that there is a problematic behavior and is thinking about overcoming it), preparation (i.e., the person is prepared to modify the problematic behavior and has formulated a plan to do so), action (i.e., the person has made specific and observable changes in the problematic behavior), maintenance (i.e., the person has successfully sustained the new behavior), and termination (i.e., the person no longer feels tempted to revert to the problematic behavior). In order to facilitate behavioral change among participants, facilitators adhere to four fundamental therapeutic principles (Lundahl et al., 2010; Miller & Rollnick, 2002, 2013; Moyers & Rollnick, 2002). First, express empathy by actively listening and helping participants delve into their inner thoughts and motivations. Second, discrepancy evocation entails the promotion of reflection on discrepancies between participants' espoused values, goals, and behaviors, while simultaneously fostering motivation for change. Third, rolling with resistance signifies that participants' defenses and reluctance to change are regarded as a common stage, rather than as a problematic sign that necessitates confrontation. Fourth, enhance the participants' sense of self-efficacy by emphasizing their strengths and capabilities and reinforcing their confidence in their ability to effect change. Additionally, motivational strategies encompass four communication techniques, collectively known as OARS, which include open-ended questions, offering affirmations, reflective listening, and summarizing the dialogues (Miller & Rollnick, 2013).

In regard to the intervention programs for IPV male perpetrators, the package of motivational strategies implemented includes motivational interviewing (Crane & Eckhardt, 2013; Musser et al., 2008; Kistenmacher & Weiss, 2008), retention techniques (Mbilingi et al., 2011; Taft et al., 2001), the Transtheoretical Model of change (Prochaska & DiClemente, 1982), techniques based on strengths-based approaches (Lehmann & Simmons, 2009), and goal setting.

As previously stated, the implementation of motivational strategies has shown promising results (Wilson et al., 2021). A number of systematic reviews and meta-analyses have demonstrated that the implementation of motivational strategies within intervention programs for IPV perpetrators is associated with enhanced treatment engagement and intervention dose, augmented motivation to change, and a reduction in dropout and IPV recidivism rates (Alexander et al., 2010; Kistenmacher & Weiss, 2008; Murphy et al., 2020; Scott et al., 2011; Stuart et al., 2007). More recent meta-analyses have demonstrated that motivational strategies are a critical factor in reducing dropout rates, which represent a significant challenge in the context of intervention programs for IPV male perpetrators. Specifically, the meta-analysis conducted by Cunha et al. (2024) demonstrated that motivational interviewing in conjunction with the standard intervention for IPV perpetrators resulted in a significant reduction in dropout rates. In this line of research, it has been evidenced that intervention programs for IPV perpetrators without motivational strategies display a dropout rate that is 1.73 times higher than that observed in intervention programs that incorporate such strategies (Santirso, Gilchrist, et al., 2020). These findings are in alignment with those of recently conducted RCTs that have compared a standard intervention with a standard intervention plus motivational strategies. Participants in the experimental condition (standard intervention plus motivational strategies) reported elevated levels of motivation to change, greater advancement through the stages of change, enhanced treatment engagement, a higher intervention dose, superior emotional decoding, enhanced cognitive empathy, and a diminished risk of IPV recidivism and a lower incidence of physical violence after the end of the intervention, when compared to participants in the control condition (Lila et al., 2018; Romero-Martínez et al., 2019; Santirso, Lila et al., 2020).

Goal setting

In the context of intervention programs for IPV male perpetrators, goal setting has emerged as an increasingly prominent motivational strategy. A goal can be defined as a significant objective that serves to motivate enhanced self-performance (Lee et al., 2007; Ryan, 1970). Goal setting can be understood as a detailed framework of desired conditions or circumstances that participants aim to attain or avoid (Lee et al., 2014; Ward, 2002). These goals are based on the individual's need for independence, proficiency, and connection (Deci & Ryan, 2000), and they lead to lives that are significant and satisfactory, which in turn makes it less likely that the participant will perpetrate IPV (Langlands et al., 2009; Lila et al., 2018; Ward, 2002). In addition, several authors (Bolton et al., 2016; Bowen et al., 2018) suggested

that these goals should: 1) have personal meaning to the individual, 2) be broken down into manageable, process-oriented steps, 3) be new and significant, 4) be clear, specific, and measurable, 5) be positively framed, 6) be attainable and feasible, and 7) be viewed as requiring consistent effort and practice. Other important aspects of goal setting involve the collaborative co-construction by both the facilitators and participants (Bolton et al., 2016; Stewart & Slavin-Stewart, 2013), and the alignment of goals with individual values (Zarling et al., 2015). Therefore, goal setting enables the adaptation of the intervention to the risks and needs of the participants and facilitates their psycho-emotional well-being (Lee et al., 2007).

Goal setting is a collaborative and non-confrontational motivational strategy that participants may choose to adopt (Lila et al., 2018). Facilitators are available to provide guidance and support to those who wish to set a goal (Expósito-Álvarez, Roldán-Pardo, & Lila, 2024; Lila et al., 2018). In this way, participants are actively involved in their process of change by participating in the establishment of their intervention objectives, adapted to their needs and with the ultimate goal of facilitating behavioral and attitudinal change (Expósito-Álvarez, Gilchrist, et al., 2024).

While goal setting requires further research in the area of intervention programs for IPV perpetrators, it has shown promising results. The results of empirical studies of intervention programs for perpetrators of IPV indicate that goal setting is associated with promoting attitudinal and behavioral change, responsibility assumption for the violent behavior, engagement, and motivation to change (Curwood et al., 2011; Lee et al., 2003, 2014; Murphy & Meis, 2008; Stewart & Slavin-Stewart, 2013). Furthermore, the study conducted by Lee et al. (2007) demonstrated that goal setting was correlated with a reduced probability of recidivism among IPV perpetrators who participated in intervention programs for IPV male perpetrators.

A more recent corpus of literature has identified the principal factors or characteristics of participants in intervention programs for IPV perpetrators that encourage the co-construction of goals (Expósito-Álvarez, Gilchrist, et al., 2024; Expósito-Álvarez, Roldán-Pardo, & Lila, 2024). The two studies were conducted with a sample of men who were court-mandated to participate in a community-based intervention program for IPV perpetrators. Expósito-Álvarez, Gilchrist, et al. (2024) reported that younger age, greater capacity for empathetic perspective-taking, higher hypomania scores, and greater formal community support were predictive of goal setting. Furthermore, Expósito-Álvarez, Roldán-Pardo, and Lila (2024) indicated that participants who set a goal were younger, currently employed, had a higher level of annual

income, a higher level of motivation to change, a higher stage of change, and self-reported higher rates of physical violence. Additionally, the findings of this body of research indicated that, at the end of the intervention, participants who had set a goal during the intervention process exhibited heightened motivation to change, a higher stage of change, greater active participation and intervention dose, and a lower dropout rate (Expósito-Álvarez, Gilchrist, et al., 2024; Expósito-Álvarez, Roldán-Pardo, & Lila, 2024).

These findings are significant in light of the fact that one of the main challenges to enhancing the effectiveness of these intervention programs is the considerable dropout rate, which is associated with an elevated probability of IPV recidivism (Jewell & Wormith, 2010; Lila et al., 2019; Olver et al., 2011). As a result, a comprehensive analysis of the underlying needs that inform participants' goal setting could facilitate enhanced adherence to the intervention and facilitate further tailoring of the intervention to participants' needs and risks.

Participants' satisfaction with the intervention

As previously stated, the analysis of group-related variables, the incorporation of motivational strategies, and the RNR approach represent potential avenues for addressing the challenges encountered in intervention programs for IPV perpetrators (Andrews & Bonta, 2010; Bowen & Gilchrist, 2004; DiClemente et al., 2017; Miller & Rollnick, 2002). The incorporation of these approaches is intended to adapt the intervention to the specific needs and risks of the participants, while also enhancing their motivation to change, self-awareness, and acceptance of the treatment (Gray et al., 2014; Lila et al., 2018; Travers et al., 2021). It may be posited that participants will demonstrate increased satisfaction with the intervention.

Some authors have indicated that participant satisfaction may serve as an indicator of the effectiveness of intervention programs for IPV perpetrators (Sidani et al., 2017; Walsh & Lord, 2004). In a variety of social-behavioral intervention research areas, including but not limited to battered women, parents of hospitalized children, or drug users, satisfaction has been demonstrated to be a key factor in positive intervention outcomes, including attendance, perceived usefulness of the treatment, and engagement (Attkisson & Zwick, 1982; Choo et al., 2016; Sidani et al., 2017; Walsh & Lord, 2004). Nevertheless, satisfaction with the intervention has not been sufficiently examined in the scientific literature on intervention programs for perpetrators of IPV.

Only a limited number of studies have examined participant satisfaction with the intervention for individuals who perpetrate IPV. These studies have provided a descriptive analysis of the satisfaction levels and the group-based intervention elements that have been identified as enhancing their satisfaction (Hamel et al., 2022; Parra-Cardona et al., 2013; Vargas et al., 2020). The study conducted by Hamel et al. (2022) in a sample of perpetrators of IPV revealed that participants expressed high levels of satisfaction with both the group-based treatment and the facilitator after the conclusion of the intervention. Specifically, participants reported particular satisfaction with both the facilitators' leadership abilities and the advantages of the group experience. Furthermore, the authors put forth the hypothesis that satisfaction may be linked to treatment adherence (Hamel et al., 2022). Likewise, Vargas et al. (2020) conducted a comparative analysis of intervention outcomes in a sample of Latin American and Spanish men convicted of IPV and court-referred to a community-based intervention program for IPV perpetrators. The findings indicated that the participants, in general, expressed high levels of satisfaction with the intervention (Vargas et al., 2020). Particularly, in regard to the process of change and learning, as well as the relationship established with group-peers and facilitators. Furthermore, the authors highlighted that satisfaction may represent a key aspect of treatment compliance (Vargas et al., 2020). Finally, Parra-Cardona et al. (2013) employed a qualitative methodology to identify the specific group-based intervention components that enhance the satisfaction of the participants. These components included: a culturally informed approach, a strengths-based approach, a supportive and safe environment, practical skills and tools, and tailoring the intervention to participants' risks and needs. As previous research, Parra-Cardona et al. (2013) also suggested that participant satisfaction with the intervention may be associated with engagement.

Chapter 2: Objectives

Objectives

The general objective of this thesis was to identify novel and comprehensive approaches for a more nuanced understanding of the effectiveness of intervention programs for IPV male perpetrators. This doctoral thesis presents three research papers, published in international scientific journals indexed in the Journal Citations Reports (JCR), which respond to the following specific objectives:

Specific objective 1. To analyze and identify the group-related variables present during the group-based intervention, as well as their predictors and their relation to the functioning and outcomes of intervention programs for IPV perpetrators. This objective was the subject of the first study.

- ✓ **Study 1.** This study aimed to synthesize and systematize the available scientific literature on group-related variables in group-based interventions for male IPV perpetrators. This was achieved through a systematic review of quantitative research papers, addressing two research questions: (a) What are the predictors of these group-related variables? (b) Do these group-related variables influence the functioning and outcomes of intervention programs for IPV perpetrators?

- Roldán-Pardo, M., Lila, M., Santirso, F. A., & Gracia, E. (2024). Group-related variables in intervention programs for intimate partner violence perpetrators: a systematic review. *Trauma, Violence, & Abuse*, 25(4), 2752-2767. <https://doi.org/10.1177/15248380241226655>

Specific objective 2. To analyze and categorize the content of the self-determined goals set by participants in intervention programs for IPV perpetrators. The second study addressed this objective.

- ✓ **Study 2.** This study aimed to address specific objective 2 through a qualitative approach in a sample of male participants court-mandated to an intervention program for IPV perpetrators.

- Roldán-Pardo, M., Santirso, F. A., Expósito-Álvarez, C., García-Senlle, M. L., Gracia, E., & Lila, M. (2023). Self-determined goals of male participants attending an intervention program for intimate partner violence perpetrators: a thematic analysis. *International Journal of Offender Therapy and Comparative*

Specific objective 3. To analyze the satisfaction with the intervention of participants who completed a group-based intervention program for IPV perpetrators and to examine the relationship between their satisfaction with the intervention and relevant intervention outcomes. This objective was the subject of the third study.

- ✓ **Study 3.** This study aimed to address specific objective 3 by designing and validating a scale to assess satisfaction with the intervention in a sample of male participants attending an intervention program for IPV male perpetrators.
- Roldán-Pardo, M., Santirso, F. A., Tomás, J. M., Gracia, E., & Lila, M., (2025). Development and validation of the Satisfaction with the Intervention for Intimate Partner Violence Perpetrators Scale (SIIPVS). *Journal of Family Violence*. <https://doi.org/10.1007/s10896-025-00804-5>

Chapter 3: Method

Method

This chapter offers a comprehensive overview of the methodology employed in the three studies comprising this doctoral thesis. Study 1 was a systematic review of group-related variables involved in group-based intervention processes in intervention programs for IPV perpetrators. Studies 2 and 3 were empirical studies in nature and employed a sample of men court-mandated to attend a community-based intervention program for IPV perpetrators.

The systematic review

The systematic review (Study 1) was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses recommendations (PRISMA; Page et al., 2021). The study protocol was registered in the International Prospective Register of Systematic Reviews on 28 April 2022 (registration number: CRD42022313243). The following databases were consulted for the purposes of this review: Web of Science, Scopus, PUBMED, and PsycINFO. The search strategy was adapted from previous systematic reviews conducted by the research team (e.g., Gracia et al., 2020) and there were no restrictions on publication dates. It was conducted in September 2020 and repeated in November 2022. The criteria for inclusion were as follows: a) research encompassing interventions targeted at male IPV perpetrators; b) group-based intervention; c) studies examining quantitatively evaluated group-related variables (such as group cohesion or participant positive confrontation); d) analyses focused on predictors of group-related variables and/or their impact on the functioning or results of intervention programs for IPV perpetrators; e) studies published in peer-reviewed journals in English; and f) studies employing quantitative methodologies. The data set extracted included the following variables: sample and methods, study design, predictors of group-related variables in intervention programs for IPV perpetrators, outcomes measured, and results. Two researchers (M.R. and F.S.) independently collected the data, and any conflicting information was deliberated with additional researchers (M.L. and E.G.) until consensus was reached. Finally, to assess the methodological quality (i.e., risk of bias) of the included studies, the Mixed Methods Appraisal Tool (Hong et al., 2018) was employed. Quality assessment was independently performed by two researchers (M.R. and F.S.) and any disagreement was resolved by discussion to reach a consensus with additional researchers (M.L. and E.G.).

Empirical studies

Participants and procedure

Eligible participants for Studies 2 and 3 were: a) adult males who had perpetrated IPV and were referred to participate in an intervention program for IPV perpetrators, b) did not present serious substance use problems, c) did not present severe psychological disorders, d) did not display disruptive or violent behavior during the intervention, e) had signed the informed consent form. Furthermore, Study 2 involved the inclusion criteria of participants who set a self-determined goal, while Study 3 included the criteria of participants who completed the intervention.

The intervention program for IPV perpetrators, which is the subject of the empirical studies included in this doctoral thesis, is the Contexto Program (Lila et al., 2018). The Contexto Program is a research, training, intervention, and prevention initiative that focuses on IPV through the work with the perpetrator. The intervention is implemented within the Faculty of Psychology and Speech Therapy of the University of Valencia, Spain. The intervention program employs a cognitive-behavioral intervention approach informed by a feminist perspective and grounded in the ecological model. It draws upon evidence-based strategies, including motivational strategies, to facilitate the perpetrators' attitudinal and behavioral change and to promote the partners' or ex-partners' safety. The program includes 2-hours 35 weekly group-based sessions (70h., 11 months). The close-ended groups typically comprise between 10 and 14 participants and are led by two facilitators. The intervention consists of five modules (see Table 1).

The program also includes a new therapeutical set of motivational strategies: the Individualized Motivational Plan (IMP; Lila et al., 2018; Romero-Martínez et al., 2019; Santirso, Lila et al., 2020), which has proven to be effective. The IMP is founded upon evidence-based strategies, including motivational interviewing (Miller & Rollnick, 2023), the Good Lives Model (Langlands et al., 2009), the state of change approach (Prochaska & DiClemente, 1982; Prochaska et al., 1992), and goal setting (Lee et al., 2007). The IMP includes two main elements: five individual motivational interviews and three specific group sessions. With regard to the individual motivational interviews, three are conducted at intake to build a therapeutic alliance, promote responsibility attribution, and encourage goal identification. One in the middle of the intervention to assess the attitudinal and behavioral process of change and to supervise goal progress. Finally, one at the end of the intervention to monitor the process of

change, risk of recidivism, and goal achievement. The specific group sessions are distributed throughout the intervention: one session is scheduled for the first module, one for the third, and one for the fifth. The sessions are designed to facilitate goal sharing among participants, who are then able to receive feedback and support from the facilitators and other group members.

Table 1. *Contexto Program Intervention Modules and Objectives*

Module	Objectives
Module 1 First contact and basic principles of violence against women in intimate partner relationships	1. Establish the working alliance between participants and facilitators 2. Create a climate of trust in the group 3. Establish ground rules 4. Clarify basic concepts related to intimate partner violence 5. Encourage the responsibility assumption
Module 2 Change strategies: individual variables	1. Enhance individual protective factors (e.g., self-esteem, positive emotions, relaxation) 2. Reduce individual risk factors (e.g., cognitive distortions, anger and jealousy management)
Module 3 Change strategies: interpersonal variables	1. Enhance interpersonal protective factors (e.g., empathy, assertive communication, active listening, positive relationship with children) 2. Reduce interpersonal risk factors (e.g., violent conflict resolution, problematic communication, conflictive interactions with partner or children)
Module 4 Change strategies: contextual and macrosocial variables	1. Enhance contextual and macro-level protective factors (e.g., attitudes of intolerance towards the use of violence, gender perspective, healthy masculinity) 2. Reduce contextual and macro-level risk factors (e.g., sexism, gender stereotypes, attitudes of tolerance towards the use of violence)
Module 5 End of the intervention: relapse prevention	1. Promote strategies to prevent future violent behavior 2. Synthesize the knowledge gained in the Program 3. Link the participants to the follow-up phase

Both studies were approved by the Experimental Research Ethics Committee of the University of Valencia (Ref. H1537520365110). The procedures were conducted in accordance with the 1964 Helsinki Declaration. In each study, all participants provided written informed consent at intake and were subsequently assigned to an intervention group. Participants were

briefed on the nature of the studies and assured that their legal status would remain unaffected by their decision to participate or decline. Confidentiality was ensured at all times.

In Study 2, data regarding the content of the participants' self-determined goals were collected at intake. The goals were handwritten by the facilitators during the third individual motivational interview. Subsequently, the research team transcribed the goals into a text format compatible with the analysis software.

In Study 3, data collection occurred at different points in time. At the end of the group-based intervention, the research team administered the Satisfaction with the Intervention for Intimate Partner Violence Perpetrators Scale (SIIPVS) and Working Alliance Inventory-Short Revised (WAI-SR) participant version questionnaires to the participants. Upon the conclusion of the intervention, within a maximum of two weeks, the facilitators completed the WAI-SR therapist version, State of change, and Motivation to change measures. The recidivism data was collected in September 2023 by two members of the research team.

Materials and measures

Study 2

The self-determined goals of 227 men who attended the Contexto Program (Lila et al., 2018) were collected. As some participants ($n = 13$) proposed two self-determined goals during the intervention, the final number of self-determined goals that were subjected to analysis was 240.

A self-determined goal is described as a pertinent objective that drives enhanced self-performance (Lee et al., 2007; Ryan, 1970). The self-determined goals were established and co-constructed in the third individual motivational interview between the participant and the facilitators, prior to the commencement of the group-based intervention. Each goal was accompanied by a detailed account of: a) the objective of change, b) the current situation, c) the steps to be taken to achieve the objective, d) the behavioral and attitudinal changes that will be required to achieve the objective, e) a description of a setback situation, and f) the measures to be taken to reverse the setback situation. An illustrative example of a participant's self-determined goal is presented in Annex I.

Study 3

In order to validate the Satisfaction with the Intervention for Intimate Partner Violence Perpetrators Scale, different measures were included in Study 3.

Satisfaction with the Intervention for IPV Perpetrators Scale (SIIPVS). A group of expert members of the Contexto Program (Lila et al., 2018) was consulted to produce several statements regarding satisfaction with the intervention. The statements that received the greatest degree of consensus were selected to create a 17-item scale for measuring satisfaction with the intervention. Participants were required to assess their satisfaction levels with several aspects of the group-based intervention using a 5-point Likert-type scale. The responses ranged from 1 (strongly disagree) to 5 (strongly agree). The complete scale is presented in the Annex II.

IPV recidivism. The recidivism rates were obtained from VioGén (López-Ossorio et al., 2016), the monitoring system for IPV maintained by the Ministry of Home Affairs. This database records information on the participant's criminal IPV record, any new IPV incident, and any violations of court-mandated conditions (e.g., restraining order, dropout from the intervention program), as reported by any of the agencies involved in victim protection services. The data extraction was conducted in September 2023, with any incidents registered in the system prior to this date being classified as recidivism.

Working Alliance. The working alliance was assessed using the WAI-SR (Hatcher & Gillaspay, 2006). The scale comprises 12 items on a 5-point Likert-type scale, and it is designed to assess the working alliance with two subscales: agreement and bond. The agreement subscale assesses the degree of alignment between the participant and the facilitator with regard to the intervention's objectives and activities. The bond subscale measures the quality of the participant-facilitator relationship, focusing on feelings of trust and rapport. The participant and therapist's self-reported versions were used.

State of change. Facilitators assessed the stage of change of each participant in accordance with the Transtheoretical Model of change (Prochaska & DiClemente, 1982; Prochaska et al., 1992). The states of change were categorized as follows: 1 = precontemplation, 2 = contemplation, 3 = preparation, 4 = action, and 5 = maintenance.

Motivation to change. The facilitators employed two independent Likert-type 5-point items to assess motivation to change: motivation to change in violent attitudes and behaviors

toward women; and motivation to change in violence attitudes and behaviors toward any person.

Data analysis

Study 2

Thematic Analysis (TA; Braun & Clarke, 2006) was employed to analyze the content of the self-determined goals. The use of this methodology permitted the identification, analysis, and reporting of emerging themes within the data. The analysis evolved through an iterative process and was conducted by four researchers. Each researcher conducted open coding by independently identifying codes. Researchers deliberated on the codes until reaching a consensus on which ones to utilize. Then, consensual codes were used to recode self-determined goals. A single goal could encompass multiple codes. Subsequently, each researcher conducted independent axial coding. Categories suggested by each researcher were deliberated upon until agreement was reached on the categories to be applied. Finally, the four researchers collectively undertook the selective coding process, proposing core categories. At the conclusion of each phase of the TA process, additional researchers conducted a comprehensive review and validation of the analyses. TA was conducted using NVivo12.

Study 3

In order to assess the psychometric properties of SIIPVS, a number of analyses were conducted. First, descriptive statistics were calculated. Subsequently, both exploratory and confirmatory factor analyses were conducted to examine the dimensionality or factor structure of the data. A variety of indices were employed to assess the goodness of fit of the models and to determine which model should be retained: the chi-square statistic, the Comparative Fit Index, Root-Mean-Square Error of Approximation, and the Standardized Root Mean Square Residual. Once the scale's dimensionality had been established, the reliability of the scale and its dimensions were estimated using both Cronbach's alpha coefficients and Composite Reliability Indices. The internal consistency was assessed with item-total corrected correlations. Finally, to provide empirical evidence for the validity of the SIIPVS, Pearson correlations and logistic regressions were conducted between the factorial scores and several theoretically relevant variables. Descriptive statistics, Cronbach's alpha, internal consistency, and validity analyses were performed using IBM SPSS Statics 28.0.1.1. Exploratory and confirmatory factor analyses were conducted using MPlus 8.9.

Chapter 4: Studies

Study 1

Group-related variables in intervention programs for intimate partner violence perpetrators: a systematic review¹

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[See Annex III]

**Group-Related Variables in Intervention Programs for Intimate Partner Violence
Perpetrators: A Systematic Review**

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Abstract

Intervention programs for male intimate partner violence (IPV) perpetrators mostly use the group intervention modality. Notwithstanding, the literature has neglected the study of group-related variables and their possible association with these interventions' functioning and outcomes. This systematic review aimed to analyze group-related variables, their predictors, and their relation to the functioning and outcomes of intervention programs for IPV perpetrators. The systematic review was conducted according to Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. The following databases were searched from inception to November 2022: Web of Science, Scopus, PUBMED, and PsycINFO. Of the 5,941 identified studies, 13 were included in the review. The main predictors of group-related variables were: intervention stage, motivational strategies, and leadership (counseling approach). The group-related variables as predictors of intervention outcomes were: group management behaviors and support (facilitator behavior within the group); positive confrontation, protherapeutic behavior, active involvement, positive interaction with peers, and positive interaction with the facilitator (participant behavior within the group); and group cohesion and group climate (group dynamics). Group cohesion and participants' protherapeutic behavior stood out for their association with positive treatment outcomes (i.e., greater participation and working alliance, lower rates of violent behavior during follow-up). The findings from this review suggest that group processes are key factors in intervention programs for IPV perpetrators, and a better understanding of how these group processes are shaped, and how they can contribute to positive program outcomes, provides a new approach and insights to improve their effectiveness.

Keywords: intervention programs for intimate partner violence perpetrators, group intervention, group-related variables, participant behavior, facilitator behavior, group dynamics, systematic review.

Introduction

Intervention programs for male intimate partner violence (IPV) perpetrators represent a preventive strategy of this type of violence that emerged in the mid-1970s and has been widely implemented in most western countries (Lila & Gilchrist, 2023; Lilley-Walker et al., 2018; Yakeley, 2022). A recurring question about intervention programs for IPV perpetrators is their effectiveness. The effectiveness of these programs has been analyzed by meta-analytic studies, which have found small or moderate effect sizes (e.g., Arce et al., 2020; Babcock et al., 2004; Expósito-Álvarez et al., 2023; Santirso, Gilchrist et al., 2020; Wilson et al., 2021). In these studies, recidivism of IPV has been generally considered the main outcome of intervention (Turner et al., 2023). However, the use of recidivism rates as the only indicator of intervention success has been questioned (Gondolf, 2004; Westmarland & Kelly, 2013). Several authors have emphasized the need to include other variables involved in the intervention process to gain a better understanding of the impact of interventions on IPV perpetrators (Bowen & Gilchrist, 2004; Velonis et al., 2020; Westmarland & Kelly, 2013). For example, Bowen and Gilchrist (2004) have suggested that variables, such as the competence of the facilitators or the climate in which the intervention takes place, should be considered to evaluate intervention programs for IPV perpetrators with a more comprehensive approach.

In intervention programs for IPV perpetrators, and regardless of the applied theoretical approach or model used, group treatment is the most common intervention modality (Babcock et al., 2016; Gondolf, 2015; Nicholas et al., 2020; Semiatin et al., 2013; Travers et al., 2021). For example, in a survey of 238 directors of intervention programs for IPV perpetrators in the United States and Canada, Cannon et al. (2016) found that more than 95% of the participants had taken part in a group modality. In Europe, group treatment is also the most frequent modality of intervention programs for IPV perpetrators. For example, in Akoensi et al.'s (2013) systematic review, only one of the 12 evaluated programs delivered an individual treatment rather than a group intervention modality.

Intervention programs for IPV perpetrators that use the group-based modality offer several advantages. Group-based interventions have been found to be cost-effective and provide facilitators with the opportunity to observe participants' behavior in a social context. Group intervention provides additional advantages, such as: interpersonal learning; sharing common problems with peers by encouraging emotional openness; sharing, practicing, and acquiring skills and information; reducing isolation and stigma associated with IPV; receiving and

providing social support; positive peer influence; modeling prosocial and protherapeutic behaviors; or confronting violent or negative behaviors (Hamel et al., 2021; McGinn et al., 2017; Portnoy & Murphy, 2020; Yalom & Leszcz, 2005).

Several qualitative studies have also identified group factors that can promote change and accountability. For example, IPV perpetrators who participated in group-based interventions report that the group enhanced their change process and accountability through learning from others, confronting one another to become more accountable, feeling less alone, gaining motivation to change from observing the process of change of others, and feeling safe and supported (Enosh & Buchbinder, 2019; Gray et al., 2014; Holtrop et al., 2017; Morrison et al., 2017, 2019). In addition, the participants reported that the facilitators who were able to encourage their participation, challenge them, support them in their change process, and ask appropriate and respectful questions facilitated the process of change and accountability (Holtrop et al., 2017). Finally, in these qualitative studies, the facilitators of intervention programs for IPV perpetrators identified three key group processes that can influence the participants' change process: confronting or challenging them about their behavior; fostering an environment of safety and openness; and striving to adapt to their needs (Morrison et al., 2017).

Group-based interventions also offer advantages compared to individual treatment approaches. For example, Murphy et al. (2020) compared the results of a group-based intervention program for IPV perpetrators to those of an individual intervention with motivational components and showed that although participation and attendance were greater in the individual modality, the group-based intervention produced better final intervention outcomes. However, as Murphy and Meis (2008) pointed out, group-based interventions may also have some potential disadvantages, such as the possible diffusion of attitudes and behaviors favorable to violence against women, and the difficulty to adapt interventions to specific treatment needs, risk factors, and the stage of change of participants. Qualitative research has suggested that the group may also pose risks to the IPV perpetrators who participate in group-based intervention programs, such as: the influence of domineering, disruptive and resistant participants, the possible lack of participation, discussion, or engagement, and the negative comments made outside the group, which could reduce group cohesion and motivation to change (Gray et al., 2014; Morrison et al., 2019).

Regardless of the potential advantages and disadvantages of group-based interventions, group-related variables in the analysis of intervention programs for male IPV perpetrators have not received sufficient attention in the literature (Gray et al., 2014; Morrison et al., 2019; Murphy et al., 2020). Knowledge about what factors determine group-related variables in IPV intervention programs, or how group-related variables influence the functioning and outcomes of these programs, is limited and not systematized. Therefore, the aim of this systematic review is to synthesize and systematize the available scientific literature on group-related variables in group-based interventions for male IPV perpetrators. Group-related variables encompass the interaction and dynamics of the parties implicated in intervention groups and include group composition (e.g., homogeneity or heterogeneity of members, group size, duration), as well as the interactions and processes within the group (e.g., group climate, confrontation between peers), and also between facilitators and participants (e.g., confrontation, counseling). In this systematic review, we first identify the group-related variables that are commonly analyzed in the existing literature on group-based interventions for IPV perpetrators to address two research questions: (a) What are the predictors of these group-related variables? (b) Do these group-related variables influence the functioning and outcomes of intervention programs for IPV perpetrators? By examining both the predictors of group-related variables and group-related variables as predictors of program functioning and outcomes, we aimed to gain a deeper understanding of the role of group-related variables in intervention programs for IPV perpetrators, and the extent to which this knowledge can help to improve their effectiveness. To the best of our knowledge, this is the first systematic review to focus on the relevance of group-related variables in intervention programs for male IPV perpetrators.

Method

A systematic literature review was undertaken in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses recommendations (Page et al., 2021). The study protocol was registered in PROSPERO, an international prospective register for review protocols (registration number: CRD42022313243).

Search Strategy

A systematic computerized literature search was conducted in the following databases: Web of Science, Scopus, PUBMED, and PsycINFO. There were no restrictions on publication dates. The search was conducted in September 2020 and repeated in November 2022. The search strategy was carried out through an iterative back-and-forth process using multiple

combinations of the keywords in five clusters. The following terms were included: (group* OR peer* OR leader* OR climate OR interaction OR social influence OR support OR facilitator* OR therapist*) AND (intervention OR treatment OR program*) AND (perpetrator* OR batterer* OR offender* OR aggressor*) AND (couple OR partner* OR marital OR spouse* OR husband OR wife OR intimate OR gender OR domestic) AND (violence OR aggress* OR maltreat* OR abuse*). In addition, the forward and backward citation tracking of the reference lists of the included studies was conducted to identify other potentially eligible articles.

Eligibility

The inclusion criteria were: (a) studies that included an intervention for male IPV perpetrators; (b) the intervention was administered at the group level; (c) studies included any quantitatively evaluated group-related variable (e.g., group climate, facilitator leadership); (d) the predictors of group-related variables or the influence of these variables on the functioning or outcomes of intervention programs for IPV perpetrators were analyzed; (e) studies published in English and in peer-reviewed journals; and (f) quantitative studies. The initial screening was performed by two authors (MR and FS) who independently reviewed the articles according to their abstract and title to identify those studies that met the eligibility criteria. The full texts of all the potentially eligible articles were independently assessed (MR and FS). Discrepancies were overcome through discussion and by reaching a consensus with two other authors (EG and ML).

Data Extraction

Two reviewers (MR and FS) independently extracted the information below from the included studies into a standardized coding form, including the following information: author(s), publication date, country, sample, type of intervention, study design, predictors of group-related variables in intervention programs for IPV perpetrators, outcome measures, and results. Discrepant codes were discussed with additional authors (EG and ML) until issues were resolved.

Quality Assessment

The quality of studies was assessed using the Mixed Methods Appraisal Tool (MMAT; Hong et al., 2018) developed by the Department of Family Medicine at McGill University. The MMAT is a critical appraisal tool designed to support researchers in assessing the quality of manuscripts. Specifically, the five core criteria for a nonrandomized quantitative study

methodological design were used. The first criterion was related to the representativeness of the target population through the study sample. Indicators of representativeness included a clear description of the target population and the sample, the reasons why certain eligible participants did not participate, and any attempts to form a sample of participants that was representative of the target population. The second criterion referred to the appropriateness of the measures for the examined outcomes and the implemented interventions. Indicators of appropriate measures included that variables were clearly defined and accurately measured, measures were justified and appropriate to the research questions, validated and reliability-tested measures were used, and measures reflected what they were intended to measure. The third criterion was the availability of complete outcome data. There was no absolute and standard cutoff acceptable complete data. In the literature, acceptable complete data ranged from 80% to 95% (Higgins et al., 2016; Thomas et al., 2004). The fourth criterion referred to the consideration of confounders in the design and analysis. Confounders are factors that predict both the outcome of interest and the intervention received at the baseline. Confounding bias was low when confounding was not expected or appropriate methods were used to control for it (e.g., stratification, regression). Finally, the last criterion was whether the intervention or exposure occurred as intended. Consideration was given to whether participants were treated in a consistent manner with the planned intervention and/or whether changes in exposure status occurred in the participants. Each criterion was rated as “yes,” “no,” or “cannot tell.” Quality appraisal was carried out by two reviewers (MR and FS). Any disagreements were settled by discussion to reach a consensus with additional reviewers (MS and EG).

Results

Study Selection

The database searches yielded 5,941 records, and two additional records were identified through other sources (Figure 1). After removing duplicates, 4,176 articles were retained for title and abstract screening. In all, 4,129 abstracts were excluded because they did not meet the inclusion criteria and 47 manuscripts were selected for the full-text review. Thirty-four studies were excluded because: they did not analyze group-related variables ($n = 7$); they did not relate group-related variables to intervention outcomes or other variables of interest ($n = 3$); they did not use a quantitative methodology ($n = 21$); the sample was not composed of adult men and the facilitators of intervention programs for IPV perpetrators ($n = 1$); and they were not published in English ($n = 2$). The remaining 13 studies were included in the qualitative analysis.

Two of the included studies (Boira et al., 2013; Chovanec, 2012) used both quantitative and qualitative methods. In the context of the proposed review, only the quantitative results of both studies are presented. Therefore, it is safe to conclude that there is a paucity of studies that consider group-related variables of intervention programs for IPV perpetrators.

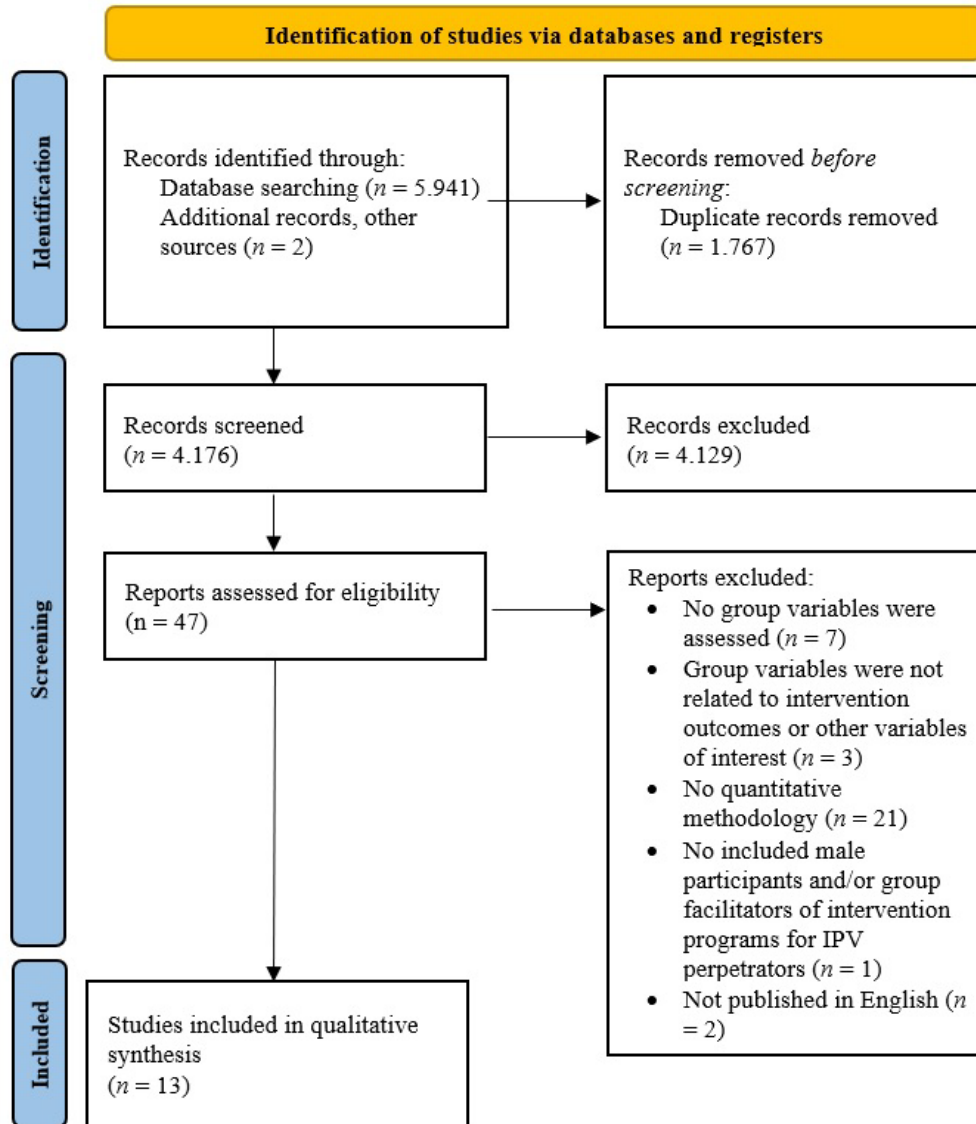


Figure 1. Preferred Reporting Items for Systematic Reviews and Meta-Analyses flow diagram.

