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Domestic Violence Intervention Programs for Perpetrators in Latin America and the Caribbean

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Research on intervention programs for domestic violence (DV) perpetrators in the United States and in Europe has started to shed light on these interventions and the challenges they face in determining "what works" in those regions. In Latin America, the research is almost nonexistent. This study presents a literature review of studies and program protocols in Latin America and the Caribbean, as well as the results of a continental survey on characteristics and suggested standards for DV perpetrator programs in this region. Findings indicate perpetrator interventions in this part of the world are in their earliest stages along with the remaining challenges these involve. Suggested standards in the areas of program effectiveness, evidence-based intake assessments, tailoring of programs to minority group's needs, the conceptualization of DV, influential risk factors, and liaisons between academia and practice are discussed.

KEYWORDS: domestic violence; partner abuse interventions; perpetrator interventions; perpetrator programs; program standards

Throughout the world, partner abuse/domestic violence (DV) intervention efforts (e.g., Hester & Westmarland, 2005; Payne & Wermeling, 2009; World Health Organization, 2014) have focused almost entirely on the victim. Although these efforts have assisted victims to access legal, medical, and psychological support, and empowered them to leave abusive relationships, there is a growing consensus in society and among academics that this social problem cannot be significantly reduced and ultimately eradicated unless interventions that target both the victim (who sometimes

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can be a perpetrator of violence) and the perpetrator become available (Dixon & Graham-Kevan, 2011). Research on the characteristics and standards of intervention programs aimed at perpetrators of partner abuse has primarily been conducted in developed economies such as the United States and in Europe (Akoensi, Koehler, Lösel, & Humphreys, 2013; Eckhardt et al., 2013; Hamilton, Koehler, & Lösel, 2012; Maiuro & Eberle, 2008) and published in English. Some efforts have reported on DV intervention strategies globally focusing primarily on victims (e.g., Arango, Morton, Gennari, Kiplesund, & Ellsberg, 2014).

Rothman, Butchart, and Cerdá (2003) investigated DV perpetrator programs around the globe in one of the earliest attempts to provide an overview of such programs internationally using quantitative and qualitative data. Because of the scope of the report, most of the program characteristics investigated (e.g., intervention topics, victim contact, intervention goals, staff training) are presented in an aggregated manner (e.g., comparing participating developed vs. developing nations) and not by geographical region or country. Research conducted in the United States and Europe (Akoensi et al., 2013; Buttell, Hamel, Ferreira, & Cannon, 2016; Eckhardt et al., 2013; Hamilton et al., 2012; Maiuro & Eberle, 2008; Price & Rosenbaum, 2009) highlights the importance of several key topics in understanding intervention efforts with perpetrators of partner abuse, the effectiveness of such programs, and the challenges that lie ahead in terms of partner abuse intervention, including intervention program characteristics (modality, guiding perspective, program length, etc.), participant and facilitator characteristics (educational background, experience), program components and logistics, client treatment goals and outcomes (program's effectiveness), and so forth.

The present research study is part of a larger project undertaken by teams of researchers and professionals of the Association of Domestic Violence Intervention Programs. This article focuses on the characteristics, effectiveness, and standards of DV intervention programs aimed at perpetrators of partner abuse in Latin America and the Caribbean. The units of analysis in this investigation are the intervention programs for partner abuse perpetrators. Based on literature findings on partner abuse intervention programs already described, the following research questions have guided this study:

1. What are the characteristics of DV perpetrator programs in Latin America and the Caribbean? For instance, what are their guiding theoretical perspective, program length, populations served, and treatment outcomes?
2. What is the effectiveness of DV intervention programs for perpetrators reported in published research (if any) in Latin America and the Caribbean?
3. Are there existing standards that regulate these programs in Latin America and the Caribbean?

This investigation is divided into three main parts to target the aforementioned research questions. Part 1 summarizes findings of the prevalence, risks factors, and consequences of partner abuse in Latin America and/or the Caribbean. Parts 2 and 3

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present the results of a continental literature review and a field survey conducted with institutions providing DV interventions to perpetrators in this part of the world.

SUMMARY OF THE PREVALENCE, RISK FACTORS, AND CONSEQUENCES OF PARTNER ABUSE IN LATIN AMERICA

A comprehensive review was recently conducted of studies on partner abuse worldwide (Esquivel-Santoveña, Lambert, & Hamel, 2013), based on large population, community, and university student samples. Empirical studies reporting on male-to-female and female-to-male physical partner abuse in Latin America and the Caribbean indicate an overall prevalence of male-to-female physical partner abuse in this region ranging from 14.6% to 27.0% for previous year perpetration and from 19.5% to 48.8% for lifetime perpetration. Lifetime female victimization has been reported to extend from 9.8% to 50%, whereas male victimization rates range from 22.7% to 47.7%. Studies reporting partner violence only against women present a prevalence of female physical victimization ranging from 9.8% to 32.4% for previous year victimization and from 17.3% to 58.6% for lifetime victimization.

The aforementioned literature review presents studies using nonclinical (nonselected) samples reporting past year psychological partner abuse ranging from 4.3% to 80.0% and 4.2% to 67.0% for male and female perpetration, respectively. Lifetime rates extend from 4.3% to 76.5% and 4.2% to 77.4% for male and female perpetration, respectively. Psychological victimization experiences within the previous 12 months have been reported to range from 9.3% to 70.7% for females and from 8.57% to 79.9% for males. Studies reporting only psychological partner abuse against women show lifetime female victimization from 11.5% to 80.2%.

Sexual partner abuse in large population, community, and/or student samples report male lifetime perpetration ranging from 42.1% to 60.0%, whereas their female counterparts, 47.4% to 67.9%. Sexual victimization experiences within the previous year range from 51.6% to 72.6% for women and from 39.6% to 57.2% for men. Studies reporting women-only sexual lifetime victimization indicate such experiences range from 6.4% to 28.8%.

The most frequently cited risk factors for partner abuse perpetration in Latin America are substance abuse and jealousy toward an intimate partner. Other perpetration risk factors each include perpetrator's young age, low educational attainment, and unemployment and having multiple sexual partners, gang membership, and the need to control an intimate partner. The most commonly cited victimization risk factors are women's lower level of education, low income, tolerance for abuse, having experienced violence in childhood (interparental violence or child maltreatment), and being a member of a gang in adolescence (Esquivel-Santoveña et al., 2013).

The main impact or consequences of partner abuse reported in this region are physical injuries (at a higher rate for females) and complication in pregnancies (Esquivel-Santoveña et al., 2013).

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LITERATURE REVIEW

Published and unpublished intervention protocols/programs were sought in major databases (Thomson Reuters, Redalyc, Springer, Emerald) which resulted in the identification of only one proposed DV perpetrator program. Other intervention protocols/programs were located via Google Search, contacting nongovernmental organizations (NGOs) involved in DV perpetrator intervention internationally such as MenEngage and websites of national women's institutes in Latin American and Caribbean countries. The keywords used were domestic violence perpetration programs/standards, partner abuse perpetrator programs/standards, and domestic violence/partner abuse perpetrator interventions (and their equivalent translation in Spanish and Portuguese). The selection criteria for the studies were as follows:

- Empirical studies had to be published/drafted in English, Spanish, or Portuguese.
- Published studies or program protocols about partner abuse/DV intervention programs had to focus primarily on perpetrators.
- They had to provide suggested or factual qualitative and quantitative data on interventions.

Based on the established selection criteria, 12 intervention protocols/programs, 7 empirical studies (2 of these included their respective program protocols), 1 case study, and 2 documents reporting on national standards for intervention programs were located (Table 1). Analyses of program manuals and publications are herein presented by countries in alphabetical order. Published articles (e.g., Ynoub, 1998) that identified partner abuse programs for perpetrators (as part of a broader evaluation of institutions or other aspects of DV) but that did not provide any qualitative or quantitative data of the program were not included in the analyses. Only one multicountry study exploring DV intervention programs for perpetrators in Latin America was found (Filgueiras-Toneli, 2007), and information from that study has been here summarized and integrated in the corresponding country sections. Because of the terminology used in perpetrator interventions in Latin America, the terms *partner abuse* and *domestic violence* are herein used interchangeably.

Brazil

Five publications were located in this country excluding the Filgueiras-Toneli (2007) multicountry study. One of the pioneering initiatives in partner abuse intervention for perpetrators in this country, promoted by Instituto Noos (NOOS Institute; Acosta, Andrade-Filho, & Bronz, 2004), are the reflexive groups for partner-violent men in Río de Janeiro that combine systemic and psychodynamic approaches within a gender perspective as their guiding framework (Acosta et al., 2004; Filgueiras-Toneli, 2007). A gender perspective is here defined as a conceptual framework that considers the socially assigned roles to individuals, male or female. Such framework criticizes stereotypes on which men and women have been historically educated and proposes

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TABLE 1. Literature Review Results by Type of Publication

Country/Author	Type of Document	Length of Program	Guiding Theoretical Perspective	Recidivism Rate/Program Outcome
Brazil/Acosta et al. (2004)	Program protocol	20 group sessions and 5 support sessions	Gender, systemic, psychodynamic	Not specified
Brazil/Costa-Lima and Büchele (2011)	Case study	18 reported sessions	Gender and family interactions perspectives	Not specified
Brazil/Maciel de Freitas and Oliveira-Cabrera (2011)	Empirical study	14 group sessions	Gender, conflict resolution, and family perspectives	84% customer satisfaction/ change of proviolent attitudes
Brazil/Feitosa-Andrade and Barbosa (2008)	Empirical study	26 group sessions	Gender	4% recidivism
Brazil/NAV (2012)	Program protocol/ empirical study	Not specified	Psychodynamic	An aggregated figure of 17% includes perpetrators and victims (children and adolescents)
Chile/Greve (2001)	Program protocol/ empirical study	Not specified	Systemic approach	Not specified
Costa Rica/Batres-Méndez (2003)	Program protocol	19 group sessions	Gender, CBT	Not specified
Dominican Republic/Pérez-Ramírez (2011a, 2011b)	Empirical study	8 talks/presentations	Psychoeducational	65% recidivism