Quality and Publication Bias Assessment

The risk of a bias assessment for each study included in the systematic review is shown in Figure 2. Five of the studies (38.5%; Musser et al., 2008; Santirso et al., 2018; Santirso, Lila et al., 2020; Semiatin et al., 2013; Taft et al., 2003) met at least three assessment criteria. Only two studies met all the assessment criteria (15.4%; Santirso, Lila et al., 2020; Taft et al., 2003).

	Are the participants representative of the target population?	Are measurements appropriate regarding both the outcome and intervention (or exposure)?	Are the outcome data complete?	Are the confounders accounted for in the design and analysis?	During the study period, is the intervention administered (or occurred exposure) as intended?
Boira et al. (2013)	?	+	?	?	+
Bowen (2010)	?	+	?	?	+
Chovanec & Roseborough (2016)	?	+	+	?	?
Chovanec (2012)	?	?	?	+	+
Hamel et al. (2021)	?	?	?	-	?
Musser et al. (2008)	?	+	+	+	?
Rondeau et al. (2001)	?	?	+	+	?
Santirso et al. (2018)	+	+	?	+	+
Santirso et al. (2020a)	+	+	+	+	+
Scott et al. (2011)	?	+	?	+	?
Semiatin et al. (2013)	?	+	+	+	+
Taft et al. (2003)	+	+	+	+	+
Waldo et al. (2007)	?	?	+	+	?

Figure 2. Risk of Bias in Included Studies.

Regarding the representativeness of the sample, three of the 13 studies (23.2%; Santirso et al., 2018; Santirso, Lila et al., 2020; Taft et al., 2003) used a representative sample, and the remaining 10 studies (76.8%; Boira et al., 2013; Bowen, 2010; Chovanec & Roseborough, 2016; Chovanec, 2012; Hamel et al., 2021; Musser et al., 2008; Rondeau et al., 2001; Scott et al., 2011; Semiatin et al., 2013; Waldo et al., 2007) did not provide information on sample representativeness. Nine studies (69.2%; Boira et al., 2013; Bowen, 2010; Chovanec &

Roseborough, 2016; Musser et al., 2008; Santirso et al., 2018; Santirso, Lila et al., 2020; Scott et al., 2011; Semiatin et al., 2013; Taft et al., 2003) applied appropriate assessment measures, and four studies (30.8%; Chovanec, 2012; Hamel et al., 2021; Rondeau et al., 2001; Waldo et al., 2007) did not provide information on appropriate assessment. In seven studies (53.8%; Chovanec & Roseborough, 2016; Musser et al., 2008; Rondeau et al., 2001; Santirso, Lila et al., 2020; Semiatin et al., 2013; Taft et al., 2003; Waldo et al., 2007), all the numbers were provided, and missing data were accounted for or explained, and the remaining six studies (46.2%; Boira et al., 2013; Bowen, 2010; Chovanec, 2012; Hamel et al., 2021; Santirso et al., 2018; Scott et al., 2011) did not report information on completed outcome data. Nine studies (69.2%; Chovanec, 2012; Musser et al., 2008; Rondeau et al., 2001; Santirso et al., 2018; Santirso, Lila et al., 2020; Scott et al., 2011; Semiatin et al., 2013; Taft et al., 2003; Waldo et al., 2007) adequately accounted for confounders in their design and analysis, three studies (23.2%; Boira et al., 2013; Bowen, 2010; Chovanec & Roseborough, 2016) did not inform about confounders methods, and Hamel et al. (2021) did not include a control procedure for potential confounders in their design and analysis. Finally, seven studies (53.8%; Boira et al., 2013; Bowen, 2010; Chovanec, 2012; Santirso et al., 2018; Santirso, Lila et al., 2020; Semiatin et al., 2013; Taft et al., 2003) reported that the participants were treated in a manner that was consistent with the planned intervention. Finally, six studies (46.2%; Chovanec & Roseborough, 2016; Hamel et al., 2021; Musser et al., 2008; Rondeau et al., 2001; Scott et al., 2011; Waldo et al., 2007) did not report any information on consistency with the planned intervention.

Qualitative Analysis

Most studies were conducted in the United States ($n = 7$; Chovanec, 2012; Chovanec & Roseborough, 2016; Hamel et al., 2021; Musser et al., 2008; Semiatin et al., 2013; Taft et al., 2003; Waldo et al., 2007), three studies in Spain (Boira et al., 2013; Santirso et al., 2018; Santirso, Lila et al., 2020), two studies in Canada (Scott et al., 2011; Rondeau et al., 2001), and one study in the United Kingdom (Bowen, 2010).

The target sample in most of the included studies was male IPV perpetrators ($n = 12$; Boira et al., 2013; Bowen, 2010; Chovanec, 2012; Hamel et al., 2021; Musser et al., 2008; Rondeau et al., 2001; Santirso et al., 2018; Santirso, Lila et al., 2020; Scott et al., 2011; Semiatin et al., 2013; Taft et al., 2003; Waldo et al., 2007). Additionally, in most studies the participants were court-referred ($n = 11$; Boira et al., 2013; Bowen, 2010; Chovanec, 2012; Musser et al.,

2008; Rondeau et al., 2001; Santirso et al., 2018; Santirso, Lila et al., 2020; Scott et al., 2011; Semiatin et al., 2013; Taft et al., 2003; Waldo et al., 2007). However, Hamel et al. (2021) did not determine whether their sample was composed of court-referred participants, volunteers, or both. Three studies included a sample made up of male IPV perpetrators and the facilitators of the group-based intervention (Bowen, 2010; Chovanec & Roseborough, 2016; Hamel et al., 2021). As for the studies that employed a sample of facilitators, in Hamel et al. (2021) the facilitators were primarily white males aged between 55 and 64 years with an average of 11 years of experience in the field of intervention with IPV perpetrators. In the study by Chovanec and Roseborough (2016), the facilitators were white female social work graduates with an average of 12 years of experience in intervention with IPV perpetrators. Bowen (2010) did not provide any data about this matter.

The most delivered intervention model was cognitive-behavioral therapy ($n = 7$, 53.8%; Boira et al., 2013; Hamel et al., 2021; Musser et al., 2008; Santirso et al., 2018; Santirso, Lila et al., 2020; Semiatin et al., 2013; Taft et al., 2003). Of these studies, cognitive-behavioral therapy was combined with psychoeducation in one study (Boira et al., 2013), with the client-centered approach based on genuineness, listening and focusing on the client's strengths, in another (Hamel et al., 2021), and with motivational interviewing in two studies (Santirso et al., 2018; Santirso, Lila et al., 2020). The Duluth Model was the intervention model delivered in three studies (23.1%; Bowen, 2010; Chovanec & Roseborough, 2016; Scott et al., 2011). Another less common intervention was the psychoeducational model ($n = 1$, 7.7%; Chovanec, 2012). Finally, two studies did not specify the intervention model (15.4%; Rondeau et al., 2001; Waldo et al., 2007).

Study Authors' Findings and Conclusions

Group-Related Variables in Intervention Programs for Male IPV Perpetrators. Three main categories of group-related variables were identified in the reviewed studies (Table 1): (a) facilitator behavior within the group; (b) participant behavior within the group; and (c) group dynamics. Table 1 shows the total number of studies that assessed at least one of the group-related variables included in each category (n -value), as well as the number of studies that examined each group-related variable within categories (k -value). The categories with the highest frequency were group dynamics ($n = 7$) and participant behavior within the group ($n = 7$). Finally, the category with the lowest frequency was facilitator behavior within the group ($n = 3$).

Table 1. Group-related Variables Analyzed.

Group-related variables	Number of studies (<i>k</i>)
Facilitator behavior within the group (<i>n</i> = 3)	
Negative confrontation	1
Non protherapeutic style	1
Group management behaviors	2
Support	1
Interpretations	1
Participant behavior within the group (<i>n</i> = 7)	
Positive confrontation	5
Protherapeutic behavior	3
Positive attitude toward the group	2
Active involvement	2
Positive interaction with peers	2
Positive interaction with the facilitator	2
Group dynamics (<i>n</i> = 7)	
Engagement	2
Group cohesion	3
Support	1
Group climate	3
Interpersonal learning	1

Note. *k* = number of studies that investigated the group-related variable; *n* = number of studies that assessed at least one of the group-related variables included in the category

Facilitator Behavior Within the Group. This category (*n* = 3, *k* = 6) included five group-related variables. Negative confrontation was analyzed in one study (Scott et al., 2011), defined as the facilitator contributions that exacerbated or did not resolve group conflicts. Negative confrontation was measured by the Helping Skills System (HSS; Hill & O'Brien, 1999). Second, non-protherapeutic style, characterized by an inflexible and/or directive style (*k* = 1; Scott et al., 2011), was assessed by the HSS (Hill & O'Brien, 1999). Third, group management behaviors were analyzed in two studies (Hamel et al., 2021; Scott et al., 2011) and included behaviors like being caring, committed and nonjudgmental, or being willing to respectfully challenge participants' behavior. Group management behaviors were measured by the HSS (Hill & O'Brien, 1999) in the study by Scott et al. (2011), and by an ad hoc scale (Hamel et al., 2021). Fourth, support, which refers to participants' perceptions of the support they received from the facilitator, was analyzed in one study (Bowen, 2010) and was assessed by the Group Environment Scale (GES; Moos, 1994). Finally, interpretations, which meant giving a new meaning or explanation to a behavior or recognition, thought, or emotion, were analyzed in one study (Scott et al., 2011) and measured by the HSS (Hill & O'Brien, 1999).

Participant Behavior Within the Group. This was the predominant category ($n = 7$, $k = 16$), which included six different group-related variables. Positive confrontation, which includes efforts to change another participant's denial of abuse, externalization of responsibility, and minimization of the effects of abuse or avoidance of the need for change, was analyzed in five studies (Chovanec & Roseborough, 2016; Hamel et al., 2021; Musser et al., 2008; Santirso, Lila et al., 2020; Waldo et al., 2007). Positive confrontation was assessed by the Group Engagement Measure (GEM; Macgowan, 2003) in two studies (Chovanec & Roseborough, 2016; Hamel et al., 2021), the Observational Coding of Protherapeutic Group Behaviors (OCPGB; Semiatin et al., 2013) in the study of Santirso, Lila et al. (2020), the Critical Incident Questionnaire (CIQ; Bloch et al., 1979) in Waldo et al. (2007), and by an ad hoc scale (Musser et al., 2008). Second, three studies (Santirso et al., 2018; Santirso, Lila et al., 2020; Semiatin et al., 2013) analyzed protherapeutic behaviors, which included demonstrations in the group with taking responsibility for violent behavior, orientation to change and participants' positive attitude toward peers and facilitators. Protherapeutic behavior was evaluated using the OCPGB (Semiatin et al., 2013) in all three studies. Third, positive attitude toward the group, which meant necessity, relevance, and the perceived personal value of group treatment, was analyzed in two studies (Musser et al., 2008; Santirso, Lila et al., 2020). Positive attitude toward the group was assessed by the OCPGB (Semiatin et al., 2013) in the study of Santirso, Lila et al. (2020) and by an ad hoc scale (Musser et al., 2008). Fourth, active involvement was defined as active participation and contribution during group sessions ($k = 2$; Chovanec & Roseborough, 2016; Hamel et al., 2021). Fifth, two studies (Chovanec & Roseborough, 2016; Hamel et al., 2021) analyzed positive interaction with peers, meaning peer interaction based on enthusiasm, concern and closeness among group members. Finally, positive interaction with the facilitator, which involves facilitator-participant interaction based on enthusiasm, guidance, and closeness, was analyzed by two studies (Chovanec & Roseborough, 2016; Hamel et al., 2021). Active involvement, positive interaction with peers, and a positive interaction with the facilitator were all assessed by GEM (Macgowan, 2003) in both studies (Chovanec & Roseborough, 2016; Hamel et al., 2021).

Group Dynamics. This was the second most widely studied category ($n = 7$, $k = 10$), which included five group-related variables. Engagement, which comprised attendance, contributing, contracting and working on one's own and others' problems, was analyzed in two studies (Chovanec, 2012; Scott et al., 2011). Engagement was measured by GEM (Macgowan, 2003) in the study by Chovanec (2012), and was self-reported by the facilitator in the study by

Scott et al. (2011). Second, group cohesion was analyzed in three studies (Bowen, 2010; Taft et al., 2003; Waldo et al., 2007) and was defined as group members' commitment to and concern about one another. The GES (Moos, 1994) and the CIQ (Bloch et al., 1979) were used to assess group cohesion in all three studies. Third, support referred to participants' perceptions of being cared for, valued and understood by other participants ($k = 1$; Waldo et al., 2007), and was assessed by the CIQ (Bloch et al., 1979). Fourth, group climate was analyzed in three studies (Boira et al., 2013; Rondeau et al., 2001; Waldo et al., 2007), and was defined as the atmosphere created in the group. Group climate was measured by the Group Climate Questionnaire (Mackenzie, 1983) in the study of Rondeau et al. (2001), the CIQ (Bloch et al., 1979) in that by Waldo et al. (2007), and by an ad hoc scale (Boira et al., 2013). Finally, interpersonal learning, which included learning from peers' feedback and experiences ($k = 1$; Waldo et al., 2007), was assessed by the CIQ (Bloch et al., 1979).

Predictors of Group-Related Variables. The results and conclusions of the studies that analyzed the predictors of group-related variables in intervention programs for IPV perpetrators are presented in Table 2. The predictors analyzed by these studies were: motivational strategies, intervention stage, and leadership (counseling approach).

Three studies examined motivational strategies as predictors of group-related variables (Musser et al., 2008; Santirso, Lila et al., 2020; Scott et al., 2011). Musser et al. (2008) compared a standard intervention to a standard intervention with two individual motivational interviews prior to the group intervention. The use of motivational strategies predicted a higher positive attitude toward the group taken by the participants during the initial sessions, but not during the intermediate and final sessions. In contrast, motivational strategies were not associated with positive confrontation among participants. Santirso, Lila et al. (2020) compared a standard intervention to a standard intervention with the addition of an individualized motivational plan. The use of motivational strategies predicted higher protherapeutic behavior levels, positive confrontation and the participants taking a positive attitude toward the group. Scott et al. (2011) compared a standard intervention to a standard intervention with the addition of motivational strategies. The use of motivational strategies predicted a greater use of group management behaviors, and a lesser use of non-protherapeutic style, negative confrontation, and the facilitator's interpretations.

Table 2. Predictors of group-related variables in intervention programs for IPV perpetrators

Study	Country, Sample, Treatment Type and Methodology	Predictors of Group-Related Variables	Group-Related Variables (Measure) and Results
Chovanec (2012)	United States of America (USA) Court-ordered participants of intervention programs for IPV perpetrators ($n = 95$) Psycho-educational therapy Quantitative and qualitative	Intervention stage (i.e., early, medium and late)	Group engagement (Group Engagement Measure [Macgowan, 2003]). Early < medium and late
Musser et al. (2008)	USA Court-ordered participants of intervention programs for IPV perpetrators ($n = 108$) Cognitive-Behavioral Therapy (CBT) Quantitative	Motivational strategies (Motivational Intervention [MI] vs. Standard intervention [SI])	Participant positive confrontation (Observational Coding of In-Session Behavior, ad hoc). (ns) Positive attitude toward the group (Observational Coding of In-Session Behavior, ad hoc). MI > SI during early treatment sessions; middle and late treatment sessions (ns)
Santirso, Lila et al. (2020)	Spain Court-ordered participants of intervention programs for IPV perpetrators ($n = 153$) CBT Quantitative	Intervention stage (i.e., early and late) Motivational strategies (SI vs. SI-Individualized Motivational Plan [IMP])	Intervention stage: Participant protherapeutic behavior (Observational Coding of Protherapeutic Group Behavior [OCPGB; Semiatin et al., 2013]). Late > early Participant positive confrontation (OCPGB). Late > early Positive attitude toward the group (OCPGB). Late > early Motivational strategies: Participant protherapeutic behavior (OCPGB). SI-IMP > SI Participant positive confrontation (OCPGB). SI-IMP > SI Positive attitude toward the group (OCPGB). SI-IMP > SI

Table 2. (Continued)

Study	Country, Sample, Treatment Type and Methodology	Predictors of Group-Related Variables	Group-Related Variables (Measure) and Results
Scott et al. (2011)	Canada Court-ordered participants of intervention programs for IPV perpetrators ($n = 486$) Duluth Model Quantitative	Motivational strategies (SI vs. SI-Motivational Enhancement Treatment [MET])	Facilitator group management behaviors (Helping Skills System [HSS; Hill & O'Brien, 1999]). SI-MET > SI Facilitator negative confrontation (HSS). SI-MET < SI Non protherapeutic style (HSS). SI-MET < SI Facilitator interpretations (HSS). SI-MET < SI Group engagement (therapist-reported). (ns)
Waldo et al. (2007)	USA Court-ordered participants of intervention programs for IPV perpetrators ($n = 99$) Not specified Quantitative	Leadership (Guidance [psycho-educational] vs. counseling [interpersonal problem solving])	Interpersonal learning (The Critical Incident Questionnaire [CIQ; Bloch et al., 1979]). Counseling > guidance Group cohesion (CIQ). Counseling > guidance Participant positive confrontation [CIQ]. Counseling > guidance Group support (CIQ). (ns) Group climate (CIQ). (ns)

Note. ns = non-significant association/differences; vs. = *versus*; > = significantly higher than; < = significantly less than.

Two studies examined the intervention stage as a predictor of group-related variables (Chovanec, 2012; Santirso, Lila et al., 2020). Chovanec (2012) assessed engagement in three stages: early, middle, and late. Intervention stage was a predictor of engagement because it was significantly higher in the middle and late intervention stages than during the early intervention. Santirso, Lila et al. (2020) assessed participants' protherapeutic behavior, positive confrontation, and positive attitude toward the group in two intervention stages (early and late). Intervention stage was a predictor of all three group-related variables. They all had higher levels in the late intervention stage. In addition, Santirso, Lila et al. (2020) reported an interaction effect between intervention stage and motivational strategies in relation to protherapeutic behavior. The frequency for protherapeutic behavior was higher during the early and late interventions for the motivational condition than during the early and late interventions for the standard condition.

Finally, one study (Waldo et al., 2007) examined leadership as a predictor of group-related variables. A guidance leadership approach, which refers to the process of helping and guiding perpetrators to discover and develop their potential, was compared to a counseling leadership approach, which focused on facilitating and instructing personal and interpersonal functioning. The guidance leadership approach predicted higher levels of the participants' interpersonal learning and positive confrontation compared to the counseling leadership approach.

Group-Related Variables as Predictors of Program Outcomes. The results and conclusions of the studies that analyzed group-related variables as predictors of program outcomes are presented in Table 3. The group-related variables analyzed as predictors were: group management behaviors and support (facilitator behavior within the group); positive confrontation, protherapeutic behavior, active involvement, positive interaction with peers, and positive interaction with the facilitator (participant behavior within the group); and group cohesion and group climate (group dynamics).

Table 3. Group-Related Variables as Predictors of Outcomes in Intervention Programs for IPV Perpetrators

Study	Country, Sample, Treatment Type, and Methodology	Group-Related Variables (Measure)	Outcomes and Results
Boira et al. (2013)	Spain Court-ordered participants of intervention programs for IPV perpetrators ($n = 27$) Psycho-educational Cognitive-Behavioral Therapy (CBT) Quantitative and qualitative	Group climate (Self-reported, ad hoc)	Therapeutic alliance (ns)
Bowen (2010)	England Court-ordered participants of intervention programs for IPV perpetrators ($n = 77$) and facilitators ($n = 31$) Duluth Model Quantitative	Group cohesion (Group Environment Scale [GES; Moos, 1994]) Facilitator support (GES)	<i>Group cohesion:</i> Self-exploration, task orientation, expressing emotions and situations within the group (+) Reoffending (ns) <i>Facilitator support:</i> Self-exploration, task orientation, expressing emotions and situations within the group (+) Reoffending (ns)
Chovanec & Roseborough (2016)	United States of America (USA) Court-ordered participants of intervention programs for IPV perpetrators ($n = 81$) and facilitators ($n = 4$) Duluth Model Quantitative	Positive interaction with the facilitator (Group Engagement Measure [GEM; Macgowan, 2003]) Positive interaction with peers (GEM) Active involvement (GEM) Participant positive confrontation (GEM)	<i>Positive interaction with the facilitator:</i> Treatment adherence (+) <i>Positive interaction with peers:</i> Treatment adherence (+) <i>Active involvement:</i> Treatment adherence (+) <i>Participant positive confrontation:</i> Treatment adherence (+)

Table 3. (Continued)

Study	Country, Sample, Treatment Type, and Methodology	Group-Related Variables (Measure)	Outcomes and Results
Hamel et al. (2021)	USA Court-ordered participants of intervention programs for IPV perpetrators ($n = 175$) and facilitators ($n = 16$) Client Focus and CBT Quantitative	Positive interaction with the facilitator (GEM (Macgowan, 2003) – facilitator reported) Positive interaction with peers (GEM) Active involvement (GEM) Participant positive confrontation (GEM) Facilitator group management behaviors (Client Rating of Facilitator [CRF; Hamel et al., 2021] – participant-reported)	<i>Positive interaction with the facilitator:</i> Participants perceived benefits from group (ns) <i>Positive interaction with peers:</i> Participants perceived benefits from group (ns) <i>Active involvement:</i> Participants perceived benefits from group (ns) <i>Participant positive confrontation:</i> Participants perceived benefits from group (ns) <i>Facilitator group management behaviors:</i> Participants perceived benefits from group (+) Positive treatment outcomes (+)
Rondeau et al. (2001)	Canada Court-ordered participants of intervention programs for IPV perpetrators ($n = 286$) Not specified Quantitative	Group climate (Group Climate Questionnaire [Mackenzie, 1983])	Dropout (ns)
Santirso et al. (2018)	Spain Court-ordered participants of intervention programs for IPV perpetrators ($n = 140$) CBT-Motivational Interview Quantitative	Participant protherapeutic behaviors (Observational Coding of Pro-therapeutic Group Behaviors [Semiati et al., 2013])	Working alliance (+)

Table 3. (Continued)

Study	Country, Sample, Treatment Type, and Methodology	Group-Related Variables (Measure)	Outcomes and Results
Semiatin et al. (2013)	USA Court-ordered participants of intervention programs for IPV perpetrators ($n = 82$) CBT Quantitative	Protherapeutic behaviors (Observational Coding of Protherapeutic Group Behavior [Semiatin et al., 2013])	Working alliance (+) Homework compliance (+) Participants' self-reported motivation to change (+) Psychological and physical assault (6-month follow-up) (-) Treatment dose and participants' self-reported working alliance (ns)
Taft et al. (2003)	USA Court-ordered participants of intervention programs for IPV perpetrators ($n = 107$) CBT Quantitative	Group cohesion (GES [Moos, 1986])	Working alliance (+) Treatment adherence (ns) Physical abuse at follow-up (-)

Note. + = significantly higher/significantly and positively associated; - = significantly lower/significantly and negatively associated; ns = non significant association/differences.

Facilitator Behavior Within the Group. Two studies examined the effect of facilitator behavior within the group on program outcomes (Bowen, 2010; Hamel et al., 2021). Bowen (2010) examined perceptions of the therapeutic environment in a sample of perpetrators and probation officers, and the relation between these perceptions and psychological change and recidivism. Facilitator support increased self-exploration, task orientation, and expression of feelings and situations within the group, but was not related to recidivism. Hamel et al. (2021) analyzed the perceptions of both participants and facilitators of an intervention program for IPV perpetrators, and their association with satisfaction and the final intervention outcomes. The participants perceived more benefits from the intervention when the facilitator engaged in more group management behaviors (see Table 4 for a summary of critical findings).

Table 4. Critical Findings From this Study.

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1. The literature has neglected the study of group-related variables, as well as their possible association with the functioning and outcomes of intervention programs for intimate partner violence perpetrators.
 2. The group-related variables analyzed in the reviewed studies referred to individual participant behavior within the group, individual facilitator behavior within the group, or group dynamics.
 3. The most frequent analyzed group-related variables were participants' positive confrontation, participants' protherapeutic behavior, group cohesion and group climate.
 4. The main predictors of group-related variables were motivational strategies, leadership and intervention stage.
 5. The facilitator behavior within the group, the participant behavior within the group and group dynamics were associated with positive treatment outcomes.
-

Participant Behavior Within the Group. Four studies examined the effect of participant behavior within the group on program outcomes (Chovanec & Roseborough, 2016; Hamel et al., 2021; Santirso et al., 2018; Semiatin et al., 2013). Chovanec and Roseborough (2016) analyzed several group-related variables (positive confrontation, active involvement, positive interaction with peers, and positive interaction with facilitators) across four different types of participants in an intervention program for IPV perpetrators: completers, repeat-completers, dropouts, and repeat-dropouts. The completer participants showed higher positive confrontation levels, active involvement, positive interaction with peers, and positive interaction with facilitators than the dropout participants. Similarly, the repeat-completers showed higher positive confrontation levels, active involvement, positive interaction with peers, and positive interaction with facilitators than the completers, and repeat-dropout participants. Therefore, positive confrontation, active involvement, positive interaction with peers, and positive interaction with facilitators predicted treatment adherence. Santirso et al. (2018) examined

levels of working alliance and protherapeutic behavior by assessing recorded group sessions by four trained research assistants. Protherapeutic behaviors predicted higher working alliance levels for both agreement (task/goal) and bond subscales. Semiatin et al. (2013) followed an observational methodology of videotaped group sessions to examine the responsibility assumption, change discourse, and treatment perceptions of the IPV perpetrators attending an intervention program. They found that the presence of protherapeutic behaviors was associated with higher levels of facilitator-reported working alliance, homework compliance, and participant-reported motivation to change, and with lower rates of psychological and physical re-assault (6-month follow-up). However, no significant associations were reported among protherapeutic behavior and treatment dose and the participant-reported working alliance. Hamel et al. (2021) reported no significant associations among client-perceived benefits of group and positive confrontation, active involvement, positive interaction with peers and positive interaction with the facilitator (see Table 4 for a summary of the critical findings).

Group Dynamics. Four studies related group dynamics to intervention outcomes (Boira et al., 2013; Bowen, 2010; Rondeau et al., 2001; Taft et al., 2003). Bowen (2010) reported that group cohesion increased self-exploration, task orientation, and the expression of feelings and situations within the group, but was not related to recidivism. Taft et al. (2003) examined predictors of recidivism while following up the participants in an intervention program for IPV perpetrators. Group cohesion was related to higher working alliance and lower physical abuse rates upon follow-up, but not to treatment adherence. Rondeau et al. (2001) attempted to identify predictors of dropout and program completion in a sample of participants in an intervention program for IPV perpetrators from eight different community programs. No relation was found between group climate and dropout. Finally, Boira et al. (2013) examined the working alliance and the intervention context, and their relation to the therapeutic process in a sample of perpetrators. No relation was found between group climate and working alliance (see Table 4 for a summary of the critical findings).

Discussion

The present systematic review focused on the relevance of group-related variables in group-based intervention programs for male IPV perpetrators. This review included 13 studies. These studies analyzed group-related variables in group intervention programs for male IPV perpetrators, the predictors of these variables, and group-related variables as predictors of intervention outcomes.

The group-related variables were classified into three categories: facilitator behavior within the group; participant behavior within the group; and group dynamics. The most analyzed group-related variables were: positive confrontation (participant behavior within the group; Chovanec & Roseborough, 2016; Hamel et al., 2021; Musser et al., 2008; Santirso, Lila et al., 2020; Waldo et al., 2007); protherapeutic behavior (participant behavior within the group; Santirso et al., 2018; Santirso, Lila et al., 2020; Semiatin et al., 2013); group cohesion (group dynamics; Bowen, 2010; Taft et al., 2003; Waldo et al., 2007); and group climate (group dynamics; Boira et al., 2013; Rondeau et al., 2001; Waldo et al., 2007). The remaining variables were analyzed in only one or two studies (e.g., interpretations, interpersonal learning). This suggests that quantitative research into group-related variables in intervention programs for male IPV perpetrators is not only scarce, but has also neglected several variables that could be crucial for the analysis of intervention outcomes. For example, the impact of positive confrontation has been studied (Chovanec & Roseborough, 2016; Hamel et al., 2021; Musser et al., 2008; Santirso, Lila et al., 2020; Waldo et al., 2007), but research has not analyzed the impact of negative confrontation between participants. Moreover, the influence of negative confrontation and the facilitator's protherapeutic style has been analyzed (Scott et al., 2011), but the study of positive confrontation and protherapeutic style has not been considered.

The results identified three main predictors of group-related variables in intervention programs for male IPV perpetrators: motivational strategies, leadership, and intervention stage. First, motivational strategies increased the facilitator's group management behavior level, and decreased the occurrence of negative confrontation, non-protherapeutic style, and interpretations (Scott et al., 2011). Likewise, motivational strategies were associated with higher participants' protherapeutic behavior levels and a positive attitude toward the group (Musser et al., 2008; Santirso, Lila et al., 2020). Findings on the relation between motivational strategies and positive confrontation were inconclusive. Santirso, Lila et al. (2020) found that the participants who underwent an intervention that included motivational strategies showed greater positive confrontation, whereas Musser et al. (2008) reported that both variables failed to correlate. Differences in the experimental conditions of these two studies may account for the discrepant results. The participants in the study by Santirso, Lila et al. (2020) participated in five individual motivational interviews, while only two were conducted in the study by Musser et al. (2008). In addition, Musser et al. (2008) reported that the intervention format of the second motivational interview differed between study conditions. A group-based intervention was used for the standard-intervention condition, whereas an individual-based

intervention was applied for the motivational-intervention condition. Therefore, inconsistency in intervention delivery between conditions might explain lack of results in terms of motivational strategies and positive confrontation. Furthermore, the use of motivational strategies was not associated with engagement (Scott et al., 2011). However, a recent systematic review demonstrated that motivational strategies increased engagement levels (Santirso, Gilchrist et al., 2020). Second, leadership was considered a predictor of group dynamics and participant behavior within the group. Counseling leadership was associated with greater interpersonal learning and group cohesion, but not with group support or group climate (Waldo et al., 2007). This leadership style also increased positive confrontation among participants (Waldo et al., 2007). Finally, intervention stage (i.e., early, middle, and late intervention) was identified as a predictor of group-related variables. Late intervention was associated with higher engagement scores (Chovanec, 2012), and with higher participants' protherapeutic behavior levels, a positive attitude toward the group and positive confrontation scores (Santirso, Lila et al., 2020).

Three sets of group-related variables have been identified as predictors of the functioning and outcomes of intervention programs for male IPV perpetrators: facilitator behavior within the group; participant behavior within the group; and group dynamics.

First, regarding facilitator behavior, the support provided to the group predicted greater participant task orientation, self-exploration, and participation, but was not related to recidivism rates of violent behavior (Bowen, 2010). Lack of significant results between recidivism and support may be due to the fact that only official reports were included. The quality of these data is questionable because case identification depends on the perceptions of the individuals who report a crime to the police (Bowen, 2010). Facilitator's management behaviors increased positive treatment outcomes and participants' perceived benefits of the group intervention format (Hamel et al., 2021).

Second, regarding participants' behavior, protherapeutic behavior predicted lower psychological and physical recidivism rates at the 6-month follow-up (Semiatin et al., 2013), as well as greater working alliance (Santirso et al., 2018; Semiatin et al., 2013), homework compliance and participants' self-reported motivation to change (Semiatin et al., 2013). However, protherapeutic behavior was not related to participants' self-reported working alliance, perhaps because facilitators had access to additional information and direct experience in assessing working alliance, and participants' reports were more limited (Semiatin et al.,

2013). In addition, protherapeutic behavior was not associated with treatment dose, which suggests that factors other than mere attendance determine participants' attitudes toward the intervention (Semiatin et al., 2013). A positive interaction with the facilitator and peers, active involvement, and positive confrontation all predicted greater treatment adherence (Chovanec & Roseborough, 2016). However, none of these variables were associated with participants' perceived benefits of the group intervention (Hamel et al., 2021). This may be explained by the fact that records of group-related variables were provided by external observers, and participants' benefits from the group intervention were self-reported. Thus, inconsistency between facilitators and participants' perceptions could influence the obtained results.

Finally, in group dynamics terms, group cohesion was positively associated with participants' task orientation, self-exploration and participation (Bowen, 2010), and working alliance (Taft et al., 2003). In addition, group cohesion predicted a lower physical abuse rate upon follow-up (Taft et al., 2003). In contrast, group cohesion was not related to treatment adherence (Taft et al., 2003), possibly because of the limited variability in session attendance. Nor was group cohesion related to recidivism (Bowen, 2010). It should be underlined that only police call-out data were used, which could have influenced the results. Group climate did not predict working alliance (Boira et al., 2013) or lower dropout rates (Rondeau et al., 2001). The authors of both studies noted the need to increase their sample size and consider a more precise assessment to obtain generalizable results.

In summary, motivational strategies and counseling leadership were identified as the main predictors of group-related variables. Moreover, group cohesion, participants' positive confrontation, and protherapeutic behaviors stood out for their association with positive intervention outcomes, such as greater working alliance and participation, and lower violent behavior rates after follow-up. These results are consistent with qualitative research. Several authors have found that positive peer confrontation, positive peer influence and modeling, learning from others, and a climate based on a sense of safety, openness, and support enhance participants' process of change and accountability (Enosh & Buchbinder, 2019; Gray et al., 2014; Holtrop et al., 2017; Morrison et al., 2017, 2019). Morrison et al. (2017) identified three key group processes during intervention: participants' confrontation; cohesion; and tailoring participants' needs. Our findings supported the relevance of these processes. Positive confrontation between participants and group cohesion have been identified as predictors of functioning and outcomes of intervention programs for male IPV perpetrators. Motivational strategies, which involve assessing participants' needs and tailoring the intervention to meet

them (e.g., motivational interviewing, Murphy & Maiuro, 2009), also emerge in our study as one of the main predictors of group-related variables. Therefore, this review of quantitative studies is in line with previous qualitative research and suggests that group-related variables are key intervention processes related to the functioning and outcomes of intervention programs for male IPV perpetrators (Table 5) and may contribute to participants' change. However, further research is needed to identify additional predictors of group-related variables and to gain a deeper understanding of how group-related variables predict the functioning and outcomes of intervention programs for male IPV perpetrators.

Table 5. Implications for Practice, Policy and Research.

Group processes are key factors in intervention programs for IPV perpetrators. A better understanding of group processes, and of how they can contribute to positive program outcomes, provides a new approach and insights to improve their effectiveness.

Our findings highlight the importance of training facilitators in the use of motivational strategies and a protherapeutic leadership style to improve group intervention programs for IPV perpetrators.

More research into group-related variables in intervention programs for IPV perpetrators is needed.

Taken together, our findings have practical implications and highlight the importance of training facilitators to use motivational strategies and a protherapeutic leadership style to improve intervention outcomes. Facilitator training is a key process that influences the effectiveness of intervention programs for male IPV perpetrators (Eckhardt et al., 2006). Training that focuses on using motivational strategies and counseling leadership has been shown to be effective in improving treatment adherence and reducing dropout rates and physical and psychological reoffence (Cunha et al., 2023; Santirso, Gilchrist et al., 2020). Training would also help to create a climate of cooperation, learning, and support during interventions between participants and the facilitator. This climate could be useful for setting self-determined goals through positive confrontation and interpersonal learning, and by exploring the potential benefits of change (Lee et al., 2014; Miller & Rollnick, 2002). Another practical implication arising from this review is the necessity to create, validate, and employ measurement instruments for group-related variables. These instruments ought to be reliable and precise to comprehend the operation of group dynamics and processes within the group, and to measure the impact of these variables on the outcomes and functioning of group-based intervention programs for male IPV perpetrators.

This systematic review is not without limitations. First, only the quantitative studies that analyzed group-related variables in intervention programs for male IPV perpetrators were included. Whereas a quantitative methodology facilitates the generalization of the results and allows for the prediction of relations among variables, a qualitative methodology helps to contextualize and interpret the results in more depth (Castellan, 2010). Future research should independently examine qualitative studies to better understand the impact of group-related variables on the functioning, outcomes, and effectiveness of intervention programs for IPV perpetrators. Second, the methodology used in the included studies was quite heterogeneous in terms of intervention length, sample characteristics, measurement instruments, statistical analysis, or intervention theoretical models. This made it difficult to compare the results across studies. Third, group-related variables were mostly analyzed only in one or two studies, which made it difficult to generalize the results. Therefore, our review revealed the limited number of studies that have considered the impact of group-related variables on the functioning and outcomes of intervention programs for IPV perpetrators, a limitation that other scholars have also noted (Gray et al., 2014; Morrison et al., 2019; Murphy et al., 2020; Taft et al., 2003). Finally, further research is needed to also study the impact of group-related variables in intervention programs for IPV among women and other gender minorities (i.e., LGBTIQ+).

Despite the aforementioned limitations, this review systematizes available knowledge about group-related variables in intervention programs for male IPV perpetrators, and about the predictors of these variables and their impact on intervention outcomes. To our knowledge, this is the first systematic review to address this issue. Several authors have highlighted the need for a more comprehensive approach to address the effectiveness of intervention programs for male IPV perpetrators (Bowen & Gilchrist, 2004; Velonis et al., 2020; Westmarland & Kelly, 2013). Examining group-related variables and their impact on program functioning and outcomes may provide a better understanding of the factors that increase the effectiveness of intervention programs for IPV perpetrators.