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Dominican Republic/CICH (2013)	Empirical study	12 group sessions + 12 individual sessions	Gender theory, CBT, contextual and systemic, social responsibility, attachment theory, motivational interviewing, change theory, and human resilience	No femicides. Reduction between 8.28% and 15.38% on symptomatic mental health factors (e.g., anxiety, depression, hostility) and anger expression; 0.8% recidivism
Dominican Republic/ SESPAS (2002)	Country standards	Not specified	Gender	Not specified
Mexico/Garda-Salas (2009)	Program protocol	Not specified number of group sessions	Gender (ecological), psychoeducational	Not specified
Mexico/Cervantes-Fuentes (2012)	Program protocol	12 group sessions	Gender, CBT	Not specified
Mexico/Vargas Urías (2009a)	Program protocol	4 workshops ranging from 145 to 160 minutes each	Gender	Not specified
Mexico/Híjar and Valdéz-Santiago (2010)	Program protocol	24 group sessions	Gender, psychoeducational	Not specified
Mexico/IEGY (2012)	Program protocol	15 individual sessions + reflection group sessions	Gender, psychoeducational	Not specified
Mexico/Escobar-Bustamante and Yllán-Rondero (2008)	Program protocol	20 sessions	Gender, CBT	Not specified

(Continued)

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TABLE 1. Literature Review Results by Type of Publication *(Continued)*

Country/Author	Type of Document	Length of Program	Guiding Theoretical Perspective	Recidivism Rate/Program Outcome
Mexico/UNAM (2011)	Program protocol	52 group sessions	Gender, narrative, client-centered approaches	Recommends assessment at program completion, 6 months, 12 months, and 4 years after intervention
Mexico/INMUJERES (2012)	Program protocol	52 group sessions	Gender, client-centered, narrative approaches	Recommends assessment at program completion, 6 months, 12 months, and 4 years after intervention
Mexico/IVM (2014)	Program protocol	52 individual sessions	Gender, client-centered, Gestalt	At the start, 6 months later, and at the end of program
Mexico/Valdéz-Santiago et al. (2015)	Empirical study	24 group sessions	Gender (ecological)	78.5% attended 1–12 sessions; 21.5% attended 13 or more
Mexico/Vargas Urías (2009b)	Suggested country standards	52 group sessions	Gender, CBT, systemic, Gestalt, reeducation	No information available
Nicaragua/Zalaquett (2008)	Program protocol	2 days community workshops	Gender and family interactions	No information available

Note. NAV = Núcleo de Atenção à Violência; CBT = condition-based therapy; CICH = Centro de Intervención Conductual para Hombres; SESPAS = Secretaría de Estado de Salud Pública y Asistencia Social; IEGY = Instituto para la Equidad de Genero de Yucatán; UNAM = Universidad Nacional Autónoma de México; INMUJERES = Instituto Nacional de las Mujeres; IVM = Instituto Veracruzano de las Mujeres.

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new forms of socialization between the sexes based on gender equality (Vargas Urías, 2009b). Because of historical reasons and structural gender differentials around the globe, this gender view of partner abuse has typically deemed women to be the primary victims and men the primary perpetrators. Topics covered by these programs are masculinity (traditional and alternative socially defined meanings, behaviors and codes of conduct linked to what a man ought to be like (Vargas Urías, 2009a), gender relationships, family and conjugal systems, gender violence, and so forth. Three registration sessions involve providing new court-mandated clients the information about the program as an alternative to serving time in prison. Program participants have the option of giving free social service time in exchange for their arrest sentence.

Registration involves collecting sociodemographic data and inquiring about participants' attitudes toward violence, relationship dynamics, gender violence, and health via a questionnaire. After registry, the participant is also referred to legal or medical assistance if required. Individuals with drug abuse issues or psychiatric disorders must undergo specialized attention first before becoming eligible for program intervention. Participants are designated to group and individual intervention if needed once registration sessions are completed. The program is structured in twenty 2.5-hour weekly sessions that include gender reflexive group support, work evaluation, focus groups, and five support sessions for participants. Reflexive groups are formed by up to 12 participants.

Presession meetings are held prior to reflexive sessions by the team of facilitators to assess the group's narratives, attitudes, values, beliefs, expectations, and degree of involvement and familiarization with topics to be discussed. Sessions conclude with postgroup discussions previously agreed by the group. Group activities include conversation-generating dynamic activities (narrative techniques, sociodrama, body language, role play, linking activities, etc.) and complementary resources (follow-up, participant networking). The program is delivered by a facilitator and a trainee or volunteer from within a multidisciplinary team. Facilitators must take a 128-hour training course based on the program's guiding approaches related to the family, intrafamilial violence, cultural differences, human and women's rights, masculinity, psychosomatic body language, and so forth.

Besides a literature review about Brazilian and foreign research, the paper by Costa-Lima & Büchele (2011) presents results of a prevention and intervention program for perpetrators of partner abuse in southern Brazil. According to the authors, the main trigger for intervention services directed at perpetrators of partner abuse in Brazil took place with the promulgation of the Maria da Penha Law (legislation to prosecute and increase punishment in DV cases) in 2006. The program is presented as a government strategy to attend to domestic and family violence. A case study is presented involving six program facilitators in the state of Santa Catarina, southern Brazil, who were interviewed in 2007. Available intervention formats are group, couple, and individual 2-hour sessions conducted every 15 days. The 38 program participants had a mean age of 40 years, and 87% were married individuals who were attending the program voluntarily.

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Most referrals were from female partners attending intervention services. It is common for the agency to provide services for both men and women. A high program dropout rate is reported, with 45% of participants attending from one to three sessions and only 13% attending more than half of all sessions. The average number of participants per session is five. The program's guiding framework is a hybrid of gender and family interaction perspectives. The team of facilitators is composed of three social workers, two psychologists, and a social educator. Facilitators considered that, whenever possible, it is better to intervene with both men and women because both can be either perpetrators or victims at different times (instead of a man-perpetrator/woman-victim dichotomy of the phenomenon). One of the main obstacles in the delivery of services was poor networking between agencies providing support services (law enforcement, health care network, women justice procurement, etc.) as well as inadequate facilitator training and the lack of a defined protocol between partner agencies. A lack of data on rates of recidivism has been one of the program's limitations.

The study by Maciel de Freitas and Oliveira-Cabrera (2011) describes the work done at Grupo Reflexivo Caminhos, a DV intervention program for men in Londrina, Brazil. This was a pilot study consisting of 6 court-mandated male participants (out of 11 participants originally selected). Two thirds of the participants were recidivists ranging from 24 to 60 years old. Most of the participants belonged to a low socioeconomic status (SES) and had low educational attainment. The program was delivered within a fourteen 2-hour weekly sessions format by a psychologist, a social worker, and a lawyer. The theoretical approach used combined a gender perspective, development of conflict resolution skills, and family relationships. The main topics covered were gender, family and life history, the nature of violence, and conflict resolution. Sessions consisted of participant interaction, discussions, exchange of life experiences, an analysis of group dynamics, and exercises from the participant manual. The group was presented and perceived as a reflexive group by most participants. The program was rated positively by most participants with around 84% displaying prochange attitudes. Sixteen percent of clients indicated the Maria da Penha Law is very good, but both parties should be heard so that men have the opportunity to defend themselves.

The study presented by Feitosa-Andrade and Barbosa (2008) examined a program that used reflexive group methodology in São Caetano, São Paulo, conducted under a gender perspective. The group was composed of 15 court-mandated male participants, and the intervention was delivered by two facilitators within twenty-six 2-hour weekly sessions. The program has been perceived as positive and stimulating by participants and facilitators because the interactions among them enable discussion and reflections in the group. It promotes the amendment of values and behavior regarding violence against women, among perpetrators seeking to build healthy and committed relationships. Assessment of changed attitudes (e.g., through discourse analysis) is conducted with those clients concluding the program. The program itself is not intended as a substitute for needed law enforcement, legal, medical, or psychological support. The recidivism rate is 4%. The main challenges faced by the program include

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the acknowledgment by policymakers of the importance of intervention programs for men, the lack of institutional links with universities for a better systematization of program activities guided by research, financial resources for hiring and training facilitators, and the training of facilitators under a gender perspective with experience in violence interventions and the creation of a network to liaise and attend to related client needs (addictions, unemployment, etc.).

Since the mid-1990s, the Rio de Janeiro-based civil society Núcleo de Atenção à Violência (Nucleus for Attention to Violence [NAV], 2012) has provided interventions (called treatment) for children and adolescent victims and perpetrators of DV with a concern for at-risk situations, social inclusion, and support for parents or guardians. It uses a psychoanalytical approach to develop treatment and train professionals in the areas of health, education, social service, and protection agencies. Because of the nature of analytical methodology used, the training offered by NAV can take from 2 months up to 3 years (Filgueiras-Toneli, 2007).

Interventions include organized meetings, courses, and continuous training delivered by a multidisciplinary team. DV is seen as a form of relationship with ambivalent feelings of love–hatred, respect–disdain, trust or fear directed at an intimate partner or children and focuses (although not exclusively) on parental (or any other family member) violence toward children or adolescents. Interventions are delivered mainly in individual sessions and in the community through various cultural events. Forty perpetrators completed the program within 3 years. Program completion was 71%.

Referrals came from NGOs and government institutions. A recidivism rate of 19% was reported on interventions delivered in 2012 (that included an aggregated figure composed of perpetrators, children, and adolescents). Their programs are funded by the government and international agencies, although program funding is usually one of their main challenges. Extreme violence within the family was not an exclusion criterion for participation eligibility. Facilitators came from several related backgrounds (e.g., psychology, nursing, social work, medical).