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Study 2

Self-determined goals of male participants attending an intervention program for intimate partner violence perpetrators: a thematic analysis²

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[See Annex IV]

Self-Determined Goals of Male Participants Attending an Intervention Program for Intimate Partner Violence Perpetrators: A Thematic Analysis

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Abstract

Treatment adherence and motivation to change are among the main challenges in intervention programs for Intimate Partner Violence (IPV) perpetrators. Motivational strategies have shown promising results in increasing the effectiveness of intervention programs for IPV perpetrators. One of these motivational strategies is goal setting. The aim of this study was to analyze and categorize the self-determined goals ($n = 204$) of 227 male participants attending an intervention program for IPV perpetrators. Findings of the thematic analysis suggested three levels of analysis: 4 core categories, 12 categories, and 35 codes. The four core categories were “interpersonal relationships” (39.7%), “personal resources for daily life” (29.3%), “coping strategies” (27.8%), and “motivation to change” (3.2%). Identifying the main categories of self-determined goals of IPV perpetrators could guide professionals to tailor the intervention to participants’ specific needs and implement evidence-based strategies to strengthen goal attainment and improve treatment outcomes.

Keywords: intimate partner violence perpetrators, intervention program for IPV perpetrators, motivational strategies, self-determined goals, thematic analysis.

Introduction

Intimate partner violence (IPV) has been acknowledged as a public health, social policy, and human rights concern of epidemic proportions that affects women, their children, and society as a whole (World Health Organization, 2021). As a way to reduce IPV, intervention programs for IPV perpetrators have been widely implemented to reduce IPV perpetration and reoffending (Babcock et al., 2004, 2016; Eckhardt et al., 2013). Several challenges exist that hinder the effectiveness of these interventions, including high dropout rates, limited treatment engagement, low motivation for change, minimization of responsibility, and victim-blaming (Jewell & Wormith, 2010; Lila et al., 2014, 2019; Martín-Fernández et al., 2018; Olver et al., 2011).

To overcome these challenges, intervention programs for IPV perpetrators are increasingly integrating evidence-based motivational approaches, such as motivational interviewing, the Good Lives Model, and strength-based approaches (Crane & Eckhardt, 2013; Musser et al., 2008; Santirso, Gilchrist, et al., 2020). The incorporation of these motivational approaches has shown promising results in increasing the effectiveness of intervention programs for IPV perpetrators (Babcock et al., 2016; Santirso, Gilchrist, et al., 2020; Wilson et al., 2021). Intervention programs for IPV perpetrators which incorporated motivational strategies showed lower dropout rates, increased treatment engagement, and longer-term intervention effects (Lila et al., 2018; Santirso, Gilchrist, et al., 2020).

One of the motivational strategies used in intervention programs for IPV perpetrators is goal setting. A goal is defined as a relevant aim that motivates improved self-performance (Lee et al., 2007; Ryan, 1970). Self-determined goals can be seen as a “textbook” guide of desired states or situations that individuals strive to achieve or avoid (Lee et al., 2014; Ward, 2002). They are based on personal needs for autonomy, competence, and relatedness (Deci & Ryan, 2000), and they lead to meaningful and satisfactory lives that are not conducive to perpetrating IPV (Langlands et al., 2009; Lila et al., 2018). Findings of empirical studies of intervention programs for IPV perpetrators showed that goal setting is associated with positive treatment outcomes, such as decreased recidivism (Lee et al., 2007), increased awareness (Curwood et al., 2011; Lee et al., 2003), an accomplishment of attitudinal changes and skills development (Lee et al., 2014; Murphy & Meis, 2008), and increased treatment engagement and motivation for change (Lee et al., 2007; Stewart & Slavin-Stewart, 2013). Research suggests that goal setting may benefit the process of change in treatment for male IPV perpetrators (Bolton et al.,

2016; Bowen et al., 2018; Lee et al., 2007). In the context of intervention programs for IPV perpetrators, Bolton et al. (2016) and Bowen et al. (2018) suggest that these goals should be (1) personally meaningful to the participant, (2) stated as small steps to be achieved in process form, (3) new and relevant, (4) clear, specific and with indicators of success, (5) positively stated rather than negatively stated, (6) realistic and achievable, and (7) and perceived as involving hard work that can be practiced regularly. Other relevant aspects of goal setting involve the facilitator and participants' co-construction of the personal goal (Bolton et al., 2016; Stewart & Slavin-Stewart, 2013) and setting goals in line with personal values (Zarling et al., 2015).

Knowing participants' goal content may help to adjust interventions to specific individual needs, increasing the likelihood of positive treatment outcomes in IPV intervention programs. A number of self-determined goal classifications have been proposed. Bolton et al. (2016) identified four emerging themes in the self-determined goals of perpetrators: (1) emotional regulation, (2) personal growth, (3) improve family relationships, and (4) improve communication. Lee et al. (2014) categorized goals into two broad domains, attitudinal change, and skills development, both subdivided into two directions: self-focused and relational-focused goals. Curwood et al. (2011) described three levels in goal setting: internal, interpersonal/relational, and external. However, some limitations of these studies should be acknowledged. These studies relied on small samples, and consider only samples from the USA, which limited the generalization of their results.

The Present Study

The aim of this study was to analyze and categorize the self-determined goals of male participants attending an intervention program for IPV perpetrators. This intervention program incorporates motivational strategies throughout an Individualized Motivational Plan (IMP; Lila et al., 2018). Goal setting is one of the motivational strategies included in the IMP (Lila et al., 2018; Romero-Martínez et al., 2019; Santirso, Lila, & Gracia, 2020). The IMP is rooted in several evidence-based approaches aimed at promoting effectiveness in intervention programs for IPV perpetrators: the Good Lives Model (Langlands et al., 2009; Ward, 2002), motivational interviewing (Miller & Rollnick, 2002), solution-focused brief therapy (De Shazer & Berg, 1997), and stage of change approach (Prochaska & DiClemente, 1982; Prochaska et al., 1992). The IMP incorporates three core elements related to goal setting. First, five individual motivational interviews at intake and during the intervention, to identify and establish self-

determined personal goals and follow up on their achievement. Second, three group sessions during the intervention, where participants can share their goals, and explain to the group their progress while receiving feedback, advice, and support from the facilitators and other group members. Third, goal reinforcement is promoted throughout the intervention in which facilitators link participants' goals with the content of every weekly group session (Lila et al., 2018; Santirso, Lila, & Gracia, 2020).

The present study adds knowledge by using a large sample size of IPV perpetrators attending an IPV intervention program, the Contexto Program, implemented at the University of Valencia, Spain (for a detailed description, see Lila et al., 2018).

Method

Sample

Participants were 227 men attending an intervention program for IPV perpetrators. Of these, 218 were court-mandated participants and 9 attended on a voluntary basis. Specifically, they were part of 25 intervention groups developed between April 2016 and April 2021. The inclusion criteria for admission to the intervention program were: (a) men over 18 years of age (b) who did not present serious substance abuse problems, (c) did not present severe psychological disorders, and (d) have signed the informed consent form. The average age of the sample was 39.94 years ($SD = 11.67$, range: 20–79). The sample mainly consisted of Spanish participants ($n = 178$, 78.4%) the rest of the participants were immigrants ($n = 49$, 21.6%). The origin of the immigrant participants was as follows: Latin American ($n = 26$, 11.5%), European ($n = 14$, 6.2%), African ($n = 8$, 3.5%), and Asian ($n = 1$, 0.4%). In relation to educational level, 6.6% of the sample had no studies ($n = 15$), 46.7% had finished elementary studies ($n = 106$), 39.6% had completed high school ($n = 90$), and 7% had college degrees ($n = 16$). About one-third of the participants were unemployed ($n = 81$, 35.7%), and the median family household income was between €12.000 and €18.000. Finally, regarding marital status, 22.5% were married or had a partner ($n = 51$), while 77.5% were single, separated, divorced, or widowed ($n = 176$). Descriptive characteristics of the participants are summarized in Table 1.

Table 1. Sample Demographics.

	<i>k</i>	%	<i>M (SD)</i>	Range
Age			39.94 (11.67)	20-79
Participants				
Volunteer	9	4		
Court-referred	218	96		
Ethnicity				
Spain	178	78.4		
Latin America	26	11.5		
Europe	14	6.2		
Africa	8	3.5		
Asia	1	0.4		
Marital status				
Married or in a relationship	51	22.5		
Single	96	42.3		
Separated	19	8.4		
Divorced	60	26.4		
Widowed	1	0.4		
Educational level				
No studies	15	6.6		
Elementary studies	106	46.7		
High school	90	39.6		
College degree	16	7		
Employment				
Yes	146	64.3		
No	81	35.7		
Median family household income				
< €12.000 per year	102	45.3		
> €60.000 per year	8	3.5		

Data Collection

Data on self-determined goals of participants were obtained at intake. Self-determined goals were established in individual motivational interviews. These interviews were conducted by two psychologists who led the intervention group. Facilitators and participants co-constructed self-determined goals, identifying the participant's personal objectives to work on as part of their participation in the group intervention program. Included participants in the present study were those who set a self-determined goal during individual motivational interviews. Some participants ($n = 13$) proposed two self-determined goals. Therefore, the final number of self-determined goals analyzed was 240.

Data Analysis

Self-determined goals were handwritten by the facilitators during the interviews. NVivo12 was used to transcribe and analyze participants' self-determined goals. A Thematic

Analysis (TA; Braun & Clarke, 2006) was employed to elicit emerging themes. This technique is an independent approach to qualitative analysis (Vaismoradi et al., 2013), in which the researchers' reflective and thoughtful engagement with their data and the analytic process may lead to plausible interpretations (Braun & Clarke, 2019). The use of this technique allows for identifying, analyzing, and reporting emerging themes within the data (Braun & Clarke, 2006). TA was conducted by four researchers (CE, FS, MG, and MR). This analysis was developed through an iterative process. The first step entailed researchers becoming familiar with the data. Then, each researcher performed open coding by identifying codes independently. Codes represented the most basic level of content analysis and reflected the participants' change targets. Codes were discussed between researchers until agreement on which codes should be used was achieved. Consensual codes were employed to recode self-determined goals by each researcher. A single self-determined goal could include more than one code. Discrepancies in codes of every self-determined goal were resolved by researchers' discussion. After agreement on self-determined goals' classification in codes, each researcher performed axial coding independently. Categories proposed by each researcher were discussed until agreement was reached on the categories to be used. Finally, the four researchers jointly performed the selective coding proposing core categories. At the end of each stage of TA, additional researchers (EG and ML) reviewed and validated the analyses to ensure the confirmability of the codification (Lincoln & Guba, 1985).

Results

TA generated four core categories: (1) "interpersonal relationships," (2) "personal resources for daily life," (3) "coping strategies," and (4) "motivation to change." Each core category included two to four categories. The number of codes within each category ranged from one to eight (see Table 2). Several participants had multifaceted self-determined goals that fell into two or more categories.

Table 2. Self-Determined Goals by Program Participants.

Core categories and categories	<i>k</i>	%	Codes	<i>k</i>	%
Interpersonal relationships	212	39.7			
Social relationships	76	35.8	Improving family relationships	12	15.8
			Improving intimate partner relationships	28	36.8
			Improving relationships with children	14	18.4
			Seeking intimate social support	7	9.3
			Improving other social relationships	15	19.7
Interpersonal conflict solving	44	20.8			
			Conflict resolution in intimate partner relationships	12	27.3
			Conflict resolution in other social relationships	32	72.7
Communication skills	92	43.4			
			Assertiveness (boosting)	20	21.7
			Communication with the intimate partner	17	18.5
			Communication with others	28	30.4
			Non-verbal communication	2	2.2
			Sincerity (boosting)	3	3.3
			Setting boundaries (expressing)	6	6.5
			Tolerance for criticism	1	1.1
			Expressing emotions	15	16.3
Personal resources for daily life	156	29.3			
Personal well being	72	46.2			
			Self-confidence (boosting)	17	23.6
			Self-esteem (boosting)	18	25
			Personal commitment	37	51.4
Emotional decoding	24	15.4			
			Emotion recognition	9	37.5
			Empathy (boosting)	15	62.5
Cognitive abilities	35	22.4			
			Cognitive flexibility	12	34.3
			Managing thoughts	23	65.7
Daily problem-solving	25	16			
			Coping with problems	13	52
			Decision making	8	32
			Time management	4	16
Coping strategies	148	27.8			
Managing emotions	39	26.4			
			Dealing with emotions	18	46.1
			Jealousy (management)	12	30.8
			Stress/anxiety (management)	9	23

Table 2. (Continued)

Core categories and categories	<i>k</i>	%	Codes	<i>k</i>	%
Self-control	98	66.2			
			Impulsivity (management)	37	37.8
			Anger (management)	56	57.1
			Frustration tolerance	5	5.1
Substance abuse	11	7.4			
			Substance abuse	11	100
Motivation to change	17	3.2			
Responsibility assumption	11	64.7			
			Responsibility assumption	11	100
Commitment with IPV intervention	6	35.3			
			Relapse prevention	4	66.7
			Program completion	2	33.3

Interpersonal Relationships

This core category referred to the existence of social connections and the means to achieve and maintain them through the exercise of interpersonal skills. This was the predominant core category, identified in 212 self-determined goals (39.7%). “Interpersonal relationships” included three categories: “communication skills” ($k = 92$; 43.4%), “social relationships” ($k = 76$; 35.8%), and “interpersonal conflict solving” ($k = 44$; 20.8%).

In “communication skills,” eight codes were identified: “communication with others” ($k = 28$; 30.4%), “boosting assertiveness” ($k = 20$; 21.7%), “communication with the intimate partner” ($k = 17$; 18.5%), “expressing emotion” ($k = 15$; 16.3%), “expressing and setting boundaries” ($k = 6$; 6.5%), “boosting sincerity” ($k = 3$; 3.3%), “non-verbal communication” ($k = 2$; 2.2%), and “tolerance for criticism” ($k = 1$; 1.1%). The self-determined goal of improving “communication with others” was identified in declarations such as: “I would like to communicate more calmly and respectfully” (P067). The code of “boosting assertiveness” was identified in statements such as: “Knowing how to express what I think while taking others into account” (P007). “Communication with the intimate partner” code included affirmations such as “For future couple relationships, knowing how to listen, dialogue and understand my partner” (P198). Within the “expressing emotion” code, there were identified statements such as: “Showing affection to people who are important to me” (P161). An example of “expressing and setting boundaries” was “Saying no and making it a real no, if I want to leave a situation, leave it, and don’t go back” (P157). “Boosting sincerity” code was tagged in statements such as “I

would like to be more sincere” (P222). An example of the “non-verbal communication” code was “Be able to speak calmly and that my body language is in line with my message” (P159). Lastly, in the code of “tolerance to criticism,” there were identified the following statement “If I am told something I don’t like, accept what the other person says, without it making me angry or hurting me” (P008).

In “social relationships” category, five codes were identified: “improving intimate partner relationships” (k = 28; 36.8%), “improving other social relationships” (k = 15; 19.7%), “improving relationships with children” (k = 14; 18.4%), “improving family relationships” (k = 12; 15.8%), and “seeking intimate social support” (k = 7; 9.3%). An example of “improving intimate partner relationships” code was “Be more careful and organized in things around the house so that my partner does not get upset and to avoid anger” (P023B). “Improving other social relationships” code included affirmations such as “Improve the relationships I already have to feel more supported and feel better” (P102). Regarding the “improving relationships with children” code, there were identified statements such as “I would like to be for my son someone similar to what my father has been for me. To be an example for him, a guide” (P210). Concerning the “improving family relationships” code, there were identified statements such as “I would like to treat my mother better, my relationship with her would be better” (P202). The last code in the category, “seeking intimate social support,” was tagged in statements such as “I am looking for someone to talk about my problems and what is happening to me” (P205).

Two codes were included in “interpersonal conflict solving” category: “conflict resolution in other social relationships” (k = 32; 72.7%), and “conflict resolution in intimate partner relationships” (k = 12; 27.3%). Within the “conflict resolution in other social relationships” code, there were found declarations such as “I would like to be calmer and know how to act in tense situations so as not to have problems” (P207). “Conflict resolution in intimate partner relationships” included affirmations such as “Learning to discuss without shouting to better manage a relationship as a couple” (P174).

Personal Resources for Daily Life

This core category represented those internal aspects of the individual that help him to face everyday challenges and achieve his objectives. It was identified in 156 self-determined goals (29.3%). “Personal resources for daily life” included four categories: “personal wellbeing” (k = 72; 46.2%), “cognitive abilities” (k = 35; 22.4%), “daily problem-solving” (k = 25; 16%), and “emotional decoding” (k = 24; 15.4%).

In “personal wellbeing” category, three codes were identified: “personal commitment” (k = 37; 51.4%), “self-esteem” (k = 18; 25%), and “self-confidence” (k = 17; 23.6%). A statement of the “personal commitment” code was “I would be more focused on myself. I would be more cheerful, relaxed and taking care of myself” (P076). “Self-esteem” codes included affirmations such as “I would love to feel happier and better about myself” (P025). Finally, we tagged the “self-confidence” code in elements like “I would be able to solve any situation by myself, I would gain in safety and security” (P201).

Two codes were included in “cognitive abilities” category: “managing thoughts” (k = 23, 65.7%) and “cognitive flexibility” (k = 12, 34.3%). An example of the “managing thoughts” code was “To be aware of my thoughts and be able to criticize them when I believe they are not rational because thinking in this way only causes me discomfort” (P051). Concerning the “cognitive flexibility” code, there were identified statements such as “Being more flexible, respecting opinions contrary to my ideas” (P004).

In “daily problem-solving” category, three codes were identified: “coping with problems” (k = 13, 52%), “decision making” (k = 8, 32%), and “time management” (k = 4, 16%). Within the “coping with problems” code, there were tagged statements such as “Learn to be calmer when faced with a problem and see things in a different way to solve them” (P103). “Improving decision making” code was identified in declarations such as: “Be more active in decision making so as not to be fragile when approaching problems” (P183). Regarding the “time management” code, there were identified statements such as “To organize my time better” (P069).

There were two codes in “emotional decoding” category: “boosting empathy” (k = 15; 62.5%) and “emotion recognition” (k = 9; 37.5%). It was identified as the “boosting empathy” code statements such as “I would like to behave more humanely with others, as I would like to be treated” (P124). An affirmation of “emotion recognition” was “being able to understand what makes me feel this way and use it to improve my behavior” (P071).

Coping Strategies

Coping strategies have been conceptualized as the behaviors and internal processes that a person carries out to successfully deal with particularly stressful and difficult situations. This core category was identified in 148 self-determined goals (27.8%). “Coping strategies” included three categories: “self-control” (k = 98; 66.2%), “managing emotions” (k = 39; 26.4%), and “substance abuse” (k = 11; 7.4%).

In “self-control” category, three codes were identified: “anger management” (k = 56, 57.1%), “impulsivity management” (k = 37, 37.8%), and “frustration tolerance” (k = 5, 5.1%). An example of the “anger management” code was “In stressful situations, I want to remain calm and be able to control the situation without becoming violent” (P160). Concerning the “impulsivity management” category, there were identified statements such as “Learn to control my nerves so as not to get into trouble” (P165). The “frustration tolerance” code was tagged in statements such as: “Learning to control myself in moments when something does not go well so as not to lose people I love” (P153).

Three codes were identified in “managing emotions” category: “dealing with emotions” (k = 18, 46.1%), “jealousy management” (k = 12, 30.8%), and “stress/anxiety management” (k = 9, 23.1%). A statement of the “dealing with emotions” code was “Learning to manage difficult emotions” (P071). It was identified the “jealousy management” code in statements such as “To stop checking my cell phone to know where my partner is, with whom, what she is doing and who she is talking to, to be at ease with myself and to have confidence in her” (P175). An affirmation of “stress/anxiety management” was “Learn to control anxiety to improve my health and feel better in general” (P203).

“Substance abuse” category presented a single code. “Substance abuse” code was identified in declarations such as “I want to stop using cocaine to be healthier and better with my community” (P132).

Motivation to Change

This core category was defined as becoming aware of their maladaptive or violent behavior and attitudes, and the desire to modify them. This core category was tagged in 17 self-determined goals (3.2%). “Motivation to change” includes two categories: “responsibility assumption” (k = 11; 64.7%) and “commitment with IPV intervention” (k = 6; 35.3%).

“Responsibility assumption” category presented a single code. An example of the “responsibility assumption” code was “Face the consequences of my actions” (P222).

In “commitment with IPV intervention” two codes were identified: “relapse prevention” (k = 4, 66.7%) and “program completion” (k = 2, 33.3%). Within the “relapse prevention” code there were tagged statements such as “I do not want to have contact with my ex-partner until the restraining order ends” (P191). Regarding the “program completion” code, there were

identified sentences such as “I do not wish to return to the intervention because I want to improve as a person” (P101A).

Discussion

The objective of this study was to analyze and categorize the self-determined goals of male participants attending an intervention program for IPV perpetrators. For this purpose, a qualitative and inductive research approach was used. Findings based on a thematic analysis of the information gathered yielded three levels of analysis: 4 core categories, 12 categories, and 35 codes. The four core categories of perpetrators’ self-determined goals revealed were defined as “interpersonal relationships,” “personal resources for daily life,” “coping strategies,” and “motivation to change.”

Codes referring to “interpersonal relationships” were grouped into three categories, of which the category on “communication skills” stood out as the one with the highest representation. The most important codes were “improving intimate partner relationships” in the category of “social relationships,” “conflict resolution in other social relationships” in “interpersonal conflict solving,” and “communication with others” in “communication skills.” The second core category derived from this study was “personal resources for daily life.” Of the four categories that emerged, the one with the highest weight was “personal well-being.” Codes with the highest representation within each of these categories were “personal commitment” in the category of “personal well-being,” “boosting empathy in “emotional decoding,” “managing thoughts” in “cognitive abilities,” and “coping with problems” in “daily problem solving.” As for the third core category, “coping strategies,” there were also three categories into which codes were grouped, of which “self-control” proved to be the most relevant. Within each of these categories, the most represented codes were “dealing with emotions” in the category of “managing emotions” and “anger management” in “self-control.” “Substance abuse” was the only code identified in its category. With regard to the last core category, “motivation to change,” “responsibility assumption” was the most relevant category of the two that were defined. “Responsibility assumption” was the only code identified in its category and “relapse prevention” was the most relevant code in the category of “commitment with IPV intervention.” Overall, of all self-determined goals analyzed, the most relevant core category was “interpersonal relationships.” “Self-control” and “communication skills” were the most salient categories and the code with the highest representation was “anger management.”

The resulting categorization system has some similarities with other existing models proposed by Bolton et al. (2016), Lee et al. (2014), and Curwood et al. (2011). Firstly, all studies have identified a core category referring to the improvement of personal relationships, which included intimate partner and family relationships, as well as social relationships in general. Furthermore, and similar to the presentation of this study's core category "interpersonal relationships," Lee et al. (2014) proposed a category on "conflict management" for these self-determined goals. It is also worth mentioning, with regard to "interpersonal relationships," that its category "communication skills," which was one of the most prominent in this study, was also the most frequent category in Bolton et al. (2016). Likewise, the category on "personal resources for everyday life" in this study contemplated similar aspects to those presented in the category on "personal growth" proposed by Bolton et al. (2016), in the "self-focused attitudinal changes" and "skills development" self-determined goals identified by Lee et al. (2014), and in the "external" self-determined goals considered by Curwood et al. (2011). In addition to this, some of the key aspects that stood out in all three studies, such as empathy, self-control, stress and anger management, taking time to think before reacting or being more patient, were also included in the "coping strategies" category of the present study. Finally, it should be noted that this study was the only one to consider the category of "motivation to change," which included goals strictly related to the intervention program and the responsibility attribution as regards the offense committed.

The fact that different studies have reached similar conclusions about what the main self-determined goals of perpetrators of IPV are, may be related to the common circumstances in which this kind of violence occurs. It would make sense that perpetrators' self-determined goals would be connected to the factors that may have led them to commit IPV in the first place. Capaldi et al. (2012) have identified negative emotions, jealousy, relationship discord, hostile cognitions, alcohol and drug abuse, and exposure to life stress as some of the factors that increase the risk of IPV. These factors seem to have some correspondence to the self-determined goals derived from this and other studies. For example, the core category of "coping strategies," which includes codes such as "emotion management," "jealousy management," and "stress/anxiety management," and a category of "substance abuse" may be reflecting perpetrators' need to cope with factors such as negative emotions, jealousy, stress, and alcohol and drug abuse, which may precipitate the occurrence of IPV. Similarly, the categories of "conflict resolution in intimate partner relationships" and "improving intimate partner

relationships” appear to be related to the relationship discord factor. Finally, the category of “cognitive abilities” could also be associated with the factor of hostile cognition.

This study has both strengths and limitations. The qualitative nature of the study provides richness when analyzing the phenomenon studied in depth, which is one of the study’s strengths. Another main strength of this study is the sample size, being one of the largest to date in a study of these characteristics. Along with this, this article is the first to consider a European sample, adding evidence to the American studies and helping to generalize their results. However, this study also has several limitations, some of which are precisely related to the generalizability of the results due to the qualitative nature of the study and the sampling procedure (i.e., convenience sampling). The sample was mostly composed of Spanish men, which limits its heterogeneity. It should be noted that IPV is not widely condoned among the Spanish population as reported by the Eurobarometer 449 (European Commission, 2017), and Spain has a distinguished history of challenging this type of violence (Castro et al., 2022; European Institute for Gender Equality, 2013), so the generalizability of the findings to other contexts should be made with caution. Finally, a limitation related to data collection refers to the difficulties often encountered in interpreting participants’ interview responses, as these were not collected by the study researchers, so there was no opportunity to clarify or specify ambiguous answers.

More research is needed to evaluate the association between goal identification or categorization and treatment outcomes. Future research should explore the actual relationship between working on identified self-determined goals during the intervention and the mitigation of factors that increase the risk of recidivism. For instance, it would be interesting to determine whether participants whose self-determined goal was related to anger management, in contrast to those who set other self-determined goals, improved to a greater extent their ability to regulate and express their anger in an assertive and non-violent manner after treatment. Further research could also provide information on which specific self-determined goals categories are set by high-risk IPV perpetrators, such as those with alcohol and other drug abuse problems, which could help to reinforce their progress and reduce their risk of recidivism. Advancing knowledge as regards how goals identification and goals categories are related to treatment outcomes in IPV perpetrators could guide professionals to encourage participants to co-construct self-determined goals, adapt the intervention to participants’ specific needs, and implement strategies to strengthen goals achievement.

This study allows us to formulate some recommendations for IPV intervention programs. Working specifically on identified self-determined goals' categories may be relevant to improve participants' treatment outcomes, as intervention targets would be in alignment with their personal values and adapted to their own needs, leading to meaningful life choices that are incompatible with re-offending, according to strengths-based approaches such as the Good Lives Model (Langlands et al., 2009; Ward, 2002). Thus, intervention programs for IPV perpetrators could integrate specific strategies in line with identified self-determined goals. For example, to strengthen the most salient core category, "interpersonal relationships," focusing on relationship-building skills has proven effective in interventions for IPV perpetrators (Catalá-Miñana et al., 2017; Lila et al., 2013). Particularly, activities that provide information and model examples of healthy relationships can be helpful in "improving intimate partner relationships" for those participants who set this self-determined goal (Boal & Mankowski, 2014). Communication skills, which was a relevant category of self-determined goals for IPV perpetrators, could be improved by providing psychoeducational information on assertiveness and communication and by practicing through role-playings with peers during group sessions (Babcock et al., 2016). "Interpersonal conflict solving" could be worked through problem-solving training, which could strengthen IPV perpetrators' ability to choose positive strategies for dealing with daily life situations alternative to violence (Eckhardt et al., 2013). Further, facilitators could plan activities to do outside the sessions to practice active listening for those whose goal is associated with improving their "social relationships" (Birkley & Eckhardt, 2015). To improve in the core category "personal resources for daily life," change strategies could be reinforced throughout the intervention to develop empathy and emotion recognition skills in intimate relationships (Romero-Martínez et al., 2019). For those participants who set self-determined goals in the category of "personal well-being" it could be helpful to give a grounding in the universal human needs and individuals' responsibility to meet them without perpetrating violence or disrespecting peoples' boundaries (Babcock et al., 2016; Lila et al., 2012). To improve in "managing thoughts," cognitive distortions that sustain anger thoughts and impair responsibility-taking could be registered at home, shared during group sessions and monitored by facilitators (Pornari et al., 2013). The code of "personal commitment" could be reinforced by integrating practices from acceptance and commitment theory, such as guiding perpetrators to make choices in service of their freely chosen values (Zarling et al., 2015; Zarling & Russell, 2022). With regards to "coping strategies," stress-reduction components such as relaxation and meditation exercises have proven effective in improving self-control in IPV perpetrators (Babcock et al., 2004; Cannon et al., 2016). Anger management techniques

such as time-out could be practiced at home and monitored through feedback in group sessions specifically for those perpetrators whose self-determined goal is related to improving their anger problems (Lila et al., 2019; Maiuro & Eberle, 2008). For those participants with alcohol and/or drug use problems, motivational treatment plans that address their identified risk factors beyond substance use (e.g., high levels of impulsivity and borderline personality disorder) could help to target their specific treatment needs more sensitively and responsively (Expósito-Álvarez et al., 2021; Romero-Martínez et al., 2022). With regards to the core category “motivation to change,” action-oriented behavioral techniques and motivational strategies could be helpful to enhance motivation and resolve ambivalence about change in these participants (Eckhardt et al., 2013). For those participants who set a self-determined goal of relapse prevention, IPV dynamics that exacerbate conflict could be explained while showing empathetic and non-violent alternative behaviors (Romero-Martínez et al., 2019). Hence, identifying the most relevant self-determined goals could help high-risk participants to progress in their main areas of improvement (Expósito-Álvarez et al., 2021).

Not only do self-determined goals seem to be connected to IPV risk factors, but they also appear to have a link with key predictors of recidivism. Lila et al. (2019) found that program dropout, risk of future violence against non-partners, accumulation of stressful life events, and trait anger are among the predictors of IPV recidivism. Working on some of the self-determined goals specifically could help to reduce the risk of recidivism, as some of these self-determined goals seem to be related to the key predictors of recidivism. For instance, goals included in the core category of “motivation to change,” such as “commitment with IPV intervention,” could be a relevant objective for reducing dropouts, since one of its codes is, in fact, “program completion.” “Coping strategies” is another core category that might be useful working in decreasing the impact of predictors of recidivism. In particular, this core category includes codes such as “anger management” and “stress/anxiety management,” which could have some correspondence to the trait anger and stressful life events predictors, respectively. As for the risk of future violence against non-partners, directing efforts toward self-determined goals like “interpersonal conflict solving,” within the “interpersonal relationships” core category, or “self-control,” considered inside the “coping strategies” core category, could be effective in reducing this risk.

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Study 3

Development and validation of the Satisfaction with the Intervention for Intimate Partner Violence Perpetrators Scale (SIIPVS)³

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[See Annex V]

**Development and validation of the Satisfaction with the Intervention for Intimate
Partner Violence Perpetrators Scale (SIIPVS)**

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Abstract

Purpose: Although research in the intimate partner violence (IPV) field has significantly advanced in recent decades, important challenges remain in intervention effectiveness terms. Some authors point out that satisfaction with intervention could be an indicator of effectiveness. However, this variable has not been thoroughly explored in the scientific literature. This study aimed to develop and validate a scale to measure the satisfaction with the intervention of participants attending an intervention program for IPV perpetrators. **Methods:** A panel of experts developed the Satisfaction with the Intervention for Intimate Partner Violence Perpetrators Scale (SIIPVS) items. A sample of 646 male perpetrators was employed. Exploratory and confirmatory factor analyses, and a reliability analysis, were conducted. Scale validity was examined in relation to other relevant variables to the intervention, such as recidivism, working alliance, motivation to change and state of change. **Results:** The findings indicate that the factor structure with the best fit consisted of three factors: Satisfaction with the facilitators and program delivery, Satisfaction with the learning-process, and Satisfaction with the peer group. All the factors demonstrated adequate internal consistency. Participant satisfaction with various intervention elements was associated with the key variables of these interventions. **Conclusions:** The validation analysis results indicated that the SIIPVS is a suitable scale to analyze the satisfaction of the participants attending an intervention program for IPV perpetrators due to its adequate psychometric properties. Understanding participant satisfaction could provide a more comprehensive approach to evaluate the effectiveness of these interventions.

Keywords: intervention programs for intimate partner violence perpetrators, male perpetrators, satisfaction with the intervention, measurement.

Introduction

Intervention programs for intimate partner violence (IPV) male perpetrators are one of the main treatments for intimate partner aggressors (Cannon et al., 2016; Eckhardt et al., 2006; Voith et al., 2018). Despite their widespread use, the results of meta-analytic studies into their effectiveness have found mixed results in reducing recidivism, with positive, but small to moderate, effect sizes (Arce et al., 2020; Babcock et al., 2004; Cheng et al., 2021; Santirso et al., 2020a; Stephens-Lewis et al., 2021; Travers et al., 2021). The scientific literature has identified some of the major challenges that hinder the effectiveness of intervention programs for IPV perpetrators. Specifically, they are: high dropout rates, poor treatment adherence, lack of accepting responsibility, weak motivation to change, high-risk and high-resistance participants, and lack of tailoring interventions to participants' needs and risk factors (Bowen & Gilchrist, 2004; Butters et al., 2021; Carbajosa et al., 2017; Crane et al., 2015; Karakurt et al., 2019; Lila et al., 2019; Martín-Fernández et al., 2022; Stuart et al., 2007).

To address these challenges, intervention programs for IPV perpetrators have increasingly incorporated motivational strategies (Miller & Rollnick, 2002) and the risk-need-responsivity approach (Andrews & Bonta, 2010) into the intervention. These approaches are based on personalizing and tailoring the intervention to the participants' needs and risks, and also on increasing motivation for change and awareness. Including these strategies have proven effective in increasing positive treatment outcomes and reducing recidivism (Crane et al., 2013; Cunha et al., 2023; Lila et al., 2018; Richards et al., 2022; Santirso et al., 2020a; Travers et al., 2021). In addition, incorporating motivational strategies and utilizing the risk-need-responsivity framework could greatly enhance participant satisfaction levels.

In different social-behavioral intervention research areas (e.g., battered women, drug use, parents of hospitalized children), satisfaction with the intervention has consistently been shown to be a crucial factor for influencing treatment engagement, attendance, perceived usefulness of the intervention and positive outcomes (Attkisson & Zwick, 1982; Choo et al., 2016; Sidani et al., 2017; Walsh & Lord, 2004). Although several authors have suggested that participant satisfaction with the IPV perpetrators intervention could be an indicator of effectiveness related to treatment engagement and positive intervention outcomes (Sidani et al., 2017; Walsh & Lord, 2004), satisfaction with the intervention has been an understudied variable in the field of intervention programs for IPV perpetrators.

Satisfaction with IPV perpetrator interventions

The few studies that have analyzed participant satisfaction with the IPV perpetrators intervention provide a descriptive analysis of participant satisfaction with the intervention and the group-based intervention components that enhanced their satisfaction, employing a quantitative (Hamel et al., 2022; Vargas et al., 2020) or qualitative (Parra-Cardona et al., 2013) methodology. In the studies conducted by Hamel et al. (2022) and Vargas et al. (2020), participants were IPV court-mandated perpetrators who completed the intervention, in the USA and Spain, respectively. Specifically, the study conducted by Vargas et al. (2020) employed the Satisfaction with Intervention Scale (SIS; Vargas et al., 2020), which utilizes a 21-item 5-point Likert-type scale to assess the participants' perception of their learning and change process, as well as their satisfaction with the relationship established with both the facilitators and the peer group. The results revealed that participants reported high levels of satisfaction with the learning and change process and with the relationship established with both the facilitator and the peer group (Vargas et al., 2020). Likewise, Hamel et al. (2022) employed two ad hoc scales: the Client Perceived Benefits of Group (CPBG; Hamel et al., 2022), that assesses the participants' perceived benefits of group experience and their learning process on a 5-point Likert-type scale of 10 items, and The Client Rating of Facilitator (CRF; Hamel et al., 2022), that uses a 5-point Likert-type scale with 18 items to assess the participants' perceptions of the facilitator's skills and the relationship established between the facilitator and the participants. The results revealed high levels of satisfaction among participants with regard to both the facilitators' leadership skills and the benefits of group experience (Hamel et al., 2022). Moreover, Parra-Cardona et al. (2013) conducted 21 interviews with men who participated in an intervention program for IPV perpetrators in the USA. The objective was to describe the treatment components that led to their satisfaction with the intervention. The interviews were subjected to an analytical process involving sequential open, axial, and selective coding. The group-based components that improve participant satisfaction were: (1) taking a culturally informed approach; (2) providing a safe and supportive environment; (3) using a strengths-based approach; (4) providing practical skills and tools; (5) tailoring the intervention to participants' needs. Taking together, these studies suggest that satisfaction with the intervention may be related to treatment engagement (Hamel et al., 2022; Parra-Cardona et al., 2013), and it has also been considered to be a core component of treatment compliance (Vargas et al., 2020).

Present study

To the best of our knowledge, there are no validated and standardized scales for assessing the satisfaction of the participants attending intervention programs for IPV perpetrators. Previous studies (Hamel et al., 2022; Vargas et al., 2020) have used several ad hoc scales to assess participant satisfaction with the intervention programs for IPV perpetrators. Therefore, the objective of the present study is to develop and validate a scale that measures the satisfaction of male participants court-mandated to a community-based intervention program for IPV perpetrators.