Chile

A study by Greve (2001) reported on an intervention in the community of Pudahuel in Santiago, Chile. The intervention for intrafamily violence was offered by a community center focused on mental health, addictions, and family issues. Programs run there are funded by the government and NGOs based in Chile. The area of human rights and family is the one concerned with the delivery of psychotherapeutic intrafamily violence intervention efforts under a gender perspective, combined with a systemic approach by a multidisciplinary team of 10 professionals (including psychologists, social workers, occupational therapists, etc.). Intrafamily violence is conceptualized as a product of modern lifestyles where violence is deemed as a means by which conflicts can be resolved, a trend affected by other factors (competition, individualism, consumerism, etc.).

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Reported figures in the study correspond to the year 2000, and a similar quota of men and women, both victims and perpetrators, were provided with services. The team cooperates with the government and NGOs to provide adequate support for participants of their different programs. Their main challenges include the fact that therapeutic programs for perpetrators are mandatory (under the systemic model, a transformation requires acceptance, not imposition), lack of victim shelters, scarce financial resources for victims who must leave an intimate relationship and do not have the immediate means of survival, secondary victimization by the victim's surroundings including justice and health institutions, and most importantly, the culturally accepted values and lifestyles validating and normalizing the use of violence as a form of relationship and conflict resolution.

Costa Rica

The Instituto Latinoamericano de las Naciones Unidas para la Prevención del Delito y Tratamiento del Delincuente (United Nations Latin American Institute for Crime Prevention and Offender Treatment) provides a 19-week group intervention program for perpetrators under a gender perspective incorporating elements of cognitive-behavioral therapy (CBT; Batres-Méndez, 2003). Since its origin in 1991, the team of professionals/facilitators has received training in the Emerge model. Interventions are delivered by a male/female facilitator team with knowledge in gender and cognitive psychotherapy perspectives. In the initial phase, the family environment is explored via contact with the victim. Topics covered by the program include creating an appropriate atmosphere for the delivery of the program with the perpetrator; (abusive) masculinity and myths; avoiding violent behavior; acknowledging physical, psychological, and sexual violence and its impact on victims; accepting responsibility; coercive control and jealousy in an intimate relationship; accepting loss of the relationship (of intimate partner and reduced contact with children) as a result of violent behavior; nonviolent intimacy and sexual relationships; expression of feelings; assertive behavior; negotiating; commitment; and individuality.

Dominican Republic

Two studies conducted in this nation were identified. Pérez-Ramírez (2011a, 2011b) reports on an evaluation of an eight 2-hour weekly session psychoeducational government program aimed at men who perpetrate DV. Topics covered by the program include relationship dynamics, gaining consciousness about one's reality, communication in family life, conflict management, self-esteem and its relationship with others, emotional intelligence, and so forth. The program aimed to motivate 30 court-mandated male participants to revise their own family interactions and behavior, instill trust and self-esteem to improve relations with others, develop participants' conflict management and communication skills in the family, and increase emotional intelligence to control emotions.

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The psychoeducational program has adopted an ecological model within a gender perspective that considers neuropsychological, genetic, social, political, and family factors as well as technological advances and mental health disorders as potential risk factors of DV. The study identifies two types of perpetrators (psychopathic/generally violent and normal/family-only). Program effectiveness was planned to be assessed in terms of the participants' attitudes about intrafamily violence.

Created in 2008, the Centro de Intervención Conductual para Hombres (CICH; Center of Behavioral Intervention for Men, 2013) pioneered an intervention program for DV perpetrators delivered within psychoeducational and psychotherapeutic formats. The program consists of several individual sessions and 24 group sessions delivered by 3 psychologists in a minimum of 6 months and a maximum of 3 years. The amount of individual sessions vary to meet the participants' needs, and they include an initial interview, psychometric evaluation, and a pretest/posttest evaluation of progress achieved since registration up to the finalization of the program. A wide variety of theoretical approaches (see Table 1) are combined within a gender perspective. Topics covered in the program are emotional self-regulation, conflict management skills, responsibility, and problem-solving skills and relationships based on equality, jealousy, stress, anxiety reduction, and drug abuse.

From 2008 to 2012, the program provided interventions for 2,751 perpetrators with 21% of them being court-mandated individuals. Effectiveness was assessed via femicide incidents, mental health factors and anger expression reduction, and recidivism rate (see Table 1).

In the Dominican Republic, suggested standards for perpetrator programs (Secretaría de Estado de Salud Pública y Asistencia Social, 2002) promote individual and group support interventions. It is recommended that programs focus on the development of skills to establish nonviolent relationships and reconstruct the client's identity regarding violence. Institutions delivering these interventions are advised to cooperate with law enforcement and justice procurement agencies to follow up on the program participants' progress. Programs for perpetrators of partner abuse must be delivered in a separate location from venues where services for victims are delivered. Programs are expected to cover the following topics: the socialization process, conflict resolution and violence, education for a life without violence, intimate relationships and gender equality, "child innocuous violent games" and violence, strategies to share instrumental power, sexual stereotypes, gender identity and violence, feelings of anger and fear, and, frustration management, sexuality and violence.