For validity purposes, the relationship between satisfaction with the intervention and other indicators of effectiveness, such as recidivism, working alliance, state of change and motivation to change (Cunha et al., 2023; Dheensa et al., 2022; Eckhardt et al., 2006; Lila et al., 2014, 2018; Santirso et al., 2018, 2020a, 2020b; Travers et al., 2021), is explored. Intervention programs for IPV perpetrators aim to lower perpetrators' recidivism rates (Babcock et al., 2004; Bowen, 2011; Eckhardt et al., 2013). That is why recidivism is the commonest outcome used to assess the effectiveness of these interventions (Bowen, 2011; Scott, 2004; Lila et al., 2019). A high participant satisfaction level is expected to be associated with lowering recidivism rates. Working alliance is a key intervention process in intervention programs for IPV perpetrators (Santirso et al., 2020b). High working alliance levels between facilitators and participants can lead to more positive outcomes, such as higher levels of motivation to change, state of change, positive protherapeutic behaviors, and lower levels of physical aggression after the intervention (Brown & O'Leary, 2000; Santirso et al., 2018, 2020b; Taft et al., 2003, Taft & Murphy, 2007). Participant satisfaction and a stronger therapeutic alliance may be related. Other indicators of effectiveness include state of change, based on the transtheoretical model of change (Prochaska et al., 1992), and motivation to change in violent attitudes and behaviors toward women and any person. The participants exhibit high resistance levels and low levels of motivation toward behavioral and attitudinal change at intake of the intervention (Carbajosa et al., 2017; Eckhardt et al., 2008; Levesque et al., 2008; Lila & Gilchrist, 2023; Olver et al., 2011). At the end of the intervention, the participants show a higher level of motivation to change and a more advanced state of change, which indicates that they are more aware of their need to change (Alexander & Morris, 2008; Expósito-Álvarez et al., 2021, 2023; Pinto e Silva et al., 2023). Satisfaction is expected to be related to motivation to change in violent attitudes and behaviors, and also to progress in state of change.

Method

Sample

The sample consisted of 646 men who were court-mandated to an intervention program for IPV perpetrators and completed the intervention. Seventy-eight intervention groups took part at the *Contexto Program* in the University of Valencia (Lila et al., 2018) held between 2009 and 2023. The eligibility criteria were men who: (a) were older than 18 years of age; (b) had been convicted of IPV against their partner or ex-partner and had been court-referred to an intervention program for IPV perpetrators; (c) had no serious substance abuse problem; (d) had no serious mental disorder; (e) had signed an informed consent form. The participants' age range was 18 to 81 years old ($M = 40.1$; $SD = 11.5$). The majority (72.6%) were Spanish, 14.6% were Latin American, 6.8% were from other European countries, 5.1% were African, and .9% were Asian. In relation to their level of education, 6.8% of the sample had no studies, 46% had finished elementary studies, 37.8% had completed high school and 9.4% had college degrees. Concerning marital status, 75.4% were separated, single, divorced or widowed, while 24.6% had a partner or were married. Their unemployment rate was 39%. The median annual family household income was between €6000 and €12000. Table 1 presents the socio-demographic characteristics of our sample.

Instruments

Satisfaction with the Intervention for IPV Perpetrators Scale (SIIPVS)

For this study, a panel of eight experts in interventions for IPV perpetrators was consulted to generate a set of items related to satisfaction with the intervention. The experts consulted, comprising five researchers and three facilitators, were members of the *Contexto Program* (Lila et al., 2018) and were included in the panel if they had more than five years of experience in the field of intervention programs for perpetrators of IPV and prior experience in the design of assessment scales. The items that obtained the best consensus were selected to compose a 17-item measure of satisfaction with the intervention (e.g., I feel confident with the facilitators, I would be willing to keep in touch with my group peers). The respondents had to rate how satisfied they were with the different elements related to the intervention on a 5-point Likert-type scale, where items indicated: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree and 5 = strongly agree. A higher score indicated a greater degree of satisfaction with the intervention. The full scale is presented in the Appendix.

Table 1. *Socio-demographic statistics of the sample*

Variables	<i>M/n</i>	<i>SD</i>	Range/%
Age	40.1	11.5	18-81
Annual income ¹	4.36	2.27	1-12
Origin			
Spain	469		72.6
Latin America	94		14.6
Europe (except Spain)	44		6.8
Africa	33		5.1
Asia	6		.9
Level of education			
No education	44		6.8
Elementary	297		46
High School	244		37.8
College	61		9.4
Marital status			
Married or with partner	159		24.6
Single	235		36.4
Separated	77		11.9
Divorced	171		26.5
Widowed	4		.6
Employed			
Yes	394		61
No	252		39

Note. *M* = Mean, *SD* = Standard Deviation.

¹Annual income: 1 = <€1800, 2 = €1800-€3600, 3 = €3600-€6000, 4 = €6000-€12000, 5 = 12000-€18000, 6 = €18000-€24000, 7 = €24000-€30000, 8 = €30000-€36000, 9 = €36000-€60000, 10 = €60000-€90000, 11 = €90000-€120000, and 12 = >€120000.

Working Alliance Inventory-Short Revised (WAI-SR)

The WAI-SR (Hatcher & Gillaspy, 2006) was used. This scale evaluates the working alliance with two subscales: agreement and bond. The first subscale evaluates the agreement between the participant and the facilitator on the intervention's objectives and activities (e.g., What I am doing in the program gives me new ways of looking at my problem). The second subscale evaluates the relationship between the participant and the facilitator in terms of mutual trust and liking (e.g., I feel that my facilitator appreciates me). The WAI-SR consists of 12 items on a 5-point Likert-type scale (0 = rarely, 2 = sometimes, 3 = quite often, 4 = very often and 5 = always). A higher score on each of the subscales was indicative of a higher level of working alliance. In the present study, the participant and therapist versions were used. The intervention groups were conducted by two facilitators, and the participants independently assessed their therapeutic alliance with each facilitator. Then the average of each item was calculated to obtain its overall score. The same procedure was followed for the therapist version. The scale had adequate internal consistency in this study with McDonald's omega equaling .94 (WAI-SR

Total), .95 (Agreement) and .83 (Bond) for the participant version, and .98 (WAI-SR Total), .98 (Agreement), and .89 (Bond) for the therapist version.

IPV recidivism

Recidivism rates were collected from the Ministry of Home Affairs' monitoring system for IPV, VioGén (López-Ossorio et al., 2016). This system provides data on any new IPV incident, or on any breach of the conditions mandated by a judge (e.g., restraining order, intervention program dropout), as informed by any of the institutions involved in victim protection services. Data were collected in September 2023. Any new incident in the system before that date was considered recidivism. Recidivism was coded 0 if no new incident was identified in the database and 1 if a new incident was reported.

Stage of change

The facilitators rated the participants' stage of change based on the transtheoretical model of change (Prochaska & DiClemente, 1982; Prochaska et al., 1992). Stage of change was: 1 = precontemplation, 2 = contemplation, 3 = preparation, 4 = action and 5 = maintenance. A list of standard statements guided the facilitators who made the evaluation. A stage of change assessment was discussed between the two facilitators until an agreement was reached. In previous studies, high agreement levels ($\kappa = .7$) were achieved by facilitators (Landis & Koch's, 1977; Lila et al., 2018). For a similar procedure, see Scott (2004) and Carbajosa et al. (2017).

Motivation to change

It was evaluated by two independent items: Motivation to change in their violent attitudes and behaviors towards women; and Motivation to change in relation to risk factors, attitudes and behaviors related to violence towards any person. The facilitators rated the participants' motivation to change based on 5-point Likert-type items (1 = very low, to 5 = very high). The motivation to change assessment was discussed by the two facilitators until an agreement was reached. For a similar procedure, see Santirso et al. (2018).

Procedure

The procedure followed the 1964 Helsinki Declaration. All the participants provided written informed consent and were referred to an intervention group. Each intervention group was composed of 8-12 participants and conducted by two facilitators. When the intervention

began, no more participants were allowed to enter. The intervention comprised 33 weekly group sessions of cognitive-behavioral intervention, including motivational strategies. The intervention program followed the standard recommendations with IPV perpetrators (Eckhardt et al., 2013; Ferrer-Pérez et al., 2016; Lila et al., 2018). The participants were informed of the nature of the study and were assured that neither participation nor refusal would affect their legal status. Confidentiality was ensured. During the last group session, the research assistants administered the SIIPVS questionnaire and the WAI-SR participant version to the participants. Thus, no participants in this study dropped out prior to completing the measures. In the WAI-SR therapist version, the Stage of Change and Motivation to Change instruments were completed by the facilitators when group intervention ended, and within a maximum 2-week period. The recidivism data was collected in September 2023 by one of the researchers.

Data Analysis

In order to assess the psychometric properties of the SIIPVS, a series of descriptive, exploratory and confirmatory statistical analyses were carried out. First of all, descriptive statistics were calculated for the 17 scale items. We specifically calculated for each item mean, standard deviation, range, skew and kurtosis. Then we analyzed the dimensionality or factor structure with both the exploratory and confirmatory factor analyses. To do so, the overall sample was randomly divided into two samples of equal size: the training sample in which exploratory factor analysis (EFA) was done; and the validation sample in which the best exploratory solution was tested with a confirmatory factor analysis (CFA). The EFA considered solutions from one factor up to six factors using oblique GEOMIN rotation. Once we had established the factor solution of the scale in the training sample, the best factor solution was tested in the second sample (validation) to establish the scale's factorial validity. The EFA and CFA of the structure were then subjected to a sensitivity analysis on different random partitions of the total sample to analyze the stability of the results. Once we had obtained solid evidence of the scale's dimensionality, the reliability of the scale and its dimensions were estimated with both Cronbach's alpha coefficients and Composite Reliability Indices (CRI, Raykov, 2004), and items homogeneity (internal consistency) was estimated with item-total corrected correlations. Any values equaling or above .7 for the alphas and CRIs were considered indicative of good internal consistency (Nunnally & Bernstein, 1994). Any items with item-total correlations below .2 were candidates to be eliminated (Streiner & Norman, 1995). Finally, to offer evidence for the validity of the SIIPVS, correlations between the factorial scores and several theoretically

relevant variables were carried out (i.e., working alliance, stage of change, motivation to change, and recidivism evaluated using official reports). Correlations were computed with Pearson correlations for the continuous variables. A logistic regression was conducted to explore the relation between the SIIPVS scores and recidivism.

Exploratory and confirmatory factor models were estimated with Weighted Least Squares Mean and Variance-corrected (WLSMV), which outperform other estimation methods when processing ordinal and non-normal data (Flora & Curran, 2004). A crucial point in this type of models is the fit to the observed data. As recommended by the literature (Kline, 2016), several indices were used to assess the model's goodness of fit and to, thus, decide which model to retain: the chi-square (χ^2) statistic, the Comparative Fit Index (CFI), Root-Mean-Square Error of Approximation (RMSEA) and the Standardized Root Mean Square Residual (SRMR). Following the criteria of Hu and Bentler (1999), a CFI of .9 or more, together with a RMSEA and SRMR of .08 or less, can be considered an acceptable fit. For comparative purposes, we also employed CFI differences (Δ CFI), with differences no bigger than .01 to show no significant differences in the model fit for the different models (Cheung & Rensvold, 2002).

Descriptive statistics, alpha, internal consistency estimates for the items, as well as validity analyses, were conducted using IBM SPSS Statistics 28.0.1.1. EFA and CFA were performed using MPlus 8.9 (Muthén & Muthén, 1998-2018).

Results

Descriptive Analyses

Table 2 shows the item descriptive statistics (mean, standard deviation, range, skew, kurtosis and the item-total corrected correlations). The descriptive statistics for the items indicated that most participants were very satisfied with the intervention (all mean scores above 3.76). The skewness and kurtosis statistics also showed this trend because items had a right-shifted and leptokurtic response distribution, which indicates that most participants' ratings for the satisfaction items came close to the highest values on the scale, except for item 17, which had negative skewness and kurtosis values.

Table 2. *Item descriptive statistics*

	<i>M</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>	<i>Skew</i>	<i>Kurtosis</i>	<i>r</i> <i>item-total</i>
Item 1	4.76	.51	1	5	-2.66(.09)	10.6(.19)	.46
Item 2	4.38	.72	1	5	-1.15(.09)	1.89(.19)	.5
Item 3	4.41	.71	1	5	-1.27(.09)	2.28(.19)	.51
Item 4	4.7	.5	2	5	-1.44(.09)	1.55(.19)	.47
Item 5	4.28	.8	1	5	-1.18(.09)	1.76(.19)	.6
Item 6	4.65	.57	1	5	-1.71(.09)	3.88(.19)	.38
Item 7	4.63	.62	1	5	-1.8(.09)	3.59(.19)	.5
Item 8	4.44	.71	1	5	-1.78(.09)	5.20(.19)	.61
Item 9	3.94	1.07	1	5	-1.08(.09)	.63(.19)	.56
Item 10	4.26	.86	1	5	-1.36(.09)	2.14(.19)	.73
Item 11	4.1	1.01	1	5	-1.30(.09)	1.58(.19)	.69
Item 12	4.03	.99	1	5	-1.29(.09)	1.69(.19)	.7
Item 13	4.25	.87	1	5	-1.38(.09)	2.37(.19)	.66
Item 14	4.21	.85	1	5	-1.18(.09)	1.85(.19)	.53
Item 15	4.11	.96	1	5	-1.2(.09)	1.47(.19)	.58
Item 16	4.17	.95	1	5	-1.4(.09)	2.17(.19)	.69
Item 17	3.76	1.21	1	5	-.86(.09)	-.13(.19)	.6

Note. *M* = Mean, *SD* = Standard Deviation, *Min* = Minimum, *Max* = Maximum, *r* *item-total* = item-total corrected correlation. In brackets: the standard error for the skew and kurtosis statistics.

Factor structure: the training sample

Six EFAs were conducted in the training sample by going from a one-factor solution up to a six correlated factors solution. The model fit results are shown in Table 3. Model fit can be considered good for the solutions with three factors or more according to the combined values of CFIs and SRMRs. Nevertheless, the CFI differences of all these models against the immediately simpler one (e.g., four factors compared to three factors) clearly showed that differences in fit were negligible. Bearing this in mind, it would seem that the three-factor solution could be selected. Moreover, an inspection of the factor loadings for these solutions showed that the most parsimonious solution (three factors) had fewer cross-loadings and an easier dimensionality to interpret. Therefore, this three-factor solution was tentatively retained.

Table 3. *Goodness-of-fit indices for the six exploratory factor analyses*

Model	χ^2	df	<i>p</i>	RMSEA (90% CI)	SRMR	CFI	Δ CFI
One factor	1199.9	119	< .001	.168 (.159, .176)	.133	.845	-
Two factors	671.6	103	< .001	.131 (.121, .140)	.088	.918	.073
Three factors	330.6	88	< .001	.092 (.082, .103)	.048	.969	.047
Four factors	230.5	74	< .001	.081 (.069, .093)	.036	.978	.009
Five factors	140.4	61	< .001	.063 (.050, .077)	.025	.989	.011
Six factors	89.3	49	< .001	.050 (.033, .067)	.02	.994	.005

Note. df = degrees of freedom, RMSEA = Root-Mean-Square Error of Approximation, CI = Confidence Interval, SRMR = Standardized Root Mean Square Residual, CFI = Comparative Fit Index, Δ CFI = CFI differences with an immediately simpler model

The factor loadings for the three-factor solution are presented in Table 4. With a few cross-loadings, the final solution is quite simple and interpretable. Factor 1, labeled the Satisfaction with the facilitators and program delivery subscale, comprised items 1 to 5 and 7. Factor 2, labeled as the Satisfaction with the learning-process subscale, included items 8 to 13, 16 and 17. Finally, factor 3 or the Satisfaction with the peer group subscale, included items 6, 14 and 15.

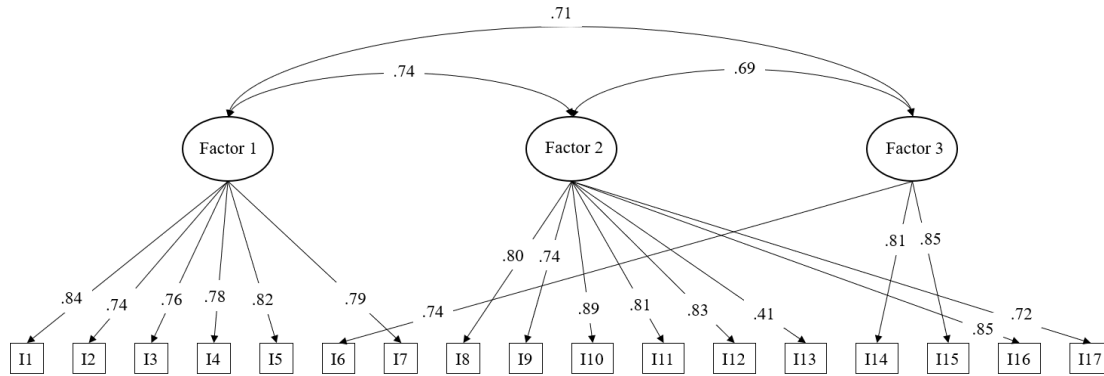
Table 4. Standardized factor loadings for the three-factor exploratory analysis

	Factor 1	Factor 2	Factor 3
Item 1	.72		
Item 2	.87		
Item 3	.82		
Item 4	.77		
Item 5	.47	.35	
Item 6	.47		.49
Item 7	.61		
Item 8		.63	
Item 9		.86	
Item 10		.90	
Item 11		.78	
Item 12		.76	
Item 13		.53	.38
Item 14			.90
Item 15		.42	.62
Item 16		.89	
Item 17		.70	

Notes: Factor 1 = Satisfaction with the facilitators and program delivery subscale, Factor 2 = Satisfaction with the learning-process subscale, and Factor 3 = Satisfaction with the peer group subscale, only loadings > .30 are shown.

Factor validity: the validation sample

According to the exploratory results, the three-factor model adequately fitted the data. Nevertheless, the four-factor solution also fitted the data well. Therefore, we tested both models by means of a CFA in the validation sample. The three-factor model adequately fitted the observed data: $\chi^2(115) = 408.8$, $p < .05$, CFI = .96, SRMR = .053, and RMSEA = .089 [.08–.098]. The fit of the four-factor model was also adequate: $\chi^2(111) = 420.73$, $p < .05$, CFI = .957, SRMR = .05, and RMSEA = .093 [.084–.102]. However, the overall fit in the four-factor was worse model than in the three-factor model. Therefore, this last model was retained. The factor loadings of Model 1 are displayed in Figure 1.

Figure 1. Standardized factor loadings and correlations among factors

Note. Factor 1 = Satisfaction with the facilitators and program delivery subscale, Factor 2 = Satisfaction with the learning-process subscale, Factor 3 = Satisfaction with the peer group subscale. All the parameter estimates are statistically significant ($p < .01$).

In general, all the factor loadings were large and were statistically significant in all cases ($p < .01$). The lowest standardized loading was that for item 13. The correlations among factors were also large and statistically significant ($p < .01$), but their values did not jeopardize the convergent validity of the dimensions.

Reliability Analyses

The scale showed appropriate internal consistency for the general recruited sample. The corrected item-total correlations were above .38 for all the items, which indicates that the relation between each item and the rest of the scale was adequate (Table 3). Cronbach's alpha was .72 (95%CI: .68, .76) for Satisfaction with the peer group, .89 (95%CI: .88, .9) for Satisfaction with the learning process and .80 (95%CI: .78, .82) for the Satisfaction with the facilitators and program delivery subscale. The CRI estimates were: .84 for Satisfaction with the peer group, .92 for Satisfaction with the learning-process and .91 for the Satisfaction with the facilitators and program delivery subscale.

Validity Analyses

Correlations between dimensions and other relevant variables were conducted to assess the validity analyses. Table 5 shows Pearson correlations. Satisfaction with the peer group was positively associated with both the participants' rated WAI subscales and motivation to change. Satisfaction with the learning-process correlated positively with both the participant- and facilitator-rated WAI subscales, and with state of change and motivation to change. The Satisfaction with the facilitators and program delivery subscale correlated positively with both

the participant- and facilitator-rated WAI subscales, and also with state of change and motivation to change, but negatively with recidivism.

Table 5. *Satisfaction with the Intervention for IPV Perpetrators Scale factors' correlation with other relevant variables*

	Factor 1	Factor 2	Factor 3	Recidivism	WAI-P A	WAI-P B	WAI-T A	WAI-T B	State of change	MTC women
Factor 2	.58**									
Factor 3	.48**	.53**								
Recidivism	-.09*	.02	.01							
WAI-P A	.5**	.66**	.28**	-.1						
WAI-P B	.46**	.37**	.2**	-.03	.62**					
WAI-T A	.16*	.38**	.07	-.11	.36**	.27**				
WAI-T B	.24**	.32**	.04	-.15*	.33**	.31**	.76**			
State of change	.14**	.24**	.09	-.01	.25**	.12	.7**	.5**		
MTC women	.12*	.27**	.11*	0	.27**	.19**	.72**	.49**	.73**	
MTC person	.16**	.32**	.15**	-.01	.34**	.15*	.78**	.54**	.77**	.84**

Note. * $p \leq .05$, ** $p \leq .01$.

Factor 1 = Satisfaction with the facilitators and program delivery subscale, Factor 2 = Satisfaction with the learning-process subscale, Factor 3 = Satisfaction with the peer group subscale, WAI-P A = Working Alliance Inventory-Agreement subscale rated by the participant, WAI-P B = Working Alliance Inventory-Bond subscale rated by the participant, WAI-T A = Working Alliance Inventory-Agreement subscale rated by the facilitator, WAI-T B = Working Alliance Inventory-Bond subscale rated by the facilitator, MTC women = motivation to change in violent attitudes and behaviors toward women, MTC person = motivation to change in violence attitudes and behaviors toward any person.

Finally, logistic regressions were conducted to test whether the three dimensions were related to recidivism. The regression analyses revealed that higher scores on the Satisfaction with the facilitators and program delivery subscale were associated with lower recidivism ($W = 12.7$, $OR = -.99$, $p < .001$, $95\%CI: .21, .64$). The remaining dimensions showed no significant associations with recidivism.

Discussion

The objective of the present study was to develop and validate the Satisfaction with the Intervention for IPV Perpetrators Scale (SIIPVS), which measures the satisfaction of the male participants who attend an intervention program for IPV perpetrators. Having a suitable instrument to assess this population's satisfaction with the intervention is crucial because, in other social-behavioral intervention research areas, satisfaction with the intervention has been consistently related to relevant aspects of the intervention, such as engagement or attendance. In addition, this tool allows programs to assess how the introduction of certain strategies affects the satisfaction of the men participating in these interventions.

The study results indicate that the SIIPVS is a psychometrically sound instrument for evaluating participant satisfaction with the intervention, with a three-factor structure being the best fit for data. Regarding the scale's reliability, our measure showed high internal consistency levels when both Cronbach's alpha and CRI values were used (Nunnally & Bernstein, 1994). In terms of the latent structure of data, we named the three factors as follows: satisfaction with the facilitators and program delivery, satisfaction with the learning-process and satisfaction with the peer group.

First, for the satisfaction with the facilitators and program delivery factor, the participants rated the extent to which they were satisfied with the facilitator's behavior toward them during the intervention, as well as the degree of satisfaction with the materials provided by facilitators, program facilities and the content of working sessions. In addition, it specifically evaluated the degree of satisfaction with the relationship and the degree to which they felt confident with the facilitator. This factor, therefore, captures satisfaction with the interactions with the facilitator during the intervention, as well as the bond between the participant and the facilitator, defined by Bordin (1979) as the quality of the patient-facilitator bond in mutual trust and appreciation terms. This factor could be compared to the CRF scale developed by Hamel et al. (2022), in which the participants evaluated some specific facilitator's behaviors related to bonding (e.g., cares about us, seems genuinely interested in what we have to say) and the intervention (e.g., challenges us on some of our behaviors, shares this knowledge with us in a way that is easy to understand). As in our scale, the CRF includes an item related to the usefulness of the tools and information provided by facilitators. In the study conducted by Parra-Cardona et al. (2013), the participants were interviewed to identify the intervention components that facilitated their willingness to engage in the process and that led to their satisfaction with the intervention. In this study, men highlighted the importance of the relationship with the group facilitator as a key element in their change process and for their ability to motivate them and be trustworthy (Parra-Cardona et al., 2013). They also pointed out the facilitator's ability to challenge the participants and the group to make changes and to regularly evaluate changes in participants and to complete homework (Parra-Cardona et al., 2013).

Second, for the satisfaction with the learning-process factor, the participants rated the extent to which they felt they had learned new things from the program or had learned to think about relationships in a different way, and whether the program had resulted in a positive change

for them. In addition, this factor includes the willingness to collaborate with the program by sharing personal experiences with other men and maintaining contact with program facilitators, and if they would recommend the program to others. This factor could be compared to the CPBG scale developed by Hamel et al. (2022), which assesses in detail the extent to which the participants have changed their behavior to not act violently with their partner, their ex-partner or others. Our instrument does not specify in detail what these changes were, but seeks to know the extent to which the participants feel that changes in themselves have occurred and whether they feel that the program has been positive for them. The Parra-Cardona et al. (2013) study also found that men valued the intervention's support in gaining perspective on their behavior. This awareness was gradually associated with taking greater responsibility for violent behavior (Parra-Cardona et al., 2013). The learning-process factor captures the perception of gaining perspective and making positive changes thanks to the program. The satisfaction with the learning-process factor also assesses the willingness to collaborate with the program by sharing one's own experience, maintaining contact with the facilitators and recommending the program. These contents have been included in other instruments that focus on assessing satisfaction with behavioral interventions with other populations (e.g., people with insomnia) by incorporating the desire for continued treatment use (i.e., the willingness to undergo the intervention again if the participant has a similar problem in the future and the likelihood of recommending it to others) (Sidani et al., 2017). However, as far as we know, these contents are not contained in other instruments that assess satisfaction with the intervention with IPV perpetrators.

Finally, for the satisfaction with the peer group factor, the participants valued satisfaction with the relationship with their group mates, and they also valued the desire to maintain contact and the desire to see one another again in the future. Previous literature has noted the importance of the support exchanged between the men in these groups with the participants sharing their learning experiences from one another (Chovanec et al., 2012). As far as we know, there are no specific self-reported scales in the literature that evaluate the peer group satisfaction of the IPV perpetrators who have undergone intervention. However, this factor could be compared to the Groupwork Engagement Measure (GEM; Macgowan, 2006), a measure of group members' engagement as evaluated by the facilitator, which includes items related to participants caring for other group members. The GEM has been used with IPV perpetrators (Chovanec & Roseborough, 2017). Unlike the GEM, our scale is completed by the participants, and evaluates the satisfaction with the intervention and, in this case, with the relationship with group mates. One interesting and specific aspect of our scale is that it not only

assesses satisfaction with the relationship with group members when the intervention takes place, but also whether they are willing to maintain contact with their group mates in the future and, thus, in a way it captures to what extent group mates have become relevant support persons for the participants.

Regarding criterion-related scale validity, the three factors were significantly associated with a set of relevant variables when evaluating the effectiveness of intervention programs for IPV perpetrators. Specifically, the three factors of the SIIPVS were significantly related to the two dimensions (agreement and bond) of the participant-reported working alliance. In addition, satisfaction with the facilitators and program delivery and satisfaction with the learning-process factors of the SIIPVS were related to higher facilitator-reported alliance. So the extent to which the participants feel they have a relationship with the facilitator based on mutual appreciation and trust, and they agree with the facilitator about the tasks and goals set during the intervention, is related to participant satisfaction with the intervention. It makes sense that the therapist-reported alliance does not relate to the satisfaction with the peer group factor because this factor captures participant satisfaction with peers and the desire to maintain contact with them in the future, but not satisfaction with the relationship with the facilitator. A significant association was found between the participant's facilitator-reported stage of change and satisfaction with facilitators and program delivery, and for satisfaction with the learning-process factors of the SIIPVS. A significant association between motivation for change in violent attitudes and behaviors toward women and any person with the three factors of the SIIPVS also appeared. Prochaska and Diclemente (1982) point out the development of a relationship of mutual appreciation and trust between the participant and the facilitator as a precondition for making progress in the intervention. The men who were most motivated to change and who engaged in change behaviors were those who were more satisfied with what they learned during the program, which allowed them to think in a new way about relationships and the changes they had made thanks to the program.

Interestingly, participant satisfaction with the facilitator and program delivery was associated with a reduction in IPV recidivism, which suggests that satisfaction may play a supportive role in enhancing IPV intervention effectiveness (Sidani et al., 2017; Walsh & Lord, 2004). Thus, participant satisfaction with the intervention could favor intervention engagement and motivation and, consequently, positive intervention outcomes. Motivation for the intervention is a critical issue in this population because, as most IPV perpetrators are court-

ordered to attend these interventions, they may be unmotivated to participate and even feel coerced into an intervention, which they view as unfair and unhelpful (Eckhardt et al., 2013; Lila et al., 2018; Lila & Gilchrist, 2023). Strategies like motivational interviewing could increase the participants' intrinsic motivation to engage in the intervention by allowing a safe environment and a close bond to be established with the participant, to assess participants' main risk factors, and to explore their strengths and needs to jointly create shared goals for change during the intervention. The facilitators who use motivational strategies tend to minimize confrontation with participants, develop a stronger working alliance, and encounter less resistance from participants (Alexander et al., 2010; Stuart et al., 2007; Santirso et al., 2020b).

In evaluating the criterion validity of the scale, it is essential to acknowledge the variability in the strength of associations observed between the factors of the SIIPVS and other relevant variables in intervention programs for IPV perpetrators. Although the correlations between the satisfaction factors (i.e., satisfaction with the facilitators and program delivery, satisfaction with the learning-process, and satisfaction with the peer group) and motivation to change in violent attitudes and behaviors toward women and others were robust, the association with recidivism was relatively weak. This variability in the associations between the SIIPVS factors and both motivation to change and recidivism suggests that, while participant satisfaction with the intervention may be a key variable influencing motivation to change, it may not alone be sufficient to predict reductions in recidivism rates. This could imply that reducing recidivism depends on a more complex set of factors beyond satisfaction alone. Consequently, future research should undertake a more detailed examination of the relationships between satisfaction with the intervention and a broader set of relevant variables to better understand the role of participant satisfaction in reducing recidivism.

This study is not without its limitations. The sample consisted of men convicted of IPV who had been court-mandated to a community-based intervention program for IPV perpetrators in Spain (Lila et al., 2018). Thus, our results could not be extrapolated to other populations, such as self-referred men, IPV perpetrators in prison and other cultural groups. Although the participants were informed that their participation in the study would not affect their legal status, the fact that this is a court-ordered program could lead some participants to report high satisfaction levels simply to present a positive self-image (Gracia et al., 2015). Future research could assess the degree of agreement between participant satisfaction and the facilitator's assessment of their level of involvement during the intervention. Another possible limitation of

the study is that we only assessed participant satisfaction at the end of the intervention. Multiple measures would be appropriate to assess fluctuations in participant satisfaction while the intervention is underway. Additionally, assessing satisfaction at other points, such as midway through the intervention, would enable us to explore its impact on other relevant variables, such as drop out rates. Despite these limitations, considering that satisfaction with the intervention may play an important role in intervention programs with highly resistant populations, such as IPV perpetrators, the availability of a tool to measure this construct (i.e. the SIIPVS) may be useful for exploring participant satisfaction with the facilitator, program delivery, learning process, and peer group, as well as its relation to other indicators of intervention effectiveness.

In conclusion, the study offers valuable insights from the development and validation of the SIIPVS. The results substantiated the importance of assessing participants' satisfaction in intervention programs for IPV perpetrators and highlighted the complex interrelationship between satisfaction and key outcomes such as IPV recidivism or motivation to change. For instance, the results suggested that higher satisfaction with facilitators and program delivery may support motivation to change and a positive working alliance, and could be associated with lower recidivism rates. However, further research is required to examine how satisfaction may vary over time and its potential influence on intervention outcomes. Finally, the SIIPVS has been shown to be a promising instrument that can help intervention programs identify areas for improvement, adjust the intervention to participants' needs, and enhance understanding of factors influencing intervention outcomes.

Appendix

Satisfaction with the Intervention for IPV Perpetrators Scale (SIIPVS).

Below you will find several sentences related to the intervention you have just completed. Read each sentence carefully and evaluate the different elements on a scale from 1 to 5 by circling the answer you consider appropriate.

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- 1 I am satisfied with the way I was treated by the facilitators
 - 2 I am pleased with the materials provided by the facilitators
 - 3 I am satisfied with the program facilities
 - 4 I am satisfied with the relationship with the facilitators
 - 5 I am pleased with the content of work sessions
 - 6 I am satisfied with the relationship with group peers
 - 7 I feel confident with the facilitators
 - 8 I learned new things in the program
 - 9 The way I think about relationships now differs from the way I thought before I started the program
 - 10 Attending the program has been worth it
 - 11 I would recommend other people to engage in this program
 - 12 In general, I have liked coming to the program
 - 13 I would be willing to stay in contact with the facilitators and the people in charge of the program
 - 14 I would be willing to keep in touch with my group peers
 - 15 I would like to meet with the group again at some point
 - 16 I believe that a positive change in me has taken place because of the program
 - 17 I would be willing to collaborate with the program by sharing my experience with other men in the same situation
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Chapter 4: Study 3

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Chapter 5: General discussion and conclusions

General discussion

The objective of this chapter is to present a comprehensive and detailed account of the pivotal results presented in the preceding chapter, accompanied by a synthesis of the primary conclusions drawn. Additionally, it provides an in-depth overview of the primary findings, their practical implications, and the limitations of the research. Moreover, it offers recommendations for future research based on the aforementioned findings. This chapter concludes with a summary and evaluation of the doctoral thesis' significance in contributing to the current state of knowledge in the field of intervention programs for IPV perpetrators.

The objective of this doctoral thesis was to examine new research approaches to intervention programs for IPV male perpetrators. The objective of Study 1 was to analyze and identify the group-related variables present during the group-based intervention, as well as their predictors and their relation to the functioning and outcomes of these interventions. Study 2 sought to analyze and categorize the content of the self-determined goals set by participants in these interventions. Study 3 aimed to design and validate a scale to assess participants' satisfaction with the intervention in a sample of male participants attending an intervention program for IPV perpetrators.

Discussion on group-related variables

The first study of this doctoral thesis addressed the first objective, by identifying the principal group-related variables present during the group-based intervention process. Furthermore, it identifies the key predictors of these variables and their relationship to outcomes and intervention functioning.

This study was a systematic review titled "Group-related variables in intervention programs for intimate partner violence perpetrators: a systematic review". It aimed to synthesize and systematize the available scientific literature on group-related variables in group-based interventions for male IPV perpetrators. Additionally, two research questions were addressed: (a) What are the predictors of these group-related variables? (b) Do these group-related variables influence the functioning and outcomes of intervention programs for IPV perpetrators? Following the application of eligibility criteria to 4,176 records, 13 studies were deemed suitable for inclusion. The assessment of the risk of bias in the included studies demonstrated that the overall methodological quality was adequate (see Study 1). The group-

related variables were classified into three categories: facilitator behavior within the group, participant behavior within the group, and group dynamics.

Facilitator behavior within the group included five group-related variables: negative confrontation (Scott et al., 2011), non-protherapeutic style (Scott et al., 2011), group management behaviors (Hamel et al., 2022; Scott et al., 2011), support (Bowen, 2010), and interpretations (Scott et al., 2011). Participant behavior within the group included: positive confrontation (Chovanec & Roseborough, 2016; Hamel et al., 2022; Musser et al., 2008; Santirso, Lila et al., 2020; Waldo et al., 2007), protherapeutic behavior (Santirso et al., 2018; Santirso, Lila et al., 2020; Semiatin et al., 2013), positive attitude towards the group (Musser et al., 2008; Santirso, Lila et al., 2020), active involvement (Chovanec & Roseborough, 2016; Hamel et al., 2022), positive interaction with peers (Chovanec & Roseborough, 2016; Hamel et al., 2022), and positive interaction with the facilitator (Chovanec & Roseborough, 2016; Hamel et al., 2022). Group dynamics included five group-related variables: engagement (Chovanec, 2012; Scott et al., 2011), group cohesion (Bowen, 2010; Taft et al., 2003; Waldo et al., 2007), support (Waldo et al., 2007), group climate (Boira et al., 2013; Rondeau et al., 2001; Waldo et al., 2007), and interpersonal learning (Waldo et al., 2007).

With regard to predictors of group-related variables, three main predictors were identified: motivational strategies, leadership (counseling approach), and intervention stage. Firstly, the implementation of motivational strategies was observed to enhance the facilitator's group management behaviors, while concurrently reducing the incidence of negative confrontation, non-protherapeutic style, and interpretations (Scott et al., 2011). Similarly, these strategies were linked to elevated participants' protherapeutic behaviors and a favorable attitude towards the group (Musser et al., 2008; Santirso, Lila et al., 2020). Findings on the relationship between motivational strategies and participants' positive confrontation showed mixed results (Musser et al., 2008; Santirso, Lila, et al., 2020), and there was no association between these strategies and engagement (Scott et al., 2011). Secondly, counseling leadership was associated with greater interpersonal learning, group cohesion, and positive confrontation among participants, but it was not related to group support and cohesion (Waldo et al., 2007). Thirdly, the intervention stage was found to be associated with group-related variables. As the intervention process unfolded, a heightened level of engagement, protherapeutic behaviors, positive attitudes toward the group, and positive confrontation scores were observed (Chovanec, 2012; Santirso, Lila, et al., 2020). In summary, motivational strategies, counseling

leadership, and a more advanced intervention stage emerged as the primary predictors of group-related variables.

With regard to group-related variables as predictors of program outcomes, facilitator behavior within the group, participant behavior within the group, and group dynamics were identified as predictors of the functioning and intervention outcomes. Firstly, regarding the facilitator behavior, the level of support provided was found to be predictive of greater participant task orientation, participation, and self-exploration, but it was not related to recidivism (Bowen, 2010). Furthermore, group management behaviors were found to increase positive treatment outcomes and participants' perceived benefits of the intervention (Hamel et al., 2022). Secondly, regarding the participant behavior, protherapeutic behaviors were found to be predictive of lower rates of physical and psychological recidivism, as well as greater working alliance reported by facilitators, motivation to change, and compliance with homework tasks (Santirso et al., 2018; Semiatin et al., 2013). Nevertheless, protherapeutic behaviors were not found to be associated with working alliance reported by participants and intervention dose (Semiatin et al., 2013). Moreover, positive interaction with the facilitator and peers, active involvement, and positive confrontation were found to predict treatment adherence (Chovanec & Roseborough, 2016). However, no correlation was found between these four variables and participants' perceived benefits of the intervention (Hamel et al., 2022). Thirdly, regarding group dynamics, group cohesion was found to be positively associated with participant task orientation, participation, self-exploration, and working alliance (Bowen, 2010; Taft et al., 2003), as well as negatively associated with physical abuse rate upon follow-up (Taft et al., 2003), but it was not related to treatment adherence (Taft et al., 2003). Similarly, no association was observed between group climate and working alliance and dropout (Boira et al., 2013; Rondeau et al., 2001). In summary, group cohesion, positive confrontation, and protherapeutic behaviors were associated with positive treatment outcomes (e.g., working alliance, participation, recidivism).