Standards require that training workshops be conducted within a gender perspective, in accordance with regulations for the prevention of intrafamily violence, self-care workshops, and 24-97 (intrafamily violence) and 136-03 (children and youth's codes) laws. Intervention teams are required to be constituted by a multidisciplinary public health team (e.g., medical doctors, nurses, psychologists, psychiatrists, social workers, support groups, health care networks). The standards also require that program facilitators be trained in secondary trauma and stress risk factors, professional social support networks, continuous improvement of work conditions, and

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continuous training. Risk assessment should consider repetitive violent attitudes and practices and history of violence.

Mexico

Nine DV perpetrator intervention manuals developed in eight Mexican states (Chihuahua, Mexico City, Michoacán, State of Mexico, Sinaloa, Sonora, Veracruz, and Yucatán), one report of suggested perpetrator intervention standards, and results from one multistate empirical study were located and are here summarized in terms of the study's guiding research questions.

A community intervention program delivered in Michoacán, Mexico (Garda-Salas, 2009) for partner-abusive men in urban settings was identified, incorporating re-educational, ecological and community approaches (setting up contact, diagnosis, planning, work plan execution and assessment), and ecological approaches within a gender perspective. The program addresses masculinity by helping participants reflect on their violence against intimate partners; identifying violent practices, types of violence perpetrated, and damage done to an intimate partner; and formulating alternatives to violent practices and partner abuse. These reeducation efforts promote cognitive, emotional, behavioral, and kinesthetic alternatives to DV. From this perspective, partner abuse is closely related to other social phenomena, such as social/financial inequality, poverty, discrimination, and social vulnerability.

These community interventions are delivered in facilities of the Institute for Women, a partnering institution, or in community-based settings (schools, community centers, etc.) for men referred by civil, health, or education organizations, and/or law enforcement agencies. The main topics covered in the program are violence against women; types and repercussions of partner abuse; and the cognitive, emotional, kinesthetic, and behavioral alternatives to violent practices. The 2.5-hour group sessions are delivered by trained male and female facilitators. Based on risk assessment criteria, perpetrators of extreme violence are not eligible to take part in the program. Male or female facilitators are required to have training on gender issues and the dynamics of male-perpetrated violence.

A proposed cognitive-behavioral intervention program within a gender perspective (Cervantes-Fuentes, 2012) based on rational structuring of negative thoughts/ideas was described in a master's thesis project in Mexico City. The twelve 90-minute weekly sessions group intervention focuses on males aged 18–50 years who have perpetrated DV in a married/cohabiting intimate relationship and have at least some degree of motivation to take part in the program. Groups are made up of at least 10 participants. The proposed program is structured in three phases: identifying irrational thoughts/ideas (about the partner/relationship), generating rational thoughts/ideas through rational analysis of the client's problems, and teaching the client to change his internal "self-talk" (thoughts, ideas) into more rational and objective ones. An initial interview prior to intervention is conducted to assess individual characteristics of the client and existing couple dynamics.

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Topics covered by the program include motivations for using violence, deconstructing cultural premises about gender and power imbalance (dominance) in intimate relationships, masculinity (identifying irrational sex role ideas and violence as a problem-solving tactic), types of thoughts (constructive/destructive), jealousy and possessiveness, developing assertiveness and communication skills, self-esteem (cognitive restructuring), interpersonal problem-solving skills, anger management and impulse control, relaxation, social networks, and avoiding recidivism.

The civil association Género y Desarrollo—GENDES (Gender and Development; Vargas Urías, 2009a) presented a gender-based intervention program developed and delivered in Mexico City that covers four areas (gender equality, gender violence, masculinity, and self-esteem/self-knowledge) in a workshop format. The program has been designed to address, decrease, and ultimately eradicate attitudes and behaviors commonly associated to a patriarchal lifestyle in men in the community (aggression, alcohol and drug abuse, street violence, intrafamily violence, and health problems).

Each of these workshops is delivered in one day in a group format and stresses the importance of inspiring trust in others, understanding gender inequality, interacting and relating to others, care for and from other persons, partner abuse and its implications in interpersonal relationships, types of (gender) violence, social rites and practices required by society to conform to a person's masculinity, social stereotypes and myths, sensibilization in the expression of emotions, discovery of positive aspects that the aggressor has, expression of affection, and respect for others. The program additionally covers the concept of intimate partner femicide and violence against women's reproductive rights.

The Women's State Council in the Estado de México (State of Mexico) delivers services for heterosexual perpetrators (Híjar & Valdéz-Santiago, 2010) via a psychoeducational group program for court-mandated perpetrators, referred by partner institutions or attending voluntarily. The program is structured in twenty-four 2.5-hour sessions divided into two types: theme sessions (aimed at understanding and disarticulating violent dynamics) and technical sessions (participants receive tools to analyze and stop their violence in everyday life) using an ecological model within a gender perspective. Each session has five broad components: (a) kinesthetic contact, (b) rules and agreements, (c) activities (dynamics), (d) session closure, and (e) review of topics of previous and following sessions.