The present findings are consistent with those reported in previous studies. A substantial body of literature has identified that positive peer confrontation and influence, interpersonal learning, and a safety-openness climate can facilitate the process of change and accountability of men attending intervention programs for IPV perpetrators (Enosh & Buchbinder, 2019; Gray et al., 2014; Holtrop et al., 2017; Morrison et al., 2017, 2019). At this juncture, it is important to underscore the study conducted by Morrison et al. (2017). These researchers identified three

fundamental group-related processes associated with the functioning and outcomes of intervention programs for IPV perpetrators: participants' confrontation, cohesion, and tailoring participants' needs. The findings of the present systematic review corroborated the relevance of the aforementioned processes. Participants' positive confrontation and cohesion emerged as predictors of the functioning and outcomes of these interventions. Furthermore, this study identified motivational strategies, which entail the assessment of participants' needs and the tailoring of the intervention to address them (e.g., motivational interviewing; Murphy & Maiuro, 2009), as a significant predictor of group-related variables. Taken together, our findings suggest that group-related variables are fundamental processes in intervention programs for IPV perpetrators.

Discussion on goal setting

The second study of this doctoral thesis was titled "Self-determined goals of male participants attending an intervention program for intimate partner violence perpetrators: a thematic analysis". The implementation of goal setting as a voluntary motivational strategy enabled participants to establish personal objectives that were aligned with their individual needs and aspirations. Additionally, it facilitates the adaptation of the group-based intervention to participants' risk factors and needs. These goals are addressed both on an individual basis and within the context of the group-based intervention process. This study addressed the second objective of this doctoral thesis through a qualitative approach.

The results of the thematic analysis revealed four core categories: interpersonal relationships, personal resources for daily life, coping strategies, and motivation to change. Firstly, with regard to the core category of interpersonal relationships, the category of "communication skills" was identified as the most frequently occurring. The most salient codes were "communication with others" (communication skills), "improving intimate partner relationships" (social relationships), and "conflict resolution in other social relationships" (interpersonal conflict solving). Secondly, with regard to the core category of personal resources for daily life, the category of "personal well-being" was identified as the most frequently occurring. The most significant codes were "personal commitment" (personal well-being), "boosting empathy" (emotional decoding), "managing thoughts" (cognitive abilities), and "coping with problems" (daily problem solving). Thirdly, with regard to the core category of coping strategies, the category of "self-control" was identified as the most frequently occurring. The most crucial codes were "anger management" (self-control), "dealing with emotions"

(managing emotions), and “substance use” (substance use). Finally, with regard to “motivation to change”, “responsibility assumption” emerged as the category with the highest frequency. The most significant codes were “responsibility assumption” (responsibility assumption), and “relapse prevention” (commitment with IPV intervention).

In consideration of the self-determined goals under analysis, the most prevalent core category was found to be “interpersonal relationships”. The categories of “self-control” and “communication skills” were the most represented, and, finally, the “anger management” code was identified as the most salient.

The categorization system proposed has some similarities with other categorizations proposed by the literature on the field (Bolton et al., 2016; Curwood et al., 2011; Lee et al., 2014). First, the three studies identified a central category related to the improvement of interpersonal relationships (e.g., intimate partner, family), which is comparable to the core category of “interpersonal relationships” of our study. Furthermore, in the model proposed by Bolton et al. (2016), the category of “communication skills” was the most prevalent, which aligns with the findings of our study, and they also proposed the category of “personal growth” which addresses aspects similar to the core category of “personal resources for daily life”. Moreover, Curwood et al. (2011) included the category of “external goals”, which bears resemblance to the “personal resources for daily life” core category identified in our study. Finally, Lee et al. (2014) proposed a category of “conflict management” that is related to our own core category “interpersonal relationships”. They also included the categories of “self-focused attitudinal changes” and “skills development”, which align with our own core category of “personal resources of daily life”. It is notable that none of the aforementioned studies included a category related to aspects of the intervention process or responsibility assumption, in contrast to our model.

Discussion on satisfaction with the intervention

The last study of this doctoral thesis was titled “Development and validation of the Satisfaction with the Intervention for Intimate Partner Violence Perpetrators Scale (SIIPVS)”. The objective of this study was to develop and validate the SIIPVS, a tool designed to assess the satisfaction of participants enrolled in an intervention program for IPV perpetrators. The development of a psychometrically sound instrument to assess this variable is of paramount importance, as evidenced by the consistent correlation with positive treatment outcomes (e.g., engagement, attendance) observed in other social-behavioral intervention research areas.

The findings of this study indicated that the SIIPVS is a suitable instrument for assessing participant satisfaction with the intervention. The three-factor structure of the SIIPVS was determined to be the optimal fit for data. These factors included: *Satisfaction with the facilitators and program delivery*, *Satisfaction with the learning-process*, and *Satisfaction with the peer group*. First, with regard to the *Satisfaction with the facilitators and program delivery* subscale, the participants evaluated the degree of satisfaction with the facilitator's behavior towards them, the relationship established, and the extent to which they felt confident with the facilitator during the intervention process. Additionally, the degree of satisfaction with the materials, program facilities, and content of the intervention sessions was specifically evaluated. A parallel can be drawn here with the Client Rating of Facilitator (CRF) scale developed by Hamel et al. (2022), wherein participants appraise specific behaviors exhibited by the facilitator in relation to bonding and the intervention. Furthermore, this subscale encompasses two pivotal intervention processes identified by Parra-Cardona et al. (2013): the significance of the relationship with the facilitator, and the facilitator's capacity to challenge the participants in their process of change. In terms of criterion-related validity, this subscale demonstrated a significant and positive association with the two dimensions of the participant- and facilitator-reported working alliance (agreement and bond), state of change, and motivation for change in violent attitudes and behaviors towards women and any person. Moreover, the subscale was negatively associated with IPV recidivism, thereby suggesting that participant satisfaction may serve as a facilitator in enhancing IPV intervention effectiveness (Sidani et al., 2017; Walsh & Lord, 2004).

Second, on the *Satisfaction with the learning-process* subscale, participants rated the extent to which they learned new things in general and about healthy relationships, and whether the program resulted in a positive change for them. Additionally, this subscale assesses the opportunity to collaborate with the program by sharing their own experience, maintaining contact with the facilitators, and recommending the program to other men. This subscale could be compared to the Client Perceived Benefits of Group scale (CPBG; Hamel et al., 2022), which assesses the extent to which participants have modified their acts to be nonviolent toward their partner, ex-partner, or others. In addition, this subscale includes a key intervention process identified by Parra-Cardoona et al. (2013): intervention support in gaining perspective on their violent behavior. With regard to criterion validity, it was found to be significantly and positively associated with the two dimensions of the participant- and facilitator-reported working alliance

(agreement and bond), state of change, and motivation for change in violent attitudes and behaviors towards women and any person.

Third, on the *Satisfaction with the peer group* subscale, participants rated their satisfaction with their relationship with their groupmates, and their desire to maintain contact and meet with them again in the future. Previous literature has highlighted the importance of peer support in these interventions (Chovanec, 2012). However, to our knowledge, there are no specific self-reported scales in scientific literature that assess peer group satisfaction. In terms of criterion validity, this subscale demonstrated a significant and positive association with both dimensions of participant-reported working alliance (agreement and bond) and motivation for change in violent attitudes and behaviors towards women and any person.

In summary, the degree to which participants express satisfaction with the intervention may positively influence intervention outcomes, such as engagement and motivation for change. In this particular population, motivation is a salient issue, as IPV perpetrators are legally obligated to attend these interventions. These individuals may exhibit a lack of motivation to participate and perceive the intervention as unhelpful (Eckhardt et al., 2013; Lila et al., 2018; Lila & Gilchrist, 2023). Strategies such as goal setting or motivational interviewing have the potential to enhance participants' motivation to engage in these interventions. However, it is important to acknowledge the diversity in the strength of observed associations between the SIIPVS subscales and the aforementioned intervention outcomes. While the correlations between the three subscales and motivation for change were strong, the correlation between satisfaction with the facilitators and program delivery and IPV recidivism was comparatively weak. This variation in correlations indicates that although participants' satisfaction may play a significant role in influencing motivation for change, it might not be sufficient on its own to predict reductions in recidivism rates. These findings suggest the possibility of a more complex set of variables influencing recidivism rates, beyond the mere satisfaction of participants in the intervention.

Practical implications

This doctoral thesis has advanced understanding of new research approaches involving court-mandated IPV perpetrators. Specifically, it has contributed to knowledge about group-related variables during the intervention process, goal setting, and participant satisfaction with the intervention. Additionally, it highlights the potential role of these factors in understanding

the functioning, outcomes, and effectiveness of such interventions. Accordingly, this thesis has practical implications, which are described below.

Training and recommendations for intervention programs

The primary point that merits emphasis is the importance of facilitators' training. This element constitutes a pivotal process that exerts a substantial influence on the outcomes and effectiveness of interventions for IPV perpetrators (Eckhardt et al., 2006). To this end, it is important that facilitators possess the necessary qualifications and undergo comprehensive training, complemented by ongoing education and on-the-job training (Bonta & Andrews, 2017). The training of facilitators constitutes a fundamental component of the European Standards for Perpetrator Programmes (WWP EN, 2023) and the PEI (Richards et al., 2022). Specifically, the results of Study 1 demonstrate the importance of training facilitators in the implementation of motivational strategies and counseling leadership. A training curriculum incorporating these strategies has been shown to enhance treatment adherence, reduce attrition rates, and mitigate physical and psychological IPV recidivism (Cunha et al., 2023; Santirso, Gilchrist, et al., 2020). Furthermore, this training fosters an environment of collaboration, learning, and support during the intervention process. For instance, this climate could promote the establishment of goal-setting through positive confrontation and interpersonal learning (Lee et al., 2014; Miller & Rollnick, 2002). In addition, it is important that facilitators acquire competences and skills related to the management of the intervention group, such as fostering group cohesion, promoting positive confrontation among participants, and facilitating interpersonal learning and active involvement.

The results of Study 3 also underscore the importance of training facilitators in intervention programs for IPV perpetrators. These findings suggest that equipping facilitators with the competencies and skills necessary to foster an environment of collaboration, learning, and support during the intervention process can significantly enhance participants' satisfaction. We consider that these competences may contribute to the participants' positive perceptions and satisfaction of both the facilitator and their group peers. Furthermore, training facilitators in the use of motivational strategies and the RNR approach appears to be particularly advantageous. These approaches aim to personalize and adapt the intervention to address participants' individual needs, concerns, and risk factors, which have been shown to increase the effectiveness of intervention outcomes (Crane et al., 2013; Cunha et al., 2023; Lila et al., 2018; Richards et al., 2022; Travers et al., 2021). Thus, incorporating such strategies into facilitator

training programs has the potential to meaningfully impact participants' overall satisfaction with the intervention process. The promotion of participant satisfaction has the potential to positively influence intervention outcomes.

Finally, it is important to articulate several recommendations for perpetrator programs. In accordance with the European Standards (WWP EN, 2023), the delivery of the program should be carefully considered. Consequently, intervention programs must endeavor to ensure the provision of comfortable and welcoming program facilities (e.g., well-lit and spacious rooms, comfortable tables and chairs). Furthermore, the content of the group and individual sessions should be meaningful to the participants and adapted to their needs and risk factors. Lastly, the material provided should be attractive to participants and easy to work with. All these aspects are important for participants and may significantly influence their process of change.

Intervention proposals

The results of Study 2 allow for the formulation of intervention proposals for intervention programs for IPV perpetrators. Specifically, working on the identified self-determined goals topics may positively influence treatment outcomes. Thus, intervention objectives would be aligned with participants' individual values and adapted to address their specific needs. By doing so, participants can be guided toward meaningful life decisions that conflict with the likelihood of reoffending, as emphasized by the Good Lives Model (Langlands et al., 2009; Ward, 2002) or the RNR approach (Andrews & Bonta, 2010). For instance, in the study conducted by Expósito-Álvarez, Gilchrist, et al. (2024), the results demonstrated that participants with alcohol and drug use who set a goal had 80% lower odds of dropping out of the intervention than those participants with alcohol and drug use who did not set a goal. Therefore, intervention programs should consider incorporating specific strategies to address the identified goals. Such incorporation would aid participants, particularly those at high risk and highly resistant, in making progress in their primary areas of change (Expósito-Álvarez et al., 2021).

For instance, strengthening interpersonal relationships has been demonstrated to be an effective component of interventions for IPV male perpetrators, particularly when emphasizing relationship-building skills (Catalá-Miñana et al., 2016; Lila et al., 2013). Specifically, activities that offer information and provide examples of healthy relationships can support participants who want to improve their intimate partner relationships (Boal & Mankowski, 2014). The

enhancement of communication skills can be achieved through psychoeducational content on assertiveness and communication, complemented by role-playing exercises during group sessions (Babcock et al., 2016). Addressing interpersonal conflict resolution can involve problem-solving training, which helps IPV perpetrators develop positive, non-violent strategies for managing daily challenges (Eckhardt et al., 2013). Furthermore, facilitators may design activities outside of sessions to strengthen participants' social relationships and to allow them to practice active listening (Birkley & Eckhardt, 2015).

Secondly, to enhance personal resources for daily life, intervention strategies could focus on reinforcing empathy and emotion recognition skills within intimate relationships (Romero-Martínez et al., 2019). For participants who set self-determined goals related to personal well-being, it may be beneficial to provide a foundation for understanding universal human needs and emphasizing individual responsibility for meeting those needs without resorting to violence or violating others' boundaries (Babcock et al., 2016; Lila et al., 2012). In order to enhance cognitive management abilities, participants could be instructed to identify and track cognitive distortions that precipitate anger and impede responsibility-taking within the domestic sphere. These reflections could then be shared during group sessions, with facilitators providing ongoing monitoring of progress (Pornari et al., 2013). Finally, personal commitment could be deepened by incorporating practices from acceptance and commitment theory, such as guiding participants to make decisions aligned with their freely chosen values (Zarling et al., 2015; Zarling & Russell, 2022).

Thirdly, in terms of coping strategies, the incorporation of stress-reduction techniques, such as meditation exercises and relaxation, has been demonstrated to enhance self-control among IPV perpetrators (Babcock et al., 2004; Cannon et al., 2016). Anger management strategies, such as taking a time-out, can be practiced at home and reinforced in group or individual sessions, particularly for perpetrators aiming to address anger-related issues (Lila et al., 2019; Maiuro & Eberle, 2008). For participants grappling with alcohol or drug use, motivational treatment plans that address this issue and risk factors beyond substance use (e.g., high impulsivity, borderline personality disorder) can more effectively meet their specific treatment needs (Expósito-Álvarez et al., 2021; Romero-Martínez et al., 2023). A recent RCT found that among a sample of IPV perpetrators with alcohol and/or other drug use issues, implementing an IMP tailored to address substance use was significantly more effective in

reducing alcohol consumption and lowering the risk of IPV recidivism compared to a non-tailored IMP (Expósito-Álvarez, Roldán-Pardo, et al., 2024).

Finally, regarding motivation to change, action-oriented behavioral techniques and motivational strategies have been shown to be effective in enhancing participants' intrinsic motivation and addressing their ambivalence toward change (Eckhardt et al., 2013). For participants whose primary focus is on preventing relapse, it may be advantageous to elucidate the interplay between IPV dynamics and the escalation of conflict, while concurrently demonstrating empathetic and non-violent alternative behaviors (Romero-Martínez et al., 2019).

Limitations

It must be acknowledged that this doctoral thesis is not without limitations. The systematic review (Study 1) included only quantitative studies that analyzed group-related variables in intervention programs for IPV perpetrators. Additionally, the methodology utilized in the included studies was notably heterogeneous with regard to intervention length, sample characteristics, measurements, data analysis, or intervention theoretical approach. Moreover, the identified group-related variables were predominantly analyzed in a single study or two. These limitations made it difficult to generalize the findings and interpret them in greater detail.

With regard to Studies 2 and 3, both employed a sample of men convicted of IPV who had been court-mandated to participate in an intervention program for IPV perpetrators in Valencia, Spain. It is therefore recommended that any generalizations be made with caution with regard to other contexts or samples. Similarly, due to the qualitative nature of the study and the sampling procedure (i.e., convenience sampling), Study 2 was subject to additional limitations with regard to the generalizability of the results. Moreover, the research team encountered some difficulties in interpreting or decoding the participants' responses, as these were not collected by the study researchers. Consequently, there was no possibility of elucidating or defining unclear responses.

Study 3 presented two additional limitations. First, although the participants were made aware that their involvement in the study would not impact their legal condition, given the court-nature of the program, there exists a possibility that some participants may exhibit a favorable self-image (Gracia et al., 2015). Secondly, the level of satisfaction with the intervention was only evaluated at the conclusion of the intervention. It would be advisable to

employ a number of different measures in order to assess any fluctuations in participant satisfaction that may occur during the course of the intervention.

Future research directions

This doctoral thesis serves as a starting point for novel research approaches to intervention programs for IPV perpetrators, with a specific focus on goal setting, group-related variables, and satisfaction with the intervention. First, given the potential value of group-related variables in understanding the efficacy of intervention programs for IPV perpetrators, it is regrettable that only a limited number of studies have explored their impact. Future research should independently examine quantitative and qualitative studies to gain a deeper understanding of the role group-related variables play in IPV intervention programs. In order to address this issue, it is crucial to design, validate, and employ reliable and precise instruments to measure group-related variables. These instruments have the potential to illuminate the intricacies of group dynamics and processes, thereby facilitating a more profound comprehension of the impact of these variables on the functioning, outcomes, and effectiveness of these interventions. Moreover, additional research is necessary to uncover further predictors of group-related variables and to replicate the predictors identified in the present systematic review.

Secondly, goal setting has emerged as a promising motivational strategy among IPV perpetrators. However, further research is needed to clearly understand the role of this strategy. For instance, further research could elucidate which specific categories of self-determined goals are set by high-risk IPV perpetrators, such as those with experiences of trauma. This could help to reinforce their progress and reduce their risk of recidivism. Furthermore, it is crucial to clarify the link between goal identification or categorization, and treatment outcomes (e.g., recidivism, dropout). Finally, future research should investigate the relationship between addressing self-determined goals during the intervention process and reducing risk factors for recidivism, such as alcohol and other drug use and anger management.

Thirdly, satisfaction with the intervention has been identified as an indicator of positive treatment outcomes (Attkisson & Zwick, 1982; Choo et al., 2016; Sidani et al., 2017). Our findings suggest that higher satisfaction with facilitators and program delivery may enhance motivation to change, foster a stronger working alliance, and could be negatively associated with recidivism. However, further research is required to gain a more comprehensive

understanding of its impact on intervention outcomes. Additionally, it is essential to identify the predictors of highly satisfied participants. Furthermore, to better understand the impact of satisfaction on other relevant variables (e.g., dropout, participation), future studies should assess satisfaction at multiple stages of the intervention, such as midway through the program.

Finally, future research is needed to analyze the influence of group-related variables, goal setting, and satisfaction with the intervention in intervention programs for IPV among women and other gender minorities (i.e., LGBTIQ+).

Conclusions

The objective of this doctoral thesis was to analyze rising approaches to interventions with men court-mandated to attend intervention programs for IPV perpetrators. Specifically, the thesis examined group-related variables during group-based intervention, goal setting, and participant satisfaction with the intervention. As anticipated, all three variables represent significant and valuable approaches to studying and implementing IPV perpetrator programs, offering insights into the effectiveness of these interventions.

First, group-related variables were examined through a systematic review. Taking the results together, counseling leadership and motivational strategies stood out as the primary predictors of group-related variables. Furthermore, group cohesion, positive confrontation among participants, and participants' protherapeutic behaviors were associated with positive treatment outcomes, including higher levels of participation, stronger working alliance, and reduced rates of IPV recidivism. Examining group-related variables and their influence on the functioning and outcomes of perpetrator programs can provide valuable insights into the factors that enhance the effectiveness of these interventions. Secondly, goal setting was analyzed through a thematic analysis of self-determined goals articulated by court-mandated IPV perpetrators. Findings from the TA revealed four core categories: interpersonal relationships, personal resources for daily life, coping strategies, and motivation to change. Within these categories, "anger management", "impulsivity management", "personal commitment", and "conflict resolution in other social relationships" were particularly prominent, reflecting the main areas of interest for participants in their change process based on the frequency of their self-determined goals. These findings underscore the needs, motivations, and interests of participants and inform intervention programs on tailored strategies to be implemented to promote the participants' process of change. Thirdly, to assess participants' satisfaction with the

intervention, the SIIPVS was developed and validated in a sample of IPV perpetrators. The results of the EFA and CFA revealed that the factor structure with the best fit comprised three factors: Satisfaction with the facilitators and program delivery, Satisfaction with the learning-process, and Satisfaction with the peer group. Validity analyses demonstrated that Satisfaction with the facilitators and program delivery was positively associated with working alliance, state of change, and motivation to change, and negatively associated with IPV recidivism. Satisfaction with the learning-process showed positive associations with working alliance, state of change, and motivation to change. Lastly, Satisfaction with the peer group was positively linked to both working alliance and motivation to change. These findings emphasize the importance of evaluating participants' satisfaction in these interventions, shedding light on the intricate connections between satisfaction and other relevant intervention outcomes, including IPV recidivism and motivation to change.

This doctoral thesis has introduced three novel variables in intervention programs for IPV perpetrators, offering a foundation for future exploration in this field. The findings from the included studies underscore the potential relevance of these approaches in understanding, analyzing, and enhancing the effectiveness of such interventions. However, it is important to note that this thesis signifies an initial step in the study of these approaches. Variables such as group-related variables or satisfaction with the intervention have been largely overlooked in the scientific literature, with only a limited number of studies addressing them. Consequently, further research is required to better understand the role these variables play in intervention effectiveness, as well as the relationships between them (e.g., group-related variables and goal setting) and with other key intervention variables (e.g., satisfaction and IPV recidivism). Notwithstanding, the findings presented in this doctoral thesis indicate that these three elements hold considerable potential for both research and intervention, offering insights that can inform professional practice through the development and implementation of significant intervention strategies. Overall, these findings highlight the importance of refining and expanding our understanding of effective approaches in intervention programs for IPV perpetrators, as these interventions represent a fundamental component in the effort to eradicate IPV against women.

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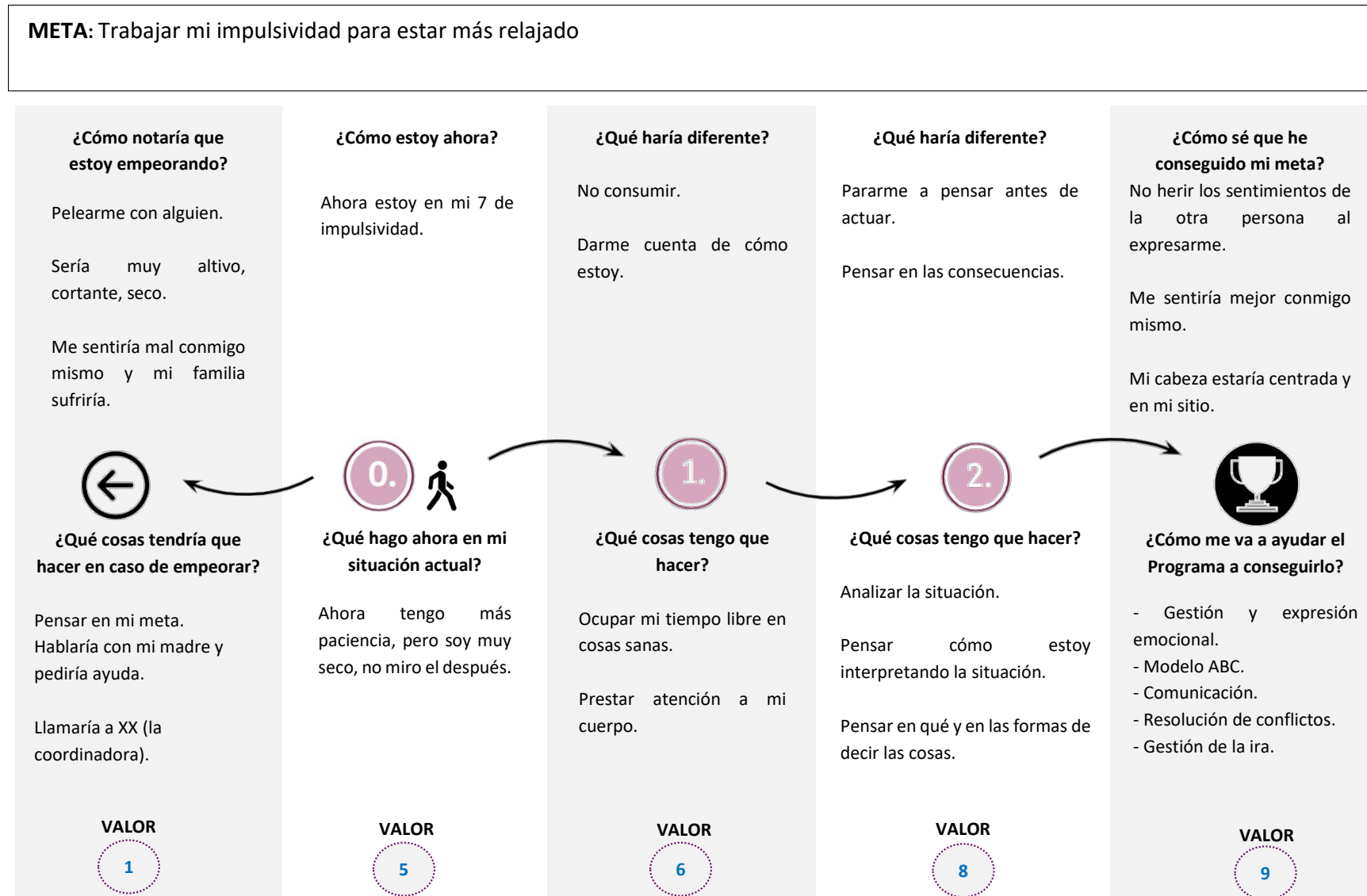
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Annexes

Annex I: Example of a self-determined goal



Annex II: Satisfaction with the Intervention for Intimate Partner Violence Perpetrators Scale (SIIPVS)

EVALUACIÓN FINAL PARTICIPANTES

GRUPO (Día de la semana):

NOMBRE Y APELLIDOS:

NOMBRE COORDINADORAS:

A continuación, encontrará una serie de frases relativas al Programa que acaba de finalizar (Programa CONTEXTO). Lea cada una de ellas cuidadosamente y valore los distintos elementos poniendo un círculo alrededor de la respuesta que considere adecuada, utilizando para ello la siguiente escala:

Muy mal 1	Mal 2	Regular 3	Bien 4	Muy bien 5
--------------	----------	--------------	-----------	---------------

Marque con un círculo el número correspondiente a la opción elegida. Recuerde, no hay respuestas correctas o incorrectas.

- | | | | | | | |
|----|---|---|---|---|---|---|
| 1. | El trato recibido por parte de las coordinadoras | 1 | 2 | 3 | 4 | 5 |
| 2. | Los materiales proporcionados por las coordinadoras | 1 | 2 | 3 | 4 | 5 |
| 3. | Las instalaciones del Programa | 1 | 2 | 3 | 4 | 5 |
| 4. | La relación con las coordinadoras | 1 | 2 | 3 | 4 | 5 |
| 5. | Los contenidos de las sesiones de trabajo | 1 | 2 | 3 | 4 | 5 |
| 6. | La relación con los compañeros del grupo | 1 | 2 | 3 | 4 | 5 |
| 7. | La confianza con las coordinadoras | 1 | 2 | 3 | 4 | 5 |

Ahora, por favor, lea cada una de las frases que se le presentan a continuación y valórelas utilizando la siguiente escala:

Muy en desacuerdo	En desacuerdo	Indiferente	De acuerdo	Muy de acuerdo
1	2	3	4	5

- | | | | | | | |
|-----|---|---|---|---|---|---|
| 8. | He aprendido cosas nuevas en el Programa | 1 | 2 | 3 | 4 | 5 |
| 9. | Creo que lo que ahora pienso de las relaciones de pareja es diferente a lo que pensaba antes de empezar el Programa | 1 | 2 | 3 | 4 | 5 |
| 10. | Ha valido la pena asistir al Programa | 1 | 2 | 3 | 4 | 5 |
| 11. | Recomendaría a otras personas que hicieran este Programa | 1 | 2 | 3 | 4 | 5 |
| 12. | En general, me ha gustado venir al Programa | 1 | 2 | 3 | 4 | 5 |
| 13. | Estaría dispuesto a seguir manteniendo el contacto con las coordinadoras y responsables del Programa | 1 | 2 | 3 | 4 | 5 |
| 14. | Estaría dispuesto a seguir manteniendo el contacto con los compañeros del grupo | 1 | 2 | 3 | 4 | 5 |
| 15. | Me gustaría volver a reunirme, en alguna ocasión, con el grupo | 1 | 2 | 3 | 4 | 5 |
| 16. | Creo que se ha producido un cambio positivo en mi gracias al Programa | 1 | 2 | 3 | 4 | 5 |
| 17. | Estaría dispuesto a colaborar con el Programa contando mi experiencia a otros hombres en la misma situación | 1 | 2 | 3 | 4 | 5 |

Annex III: Study 1

Group-related variables in intervention programs for intimate partner violence perpetrators: a systematic review

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Abstract

Intervention programs for male intimate partner violence (IPV) perpetrators mostly use the group intervention modality. Notwithstanding, the literature has neglected the study of group-related variables and their possible association with these interventions' functioning and outcomes. This systematic review aimed to analyze group-related variables, their predictors, and their relation to the functioning and outcomes of intervention programs for IPV perpetrators. The systematic review was conducted according to Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. The following databases were searched from inception to November 2022: Web of Science, Scopus, PUBMED, and PsycINFO. Of the 5,941 identified studies, 13 were included in the review. The main predictors of group-related variables were: intervention stage, motivational strategies, and leadership (counseling approach). The group-related variables as predictors of intervention outcomes were: group management behaviors and support (facilitator behavior within the group); positive confrontation, protherapeutic behavior, active involvement, positive interaction with peers, and positive interaction with the facilitator (participant behavior within the group); and group cohesion and group climate (group dynamics). Group cohesion and participants' protherapeutic behavior stood out for their association with positive treatment outcomes (i.e., greater participation and working alliance, lower rates of violent behavior during follow-up). The findings from this review suggest that group processes are key factors in intervention programs for IPV perpetrators, and a better understanding of how these group processes are shaped, and how they can contribute to positive program outcomes, provides a new approach and insights to improve their effectiveness.

Keywords: intervention programs for intimate partner violence perpetrators, group intervention, group-related variables, participant behavior, facilitator behavior, group dynamics, systematic review

Introduction

Intervention programs for male intimate partner violence (IPV) perpetrators represent a preventive strategy of this type of violence that emerged in the mid-1970s and has been widely implemented in most western countries (Lila & Gilchrist, 2023; Lilley-Walker et al., 2018; Yakeley, 2022). A recurring question about intervention programs for IPV perpetrators is their effectiveness. The effectiveness of these programs has been analyzed by meta-analytic studies, which have found small or moderate effect sizes (e.g., Arce et al., 2020; Babcock et al., 2004; Expósito-Álvarez et al., 2023; Santirso, Gilchrist et al., 2020; Wilson et al., 2021). In these studies, recidivism of IPV has been generally considered the main outcome of intervention (Turner et al., 2023). However, the use of recidivism rates as the only indicator of intervention success has been questioned (Gondolf, 2004; Westmarland & Kelly, 2013). Several authors have emphasized the need to include other variables involved in the intervention process to gain a better understanding of the impact of interventions on IPV perpetrators (Bowen & Gilchrist, 2004; Velonis et al., 2020; Westmarland & Kelly, 2013). For example, Bowen and Gilchrist (2004) have suggested that variables, such as the competence of the facilitators or the climate in which the intervention takes place, should be considered to evaluate intervention programs for IPV perpetrators with a more comprehensive approach.

In intervention programs for IPV perpetrators, and regardless of the applied theoretical approach or model used, group treatment is the most common intervention modality (Babcock et al., 2016; Gondolf, 2015; Nicholas et al., 2020; Semiatin et al., 2013; Travers et al., 2021). For example, in a survey of 238 directors of intervention programs for IPV perpetrators in the United States and Canada, Cannon et al. (2016) found that more than 95% of the participants had taken part in a group modality. In Europe, group treatment is also the most frequent modality of intervention programs for IPV perpetrators. For example, in Akoensi et al.'s (2013) systematic review, only one of the 12 evaluated programs delivered an individual treatment rather than a group intervention modality.

Intervention programs for IPV perpetrators that use the group-based modality offer several advantages. Group-based interventions have been found to be cost-effective and provide facilitators with the opportunity to observe participants' behavior in a social context. Group intervention provides additional advantages, such as: interpersonal learning; sharing common problems with peers by encouraging emotional openness; sharing, practicing, and acquiring skills and information; reducing isolation and stigma associated with IPV; receiving and

providing social support; positive peer influence; modeling prosocial and protherapeutic behaviors; or confronting violent or negative behaviors (Hamel et al., 2021; McGinn et al., 2017; Portnoy & Murphy, 2020; Yalom & Leszcz, 2005).

Several qualitative studies have also identified group factors that can promote change and accountability. For example, IPV perpetrators who participated in group-based interventions report that the group enhanced their change process and accountability through learning from others, confronting one another to become more accountable, feeling less alone, gaining motivation to change from observing the process of change of others, and feeling safe and supported (Enosh & Buchbinder, 2019; Gray et al., 2014; Holtrop et al., 2017; Morrison et al., 2017, 2019). In addition, the participants reported that the facilitators who were able to encourage their participation, challenge them, support them in their change process, and ask appropriate and respectful questions facilitated the process of change and accountability (Holtrop et al., 2017). Finally, in these qualitative studies, the facilitators of intervention programs for IPV perpetrators identified three key group processes that can influence the participants' change process: confronting or challenging them about their behavior; fostering an environment of safety and openness; and striving to adapt to their needs (Morrison et al., 2017).

Group-based interventions also offer advantages compared to individual treatment approaches. For example, Murphy et al. (2020) compared the results of a group-based intervention program for IPV perpetrators to those of an individual intervention with motivational components and showed that although participation and attendance were greater in the individual modality, the group-based intervention produced better final intervention outcomes. However, as Murphy and Meis (2008) pointed out, group-based interventions may also have some potential disadvantages, such as the possible diffusion of attitudes and behaviors favorable to violence against women, and the difficulty to adapt interventions to specific treatment needs, risk factors, and the stage of change of participants. Qualitative research has suggested that the group may also pose risks to the IPV perpetrators who participate in group-based intervention programs, such as: the influence of domineering, disruptive and resistant participants, the possible lack of participation, discussion, or engagement, and the negative comments made outside the group, which could reduce group cohesion and motivation to change (Gray et al., 2014; Morrison et al., 2019).

Regardless of the potential advantages and disadvantages of group-based interventions, group-related variables in the analysis of intervention programs for male IPV perpetrators have not received sufficient attention in the literature (Gray et al., 2014; Morrison et al., 2019; Murphy et al., 2020). Knowledge about what factors determine group-related variables in IPV intervention programs, or how group-related variables influence the functioning and outcomes of these programs, is limited and not systematized. Therefore, the aim of this systematic review is to synthesize and systematize the available scientific literature on group-related variables in group-based interventions for male IPV perpetrators. Group-related variables encompass the interaction and dynamics of the parties implicated in intervention groups and include group composition (e.g., homogeneity or heterogeneity of members, group size, duration), as well as the interactions and processes within the group (e.g., group climate, confrontation between peers), and also between facilitators and participants (e.g., confrontation, counseling). In this systematic review, we first identify the group-related variables that are commonly analyzed in the existing literature on group-based interventions for IPV perpetrators to address two research questions: (a) What are the predictors of these group-related variables? (b) Do these group-related variables influence the functioning and outcomes of intervention programs for IPV perpetrators? By examining both the predictors of group-related variables and group-related variables as predictors of program functioning and outcomes, we aimed to gain a deeper understanding of the role of group-related variables in intervention programs for IPV perpetrators, and the extent to which this knowledge can help to improve their effectiveness. To the best of our knowledge, this is the first systematic review to focus on the relevance of group-related variables in intervention programs for male IPV perpetrators.

Method

A systematic literature review was undertaken in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses recommendations (Page et al., 2021). The study protocol was registered in PROSPERO, an international prospective register for review protocols (registration number: CRD42022313243).

Search Strategy

A systematic computerized literature search was conducted in the following databases: Web of Science, Scopus, PUBMED, and PsycINFO. There were no restrictions on publication dates. The search was conducted in September 2020 and repeated in November 2022. The

search strategy was carried out through an iterative back-and-forth process using multiple combinations of the keywords in five clusters. The following terms were included: (group* OR peer* OR leader* OR climate OR interaction OR social influence OR support OR facilitator* OR therapist*) AND (intervention OR treatment OR program*) AND (perpetrator* OR batterer* OR offender* OR aggressor*) AND (couple OR partner* OR marital OR spouse* OR husband OR wife OR intimate OR gender OR domestic) AND (violence OR aggress* OR maltreat* OR abuse*). In addition, the forward and backward citation tracking of the reference lists of the included studies was conducted to identify other potentially eligible articles.

Eligibility

The inclusion criteria were: (a) studies that included an intervention for male IPV perpetrators; (b) the intervention was administered at the group level; (c) studies included any quantitatively evaluated group-related variable (e.g., group climate, facilitator leadership); (d) the predictors of group-related variables or the influence of these variables on the functioning or outcomes of intervention programs for IPV perpetrators were analyzed; (e) studies published in English and in peer-reviewed journals; and (f) quantitative studies. The initial screening was performed by two authors (MR and FS) who independently reviewed the articles according to their abstract and title to identify those studies that met the eligibility criteria. The full texts of all the potentially eligible articles were independently assessed (MR and FS). Discrepancies were overcome through discussion and by reaching a consensus with two other authors (EG and ML).

Data Extraction

Two reviewers (MR and FS) independently extracted the information below from the included studies into a standardized coding form, including the following information: author(s), publication date, country, sample, type of intervention, study design, predictors of group-related variables in intervention programs for IPV perpetrators, outcome measures, and results. Discrepant codes were discussed with additional authors (EG and ML) until issues were resolved.