Intervention groups are composed of a minimum of 5 participants and a maximum of 15. Topics covered by the program include violence against women as a social problem and in institutions, the machismo culture, social construction of masculinity and male violence, the body and sexuality, identifying violence against an intimate partner and children, developing nonviolent negotiation skills, developing skills and capabilities to avoid recidivism, assuming responsibility for partner and children abuse, and developing self-care skills. Eligible participants should not have a diagnosed psychiatric disorder. The educational background of the facilitators is not specified, but rather a list of skills and attitudes are proposed.

The Centro de Atención y Reeducación para Hombres [Attention and Reeducation Center for Men] in Yucatán (Instituto para la Equidad de Genero de Yucatán

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[IEGY], 2012) has designed a gender-violence reeducational program that provides individual psychological support (fifteen 1-hour sessions approximately) and reflection groups for perpetrators as well as workshops and seminars on sensitive topics such as masculinity and male violence for men 18 years and older. Topics developed in the individual sessions include uncontrolled anger, anxiety/stress reduction, control of pathological jealousy, alcohol abuse (and reduction), improving assertiveness and communication skills, teaching client problem-solving skills and improving low self-esteem, elimination of irrational or distorted ideas about sex roles, violence and abusive behavior, and relapse prevention.

Topics covered in the reflection groups include acknowledging violence and responsibility, the cycle of violence, anger and aggression, abusive and alternative masculinity, expression of feelings, and learning to negotiate. The program considers that perpetrators share similar cognitive, emotional, behavioral, and interactional features. The protocol establishes six objectives/standards that intervention models should pursue: (a) control and stop violence, (b) improve social and communication skills, (c) promote the flexibilization of stereotyped gender roles, (d) decrease social isolation, (e) review cultural beliefs that legitimize violence, and (f) increase self-esteem. Interventions are facilitated by trained psychologists/anthropologists. Perpetrator risk level and irrational ideas are assessed during intake sessions.

A psychotherapeutic support program for men who perpetrate partner abuse in the state of Chihuahua was identified (Escobar-Bustamante & Yllán-Rondero, 2008). It consists of twenty 2-hour weekly sessions, and it is based on a brief CBT psychotherapeutic approach within a gender perspective. Intake and assessment sessions are composed of clinical interviews and include the use of psychometric and projective tests. Risk assessment is evaluated in terms of frequency, intensity and types of perpetrated violence, and intervention expectations. Topics covered in the program include stressful situations motivating the perpetrators' attendance, motivations and internal signs that have triggered violent behavior, learning strategies of self-control in the presence of activating signs of violent behavior, strategies to control different types of violent behaviors, gender roles in society and violent behavior, masculinity, acknowledging partner abuse and its repercussions in an intimate partner, distorted/irrational attitudes about an intimate partner and emotional dependence, communication skills and assertiveness, understanding limits as individual and social strategies in interpersonal relationships, conflict-solving skills, and sexuality in intimate relationships.

The focus of the therapeutic support delivered lies within three areas: cognitive (beliefs and distorted attitudes), behavioral (inadequate interpersonal skills), and affective (emotion management and expression difficulties). This program was developed for adults 18–65 years old, with no medical history of psychiatric disorders, with no hearing/language impairments, who perpetrated violence only within the family context, and with some degree of motivation to attend intervention sessions. The program is structured into three phases (data collection and client self-observation, new skills and behaviors, and consolidation/generalization of changed behaviors).

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An intervention program delivered in the state of Sinaloa (Instituto de Investigaciones Jurídicas-Universidad Nacional Autónoma de México [UNAM], 2011) was identified. It is the responsibility of the Ministry of Health of Sinaloa to deliver these interventions. The program requires that perpetrators of partner abuse have at least some degree of motivation to complete the intervention. This program has been developed within a gender perspective, client-centered and narrative approaches, and motivational interviewing. The protocol emphasizes that interventions should be delivered based on a gender perspective by two trained male (or one male and one female) facilitators with a background in behavioral sciences (e.g., psychologists, social workers). Motivational interviewing is used in the intake sessions. Perpetrator type is identified using Dutton and Golant's (1995) typology of psychopathic, hypercontrolled, and cyclical perpetrators. Candidates not eligible to participate in the program are clients with a psychopathic profile, a severe psychiatric disorder, alcohol or substance abuse, or with a high-risk criminal history. Group interventions are recommended to ideally take place during one year within 2.5-hour weekly sessions. The group should be composed of a maximum of 10 individuals. Each session is composed of three phases (reeducational, reflection, and a closing). It is suggested that individual sessions should be provided for a minimum of 1 year alongside group intervention. Individual sessions can be conducted on a weekly basis at the beginning of the program and may take place every 2 weeks depending on the client's objectives and needs.