Quality Assessment

The quality of studies was assessed using the Mixed Methods Appraisal Tool (MMAT; Hong et al., 2018) developed by the Department of Family Medicine at McGill University. The

MMAT is a critical appraisal tool designed to support researchers in assessing the quality of manuscripts. Specifically, the five core criteria for a nonrandomized quantitative study methodological design were used. The first criterion was related to the representativeness of the target population through the study sample. Indicators of representativeness included a clear description of the target population and the sample, the reasons why certain eligible participants did not participate, and any attempts to form a sample of participants that was representative of the target population. The second criterion referred to the appropriateness of the measures for the examined outcomes and the implemented interventions. Indicators of appropriate measures included that variables were clearly defined and accurately measured, measures were justified and appropriate to the research questions, validated and reliability-tested measures were used, and measures reflected what they were intended to measure. The third criterion was the availability of complete outcome data. There was no absolute and standard cutoff acceptable complete data. In the literature, acceptable complete data ranged from 80% to 95% (Higgins et al., 2016; Thomas et al., 2004). The fourth criterion referred to the consideration of confounders in the design and analysis. Confounders are factors that predict both the outcome of interest and the intervention received at the baseline. Confounding bias was low when confounding was not expected or appropriate methods were used to control for it (e.g., stratification, regression). Finally, the last criterion was whether the intervention or exposure occurred as intended. Consideration was given to whether participants were treated in a consistent manner with the planned intervention and/or whether changes in exposure status occurred in the participants. Each criterion was rated as “yes,” “no,” or “cannot tell.” Quality appraisal was carried out by two reviewers (MR and FS). Any disagreements were settled by discussion to reach a consensus with additional reviewers (MS and EG).

Results

Study Selection

The database searches yielded 5,941 records, and two additional records were identified through other sources (Figure 1). After removing duplicates, 4,176 articles were retained for title and abstract screening. In all, 4,129 abstracts were excluded because they did not meet the inclusion criteria and 47 manuscripts were selected for the full-text review. Thirty-four studies were excluded because: they did not analyze group-related variables ($n = 7$); they did not relate group-related variables to intervention outcomes or other variables of interest ($n = 3$); they did not use a quantitative methodology ($n = 21$); the sample was not composed of adult men and

the facilitators of intervention programs for IPV perpetrators ($n = 1$); and they were not published in English ($n = 2$). The remaining 13 studies were included in the qualitative analysis. Two of the included studies (Boira et al., 2013; Chovanec, 2012) used both quantitative and qualitative methods. In the context of the proposed review, only the quantitative results of both studies are presented. Therefore, it is safe to conclude that there is a paucity of studies that consider group-related variables of intervention programs for IPV perpetrators.

[Insert Figure 1]

Quality and Publication Bias Assessment

The risk of a bias assessment for each study included in the systematic review is shown in Figure 2. Five of the studies (38.5%; Musser et al., 2008; Santirso et al., 2018; Santirso, Lila et al., 2020; Semiatin et al., 2013; Taft et al., 2003) met at least three assessment criteria. Only two studies met all the assessment criteria (15.4%; Santirso, Lila et al., 2020; Taft et al., 2003).

[Insert Figure 2]

Regarding the representativeness of the sample, three of the 13 studies (23.2%; Santirso et al., 2018; Santirso, Lila et al., 2020; Taft et al., 2003) used a representative sample, and the remaining 10 studies (76.8%; Boira et al., 2013; Bowen, 2010; Chovanec & Roseborough, 2016; Chovanec, 2012; Hamel et al., 2021; Musser et al., 2008; Rondeau et al., 2001; Scott et al., 2011; Semiatin et al., 2013; Waldo et al., 2007) did not provide information on sample representativeness. Nine studies (69.2%; Boira et al., 2013; Bowen, 2010; Chovanec & Roseborough, 2016; Musser et al., 2008; Santirso et al., 2018; Santirso, Lila et al., 2020; Scott et al., 2011; Semiatin et al., 2013; Taft et al., 2003) applied appropriate assessment measures, and four studies (30.8%; Chovanec, 2012; Hamel et al., 2021; Rondeau et al., 2001; Waldo et al., 2007) did not provide information on appropriate assessment. In seven studies (53.8%; Chovanec & Roseborough, 2016; Musser et al., 2008; Rondeau et al., 2001; Santirso, Lila et al., 2020; Semiatin et al., 2013; Taft et al., 2003; Waldo et al., 2007), all the numbers were provided, and missing data were accounted for or explained, and the remaining six studies (46.2%; Boira et al., 2013; Bowen, 2010; Chovanec, 2012; Hamel et al., 2021; Santirso et al., 2018; Scott et al., 2011) did not report information on completed outcome data. Nine studies (69.2%; Chovanec, 2012; Musser et al., 2008; Rondeau et al., 2001; Santirso et al., 2018; Santirso, Lila et al., 2020; Scott et al., 2011; Semiatin et al., 2013; Taft et al., 2003; Waldo et al., 2007) adequately accounted for confounders in their design and analysis, three studies

(23.2%; Boira et al., 2013; Bowen, 2010; Chovanec & Roseborough, 2016) did not inform about confounders methods, and Hamel et al. (2021) did not include a control procedure for potential confounders in their design and analysis. Finally, seven studies (53.8%; Boira et al., 2013; Bowen, 2010; Chovanec, 2012; Santirso et al., 2018; Santirso, Lila et al., 2020; Semiatin et al., 2013; Taft et al., 2003) reported that the participants were treated in a manner that was consistent with the planned intervention. Finally, six studies (46.2%; Chovanec & Roseborough, 2016; Hamel et al., 2021; Musser et al., 2008; Rondeau et al., 2001; Scott et al., 2011; Waldo et al., 2007) did not report any information on consistency with the planned intervention.

Qualitative Analysis

Most studies were conducted in the United States ($n = 7$; Chovanec, 2012; Chovanec & Roseborough, 2016; Hamel et al., 2021; Musser et al., 2008; Semiatin et al., 2013; Taft et al., 2003; Waldo et al., 2007), three studies in Spain (Boira et al., 2013; Santirso et al., 2018; Santirso, Lila et al., 2020), two studies in Canada (Scott et al., 2011; Rondeau et al., 2001), and one study in the United Kingdom (Bowen, 2010).

The target sample in most of the included studies was male IPV perpetrators ($n = 12$; Boira et al., 2013; Bowen, 2010; Chovanec, 2012; Hamel et al., 2021; Musser et al., 2008; Rondeau et al., 2001; Santirso et al., 2018; Santirso, Lila et al., 2020; Scott et al., 2011; Semiatin et al., 2013; Taft et al., 2003; Waldo et al., 2007). Additionally, in most studies the participants were court-referred ($n = 11$; Boira et al., 2013; Bowen, 2010; Chovanec, 2012; Musser et al., 2008; Rondeau et al., 2001; Santirso et al., 2018; Santirso, Lila et al., 2020; Scott et al., 2011; Semiatin et al., 2013; Taft et al., 2003; Waldo et al., 2007). However, Hamel et al. (2021) did not determine whether their sample was composed of court-referred participants, volunteers, or both. Three studies included a sample made up of male IPV perpetrators and the facilitators of the group-based intervention (Bowen, 2010; Chovanec & Roseborough, 2016; Hamel et al., 2021). As for the studies that employed a sample of facilitators, in Hamel et al. (2021) the facilitators were primarily white males aged between 55 and 64 years with an average of 11 years of experience in the field of intervention with IPV perpetrators. In the study by Chovanec and Roseborough (2016), the facilitators were white female social work graduates with an average of 12 years of experience in intervention with IPV perpetrators. Bowen (2010) did not provide any data about this matter.

The most delivered intervention model was cognitive-behavioral therapy ($n = 7$, 53.8%; Boira et al., 2013; Hamel et al., 2021; Musser et al., 2008; Santirso et al., 2018; Santirso, Lila et al., 2020; Semiatin et al., 2013; Taft et al., 2003). Of these studies, cognitive-behavioral therapy was combined with psychoeducation in one study (Boira et al., 2013), with the client-centered approach based on genuineness, listening and focusing on the client's strengths, in another (Hamel et al., 2021), and with motivational interviewing in two studies (Santirso et al., 2018; Santirso, Lila et al., 2020). The Duluth Model was the intervention model delivered in three studies (23.1%; Bowen, 2010; Chovanec & Roseborough, 2016; Scott et al., 2011). Another less common intervention was the psychoeducational model ($n = 1$, 7.7%; Chovanec, 2012). Finally, two studies did not specify the intervention model (15.4%; Rondeau et al., 2001; Waldo et al., 2007).

Study Authors' Findings and Conclusions

Group-Related Variables in Intervention Programs for Male IPV Perpetrators. Three main categories of group-related variables were identified in the reviewed studies (Table 1): (a) facilitator behavior within the group; (b) participant behavior within the group; and (c) group dynamics. Table 1 shows the total number of studies that assessed at least one of the group-related variables included in each category (n-value), as well as the number of studies that examined each group-related variable within categories (k-value). The categories with the highest frequency were group dynamics ($n = 7$) and participant behavior within the group ($n = 7$). Finally, the category with the lowest frequency was facilitator behavior within the group ($n = 3$).

[Insert Table 1]

Facilitator Behavior Within the Group. This category ($n = 3$, $k = 6$) included five group-related variables. Negative confrontation was analyzed in one study (Scott et al., 2011), defined as the facilitator contributions that exacerbated or did not resolve group conflicts. Negative confrontation was measured by the Helping Skills System (HSS; Hill & O'Brien, 1999). Second, non-protherapeutic style, characterized by an inflexible and/or directive style ($k = 1$; Scott et al., 2011), was assessed by the HSS (Hill & O'Brien, 1999). Third, group management behaviors were analyzed in two studies (Hamel et al., 2021; Scott et al., 2011) and included behaviors like being caring, committed and nonjudgmental, or being willing to respectfully challenge participants' behavior. Group management behaviors were measured by the HSS (Hill

& O'Brien, 1999) in the study by Scott et al. (2011), and by an ad hoc scale (Hamel et al., 2021). Fourth, support, which refers to participants' perceptions of the support they received from the facilitator, was analyzed in one study (Bowen, 2010) and was assessed by the Group Environment Scale (GES; Moos, 1994). Finally, interpretations, which meant giving a new meaning or explanation to a behavior or recognition, thought, or emotion, were analyzed in one study (Scott et al., 2011) and measured by the HSS (Hill & O'Brien, 1999).

Participant Behavior Within the Group. This was the predominant category ($n = 7$, $k = 16$), which included six different group-related variables. Positive confrontation, which includes efforts to change another participant's denial of abuse, externalization of responsibility, and minimization of the effects of abuse or avoidance of the need for change, was analyzed in five studies (Chovanec & Roseborough, 2016; Hamel et al., 2021; Musser et al., 2008; Santirso, Lila et al., 2020; Waldo et al., 2007). Positive confrontation was assessed by the Group Engagement Measure (GEM; Macgowan, 2003) in two studies (Chovanec & Roseborough, 2016; Hamel et al., 2021), the Observational Coding of Protherapeutic Group Behaviors (OCPGB; Semiatin et al., 2013) in the study of Santirso, Lila et al. (2020), the Critical Incident Questionnaire (CIQ; Bloch et al., 1979) in Waldo et al. (2007), and by an ad hoc scale (Musser et al., 2008). Second, three studies (Santirso et al., 2018; Santirso, Lila et al., 2020; Semiatin et al., 2013) analyzed protherapeutic behaviors, which included demonstrations in the group with taking responsibility for violent behavior, orientation to change and participants' positive attitude toward peers and facilitators. Protherapeutic behavior was evaluated using the OCPGB (Semiatin et al., 2013) in all three studies. Third, positive attitude toward the group, which meant necessity, relevance, and the perceived personal value of group treatment, was analyzed in two studies (Musser et al., 2008; Santirso, Lila et al., 2020). Positive attitude toward the group was assessed by the OCPGB (Semiatin et al., 2013) in the study of Santirso, Lila et al. (2020) and by an ad hoc scale (Musser et al., 2008). Fourth, active involvement was defined as active participation and contribution during group sessions ($k = 2$; Chovanec & Roseborough, 2016; Hamel et al., 2021). Fifth, two studies (Chovanec & Roseborough, 2016; Hamel et al., 2021) analyzed positive interaction with peers, meaning peer interaction based on enthusiasm, concern and closeness among group members. Finally, positive interaction with the facilitator, which involves facilitator-participant interaction based on enthusiasm, guidance, and closeness, was analyzed by two studies (Chovanec & Roseborough, 2016; Hamel et al., 2021). Active involvement, positive interaction with peers, and a positive interaction with the

facilitator were all assessed by GEM (Macgowan, 2003) in both studies (Chovanec & Roseborough, 2016; Hamel et al., 2021).

Group Dynamics. This was the second most widely studied category ($n = 7$, $k = 10$), which included five group-related variables. Engagement, which comprised attendance, contributing, contracting and working on one's own and others' problems, was analyzed in two studies (Chovanec, 2012; Scott et al., 2011). Engagement was measured by GEM (Macgowan, 2003) in the study by Chovanec (2012), and was self-reported by the facilitator in the study by Scott et al. (2011). Second, group cohesion was analyzed in three studies (Bowen, 2010; Taft et al., 2003; Waldo et al., 2007) and was defined as group members' commitment to and concern about one another. The GES (Moos, 1994) and the CIQ (Bloch et al., 1979) were used to assess group cohesion in all three studies. Third, support referred to participants' perceptions of being cared for, valued and understood by other participants ($k = 1$; Waldo et al., 2007), and was assessed by the CIQ (Bloch et al., 1979). Fourth, group climate was analyzed in three studies (Boira et al., 2013; Rondeau et al., 2001; Waldo et al., 2007), and was defined as the atmosphere created in the group. Group climate was measured by the Group Climate Questionnaire (Mackenzie, 1983) in the study of Rondeau et al. (2001), the CIQ (Bloch et al., 1979) in that by Waldo et al. (2007), and by an ad hoc scale (Boira et al., 2013). Finally, interpersonal learning, which included learning from peers' feedback and experiences ($k = 1$; Waldo et al., 2007), was assessed by the CIQ (Bloch et al., 1979).

Predictors of Group-Related Variables. The results and conclusions of the studies that analyzed the predictors of group-related variables in intervention programs for IPV perpetrators are presented in Table 2. The predictors analyzed by these studies were: motivational strategies, intervention stage, and leadership (counseling approach).

[Insert Table 2]

Three studies examined motivational strategies as predictors of group-related variables (Musser et al., 2008; Santirso, Lila et al., 2020; Scott et al., 2011). Musser et al. (2008) compared a standard intervention to a standard intervention with two individual motivational interviews prior to the group intervention. The use of motivational strategies predicted a higher positive attitude toward the group taken by the participants during the initial sessions, but not during the intermediate and final sessions. In contrast, motivational strategies were not associated with positive confrontation among participants. Santirso, Lila et al. (2020) compared

a standard intervention to a standard intervention with the addition of an individualized motivational plan. The use of motivational strategies predicted higher protherapeutic behavior levels, positive confrontation and the participants taking a positive attitude toward the group. Scott et al. (2011) compared a standard intervention to a standard intervention with the addition of motivational strategies. The use of motivational strategies predicted a greater use of group management behaviors, and a lesser use of non-protherapeutic style, negative confrontation, and the facilitator's interpretations.

Two studies examined the intervention stage as a predictor of group-related variables (Chovanec, 2012; Santirso, Lila et al., 2020). Chovanec (2012) assessed engagement in three stages: early, middle, and late. Intervention stage was a predictor of engagement because it was significantly higher in the middle and late intervention stages than during the early intervention. Santirso, Lila et al. (2020) assessed participants' protherapeutic behavior, positive confrontation, and positive attitude toward the group in two intervention stages (early and late). Intervention stage was a predictor of all three group-related variables. They all had higher levels in the late intervention stage. In addition, Santirso, Lila et al. (2020) reported an interaction effect between intervention stage and motivational strategies in relation to protherapeutic behavior. The frequency for protherapeutic behavior was higher during the early and late interventions for the motivational condition than during the early and late interventions for the standard condition.

Finally, one study (Waldo et al., 2007) examined leadership as a predictor of group-related variables. A guidance leadership approach, which refers to the process of helping and guiding perpetrators to discover and develop their potential, was compared to a counseling leadership approach, which focused on facilitating and instructing personal and interpersonal functioning. The guidance leadership approach predicted higher levels of the participants' interpersonal learning and positive confrontation compared to the counseling leadership approach.

Group-Related Variables as Predictors of Program Outcomes. The results and conclusions of the studies that analyzed group-related variables as predictors of program outcomes are presented in Table 3. The group-related variables analyzed as predictors were: group management behaviors and support (facilitator behavior within the group); positive confrontation, protherapeutic behavior, active involvement, positive interaction with peers, and positive interaction with the facilitator (participant behavior within the group); and group cohesion and group climate (group dynamics).

[Insert Table 3]

Facilitator Behavior Within the Group. Two studies examined the effect of facilitator behavior within the group on program outcomes (Bowen, 2010; Hamel et al., 2021). Bowen (2010) examined perceptions of the therapeutic environment in a sample of perpetrators and probation officers, and the relation between these perceptions and psychological change and recidivism. Facilitator support increased self-exploration, task orientation, and expression of feelings and situations within the group, but was not related to recidivism. Hamel et al. (2021) analyzed the perceptions of both participants and facilitators of an intervention program for IPV perpetrators, and their association with satisfaction and the final intervention outcomes. The participants perceived more benefits from the intervention when the facilitator engaged in more group management behaviors (see Table 4 for a summary of critical findings).

[Insert Table 4]

Participant Behavior Within the Group. Four studies examined the effect of participant behavior within the group on program outcomes (Chovanec & Roseborough, 2016; Hamel et al., 2021; Santirso et al., 2018; Semiatin et al., 2013). Chovanec and Roseborough (2016) analyzed several group-related variables (positive confrontation, active involvement, positive interaction with peers, and positive interaction with facilitators) across four different types of participants in an intervention program for IPV perpetrators: completers, repeat-completers, dropouts, and repeat-dropouts. The completer participants showed higher positive confrontation levels, active involvement, positive interaction with peers, and positive interaction with facilitators than the dropout participants. Similarly, the repeat-completers showed higher positive confrontation levels, active involvement, positive interaction with peers, and positive interaction with facilitators than the completers, and repeat-dropout participants. Therefore, positive confrontation, active involvement, positive interaction with peers, and positive interaction with facilitators predicted treatment adherence. Santirso et al. (2018) examined levels of working alliance and protherapeutic behavior by assessing recorded group sessions by four trained research assistants. Protherapeutic behaviors predicted higher working alliance levels for both agreement (task/goal) and bond subscales. Semiatin et al. (2013) followed an observational methodology of videotaped group sessions to examine the responsibility assumption, change discourse, and treatment perceptions of the IPV perpetrators attending an intervention program. They found that the presence of protherapeutic behaviors was associated with higher levels of facilitator-reported working alliance, homework compliance, and

participant-reported motivation to change, and with lower rates of psychological and physical re-assault (6-month follow-up). However, no significant associations were reported among protherapeutic behavior and treatment dose and the participant-reported working alliance. Hamel et al. (2021) reported no significant associations among client-perceived benefits of group and positive confrontation, active involvement, positive interaction with peers and positive interaction with the facilitator (see Table 4 for a summary of the critical findings).

Group Dynamics. Four studies related group dynamics to intervention outcomes (Boira et al., 2013; Bowen, 2010; Rondeau et al., 2001; Taft et al., 2003). Bowen (2010) reported that group cohesion increased self-exploration, task orientation, and the expression of feelings and situations within the group, but was not related to recidivism. Taft et al. (2003) examined predictors of recidivism while following up the participants in an intervention program for IPV perpetrators. Group cohesion was related to higher working alliance and lower physical abuse rates upon follow-up, but not to treatment adherence. Rondeau et al. (2001) attempted to identify predictors of dropout and program completion in a sample of participants in an intervention program for IPV perpetrators from eight different community programs. No relation was found between group climate and dropout. Finally, Boira et al. (2013) examined the working alliance and the intervention context, and their relation to the therapeutic process in a sample of perpetrators. No relation was found between group climate and working alliance (see Table 4 for a summary of the critical findings).

Discussion

The present systematic review focused on the relevance of group-related variables in group-based intervention programs for male IPV perpetrators. This review included 13 studies. These studies analyzed group-related variables in group intervention programs for male IPV perpetrators, the predictors of these variables, and group-related variables as predictors of intervention outcomes.

The group-related variables were classified into three categories: facilitator behavior within the group; participant behavior within the group; and group dynamics. The most analyzed group-related variables were: positive confrontation (participant behavior within the group; Chovanec & Roseborough, 2016; Hamel et al., 2021; Musser et al., 2008; Santirso, Lila et al., 2020; Waldo et al., 2007); protherapeutic behavior (participant behavior within the group; Santirso et al., 2018; Santirso, Lila et al., 2020; Semiatin et al., 2013); group cohesion (group

dynamics; Bowen, 2010; Taft et al., 2003; Waldo et al., 2007); and group climate (group dynamics; Boira et al., 2013; Rondeau et al., 2001; Waldo et al., 2007). The remaining variables were analyzed in only one or two studies (e.g., interpretations, interpersonal learning). This suggests that quantitative research into group-related variables in intervention programs for male IPV perpetrators is not only scarce, but has also neglected several variables that could be crucial for the analysis of intervention outcomes. For example, the impact of positive confrontation has been studied (Chovanec & Roseborough, 2016; Hamel et al., 2021; Musser et al., 2008; Santirso, Lila et al., 2020; Waldo et al., 2007), but research has not analyzed the impact of negative confrontation between participants. Moreover, the influence of negative confrontation and the facilitator's protherapeutic style has been analyzed (Scott et al., 2011), but the study of positive confrontation and protherapeutic style has not been considered.

The results identified three main predictors of group-related variables in intervention programs for male IPV perpetrators: motivational strategies, leadership, and intervention stage. First, motivational strategies increased the facilitator's group management behavior level, and decreased the occurrence of negative confrontation, non-protherapeutic style, and interpretations (Scott et al., 2011). Likewise, motivational strategies were associated with higher participants' protherapeutic behavior levels and a positive attitude toward the group (Musser et al., 2008; Santirso, Lila et al., 2020). Findings on the relation between motivational strategies and positive confrontation were inconclusive. Santirso, Lila et al. (2020) found that the participants who underwent an intervention that included motivational strategies showed greater positive confrontation, whereas Musser et al. (2008) reported that both variables failed to correlate. Differences in the experimental conditions of these two studies may account for the discrepant results. The participants in the study by Santirso, Lila et al. (2020) participated in five individual motivational interviews, while only two were conducted in the study by Musser et al. (2008). In addition, Musser et al. (2008) reported that the intervention format of the second motivational interview differed between study conditions. A group-based intervention was used for the standard-intervention condition, whereas an individual-based intervention was applied for the motivational-intervention condition. Therefore, inconsistency in intervention delivery between conditions might explain lack of results in terms of motivational strategies and positive confrontation. Furthermore, the use of motivational strategies was not associated with engagement (Scott et al., 2011). However, a recent systematic review demonstrated that motivational strategies increased engagement levels (Santirso, Gilchrist et al., 2020). Second, leadership was considered a predictor of group dynamics and

participant behavior within the group. Counseling leadership was associated with greater interpersonal learning and group cohesion, but not with group support or group climate (Waldo et al., 2007). This leadership style also increased positive confrontation among participants (Waldo et al., 2007). Finally, intervention stage (i.e., early, middle, and late intervention) was identified as a predictor of group-related variables. Late intervention was associated with higher engagement scores (Chovanec, 2012), and with higher participants' protherapeutic behavior levels, a positive attitude toward the group and positive confrontation scores (Santirso, Lila et al., 2020).

Three sets of group-related variables have been identified as predictors of the functioning and outcomes of intervention programs for male IPV perpetrators: facilitator behavior within the group; participant behavior within the group; and group dynamics.

First, regarding facilitator behavior, the support provided to the group predicted greater participant task orientation, self-exploration, and participation, but was not related to recidivism rates of violent behavior (Bowen, 2010). Lack of significant results between recidivism and support may be due to the fact that only official reports were included. The quality of these data is questionable because case identification depends on the perceptions of the individuals who report a crime to the police (Bowen, 2010). Facilitator's management behaviors increased positive treatment outcomes and participants' perceived benefits of the group intervention format (Hamel et al., 2021).

Second, regarding participants' behavior, protherapeutic behavior predicted lower psychological and physical recidivism rates at the 6-month follow-up (Semiatin et al., 2013), as well as greater working alliance (Santirso et al., 2018; Semiatin et al., 2013), homework compliance and participants' self-reported motivation to change (Semiatin et al., 2013). However, protherapeutic behavior was not related to participants' self-reported working alliance, perhaps because facilitators had access to additional information and direct experience in assessing working alliance, and participants' reports were more limited (Semiatin et al., 2013). In addition, protherapeutic behavior was not associated with treatment dose, which suggests that factors other than mere attendance determine participants' attitudes toward the intervention (Semiatin et al., 2013). A positive interaction with the facilitator and peers, active involvement, and positive confrontation all predicted greater treatment adherence (Chovanec & Roseborough, 2016). However, none of these variables were associated with participants' perceived benefits of the group intervention (Hamel et al., 2021). This may be explained by the

fact that records of group-related variables were provided by external observers, and participants' benefits from the group intervention were self-reported. Thus, inconsistency between facilitators and participants' perceptions could influence the obtained results.

Finally, in group dynamics terms, group cohesion was positively associated with participants' task orientation, self-exploration and participation (Bowen, 2010), and working alliance (Taft et al., 2003). In addition, group cohesion predicted a lower physical abuse rate upon follow-up (Taft et al., 2003). In contrast, group cohesion was not related to treatment adherence (Taft et al., 2003), possibly because of the limited variability in session attendance. Nor was group cohesion related to recidivism (Bowen, 2010). It should be underlined that only police call-out data were used, which could have influenced the results. Group climate did not predict working alliance (Boira et al., 2013) or lower dropout rates (Rondeau et al., 2001). The authors of both studies noted the need to increase their sample size and consider a more precise assessment to obtain generalizable results.

In summary, motivational strategies and counseling leadership were identified as the main predictors of group-related variables. Moreover, group cohesion, participants' positive confrontation, and protherapeutic behaviors stood out for their association with positive intervention outcomes, such as greater working alliance and participation, and lower violent behavior rates after follow-up. These results are consistent with qualitative research. Several authors have found that positive peer confrontation, positive peer influence and modeling, learning from others, and a climate based on a sense of safety, openness, and support enhance participants' process of change and accountability (Enosh & Buchbinder, 2019; Gray et al., 2014; Holtrop et al., 2017; Morrison et al., 2017, 2019). Morrison et al. (2017) identified three key group processes during intervention: participants' confrontation; cohesion; and tailoring participants' needs. Our findings supported the relevance of these processes. Positive confrontation between participants and group cohesion have been identified as predictors of functioning and outcomes of intervention programs for male IPV perpetrators. Motivational strategies, which involve assessing participants' needs and tailoring the intervention to meet them (e.g., motivational interviewing, Murphy & Maiuro, 2009), also emerge in our study as one of the main predictors of group-related variables. Therefore, this review of quantitative studies is in line with previous qualitative research and suggests that group-related variables are key intervention processes related to the functioning and outcomes of intervention programs for male IPV perpetrators (Table 5) and may contribute to participants' change. However,

further research is needed to identify additional predictors of group-related variables and to gain a deeper understanding of how group-related variables predict the functioning and outcomes of intervention programs for male IPV perpetrators.

[Insert Table 5]

Taken together, our findings have practical implications and highlight the importance of training facilitators to use motivational strategies and a protherapeutic leadership style to improve intervention outcomes. Facilitator training is a key process that influences the effectiveness of intervention programs for male IPV perpetrators (Eckhardt et al., 2006). Training that focuses on using motivational strategies and counseling leadership has been shown to be effective in improving treatment adherence and reducing dropout rates and physical and psychological reoffence (Cunha et al., 2023; Santirso, Gilchrist et al., 2020). Training would also help to create a climate of cooperation, learning, and support during interventions between participants and the facilitator. This climate could be useful for setting self-determined goals through positive confrontation and interpersonal learning, and by exploring the potential benefits of change (Lee et al., 2014; Miller & Rollnick, 2002). Another practical implication arising from this review is the necessity to create, validate, and employ measurement instruments for group-related variables. These instruments ought to be reliable and precise to comprehend the operation of group dynamics and processes within the group, and to measure the impact of these variables on the outcomes and functioning of group-based intervention programs for male IPV perpetrators.

This systematic review is not without limitations. First, only the quantitative studies that analyzed group-related variables in intervention programs for male IPV perpetrators were included. Whereas a quantitative methodology facilitates the generalization of the results and allows for the prediction of relations among variables, a qualitative methodology helps to contextualize and interpret the results in more depth (Castellan, 2010). Future research should independently examine qualitative studies to better understand the impact of group-related variables on the functioning, outcomes, and effectiveness of intervention programs for IPV perpetrators. Second, the methodology used in the included studies was quite heterogeneous in terms of intervention length, sample characteristics, measurement instruments, statistical analysis, or intervention theoretical models. This made it difficult to compare the results across studies. Third, group-related variables were mostly analyzed only in one or two studies, which made it difficult to generalize the results. Therefore, our review revealed the limited number of

studies that have considered the impact of group-related variables on the functioning and outcomes of intervention programs for IPV perpetrators, a limitation that other scholars have also noted (Gray et al., 2014; Morrison et al., 2019; Murphy et al., 2020; Taft et al., 2003). Finally, further research is needed to also study the impact of group-related variables in intervention programs for IPV among women and other gender minorities (i.e., LGBTIQ+).

Despite the aforementioned limitations, this review systematizes available knowledge about group-related variables in intervention programs for male IPV perpetrators, and about the predictors of these variables and their impact on intervention outcomes. To our knowledge, this is the first systematic review to address this issue. Several authors have highlighted the need for a more comprehensive approach to address the effectiveness of intervention programs for male IPV perpetrators (Bowen & Gilchrist, 2004; Velonis et al., 2020; Westmarland & Kelly, 2013). Examining group-related variables and their impact on program functioning and outcomes may provide a better understanding of the factors that increase the effectiveness of intervention programs for IPV perpetrators.

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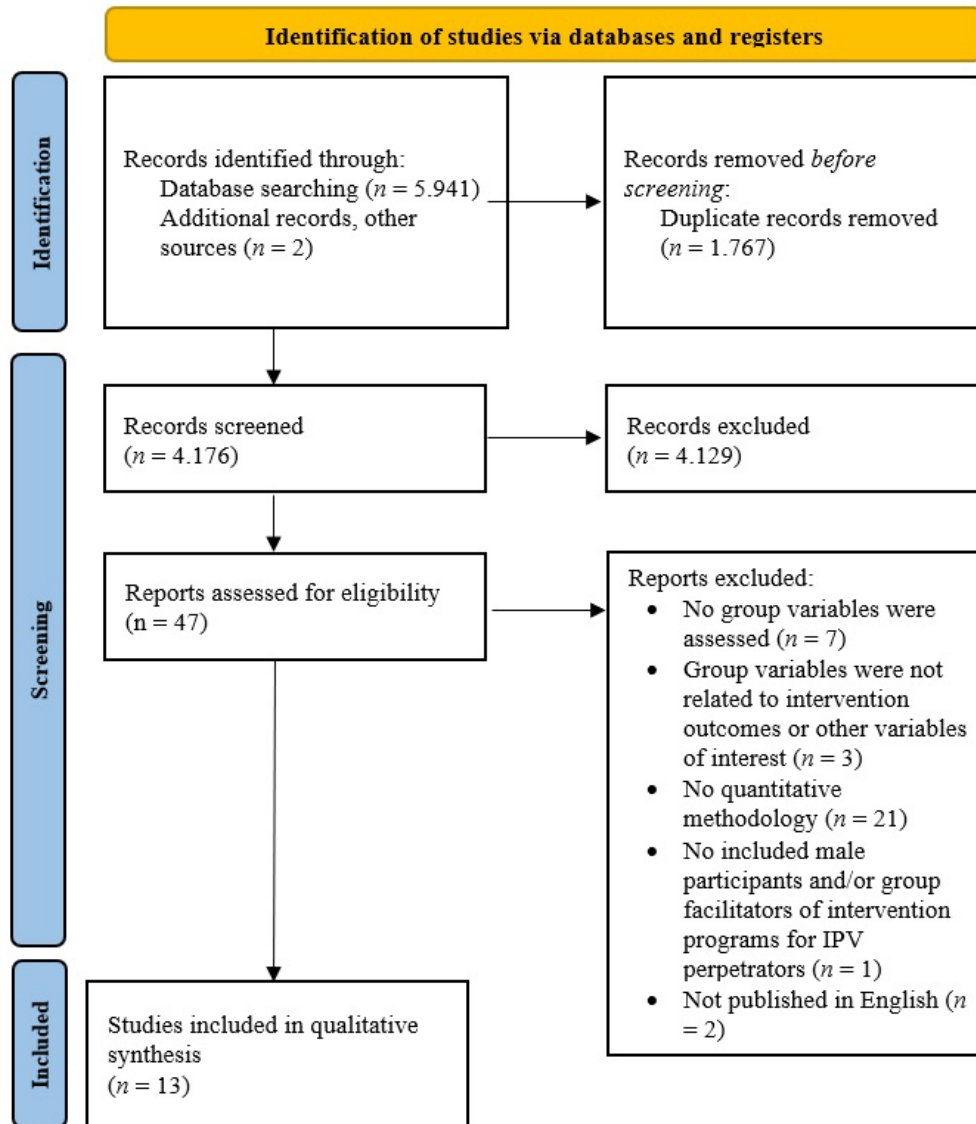


Figure 1. Preferred Reporting Items for Systematic Reviews and Meta-Analyses flow diagram.

	Are the participants representative of the target population?	Are measurements appropriate regarding both the outcome and intervention (or exposure)?	Are the outcome data complete?	Are the confounders accounted for in the design and analysis?	During the study period, is the intervention administered (or occurred exposure) as intended?
Boira et al. (2013)	?	+	?	?	+
Bowen (2010)	?	+	?	?	+
Chovanec & Roseborough (2016)	?	+	+	?	?
Chovanec (2012)	?	?	?	+	+
Hamel et al. (2021)	?	?	?	-	?
Musser et al. (2008)	?	+	+	+	?
Rondeau et al. (2001)	?	?	+	+	?
Santirso et al. (2018)	+	+	?	+	+
Santirso et al. (2020a)	+	+	+	+	+
Scott et al. (2011)	?	+	?	+	?
Semiatin et al. (2013)	?	+	+	+	+
Taft et al. (2003)	+	+	+	+	+
Waldo et al. (2007)	?	?	+	+	?

Figure 2. Risk of Bias in Included Studies.

Table 1. Group-related Variables Analyzed.

Group-related variables	Number of studies (<i>k</i>)
Facilitator behavior within the group (<i>n</i> = 3)	
Negative confrontation	1
Non protherapeutic style	1
Group management behaviors	2
Support	1
Interpretations	1
Participant behavior within the group (<i>n</i> = 7)	
Positive confrontation	5
Protherapeutic behavior	3
Positive attitude toward the group	2
Active involvement	2
Positive interaction with peers	2
Positive interaction with the facilitator	2
Group dynamics (<i>n</i> = 7)	
Engagement	2
Group cohesion	3
Support	1
Group climate	3
Interpersonal learning	1

Note. *k* = number of studies that investigated the group-related variable; *n* = number of studies that assessed at least one of the group-related variables included in the category

Table 2. Predictors of group-related variables in intervention programs for IPV perpetrators

Study	Country, Sample, Treatment Type and Methodology	Predictors of Group-Related Variables	Group-Related Variables (Measure) and Results
Chovanec (2012)	United States of America (USA) Court-ordered participants of intervention programs for IPV perpetrators ($n = 95$) Psycho-educational therapy Quantitative and qualitative	Intervention stage (i.e., early, medium and late)	Group engagement (Group Engagement Measure [Macgowan, 2003]). Early < medium and late
Musser et al. (2008)	USA Court-ordered participants of intervention programs for IPV perpetrators ($n = 108$) Cognitive-Behavioral Therapy (CBT) Quantitative	Motivational strategies (Motivational Intervention [MI] vs. Standard intervention [SI])	Participant positive confrontation (Observational Coding of In-Session Behavior, ad hoc). (ns) Positive attitude toward the group (Observational Coding of In-Session Behavior, ad hoc). MI > SI during early treatment sessions; middle and late treatment sessions (ns)
Santirso, Lila et al. (2020)	Spain Court-ordered participants of intervention programs for IPV perpetrators ($n = 153$) CBT Quantitative	Intervention stage (i.e., early and late) Motivational strategies (SI vs. SI-Individualized Motivational Plan [IMP])	Intervention stage: Participant protherapeutic behavior (Observational Coding of Protherapeutic Group Behavior [OCPGB; Semiatin et al., 2013]). Late > early Participant positive confrontation (OCPGB). Late > early Positive attitude toward the group (OCPGB). Late > early Motivational strategies: Participant protherapeutic behavior (OCPGB). SI-IMP > SI Participant positive confrontation (OCPGB). SI-IMP > SI Positive attitude toward the group (OCPGB). SI-IMP > SI

Table 2. (Continued)

Study	Country, Sample, Treatment Type and Methodology	Predictors of Group-Related Variables	Group-Related Variables (Measure) and Results
Scott et al. (2011)	Canada Court-ordered participants of intervention programs for IPV perpetrators ($n = 486$) Duluth Model Quantitative	Motivational strategies (SI vs. SI-Motivational Enhancement Treatment [MET])	Facilitator group management behaviors (Helping Skills System [HSS; Hill & O'Brien, 1999]). SI-MET > SI Facilitator negative confrontation (HSS). SI-MET < SI Non protherapeutic style (HSS). SI-MET < SI Facilitator interpretations (HSS). SI-MET < SI Group engagement (therapist-reported). (ns)
Waldo et al. (2007)	USA Court-ordered participants of intervention programs for IPV perpetrators ($n = 99$) Not specified Quantitative	Leadership (Guidance [psycho-educational] vs. counseling [interpersonal problem solving])	Interpersonal learning (The Critical Incident Questionnaire [CIQ; Bloch et al., 1979]). Counseling > guidance Group cohesion (CIQ). Counseling > guidance Participant positive confrontation [CIQ]. Counseling > guidance Group support (CIQ). (ns) Group climate (CIQ). (ns)

Note. ns = non-significant association/differences; vs. = *versus*; > = significantly higher than; < = significantly less than.

Table 3. Group-Related Variables as Predictors of Outcomes in Intervention Programs for IPV Perpetrators

Study	Country, Sample, Treatment Type, and Methodology	Group-Related Variables (Measure)	Outcomes and Results
Boira et al. (2013)	Spain Court-ordered participants of intervention programs for IPV perpetrators ($n = 27$) Psycho-educational Cognitive-Behavioral Therapy (CBT) Quantitative and qualitative	Group climate (Self-reported, ad hoc)	Therapeutic alliance (ns)
Bowen (2010)	England Court-ordered participants of intervention programs for IPV perpetrators ($n = 77$) and facilitators ($n = 31$) Duluth Model Quantitative	Group cohesion (Group Environment Scale [GES; Moos, 1994]) Facilitator support (GES)	<i>Group cohesion:</i> Self-exploration, task orientation, expressing emotions and situations within the group (+) Reoffending (ns) <i>Facilitator support:</i> Self-exploration, task orientation, expressing emotions and situations within the group (+) Reoffending (ns)
Chovanec & Roseborough (2016)	United States of America (USA) Court-ordered participants of intervention programs for IPV perpetrators ($n = 81$) and facilitators ($n = 4$) Duluth Model Quantitative	Positive interaction with the facilitator (Group Engagement Measure [GEM; Macgowan, 2003]) Positive interaction with peers (GEM) Active involvement (GEM) Participant positive confrontation (GEM)	<i>Positive interaction with the facilitator:</i> Treatment adherence (+) <i>Positive interaction with peers:</i> Treatment adherence (+) <i>Active involvement:</i> Treatment adherence (+) <i>Participant positive confrontation:</i> Treatment adherence (+)

Table 3. (Continued)

Study	Country, Sample, Treatment Type, and Methodology	Group-Related Variables (Measure)	Outcomes and Results
Hamel et al. (2021)	USA Court-ordered participants of intervention programs for IPV perpetrators ($n = 175$) and facilitators ($n = 16$) Client Focus and CBT Quantitative	Positive interaction with the facilitator (GEM (Macgowan, 2003) – facilitator reported) Positive interaction with peers (GEM) Active involvement (GEM) Participant positive confrontation (GEM) Facilitator group management behaviors (Client Rating of Facilitator [CRF; Hamel et al., 2021] – participant-reported)	<i>Positive interaction with the facilitator:</i> Participants perceived benefits from group (ns) <i>Positive interaction with peers:</i> Participants perceived benefits from group (ns) <i>Active involvement:</i> Participants perceived benefits from group (ns) <i>Participant positive confrontation:</i> Participants perceived benefits from group (ns) <i>Facilitator group management behaviors:</i> Participants perceived benefits from group (+) Positive treatment outcomes (+)
Rondeau et al. (2001)	Canada Court-ordered participants of intervention programs for IPV perpetrators ($n = 286$) Not specified Quantitative	Group climate (Group Climate Questionnaire [Mackenzie, 1983])	Dropout (ns)
Santirso et al. (2018)	Spain Court-ordered participants of intervention programs for IPV perpetrators ($n = 140$) CBT-Motivational Interview Quantitative	Participant protherapeutic behaviors (Observational Coding of Pro-therapeutic Group Behaviors [Semiati et al., 2013])	Working alliance (+)

Table 3. (Continued)

Study	Country, Sample, Treatment Type, and Methodology	Group-Related Variables (Measure)	Outcomes and Results
Semiatin et al. (2013)	USA Court-ordered participants of intervention programs for IPV perpetrators ($n = 82$) CBT Quantitative	Protherapeutic behaviors (Observational Coding of Protherapeutic Group Behavior [Semiatin et al., 2013])	Working alliance (+) Homework compliance (+) Participants' self-reported motivation to change (+) Psychological and physical assault (6-month follow-up) (-) Treatment dose and participants' self-reported working alliance (ns)
Taft et al. (2003)	USA Court-ordered participants of intervention programs for IPV perpetrators ($n = 107$) CBT Quantitative	Group cohesion (GES [Moos, 1986])	Working alliance (+) Treatment adherence (ns) Physical abuse at follow-up (-)

Note. + = significantly higher/significantly and positively associated; - = significantly lower/significantly and negatively associated; ns = non significant association/differences.

Table 4. Critical Findings From this Study.

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6. The literature has neglected the study of group-related variables, as well as their possible association with the functioning and outcomes of intervention programs for intimate partner violence perpetrators.
 7. The group-related variables analyzed in the reviewed studies referred to individual participant behavior within the group, individual facilitator behavior within the group, or group dynamics.
 8. The most frequent analyzed group-related variables were participants' positive confrontation, participants' protherapeutic behavior, group cohesion and group climate.
 9. The main predictors of group-related variables were motivational strategies, leadership and intervention stage.
 10. The facilitator behavior within the group, the participant behavior within the group and group dynamics were associated with positive treatment outcomes.
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Table 5. Implications for Practice, Policy and Research.

Group processes are key factors in intervention programs for IPV perpetrators. A better understanding of group processes, and of how they can contribute to positive program outcomes, provides a new approach and insights to improve their effectiveness. Our findings highlight the importance of training facilitators in the use of motivational strategies and a protherapeutic leadership style to improve group intervention programs for IPV perpetrators. More research into group-related variables in intervention programs for IPV perpetrators is needed.

Annex IV: Study 2

Self-determined goals of male participants attending an intervention program for intimate partner violence perpetrators: a thematic analysis

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Abstract

Treatment adherence and motivation to change are among the main challenges in intervention programs for Intimate Partner Violence (IPV) perpetrators. Motivational strategies have shown promising results in increasing the effectiveness of intervention programs for IPV perpetrators. One of these motivational strategies is goal setting. The aim of this study was to analyze and categorize the self-determined goals (n=204) of 227 male participants attending an intervention program for IPV perpetrators. Findings of the thematic analysis suggested three levels of analysis: 4 core categories, 12 categories, and 35 codes. The four core categories were “interpersonal relationships” (39.7%), “personal resources for daily life” (29.3%), “coping strategies” (27.8%), and “motivation to change” (3.2%). Identifying the main categories of self-determined goals of IPV perpetrators could guide professionals to tailor the intervention to participants’ specific needs and implement evidence-based strategies to strengthen goal attainment and improve treatment outcomes.

Keywords: intimate partner violence perpetrators, intervention program for IPV perpetrators, motivational strategies, self-determined goals, thematic analysis

Introduction

Intimate partner violence (IPV) has been acknowledged as a public health, social policy, and human rights concern of epidemic proportions that affects women, their children, and society as a whole (World Health Organization, 2021). As a way to reduce IPV, intervention programs for IPV perpetrators have been widely implemented to reduce IPV perpetration and reoffending (Babcock et al., 2004, 2016; Eckhardt et al., 2013). Several challenges exist that hinder the effectiveness of these interventions, including high dropout rates, limited treatment engagement, low motivation for change, minimization of responsibility, and victim-blaming (Jewell & Wormith, 2010; Lila et al., 2014, 2019; Martín-Fernández et al., 2018; Olver et al., 2011).

To overcome these challenges, intervention programs for IPV perpetrators are increasingly integrating evidence-based motivational approaches, such as motivational interviewing, the Good Lives Model, and strength-based approaches (Crane & Eckhardt, 2013; Musser et al., 2008; Santirso, Gilchrist, et al., 2020). The incorporation of these motivational approaches has shown promising results in increasing the effectiveness of intervention programs for IPV perpetrators (Babcock et al., 2016; Santirso, Gilchrist, et al., 2020; Wilson et al., 2021). Intervention programs for IPV perpetrators which incorporated motivational strategies showed lower dropout rates, increased treatment engagement, and longer-term intervention effects (Lila et al., 2018; Santirso, Gilchrist, et al., 2020).

One of the motivational strategies used in intervention programs for IPV perpetrators is goal setting. A goal is defined as a relevant aim that motivates improved self-performance (Lee et al., 2007; Ryan, 1970). Self-determined goals can be seen as a “textbook” guide of desired states or situations that individuals strive to achieve or avoid (Lee et al., 2014; Ward, 2002). They are based on personal needs for autonomy, competence, and relatedness (Deci & Ryan, 2000), and they lead to meaningful and satisfactory lives that are not conducive to perpetrating IPV (Langlands et al., 2009; Lila et al., 2018). Findings of empirical studies of intervention programs for IPV perpetrators showed that goal setting is associated with positive treatment outcomes, such as decreased recidivism (Lee et al., 2007), increased awareness (Curwood et al., 2011; Lee et al., 2003), an accomplishment of attitudinal changes and skills development (Lee et al., 2014; Murphy & Meis, 2008), and increased treatment engagement and motivation for change (Lee et al., 2007; Stewart & Slavin-Stewart, 2013). Research suggests that goal setting may benefit the process of change in treatment for male IPV perpetrators (Bolton et al.,

2016; Bowen et al., 2018; Lee et al., 2007). In the context of intervention programs for IPV perpetrators, Bolton et al. (2016) and Bowen et al. (2018) suggest that these goals should be (1) personally meaningful to the participant, (2) stated as small steps to be achieved in process form, (3) new and relevant, (4) clear, specific and with indicators of success, (5) positively stated rather than negatively stated, (6) realistic and achievable, and (7) and perceived as involving hard work that can be practiced regularly. Other relevant aspects of goal setting involve the facilitator and participants' co-construction of the personal goal (Bolton et al., 2016; Stewart & Slavin-Stewart, 2013) and setting goals in line with personal values (Zarling et al., 2015).

Knowing participants' goal content may help to adjust interventions to specific individual needs, increasing the likelihood of positive treatment outcomes in IPV intervention programs. A number of self-determined goal classifications have been proposed. Bolton et al. (2016) identified four emerging themes in the self-determined goals of perpetrators: (1) emotional regulation, (2) personal growth, (3) improve family relationships, and (4) improve communication. Lee et al. (2014) categorized goals into two broad domains, attitudinal change, and skills development, both subdivided into two directions: self-focused and relational-focused goals. Curwood et al. (2011) described three levels in goal setting: internal, interpersonal/relational, and external. However, some limitations of these studies should be acknowledged. These studies relied on small samples, and consider only samples from the USA, which limited the generalization of their results.

The Present Study

The aim of this study was to analyze and categorize the self-determined goals of male participants attending an intervention program for IPV perpetrators. This intervention program incorporates motivational strategies throughout an Individualized Motivational Plan (IMP; Lila et al., 2018). Goal setting is one of the motivational strategies included in the IMP (Lila et al., 2018; Romero-Martínez et al., 2019; Santirso, Lila, & Gracia, 2020). The IMP is rooted in several evidence-based approaches aimed at promoting effectiveness in intervention programs for IPV perpetrators: the Good Lives Model (Langlands et al., 2009; Ward, 2002), motivational interviewing (Miller & Rollnick, 2002), solution-focused brief therapy (De Shazer & Berg, 1997), and stage of change approach (Prochaska & DiClemente, 1982; Prochaska et al., 1992). The IMP incorporates three core elements related to goal setting. First, five individual motivational interviews at intake and during the intervention, to identify and establish self-

determined personal goals and follow up on their achievement. Second, three group sessions during the intervention, where participants can share their goals, and explain to the group their progress while receiving feedback, advice, and support from the facilitators and other group members. Third, goal reinforcement is promoted throughout the intervention in which facilitators link participants' goals with the content of every weekly group session (Lila et al., 2018; Santirso, Lila, & Gracia, 2020).

The present study adds knowledge by using a large sample size of IPV perpetrators attending an IPV intervention program, the Contexto Program, implemented at the University of Valencia, Spain (for a detailed description, see Lila et al., 2018).

Method

Sample

Participants were 227 men attending an intervention program for IPV perpetrators. Of these, 218 were court-mandated participants and 9 attended on a voluntary basis. Specifically, they were part of 25 intervention groups developed between April 2016 and April 2021. The inclusion criteria for admission to the intervention program were: (a) men over 18 years of age (b) who did not present serious substance abuse problems, (c) did not present severe psychological disorders, and (d) have signed the informed consent form. The average age of the sample was 39.94 years ($SD = 11.67$, range: 20–79). The sample mainly consisted of Spanish participants ($n = 178$, 78.4%) the rest of the participants were immigrants ($n = 49$, 21.6%). The origin of the immigrant participants was as follows: Latin American ($n = 26$, 11.5%), European ($n = 14$, 6.2%), African ($n = 8$, 3.5%), and Asian ($n = 1$, 0.4%). In relation to educational level, 6.6% of the sample had no studies ($n = 15$), 46.7% had finished elementary studies ($n = 106$), 39.6% had completed high school ($n = 90$), and 7% had college degrees ($n = 16$). About one-third of the participants were unemployed ($n = 81$, 35.7%), and the median family household income was between €12.000 and €18.000. Finally, regarding marital status, 22.5% were married or had a partner ($n = 51$), while 77.5% were single, separated, divorced, or widowed ($n = 176$). Descriptive characteristics of the participants are summarized in Table 1.

[Insert Table 1]

Data Collection

Data on self-determined goals of participants were obtained at intake. Self-determined goals were established in individual motivational interviews. These interviews were conducted by two psychologists who led the intervention group. Facilitators and participants co-constructed self-determined goals, identifying the participant's personal objectives to work on as part of their participation in the group intervention program. Included participants in the present study were those who set a self-determined goal during individual motivational interviews. Some participants ($n = 13$) proposed two self-determined goals. Therefore, the final number of self-determined goals analyzed was 240.

Data Analysis

Self-determined goals were handwritten by the facilitators during the interviews. NVivo12 was used to transcribe and analyze participants' self-determined goals. A Thematic Analysis (TA; Braun & Clarke, 2006) was employed to elicit emerging themes. This technique is an independent approach to qualitative analysis (Vaismoradi et al., 2013), in which the researchers' reflective and thoughtful engagement with their data and the analytic process may lead to plausible interpretations (Braun & Clarke, 2019). The use of this technique allows for identifying, analyzing, and reporting emerging themes within the data (Braun & Clarke, 2006). TA was conducted by four researchers (CE, FS, MG, and MR). This analysis was developed through an iterative process. The first step entailed researchers becoming familiar with the data. Then, each researcher performed open coding by identifying codes independently. Codes represented the most basic level of content analysis and reflected the participants' change targets. Codes were discussed between researchers until agreement on which codes should be used was achieved. Consensual codes were employed to recode self-determined goals by each researcher. A single self-determined goal could include more than one code. Discrepancies in codes of every self-determined goal were resolved by researchers' discussion. After agreement on self-determined goals' classification in codes, each researcher performed axial coding independently. Categories proposed by each researcher were discussed until agreement was reached on the categories to be used. Finally, the four researchers jointly performed the selective coding proposing core categories. At the end of each stage of TA, additional researchers (EG and ML) reviewed and validated the analyses to ensure the confirmability of the codification (Lincoln & Guba, 1985).

Results

TA generated four core categories: (1) “interpersonal relationships,” (2) “personal resources for daily life,” (3) “coping strategies,” and (4) “motivation to change.” Each core category included two to four categories. The number of codes within each category ranged from one to eight (see Table 2). Several participants had multifaceted self-determined goals that fell into two or more categories.

[Insert Table 2]

Interpersonal Relationships

This core category referred to the existence of social connections and the means to achieve and maintain them through the exercise of interpersonal skills. This was the predominant core category, identified in 212 self-determined goals (39.7%). “Interpersonal relationships” included three categories: “communication skills” ($k = 92$; 43.4%), “social relationships” ($k = 76$; 35.8%), and “interpersonal conflict solving” ($k = 44$; 20.8%).

In “communication skills,” eight codes were identified: “communication with others” ($k = 28$; 30.4%), “boosting assertiveness” ($k = 20$; 21.7%), “communication with the intimate partner” ($k = 17$; 18.5%), “expressing emotion” ($k = 15$; 16.3%), “expressing and setting boundaries” ($k = 6$; 6.5%), “boosting sincerity” ($k = 3$; 3.3%), “non-verbal communication” ($k = 2$; 2.2%), and “tolerance for criticism” ($k = 1$; 1.1%). The self-determined goal of improving “communication with others” was identified in declarations such as: “I would like to communicate more calmly and respectfully” (P067). The code of “boosting assertiveness” was identified in statements such as: “Knowing how to express what I think while taking others into account” (P007). “Communication with the intimate partner” code included affirmations such as “For future couple relationships, knowing how to listen, dialogue and understand my partner” (P198). Within the “expressing emotion” code, there were identified statements such as: “Showing affection to people who are important to me” (P161). An example of “expressing and setting boundaries” was “Saying no and making it a real no, if I want to leave a situation, leave it, and don’t go back” (P157). “Boosting sincerity” code was tagged in statements such as “I would like to be more sincere” (P222). An example of the “non-verbal communication” code was “Be able to speak calmly and that my body language is in line with my message” (P159). Lastly, in the code of “tolerance to criticism,” there were identified the following statement “If

I am told something I don't like, accept what the other person says, without it making me angry or hurting me" (P008).

In "social relationships" category, five codes were identified: "improving intimate partner relationships" ($k = 28$; 36.8%), "improving other social relationships" ($k = 15$; 19.7%), "improving relationships with children" ($k = 14$; 18.4%), "improving family relationships" ($k = 12$; 15.8%), and "seeking intimate social support" ($k = 7$; 9.3%). An example of "improving intimate partner relationships" code was "Be more careful and organized in things around the house so that my partner does not get upset and to avoid anger" (P023B). "Improving other social relationships" code included affirmations such as "Improve the relationships I already have to feel more supported and feel better" (P102). Regarding the "improving relationships with children" code, there were identified statements such as "I would like to be for my son someone similar to what my father has been for me. To be an example for him, a guide" (P210). Concerning the "improving family relationships" code, there were identified statements such as "I would like to treat my mother better, my relationship with her would be better" (P202). The last code in the category, "seeking intimate social support," was tagged in statements such as "I am looking for someone to talk about my problems and what is happening to me" (P205).

Two codes were included in "interpersonal conflict solving" category: "conflict resolution in other social relationships" ($k = 32$; 72.7%), and "conflict resolution in intimate partner relationships" ($k = 12$; 27.3%). Within the "conflict resolution in other social relationships" code, there were found declarations such as "I would like to be calmer and know how to act in tense situations so as not to have problems" (P207). "Conflict resolution in intimate partner relationships" included affirmations such as "Learning to discuss without shouting to better manage a relationship as a couple" (P174).

Personal Resources for Daily Life

This core category represented those internal aspects of the individual that help him to face everyday challenges and achieve his objectives. It was identified in 156 self-determined goals (29.3%). "Personal resources for daily life" included four categories: "personal wellbeing" ($k = 72$; 46.2%), "cognitive abilities" ($k = 35$; 22.4%), "daily problem-solving" ($k = 25$; 16%), and "emotional decoding" ($k = 24$; 15.4%).

In "personal wellbeing" category, three codes were identified: "personal commitment" ($k = 37$; 51.4%), "self-esteem" ($k = 18$; 25%), and "self-confidence" ($k = 17$; 23.6%). A statement

of the “personal commitment” code was “I would be more focused on myself. I would be more cheerful, relaxed and taking care of myself” (P076). “Self-esteem” codes included affirmations such as “I would love to feel happier and better about myself” (P025). Finally, we tagged the “self-confidence” code in elements like “I would be able to solve any situation by myself, I would gain in safety and security” (P201).

Two codes were included in “cognitive abilities” category: “managing thoughts” ($k = 23$, 65.7%) and “cognitive flexibility” ($k = 12$, 34.3%). An example of the “managing thoughts” code was “To be aware of my thoughts and be able to criticize them when I believe they are not rational because thinking in this way only causes me discomfort” (P051). Concerning the “cognitive flexibility” code, there were identified statements such as “Being more flexible, respecting opinions contrary to my ideas” (P004).

In “daily problem-solving” category, three codes were identified: “coping with problems” ($k = 13$, 52%), “decision making” ($k = 8$, 32%), and “time management” ($k = 4$, 16%). Within the “coping with problems” code, there were tagged statements such as “Learn to be calmer when faced with a problem and see things in a different way to solve them” (P103). “Improving decision making” code was identified in declarations such as: “Be more active in decision making so as not to be fragile when approaching problems” (P183). Regarding the “time management” code, there were identified statements such as “To organize my time better” (P069).

There were two codes in “emotional decoding” category: “boosting empathy” ($k = 15$; 62.5%) and “emotion recognition” ($k = 9$; 37.5%). It was identified as the “boosting empathy” code statements such as “I would like to behave more humanely with others, as I would like to be treated” (P124). An affirmation of “emotion recognition” was “being able to understand what makes me feel this way and use it to improve my behavior” (P071).

Coping Strategies

Coping strategies have been conceptualized as the behaviors and internal processes that a person carries out to successfully deal with particularly stressful and difficult situations. This core category was identified in 148 self-determined goals (27.8%). “Coping strategies” included three categories: “self-control” ($k = 98$; 66.2%), “managing emotions” ($k = 39$; 26.4%), and “substance abuse” ($k = 11$; 7.4%).

In “self-control” category, three codes were identified: “anger management” ($k = 56$, 57.1%), “impulsivity management” ($k = 37$, 37.8%), and “frustration tolerance” ($k = 5$, 5.1%). An example of the “anger management” code was “In stressful situations, I want to remain calm and be able to control the situation without becoming violent” (P160). Concerning the “impulsivity management” category, there were identified statements such as “Learn to control my nerves so as not to get into trouble” (P165). The “frustration tolerance” code was tagged in statements such as: “Learning to control myself in moments when something does not go well so as not to lose people I love” (P153).

Three codes were identified in “managing emotions” category: “dealing with emotions” ($k = 18$, 46.1%), “jealousy management” ($k = 12$, 30.8%), and “stress/anxiety management” ($k = 9$, 23.1%). A statement of the “dealing with emotions” code was “Learning to manage difficult emotions” (P071). It was identified the “jealousy management” code in statements such as “To stop checking my cell phone to know where my partner is, with whom, what she is doing and who she is talking to, to be at ease with myself and to have confidence in her” (P175). An affirmation of “stress/anxiety management” was “Learn to control anxiety to improve my health and feel better in general” (P203).

“Substance abuse” category presented a single code. “Substance abuse” code was identified in declarations such as “I want to stop using cocaine to be healthier and better with my community” (P132).

Motivation to Change

This core category was defined as becoming aware of their maladaptive or violent behavior and attitudes, and the desire to modify them. This core category was tagged in 17 self-determined goals (3.2%). “Motivation to change” includes two categories: “responsibility assumption” ($k = 11$; 64.7%) and “commitment with IPV intervention” ($k = 6$; 35.3%).

“Responsibility assumption” category presented a single code. An example of the “responsibility assumption” code was “Face the consequences of my actions” (P222).

In “commitment with IPV intervention” two codes were identified: “relapse prevention” ($k = 4$, 66.7%) and “program completion” ($k = 2$, 33.3%). Within the “relapse prevention” code there were tagged statements such as “I do not want to have contact with my ex-partner until the restraining order ends” (P191). Regarding the “program completion” code, there were

identified sentences such as “I do not wish to return to the intervention because I want to improve as a person” (P101A).

Discussion

The objective of this study was to analyze and categorize the self-determined goals of male participants attending an intervention program for IPV perpetrators. For this purpose, a qualitative and inductive research approach was used. Findings based on a thematic analysis of the information gathered yielded three levels of analysis: 4 core categories, 12 categories, and 35 codes. The four core categories of perpetrators’ self-determined goals revealed were defined as “interpersonal relationships,” “personal resources for daily life,” “coping strategies,” and “motivation to change.”

Codes referring to “interpersonal relationships” were grouped into three categories, of which the category on “communication skills” stood out as the one with the highest representation. The most important codes were “improving intimate partner relationships” in the category of “social relationships,” “conflict resolution in other social relationships” in “interpersonal conflict solving,” and “communication with others” in “communication skills.” The second core category derived from this study was “personal resources for daily life.” Of the four categories that emerged, the one with the highest weight was “personal well-being.” Codes with the highest representation within each of these categories were “personal commitment” in the category of “personal well-being,” “boosting empathy in “emotional decoding,” “managing thoughts” in “cognitive abilities,” and “coping with problems” in “daily problem solving.” As for the third core category, “coping strategies,” there were also three categories into which codes were grouped, of which “self-control” proved to be the most relevant. Within each of these categories, the most represented codes were “dealing with emotions” in the category of “managing emotions” and “anger management” in “self-control.” “Substance abuse” was the only code identified in its category. With regard to the last core category, “motivation to change,” “responsibility assumption” was the most relevant category of the two that were defined. “Responsibility assumption” was the only code identified in its category and “relapse prevention” was the most relevant code in the category of “commitment with IPV intervention.” Overall, of all self-determined goals analyzed, the most relevant core category was “interpersonal relationships.” “Self-control” and “communication skills” were the most salient categories and the code with the highest representation was “anger management.”

The resulting categorization system has some similarities with other existing models proposed by Bolton et al. (2016), Lee et al. (2014), and Curwood et al. (2011). Firstly, all studies have identified a core category referring to the improvement of personal relationships, which included intimate partner and family relationships, as well as social relationships in general. Furthermore, and similar to the presentation of this study's core category "interpersonal relationships," Lee et al. (2014) proposed a category on "conflict management" for these self-determined goals. It is also worth mentioning, with regard to "interpersonal relationships," that its category "communication skills," which was one of the most prominent in this study, was also the most frequent category in Bolton et al. (2016). Likewise, the category on "personal resources for everyday life" in this study contemplated similar aspects to those presented in the category on "personal growth" proposed by Bolton et al. (2016), in the "self-focused attitudinal changes" and "skills development" self-determined goals identified by Lee et al. (2014), and in the "external" self-determined goals considered by Curwood et al. (2011). In addition to this, some of the key aspects that stood out in all three studies, such as empathy, self-control, stress and anger management, taking time to think before reacting or being more patient, were also included in the "coping strategies" category of the present study. Finally, it should be noted that this study was the only one to consider the category of "motivation to change," which included goals strictly related to the intervention program and the responsibility attribution as regards the offense committed.

The fact that different studies have reached similar conclusions about what the main self-determined goals of perpetrators of IPV are, may be related to the common circumstances in which this kind of violence occurs. It would make sense that perpetrators' self-determined goals would be connected to the factors that may have led them to commit IPV in the first place. Capaldi et al. (2012) have identified negative emotions, jealousy, relationship discord, hostile cognitions, alcohol and drug abuse, and exposure to life stress as some of the factors that increase the risk of IPV. These factors seem to have some correspondence to the self-determined goals derived from this and other studies. For example, the core category of "coping strategies," which includes codes such as "emotion management," "jealousy management," and "stress/anxiety management," and a category of "substance abuse" may be reflecting perpetrators' need to cope with factors such as negative emotions, jealousy, stress, and alcohol and drug abuse, which may precipitate the occurrence of IPV. Similarly, the categories of "conflict resolution in intimate partner relationships" and "improving intimate partner

relationships” appear to be related to the relationship discord factor. Finally, the category of “cognitive abilities” could also be associated with the factor of hostile cognition.

This study has both strengths and limitations. The qualitative nature of the study provides richness when analyzing the phenomenon studied in depth, which is one of the study’s strengths. Another main strength of this study is the sample size, being one of the largest to date in a study of these characteristics. Along with this, this article is the first to consider a European sample, adding evidence to the American studies and helping to generalize their results. However, this study also has several limitations, some of which are precisely related to the generalizability of the results due to the qualitative nature of the study and the sampling procedure (i.e., convenience sampling). The sample was mostly composed of Spanish men, which limits its heterogeneity. It should be noted that IPV is not widely condoned among the Spanish population as reported by the Eurobarometer 449 (European Commission, 2017), and Spain has a distinguished history of challenging this type of violence (Castro et al., 2022; European Institute for Gender Equality, 2013), so the generalizability of the findings to other contexts should be made with caution. Finally, a limitation related to data collection refers to the difficulties often encountered in interpreting participants’ interview responses, as these were not collected by the study researchers, so there was no opportunity to clarify or specify ambiguous answers.

More research is needed to evaluate the association between goal identification or categorization and treatment outcomes. Future research should explore the actual relationship between working on identified self-determined goals during the intervention and the mitigation of factors that increase the risk of recidivism. For instance, it would be interesting to determine whether participants whose self-determined goal was related to anger management, in contrast to those who set other self-determined goals, improved to a greater extent their ability to regulate and express their anger in an assertive and non-violent manner after treatment. Further research could also provide information on which specific self-determined goals categories are set by high-risk IPV perpetrators, such as those with alcohol and other drug abuse problems, which could help to reinforce their progress and reduce their risk of recidivism. Advancing knowledge as regards how goals identification and goals categories are related to treatment outcomes in IPV perpetrators could guide professionals to encourage participants to co-construct self-determined goals, adapt the intervention to participants’ specific needs, and implement strategies to strengthen goals achievement.

This study allows us to formulate some recommendations for IPV intervention programs. Working specifically on identified self-determined goals' categories may be relevant to improve participants' treatment outcomes, as intervention targets would be in alignment with their personal values and adapted to their own needs, leading to meaningful life choices that are incompatible with re-offending, according to strengths-based approaches such as the Good Lives Model (Langlands et al., 2009; Ward, 2002). Thus, intervention programs for IPV perpetrators could integrate specific strategies in line with identified self-determined goals. For example, to strengthen the most salient core category, "interpersonal relationships," focusing on relationship-building skills has proven effective in interventions for IPV perpetrators (Catalá-Miñana et al., 2017; Lila et al., 2013). Particularly, activities that provide information and model examples of healthy relationships can be helpful in "improving intimate partner relationships" for those participants who set this self-determined goal (Boal & Mankowski, 2014). Communication skills, which was a relevant category of self-determined goals for IPV perpetrators, could be improved by providing psychoeducational information on assertiveness and communication and by practicing through role-playings with peers during group sessions (Babcock et al., 2016). "Interpersonal conflict solving" could be worked through problem-solving training, which could strengthen IPV perpetrators' ability to choose positive strategies for dealing with daily life situations alternative to violence (Eckhardt et al., 2013). Further, facilitators could plan activities to do outside the sessions to practice active listening for those whose goal is associated with improving their "social relationships" (Birkley & Eckhardt, 2015). To improve in the core category "personal resources for daily life," change strategies could be reinforced throughout the intervention to develop empathy and emotion recognition skills in intimate relationships (Romero-Martínez et al., 2019). For those participants who set self-determined goals in the category of "personal well-being" it could be helpful to give a grounding in the universal human needs and individuals' responsibility to meet them without perpetrating violence or disrespecting peoples' boundaries (Babcock et al., 2016; Lila et al., 2012). To improve in "managing thoughts," cognitive distortions that sustain anger thoughts and impair responsibility-taking could be registered at home, shared during group sessions and monitored by facilitators (Pornari et al., 2013). The code of "personal commitment" could be reinforced by integrating practices from acceptance and commitment theory, such as guiding perpetrators to make choices in service of their freely chosen values (Zarling et al., 2015; Zarling & Russell, 2022). With regards to "coping strategies," stress-reduction components such as relaxation and meditation exercises have proven effective in improving self-control in IPV perpetrators (Babcock et al., 2004; Cannon et al., 2016). Anger management techniques

such as time-out could be practiced at home and monitored through feedback in group sessions specifically for those perpetrators whose self-determined goal is related to improving their anger problems (Lila et al., 2019; Maiuro & Eberle, 2008). For those participants with alcohol and/or drug use problems, motivational treatment plans that address their identified risk factors beyond substance use (e.g., high levels of impulsivity and borderline personality disorder) could help to target their specific treatment needs more sensitively and responsively (Expósito-Álvarez et al., 2021; Romero-Martínez et al., 2022). With regards to the core category “motivation to change,” action-oriented behavioral techniques and motivational strategies could be helpful to enhance motivation and resolve ambivalence about change in these participants (Eckhardt et al., 2013). For those participants who set a self-determined goal of relapse prevention, IPV dynamics that exacerbate conflict could be explained while showing empathetic and non-violent alternative behaviors (Romero-Martínez et al., 2019). Hence, identifying the most relevant self-determined goals could help high-risk participants to progress in their main areas of improvement (Expósito-Álvarez et al., 2021).

Not only do self-determined goals seem to be connected to IPV risk factors, but they also appear to have a link with key predictors of recidivism. Lila et al. (2019) found that program dropout, risk of future violence against non-partners, accumulation of stressful life events, and trait anger are among the predictors of IPV recidivism. Working on some of the self-determined goals specifically could help to reduce the risk of recidivism, as some of these self-determined goals seem to be related to the key predictors of recidivism. For instance, goals included in the core category of “motivation to change,” such as “commitment with IPV intervention,” could be a relevant objective for reducing dropouts, since one of its codes is, in fact, “program completion.” “Coping strategies” is another core category that might be useful working in decreasing the impact of predictors of recidivism. In particular, this core category includes codes such as “anger management” and “stress/anxiety management,” which could have some correspondence to the trait anger and stressful life events predictors, respectively. As for the risk of future violence against non-partners, directing efforts toward self-determined goals like “interpersonal conflict solving,” within the “interpersonal relationships” core category, or “self-control,” considered inside the “coping strategies” core category, could be effective in reducing this risk.

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Table 1. Sample Demographics.

	<i>k</i>	%	<i>M (SD)</i>	Range
Age			39.94 (11.67)	20-79
Participants				
Volunteer	9	4		
Court-referred	218	96		
Ethnicity				
Spain	178	78.4		
Latin America	26	11.5		
Europe	14	6.2		
Africa	8	3.5		
Asia	1	0.4		
Marital status				
Married or in a relationship	51	22.5		
Single	96	42.3		
Separated	19	8.4		
Divorced	60	26.4		
Widowed	1	0.4		
Educational level				
No studies	15	6.6		
Elementary studies	106	46.7		
High school	90	39.6		
College degree	16	7		
Employment				
Yes	146	64.3		
No	81	35.7		
Median family household income				
< €12.000 per year	102	45.3		
> €60.000 per year	8	3.5		

Table 2. Self-Determined Goals by Program Participants.

Core categories and categories	<i>k</i>	%	Codes	<i>k</i>	%
Interpersonal relationships	212	39.7			
Social relationships	76	35.8	Improving family relationships	12	15.8
			Improving intimate partner relationships	28	36.8
			Improving relationships with children	14	18.4
			Seeking intimate social support	7	9.3
			Improving other social relationships	15	19.7
Interpersonal conflict solving	44	20.8			
			Conflict resolution in intimate partner relationships	12	27.3
			Conflict resolution in other social relationships	32	72.7
Communication skills	92	43.4			
			Assertiveness (boosting)	20	21.7
			Communication with the intimate partner	17	18.5
			Communication with others	28	30.4
			Non-verbal communication	2	2.2
			Sincerity (boosting)	3	3.3
			Setting boundaries (expressing)	6	6.5
			Tolerance for criticism	1	1.1
			Expressing emotions	15	16.3
Personal resources for daily life	156	29.3			
Personal well being	72	46.2			
			Self-confidence (boosting)	17	23.6
			Self-esteem (boosting)	18	25
			Personal commitment	37	51.4
Emotional decoding	24	15.4			
			Emotion recognition	9	37.5
			Empathy (boosting)	15	62.5
Cognitive abilities	35	22.4			
			Cognitive flexibility	12	34.3
			Managing thoughts	23	65.7
Daily problem-solving	25	16			
			Coping with problems	13	52
			Decision making	8	32
			Time management	4	16
Coping strategies	148	27.8			
Managing emotions	39	26.4			
			Dealing with emotions	18	46.1
			Jealousy (management)	12	30.8
			Stress/anxiety (management)	9	23

Table 2. (Continued)

Core categories and categories	<i>k</i>	%	Codes	<i>k</i>	%
Self-control	98	66.2			
			Impulsivity (management)	37	37.8
			Anger (management)	56	57.1
			Frustration tolerance	5	5.1
Substance abuse	11	7.4			
			Substance abuse	11	100
Motivation to change	17	3.2			
Responsibility assumption	11	64.7			
			Responsibility assumption	11	100
Commitment with IPV intervention	6	35.3			
			Relapse prevention	4	66.7
			Program completion	2	33.3

Annex V: Study 3

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ORIGINAL ARTICLE



Development and Validation of the Satisfaction with the Intervention for Intimate Partner Violence Perpetrators Scale (SIIPVS)

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Abstract

Purpose Although research in the intimate partner violence (IPV) field has significantly advanced in recent decades, important challenges remain in intervention effectiveness terms. Some authors point out that satisfaction with intervention could be an indicator of effectiveness. However, this variable has not been thoroughly explored in the scientific literature. This study aimed to develop and validate a scale to measure the satisfaction with the intervention of participants attending an intervention program for IPV perpetrators.

Methods A panel of experts developed the Satisfaction with the Intervention for Intimate Partner Violence Perpetrators Scale (SIIPVS) items. A sample of 646 male perpetrators was employed. Exploratory and confirmatory factor analyses, and a reliability analysis, were conducted. Scale validity was examined in relation to other relevant variables to the intervention, such as recidivism, working alliance, motivation to change and state of change.

Results The findings indicate that the factor structure with the best fit consisted of three factors: Satisfaction with the facilitators and program delivery, Satisfaction with the learning-process, and Satisfaction with the peer group. All the factors demonstrated adequate internal consistency. Participant satisfaction with various intervention elements was associated with the key variables of these interventions.

Conclusions The validation analysis results indicated that the SIIPVS is a suitable scale to analyze the satisfaction of the participants attending an intervention program for IPV perpetrators due to its adequate psychometric properties. Understanding participant satisfaction could provide a more comprehensive approach to evaluate the effectiveness of these interventions.

Keywords Intervention programs for intimate partner violence perpetrators · Male perpetrators · Satisfaction with the intervention · Measurement

Intervention programs for intimate partner violence (IPV) male perpetrators are one of the main treatments for intimate partner aggressors (Cannon et al., 2016; Eckhardt et al., 2006; Voith et al., 2018). Despite their widespread use, the results of meta-analytic studies into their effectiveness have found mixed results in reducing recidivism, with positive, but small to moderate, effect sizes (Arce et al., 2020; Babcock et al., 2004; Cheng et al., 2021; Santirso et al., 2020a; Stephens-Lewis et al., 2021; Travers et al., 2021).

The scientific literature has identified some of the major challenges that hinder the effectiveness of intervention programs for IPV perpetrators. Specifically, they are: high dropout rates, poor treatment adherence, lack of accepting responsibility, weak motivation to change, high-risk and high-resistance participants, and lack of tailoring interventions to participants' needs and risk factors (Bowen & Gilchrist, 2004; Butters et al., 2021; Carbajosa et al., 2017; Crane et al., 2015; Karakurt et al., 2019; Lila et al., 2019; Martín-Fernández et al., 2022; Stuart et al., 2007).

To address these challenges, intervention programs for IPV perpetrators have increasingly incorporated motivational strategies (Miller & Rollnick, 2002) and the risk-need-responsivity approach (Andrews & Bonta, 2010) into the intervention. These approaches are based on personalizing and tailoring the intervention to the participants' needs and risks, and also on increasing motivation for change and

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awareness. Including these strategies have proven effective in increasing positive treatment outcomes and reducing recidivism (Crane et al. 2013; Cunha et al., 2023; Lila et al., 2018; Richards et al., 2022; Santirso et al., 2020a; Travers et al., 2021). In addition, incorporating motivational strategies and utilizing the risk-need-responsivity framework could greatly enhance participant satisfaction levels.

In different social-behavioral intervention research areas (e.g., battered women, drug use, parents of hospitalized children), satisfaction with the intervention has consistently been shown to be a crucial factor for influencing treatment engagement, attendance, perceived usefulness of the intervention and positive outcomes (Attkisson & Zwick, 1982; Choo et al., 2016; Sidani et al., 2017; Walsh & Lord, 2004). Although several authors have suggested that participant satisfaction with the IPV perpetrators intervention could be an indicator of effectiveness related to treatment engagement and positive intervention outcomes (Sidani et al., 2017; Walsh & Lord, 2004), satisfaction with the intervention has been an understudied variable in the field of intervention programs for IPV perpetrators.

Satisfaction with IPV Perpetrator Interventions

The few studies that have analyzed participant satisfaction with the IPV perpetrators intervention provide a descriptive analysis of participant satisfaction with the intervention and the group-based intervention components that enhanced their satisfaction, employing a quantitative (Hamel et al., 2022; Vargas et al., 2020) or qualitative (Parra-Cardona et al., 2013) methodology. In the studies conducted by Hamel et al. (2022) and Vargas et al. (2020), participants were IPV court-mandated perpetrators who completed the intervention, in the USA and Spain, respectively. Specifically, the study conducted by Vargas et al. (2020) employed the Satisfaction with Intervention Scale (SIS; Vargas et al., 2020), which utilizes a 21-item 5-point Likert-type scale to assess the participants' perception of their learning and change process, as well as their satisfaction with the relationship established with both the facilitator and the peer group. The results revealed that participants reported high levels of satisfaction with the learning and change process and with the relationship established with both the facilitator and the peer group (Vargas et al., 2020). Likewise, Hamel et al. (2022) employed two ad hoc scales: the Client Perceived Benefits of Group (CPBG; Hamel et al., 2022), that assesses the participants' perceived benefits of group experience and their learning process on a 5-point Likert-type scale of 10 items, and The Client Rating of Facilitator (CRF; Hamel et al., 2022), that uses a 5-point Likert-type scale with 18 items to

assess the participants' perceptions of the facilitator's skills and the relationship established between the facilitator and the participants. The results revealed high levels of satisfaction among participants with regard to both the facilitators' leadership skills and the benefits of group experience (Hamel et al., 2022). Moreover, Parra-Cardona et al. (2013) conducted 21 interviews with men who participated in an intervention program for IPV perpetrators in the USA. The objective was to describe the treatment components that led to their satisfaction with the intervention. The interviews were subjected to an analytical process involving sequential open, axial, and selective coding. The group-based components that improve participant satisfaction were: (1) taking a culturally informed approach; (2) providing a safe and supportive environment; (3) using a strengths-based approach; (4) providing practical skills and tools; (5) tailoring the intervention to participants' needs. Taking together, these studies suggest that satisfaction with the intervention may be related to treatment engagement (Hamel et al., 2022; Parra-Cardona et al., 2013), and it has also been considered to be a core component of treatment compliance (Vargas et al., 2020).

Present Study

To the best of our knowledge, there are no validated and standardized scales for assessing the satisfaction of the participants attending intervention programs for IPV perpetrators. Previous studies (Hamel et al., 2022; Vargas et al., 2020) have used several ad hoc scales to assess participant satisfaction with the intervention programs for IPV perpetrators. Therefore, the objective of the present study is to develop and validate a scale that measures the satisfaction of male participants court-mandated to a community-based intervention program for IPV perpetrators.

For validity purposes, the relationship between satisfaction with the intervention and other indicators of effectiveness, such as recidivism, working alliance, state of change and motivation to change (Cunha et al., 2023; Dheensa et al., 2022; Eckhardt et al., 2006; Lila et al., 2014, 2018; Santirso et al., 2018, 2020a, b; Travers et al., 2021), is explored. Intervention programs for IPV perpetrators aim to lower perpetrators' recidivism rates (Babcock et al., 2004; Bowen, 2011; Eckhardt et al., 2013). That is why recidivism is the commonest outcome used to assess the effectiveness of these interventions (Bowen, 2011; Scott, 2004; Lila et al., 2019). A high participant satisfaction level is expected to be associated with lowering recidivism rates. Working alliance is a key intervention process in intervention programs for IPV perpetrators (Santirso et al., 2020b). High working alliance levels between facilitators and participants can lead to more

positive outcomes, such as higher levels of motivation to change, state of change, positive protherapeutic behaviors, and lower levels of physical aggression after the intervention (Brown & O'Leary, 2000; Santirso et al., 2018, 2020b; Taft et al., 2003; Taft & Murphy, 2007). Participant satisfaction and a stronger therapeutic alliance may be related. Other indicators of effectiveness include state of change, based on the transtheoretical model of change (Prochaska et al., 1992), and motivation to change in violent attitudes and behaviors toward women and any person. The participants exhibit high resistance levels and low levels of motivation toward behavioral and attitudinal change at intake of the intervention (Carbajosa et al., 2017; Eckhardt et al., 2008; Levesque et al., 2008; Lila & Gilchrist, 2023; Olver et al., 2011). At the end of the intervention, the participants show a higher level of motivation to change and a more advanced state of change, which indicates that they are more aware of their need to change (Alexander & Morris, 2008; Expósito-Álvarez et al., 2021, 2023; Pinto e Silva et al., 2023). Satisfaction is expected to be related to motivation to change in violent attitudes and behaviors, and also to progress in state of change.

Table 1 Socio-demographic statistics of the sample

Variables	M/n	SD	Range/%
Age	40.1	11.5	18–81
Annual income ¹	4.36	2.27	1–12
Origin			
Spain	469		72.6
Latin America	94		14.6
Europe (except Spain)	44		6.8
Africa	33		5.1
Asia	6		0.9
Level of education			
No education	44		6.8
Elementary	297		46
High School	244		37.8
College	61		9.4
Marital status			
Married or with partner	159		24.6
Single	235		36.4
Separated	77		11.9
Divorced	171		26.5
Widowed	4		0.6
Employed			
Yes	394		61
No	252		39

Note. M=Mean, SD=Standard Deviation

¹Annual income: 1 = <€1800, 2 = €1800–€3600, 3 = €3600–€6000, 4 = €6000–€12,000, 5 = €12,000–€18,000, 6 = €18,000–€24,000, 7 = €24,000–€30,000, 8 = €30,000–€36,000, 9 = €36,000–€60,000, 10 = €60,000–€90,000, 11 = €90,000–€120,000, and 12 = >€120,000

Method

Sample

The sample consisted of 646 men who were court-mandated to an intervention program for IPV perpetrators and completed the intervention. Seventy-eight intervention groups took part at the *Contexto Program* in the University of Valencia, Spain (Lila et al., 2018) held between 2009 and 2023. The eligibility criteria were men who: (a) were older than 18 years of age; (b) had been convicted of IPV against their partner or ex-partner and had been court-referred to an intervention program for IPV perpetrators; (c) had no serious substance abuse problem; (d) had no serious mental disorder; (e) had signed an informed consent form. The participants' age range was 18 to 81 years old ($M=40.1$; $SD=11.5$). The majority (72.6%) were Spanish, 14.6% were Latin American, 6.8 were from other European countries, 5.1% were African, and 0.9% were Asian. In relation to their level of education, 6.8% of the sample had no studies, 46% had finished elementary studies, 37.8% had completed high school and 9.4% had college degrees. Concerning marital status, 75.4% were separated, single, divorced or widowed, while 24.6% had a partner or were married. Their unemployment rate was 39%. The median annual family household income was between €6000 and €12,000. Table 1 presents the socio-demographic characteristics of our sample.

Instruments

Satisfaction with the Intervention for IPV Perpetrators Scale (SIIPVS)

For this study, a panel of eight experts in interventions for IPV perpetrators was consulted to generate a set of items related to satisfaction with the intervention. The experts consulted, comprising five researchers and three facilitators, were members of the *Contexto Program* (Lila et al., 2018) and were included in the panel if they had more than five years of experience in the field of intervention programs for perpetrators of IPV and prior experience in the design of assessment scales. The items that obtained the best consensus were selected to compose a 17-item measure of satisfaction with the intervention (e.g., *I feel confident with the facilitators, I would be willing to keep in touch with my group peers*). The respondents had to rate how satisfied they were with the different elements related to the intervention on a 5-point Likert-type scale, where items indicated: 1 = *strongly disagree*, 2 = *disagree*, 3 = *neutral*, 4 = *agree* and 5 = *strongly agree*. A higher score indicated a greater degree of satisfaction with the intervention. The full scale is presented in the Appendix.

Working Alliance Inventory-Short Revised (WAI-SR)

The WAI-SR (Hatcher & Gillaspy, 2006) was used. This scale evaluates the working alliance with two subscales: agreement and bond. The first subscale evaluates the agreement between the participant and the facilitator on the intervention's objectives and activities (e.g., *What I am doing in the program gives me new ways of looking at my problem*). The second subscale evaluates the relationship between the participant and the facilitator in terms of mutual trust and liking (e.g., *I feel that my facilitator appreciates me*). The WAI-SR consists of 12 items on a 5-point Likert-type scale (0 = *rarely*, 2 = *sometimes*, 3 = *quite often*, 4 = *very often* and 5 = *always*). A higher score on each of the subscales was indicative of a higher level of working alliance. In the present study, the participant and therapist versions were used. The intervention groups were conducted by two facilitators, and the participants independently assessed their therapeutic alliance with each facilitator. Then the average of each item was calculated to obtain its overall score. The same procedure was followed for the therapist version. The scale had adequate internal consistency in this study with McDonald's omega equaling 0.94 (WAI-SR Total), 0.95 (Agreement) and 0.83 (Bond) for the participant version, and 0.98 (WAI-SR Total), 0.98 (Agreement), and 0.89 (Bond) for the therapist version.

IPV Recidivism

Recidivism rates were collected from the Ministry of Home Affairs' monitoring system for IPV, VioGén (López-Ossorio et al., 2016). This system provides data on any new IPV incident, or on any breach of the conditions mandated by a judge (e.g., restraining order, intervention program drop-out), as informed by any of the institutions involved in victim protection services. Data were collected in September 2023. Any new incident in the system before that date was considered recidivism. Recidivism was coded 0 if no new incident was identified in the database and 1 if a new incident was reported.

Stage of Change

The facilitators rated the participants' stage of change based on the transtheoretical model of change (Prochaska & DiClemente, 1982; Prochaska et al., 1992). Stage of change was: 1 = *precontemplation*, 2 = *contemplation*, 3 = *preparation*, 4 = *action* and 5 = *maintenance*. A list of standard statements guided the facilitators who made the evaluation. A stage of change assessment was discussed between the two facilitators until an agreement was reached. In previous studies, high agreement levels ($\kappa=0.7$) were achieved

by facilitators (Landis & Koch's, 1977; Lila et al., 2018). For a similar procedure, see Scott (2004) and Carbajosa et al. (2017).

Motivation to Change

It was evaluated by two independent items: *Motivation to change in their violent attitudes and behaviors towards women*; and *Motivation to change in relation to risk factors, attitudes and behaviors related to violence towards any person*. The facilitators rated the participants' motivation to change based on 5-point Likert-type items (1 = *very low*, to 5 = *very high*). The motivation to change assessment was discussed by the two facilitators until an agreement was reached. For a similar procedure, see Santirso et al. (2018).

Procedure

The procedure followed the 1964 Helsinki Declaration. All the participants provided written informed consent and were referred to an intervention group. Each intervention group was composed of 8–12 participants and conducted by two facilitators. When the intervention began, no more participants were allowed to enter. The intervention comprised 33 weekly group sessions of cognitive-behavioral intervention, including motivational strategies. The intervention program followed the standard recommendations with IPV perpetrators (Eckhardt et al., 2013; Ferrer-Pérez et al., 2016; Lila et al., 2018). The participants were informed of the nature of the study and were assured that neither participation nor refusal would affect their legal status. Confidentiality was ensured. During the last group session, the research assistants administered the SIIPVS questionnaire and the WAI-SR participant version to the participants. Thus, no participants in this study dropped out prior to completing the measures. In the WAI-SR therapist version, the Stage of Change and Motivation to Change instruments were completed by the facilitators when group intervention ended, and within a maximum 2-week period. The recidivism data was collected in September 2023 by one of the researchers.

Data Analysis

In order to assess the psychometric properties of the SIIPVS, a series of descriptive, exploratory and confirmatory statistical analyses were carried out. First of all, descriptive statistics were calculated for the 17 scale items. We specifically calculated for each item mean, standard deviation, range, skew and kurtosis. Then we analyzed the dimensionality or factor structure with both the exploratory and confirmatory factor analyses. To do so, the overall sample was randomly divided into two samples of equal size: the training sample

in which exploratory factor analysis (EFA) was done; and the validation sample in which the best exploratory solution was tested with a confirmatory factor analysis (CFA). The EFA considered solutions from one factor up to six factors using oblique GEOMIN rotation. Once we had established the factor solution of the scale in the training sample, the best factor solution was tested in the second sample (validation) to establish the scale's factorial validity. The EFA and CFA of the structure were then subjected to a sensitivity analysis on different random partitions of the total sample to analyze the stability of the results. Once we had obtained solid evidence of the scale's dimensionality, the reliability of the scale and its dimensions were estimated with both Cronbach's alpha coefficients and Composite Reliability Indices (CRI, Raykov, 2004), and items homogeneity (internal consistency) was estimated with item-total corrected correlations. Any values equaling or above 0.7 for the alphas and CRIs were considered indicative of good internal consistency (Nunnally & Bernstein, 1994). Any items with item-total correlations below 0.2 were candidates to be eliminated (Streiner & Norman, 1995). Finally, to offer evidence for the validity of the SIIPVS, correlations between the factorial scores and several theoretically relevant variables were carried out (i.e., working alliance, stage of change, motivation to change, and recidivism evaluated using official reports). Correlations were computed with Pearson correlations for the continuous variables. A logistic regression was conducted to explore the relation between the SIIPVS scores and recidivism.

Exploratory and confirmatory factor models were estimated with Weighted Least Squares Mean and Variance-corrected (WLSMV), which outperform other estimation

methods when processing ordinal and non-normal data (Flora & Curran, 2004). A crucial point in this type of models is the fit to the observed data. As recommended by the literature (Klein, 2016), several indices were used to assess the model's goodness of fit and to, thus, decide which model to retain: the chi-square (χ^2) statistic, the Comparative Fit Index (CFI), Root-Mean-Square Error of Approximation (RMSEA) and the Standardized Root Mean Square Residual (SRMR). Following the criteria of Hu and Bentler (1999), a CFI of 0.9 or more, together with a RMSEA and SRMR of 0.08 or less, can be considered an acceptable fit. For comparative purposes, we also employed CFI differences (Δ CFI), with differences no bigger than 0.01 to show no significant differences in the model fit for the different models (Cheung & Rensvold, 2002).

Descriptive statistics, alpha, internal consistency estimates for the items, as well as validity analyses, were conducted using IBM SPSS Statistics 28.0.1.1. EFA and CFA were performed using MPlus 8.9 (Muthén & Muthén, 1998–2018).

Results

Descriptive Analyses

Table 2 shows the item descriptive statistics (mean, standard deviation, range, skew, kurtosis and the item-total corrected correlations). The descriptive statistics for the items indicated that most participants were very satisfied with the intervention (all mean scores above 3.76). The skewness and kurtosis statistics also showed this trend because

Table 2 Item descriptive statistics

	M	SD	Min	Max	Skew	Kurtosis	$r_{\text{item-total}}$
Item 1	4.76	0.51	1	5	-2.66(0.09)	10.6(0.19)	0.46
Item 2	4.38	0.72	1	5	-1.15(0.09)	1.89(0.19)	0.5
Item 3	4.41	0.71	1	5	-1.27(0.09)	2.28(0.19)	0.51
Item 4	4.7	0.5	2	5	-1.44(0.09)	1.55(0.19)	0.47
Item 5	4.28	0.8	1	5	-1.18(0.09)	1.76(0.19)	0.6
Item 6	4.65	0.57	1	5	-1.71(0.09)	3.88(0.19)	0.38
Item 7	4.63	0.62	1	5	-1.8(0.09)	3.59(0.19)	0.5
Item 8	4.44	0.71	1	5	-1.78(0.09)	5.20(0.19)	0.61
Item 9	3.94	1.07	1	5	-1.08(0.09)	0.63(0.19)	0.56
Item 10	4.26	0.86	1	5	-1.36(0.09)	2.14(0.19)	0.73
Item 11	4.1	1.01	1	5	-1.30(0.09)	1.58(0.19)	0.69
Item 12	4.03	0.99	1	5	-1.29(0.09)	1.69(0.19)	0.7
Item 13	4.25	0.87	1	5	-1.38(0.09)	2.37(0.19)	0.66
Item 14	4.21	0.85	1	5	-1.18(0.09)	1.85(0.19)	0.53
Item 15	4.11	0.96	1	5	-1.2(0.09)	1.47(0.19)	0.58
Item 16	4.17	0.95	1	5	-1.4(0.09)	2.17(0.19)	0.69
Item 17	3.76	1.21	1	5	-0.86(0.09)	-0.13(0.19)	0.6

Note. M =Mean, SD =Standard Deviation, Min =Minimum, Max =Maximum, $r_{\text{item-total}}$ =item-total corrected correlation. In brackets: the standard error for the skew and kurtosis statistics

Table 3 Goodness-of-fit indices for the six exploratory factor analyses

Model	χ^2	df	<i>p</i>	RMSEA (90% CI)	SRMR	CFI	Δ CFI
One factor	1199.9	119	< 0.001	0.168 (0.159, 0.176)	0.133	0.845	-
Two factors	671.6	103	< 0.001	0.131 (0.121, 0.140)	0.088	0.918	0.073
Three factors	330.6	88	< 0.001	0.092 (0.082, 0.103)	0.048	0.969	0.047
Four factors	230.5	74	< 0.001	0.081 (0.069, 0.093)	0.036	0.978	0.009
Five factors	140.4	61	< 0.001	0.063 (0.050, 0.077)	0.025	0.989	0.011
Six factors	89.3	49	< 0.001	0.050 (0.033, 0.067)	0.02	0.994	0.005

Note. df=degrees of freedom, RMSEA=Root-Mean-Square Error of Approximation, CI=Confidence

Interval, SRMR=Standardized Root Mean Square Residual, CFI=Comparative Fit Index, Δ CFI=CFI differences with an immediately simpler model

Table 4 Standardized factor loadings for the three-factor exploratory analysis

	Factor 1	Factor 2	Factor 3
Item 1	0.72		
Item 2	0.87		
Item 3	0.82		
Item 4	0.77		
Item 5	0.47	0.35	
Item 6	0.47		0.49
Item 7	0.61		
Item 8		0.63	
Item 9		0.86	
Item 10		0.90	
Item 11		0.78	
Item 12		0.76	
Item 13		0.53	0.38
Item 14			0.90
Item 15		0.42	0.62
Item 16		0.89	
Item 17		0.70	

Notes: Factor 1=Satisfaction with the facilitators and program delivery subscale, Factor 2=Satisfaction with the learning-process subscale, and Factor 3=Satisfaction with the peer group subscale, only loadings > 0.30 are shown

items had a right-shifted and leptokurtic response distribution, which indicates that most participants' ratings for the satisfaction items came close to the highest values on the scale, except for item 17, which had negative skewness and kurtosis values.

Factor Structure: The Training Sample

Six EFAs were conducted in the training sample by going from a one-factor solution up to a six correlated factors solution. The model fit results are shown in Table 3. Model fit can be considered good for the solutions with three factors or more according to the combined values of CFIs and SRMRs. Nevertheless, the CFI differences of all these models against the immediately simpler one (e.g., four factors compared to three factors) clearly showed that differences in fit were negligible. Bearing this in mind, it would seem that the three-factor solution could be selected. Moreover,

an inspection of the factor loadings for these solutions showed that the most parsimonious solution (three factors) had fewer cross-loadings and an easier dimensionality to interpret. Therefore, this three-factor solution was tentatively retained.

The factor loadings for the three-factor solution are presented in Table 4. With a few cross-loadings, the final solution is quite simple and interpretable. Factor 1, labeled the *Satisfaction with the facilitators and program delivery* subscale, comprised items 1 to 5 and 7. Factor 2, labeled as the *Satisfaction with the learning-process* subscale, included items 8 to 13, 16 and 17. Finally, factor 3 or the *Satisfaction with the peer group* subscale, included items 6, 14 and 15.

Factor Validity: The Validation Sample

According to the exploratory results, the three-factor model adequately fitted the data. Nevertheless, the four-factor solution also fitted the data well. Therefore, we tested both models by means of a CFA in the validation sample. The three-factor model adequately fitted the observed data: $\chi^2(115)=408.8$, $p<.05$, CFI=0.96, SRMR=0.053, and RMSEA=0.089 [0.08–0.098]. The fit of the four-factor model was also adequate: $\chi^2(111)=420.73$, $p<.05$, CFI=0.957, SRMR=0.05, and RMSEA=0.093 [0.084–0.102]. However, the overall fit in the four-factor was worse model than in the three-factor model. Therefore, this last model was retained. The factor loadings of Model 1 are displayed in Fig. 1.

In general, all the factor loadings were large and were statistically significant in all cases ($p<.01$). The lowest standardized loading was that for item 13. The correlations among factors were also large and statistically significant ($p<.01$), but their values did not jeopardize the convergent validity of the dimensions.

Reliability Analyses

The scale showed appropriate internal consistency for the general recruited sample. The corrected item-total correlations were above 0.38 for all the items, which indicates that

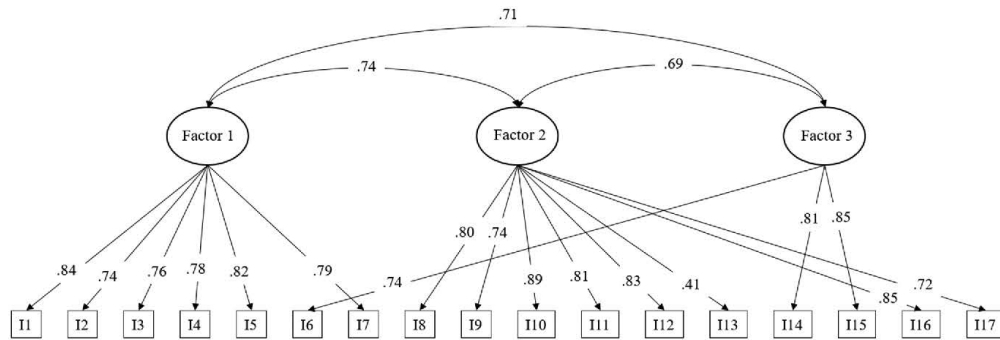


Fig. 1 Standardized factor loadings and correlations among factors. *Note.* Factor 1=Satisfaction with the facilitators and program delivery subscale, Factor 2=Satisfaction with the learning-process subscale,

Factor 3=Satisfaction with the peer group subscale. All the parameter estimates are statistically significant ($p < .01$)

Table 5 Satisfaction with the intervention for IPV perpetrators Scale factors' correlation with other relevant variables

	Factor 1	Factor 2	Factor 3	Recidivism	WAI-P A	WAI-P B	WAI-T A	WAI-T B	State of change	MTC women
Factor 2	0.58**									
Factor 3	0.48**	0.53**								
Recidivism	-0.09*	0.02	0.01							
WAI-P A	0.5**	0.66**	0.28**	-0.1						
WAI-P B	0.46**	0.37**	0.2**	-0.03	0.62**					
WAI-T A	0.16*	0.38**	0.07	-0.11	0.36**	0.27**				
WAI-T B	0.24**	0.32**	0.04	-0.15*	0.33**	0.31**	0.76**			
State of change	0.14**	0.24**	0.09	-0.01	0.25**	0.12	0.7**	0.5**		
MTC women	0.12*	0.27**	0.11*	0	0.27**	0.19**	0.72**	0.49**	0.73**	
MTC person	0.16**	0.32**	0.15**	-0.01	0.34**	0.15*	0.78**	0.54**	0.77**	0.84**

Note. * $p \leq .05$, ** $p \leq .01$

Factor 1=Satisfaction with the facilitators and program delivery subscale, Factor 2=Satisfaction with the learning-process subscale, Factor 3=Satisfaction with the peer group subscale, WAI-P A=Working Alliance Inventory-Agreement subscale rated by the participant, WAI-P B=Working Alliance Inventory-Bond subscale rated by the participant, WAI-T A=Working Alliance Inventory-Agreement subscale rated by the facilitator, WAI-T B=Working Alliance Inventory-Bond subscale rated by the facilitator, MTC women=motivation to change in violent attitudes and behaviors toward women, MTC person=motivation to change in violence attitudes and behaviors toward any person

the relation between each item and the rest of the scale was adequate (Table 3). Cronbach's alpha was 0.72 (95%CI: 0.68, 0.76) for *Satisfaction with the peer group*, 0.89 (95%CI: 0.88, 0.9) for *Satisfaction with the learning process* and 0.80 (95%CI: 0.78, 0.82) for the *Satisfaction with the facilitators and program delivery* subscale. The CRI estimates were: 0.84 for *Satisfaction with the peer group*, 0.92 for *Satisfaction with the learning-process* and 0.91 for the *Satisfaction with the facilitators and program delivery* subscale.

Validity Analyses

Correlations between dimensions and other relevant variables were conducted to assess the validity analyses. Table 5 shows Pearson correlations. *Satisfaction with the peer group* was positively associated with both the participants' rated

WAI subscales and motivation to change. *Satisfaction with the learning-process* correlated positively with both the participant- and facilitator-rated WAI subscales, and with state of change and motivation to change. The *Satisfaction with the facilitators and program delivery* subscale correlated positively with both the participant- and facilitator-rated WAI subscales, and also with state of change and motivation to change, but negatively with recidivism.

Finally, logistic regressions were conducted to test whether the three dimensions were related to recidivism. The regression analyses revealed that higher scores on the *Satisfaction with the facilitators and program delivery* subscale were associated with lower recidivism ($W=12.7$, $OR=-0.99$, $p<.001$, 95%CI: 0.21, 0.64). The remaining dimensions showed no significant associations with recidivism.

Discussion

The objective of the present study was to develop and validate the Satisfaction with the Intervention for IPV Perpetrators Scale (SIIPVS), which measures the satisfaction of the male participants who attend an intervention program for IPV perpetrators. Having a suitable instrument to assess this population's satisfaction with the intervention is crucial because, in other social-behavioral intervention research areas, satisfaction with the intervention has been consistently related to relevant aspects of the intervention, such as engagement or attendance. In addition, this tool allows programs to assess how the introduction of certain strategies affects the satisfaction of the men participating in these interventions.

The study results indicate that the SIIPVS is a psychometrically sound instrument for evaluating participant satisfaction with the intervention, with a three-factor structure being the best fit for data. Regarding the scale's reliability, our measure showed high internal consistency levels when both Cronbach's alpha and CRI values were used (Nunnally & Bernstein, 1994). In terms of the latent structure of data, we named the three factors as follows: satisfaction with the facilitators and program delivery, satisfaction with the learning-process and satisfaction with the peer group.

First, for the satisfaction with the facilitators and program delivery factor, the participants rated the extent to which they were satisfied with the facilitator's behavior toward them during the intervention, as well as the degree of satisfaction with the materials provided by facilitators, program facilities and the content of working sessions. In addition, it specifically evaluated the degree of satisfaction with the relationship and the degree to which they felt confident with the facilitator. This factor, therefore, captures satisfaction with the interactions with the facilitator during the intervention, as well as the bond between the participant and the facilitator, defined by Bordin (1979) as the quality of the patient-facilitator bond in mutual trust and appreciation terms. This factor could be compared to the CRF scale developed by Hamel et al. (2022), in which the participants evaluated some specific facilitator's behaviors related to bonding (e.g., cares about us, seems genuinely interested in what we have to say) and the intervention (e.g., challenges us on some of our behaviors, shares this knowledge with us in a way that is easy to understand). As in our scale, the CRF includes an item related to the usefulness of the tools and information provided by facilitators. In the study conducted by Parra-Cardona et al. (2013), the participants were interviewed to identify the intervention components that facilitated their willingness to engage in the process and that led to their satisfaction with the intervention. In this study, men highlighted the importance of the relationship

with the group facilitator as a key element in their change process and for their ability to motivate them and be trustworthy (Parra-Cardona et al., 2013). They also pointed out the facilitator's ability to challenge the participants and the group to make changes and to regularly evaluate changes in participants and to complete homework (Parra-Cardona et al., 2013).

Second, for the satisfaction with the learning-process factor, the participants rated the extent to which they felt they had learned new things from the program or had learned to think about relationships in a different way, and whether the program had resulted in a positive change for them. In addition, this factor includes the willingness to collaborate with the program by sharing personal experiences with other men and maintaining contact with program facilitators, and if they would recommend the program to others. This factor could be compared to the CPBG scale developed by Hamel et al. (2022), which assesses in detail the extent to which the participants have changed their behavior to not act violently with their partner, their ex-partner or others. Our instrument does not specify in detail what these changes were, but seeks to know the extent to which the participants feel that changes in themselves have occurred and whether they feel that the program has been positive for them. The Parra-Cardona et al. (2013) study also found that men valued the intervention's support in gaining perspective on their behavior. This awareness was gradually associated with taking greater responsibility for violent behavior (Parra-Cardona et al., 2013). The learning-process factor captures the perception of gaining perspective and making positive changes thanks to the program. The satisfaction with the learning-process factor also assesses the willingness to collaborate with the program by sharing one's own experience, maintaining contact with the facilitators and recommending the program. These contents have been included in other instruments that focus on assessing satisfaction with behavioral interventions with other populations (e.g., people with insomnia) by incorporating the desire for continued treatment use (i.e., the willingness to undergo the intervention again if the participant has a similar problem in the future and the likelihood of recommending it to others) (Sidani et al., 2017). However, as far as we know, these contents are not contained in other instruments that assess satisfaction with the intervention with IPV perpetrators.

Finally, for the satisfaction with the peer group factor, the participants valued satisfaction with the relationship with their group mates, and they also valued the desire to maintain contact and the desire to see one another again in the future. Previous literature has noted the importance of the support exchanged between the men in these groups with the participants sharing their learning experiences from one another (Chovanec et al. 2012). As far as we know, there are

no specific self-reported scales in the literature that evaluate the peer group satisfaction of the IPV perpetrators who have undergone intervention. However, this factor could be compared to the Groupwork Engagement Measure (GEM; Macgowan, 2006), a measure of group members' engagement as evaluated by the facilitator, which includes items related to participants caring for other group members. The GEM has been used with IPV perpetrators (Chovanec & Roseborough, 2017). Unlike the GEM, our scale is completed by the participants, and evaluates the satisfaction with the intervention and, in this case, with the relationship with group mates. One interesting and specific aspect of our scale is that it not only assesses satisfaction with the relationship with group members when the intervention takes place, but also whether they are willing to maintain contact with their group mates in the future and, thus, in a way it captures to what extent group mates have become relevant support persons for the participants.

Regarding criterion-related scale validity, the three factors were significantly associated with a set of relevant variables when evaluating the effectiveness of intervention programs for IPV perpetrators. Specifically, the three factors of the SIIPVS were significantly related to the two dimensions (agreement and bond) of the participant-reported working alliance. In addition, satisfaction with the facilitators and program delivery and satisfaction with the learning-process factors of the SIIPVS were related to higher facilitator-reported alliance. So the extent to which the participants feel they have a relationship with the facilitator based on mutual appreciation and trust, and they agree with the facilitator about the tasks and goals set during the intervention, is related to participant satisfaction with the intervention. It makes sense that the therapist-reported alliance does not relate to the satisfaction with the peer group factor because this factor captures participant satisfaction with peers and the desire to maintain contact with them in the future, but not satisfaction with the relationship with the facilitator. A significant association was found between the participant's facilitator-reported stage of change and satisfaction with facilitators and program delivery, and for satisfaction with the learning-process factors of the SIIPVS. A significant association between motivation for change in violent attitudes and behaviors toward women and any person with the three factors of the SIIPVS also appeared. Prochaska and Diclemente (1982) point out the development of a relationship of mutual appreciation and trust between the participant and the facilitator as a precondition for making progress in the intervention. The men who were most motivated to change and who engaged in change behaviors were those who were more satisfied with what they learned during the program, which allowed them to think in a new way

about relationships and the changes they had made thanks to the program.

Interestingly, participant satisfaction with the facilitator and program delivery was associated with a reduction in IPV recidivism, which suggests that satisfaction may play a supportive role in enhancing IPV intervention effectiveness (Sidani et al., 2017; Walsh & Lord, 2004). Thus, participant satisfaction with the intervention could favor intervention engagement and motivation and, consequently, positive intervention outcomes. Motivation for the intervention is a critical issue in this population because, as most IPV perpetrators are court-ordered to attend these interventions, they may be unmotivated to participate and even feel coerced into an intervention, which they view as unfair and unhelpful (Eckhardt et al., 2013; Lila et al., 2018; Lila & Gilchrist, 2023). Strategies like motivational interviewing could increase the participants' intrinsic motivation to engage in the intervention by allowing a safe environment and a close bond to be established with the participant, to assess participants' main risk factors, and to explore their strengths and needs to jointly create shared goals for change during the intervention. The facilitators who use motivational strategies tend to minimize confrontation with participants, develop a stronger working alliance, and encounter less resistance from participants (Alexander et al., 2010; Stuart et al., 2007; Santirso et al., 2020b).

In evaluating the criterion validity of the scale, it is essential to acknowledge the variability in the strength of associations observed between the factors of the SIIPVS and other relevant variables in intervention programs for IPV perpetrators. Although the correlations between the satisfaction factors (i.e., satisfaction with the facilitators and program delivery, satisfaction with the learning-process, and satisfaction with the peer group) and motivation to change in violent attitudes and behaviors toward women and others were robust, the association with recidivism was relatively weak. This variability in the associations between the SIIPVS factors and both motivation to change and recidivism suggests that, while participant satisfaction with the intervention may be a key variable influencing motivation to change, it may not alone be sufficient to predict reductions in recidivism rates. This could imply that reducing recidivism depends on a more complex set of factors beyond satisfaction alone. Consequently, future research should undertake a more detailed examination of the relationships between satisfaction with the intervention and a broader set of relevant variables to better understand the role of participant satisfaction in reducing recidivism.

This study is not without its limitations. The sample consisted of men convicted of IPV who had been court-mandated to a community-based intervention program for IPV perpetrators in Spain (Lila et al., 2018). Thus, our results

could not be extrapolated to other populations, such as self-referred men, IPV perpetrators in prison and other cultural groups. Although the participants were informed that their participation in the study would not affect their legal status, the fact that this is a court-ordered program could lead some participants to report high satisfaction levels simply to present a positive self-image (Gracia et al., 2015). Future research could assess the degree of agreement between participant satisfaction and the facilitator's assessment of their level of involvement during the intervention. Another possible limitation of the study is that we only assessed participant satisfaction at the end of the intervention. Multiple measures would be appropriate to assess fluctuations in participant satisfaction while the intervention is underway. Additionally, assessing satisfaction at other points, such as midway through the intervention, would enable us to explore its impact on other relevant variables, such as drop out rates. Despite these limitations, considering that satisfaction with the intervention may play an important role in intervention programs with highly resistant populations, such as IPV perpetrators, the availability of a tool to measure this construct (i.e. the SIIPVS) may be useful for exploring participant satisfaction with the facilitator, program delivery, learning process, and peer group, as well as its relation to other indicators of intervention effectiveness.

In conclusion, the study offers valuable insights from the development and validation of the SIIPVS. The results substantiated the importance of assessing participants' satisfaction in intervention programs for IPV perpetrators and highlighted the complex interrelationship between satisfaction and key outcomes such as IPV recidivism or motivation to change. For instance, the results suggested that higher satisfaction with facilitators and program delivery may support motivation to change and a positive working alliance, and could be associated with lower recidivism rates. However, further research is required to examine how satisfaction may vary over time and its potential influence on intervention outcomes. Finally, the SIIPVS has been shown to be a promising instrument that can help intervention programs identify areas for improvement, adjust the intervention to participants' needs, and enhance understanding of factors influencing intervention outcomes.

Appendix

Satisfaction with the Intervention for IPV Perpetrators Scale (SIIPVS).

Below you will find several sentences related to the intervention you have just completed. Read each sentence carefully and evaluate the different elements on a scale from 1 to 5 by circling the answer you consider appropriate.

1	I am satisfied with the way I was treated by the facilitators
2	I am pleased with the materials provided by the facilitators
3	I am satisfied with the program facilities
4	I am satisfied with the relationship with the facilitators
5	I am pleased with the content of work sessions
6	I am satisfied with the relationship with group peers
7	I feel confident with the facilitators
8	I learned new things in the program
9	The way I think about relationships now differs from the way I thought before I started the program
10	Attending the program has been worth it
11	I would recommend other people to engage in this program
12	In general, I have liked coming to the program
13	I would be willing to stay in contact with the facilitators and the people in charge of the program
14	I would be willing to keep in touch with my group peers
15	I would like to meet with the group again at some point
16	I believe that a positive change in me has taken place because of the program
17	I would be willing to collaborate with the program by sharing my experience with other men in the same situation

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Declarations

Conflict of Interest The authors declared no potential conflicts of interest with the research, authorship and/or publication of this article.

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