Topics covered by the program are definition and cycle of violence, gender stereotypes, masculinity, violence in the family of origin, depression, self-esteem, jealousy, violence and power, anxiety and stress, responsibility for abusive behavior, assertive communication, nonviolent conflict resolution, the couple's sexuality, and relapse. Perpetrator risk assessment is used to identify the severity of the current violence perpetrated, the perpetrator's motivation to change, and whether the candidate would benefit more from individual or group sessions. This evaluation is carried out using a questionnaire with open-ended questions regarding the participant's sociodemographic data, history of violence, violence against an intimate partner, and risk factors. A questionnaire with close-ended questions and a checklist on the following topics are also used: irrational thoughts about women and the use of violence; experiences, repercussions, and motivations of partner violence; and a questionnaire with phrases to identify a particular type of perpetrator.

Program effectiveness and follow-up is assessed in four parts: (a) once the intervention is completed, (b) 6 months after the intervention, (c) 1 year after the intervention, and (d) 4 years after the intervention. Assessment in the first phase includes the program facilitator; in the second phase it involves separate face-to-face interviews with perpetrator and victim; and in the third and fourth phases, separate telephone interviews with the perpetrator and victim are conducted.

A program intervention protocol (Navarro et al., 2012) used in the state of Sonora was identified. The program is based on a gender perspective, and particularly on the Ley General Acceso de las Mujeres a una Vida Libre de Violencia (LGAMVLV; General Access Law of Women to a Life Free of Violence). The program was designed

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to be delivered by the Ministry of Health in Sonora through its state council for the prevention and support of intrafamily violence. The protocol establishes that an eligible client is a perpetrator that seeks a behavioral change and requests support from a public health institution or a civil association. Intake risk assessment interviews should consider empathy, reflexive listening, and motivational interviewing conducted with perpetrators and victims separately. The screening process assesses whether the potential participants belong to one of three perpetrator types (high-risk, hypercontrolled Types A [high risk] and B [medium risk], and cyclical perpetrator [low risk]). The program is not suitable for high-risk and hypercontrolled Type A perpetrators; these are instead referred to a mental health institution for support. Hypercontrolled and cyclical perpetrators are invited to take part in a support group or a series of individual sessions.

Group interventions suggested by the protocol are guided by Emerge, Amend, or Duluth methodology. These programs can range from 26 to 48 weeks, although the protocol suggests that these interventions be extended from 1 to 4 years. Other recommendations of the protocol are combined group and individual interventions as needed; clients should undergo additional assessment during the intervention as agreed during their intake sessions. Program completion depends entirely on progress achieved by the participant, and couple therapy is not encouraged based on intervention experiences in the United States and Europe. The protocol establishes that a great deal of the program's effectiveness is determined by the motivation of the facilitator when working with perpetrators. It is suggested that interventions should be conducted for a minimum of 1 year delivered in 2.5-hour weekly sessions. Every session has a reeducational phase, followed by a reflection part and a closing. Topics covered in the program include the definition and cycle of violence, gender stereotypes, masculinity, violence in the family of origin, depression, self-esteem, jealousy, anxiety, stress, nonviolent conflict resolution, the couple's sexuality, and relapse. Interventions can use cognitive-behavioral techniques within a client-centered approach and a gender perspective.

Intervention efforts in the state of Veracruz (Instituto Nacional de las Mujeres [INMUJERES]-Estado de Veracruz, 2012) are based on a feminist perspective combined with a client-centered therapeutic approach following LGAMVLV guidelines. It is suggested that these intervention services should be made available at state institutions (e.g., DIF—Integral Family Development institute; CERESO—Social readaptation centers) in liaison with pro-women rights civil associations. It is advised that these interventions be delivered by male facilitators with a suitable professional background (e.g., psychology, social work) and with training in gender perspective. There is no specific number of sessions determined for individual interventions because they depend on the therapeutic contract with the client. Group intervention requirements include an initial assessment (two sessions based on motivational interviewing of the perpetrator and the victim separately), and a maximum of 10 persons is recommended for group sessions within an appropriate environment to promote the expression of feelings, empathic attitude, and respect.

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The program is delivered in fifty-two 2-hour weekly sessions covering three phases (expression and visualization of perpetrated violence, a reflexive and metacognitive phase describing the participant's emotional experiences of violence, and working with conflict resolution and negotiation within the relationship). Each session is divided into three parts: a psychoeducational phase, a reflection phase, and closing of the session. Eligible program participants should not have a psychopathic profile or severe psychiatric problems, alcohol or other substance addictions, an ample criminal history, or be in a position where the victim would be put at risk. The evaluation session and interview guide allows for the identification of family-only violent perpetrators (which are said to account for around 76% of all interviewed cases) and generally violent/antisocial perpetrators (who are deemed to account for 26% of all cases). Program risk assessment can identify psychopathic (lacking empathic responses), hypercontrolled (emotionally distant), and cyclical (emotionally unstable) perpetrators. It is considered that the identification of the psychological profiles of potential clients can be used to distinguish other perpetrator characteristics by comparing among several typological classifications of perpetrators. For example, some psychopathic individuals with a lack of socialization skills that resort to violence as a problem-solving strategy or some hypercontrolled perpetrators with a trend of low control of impulses.

Topics covered during the intervention process include violence and irrational ideas about violence, the cycle of violence, gender stereotypes, hegemonic masculinity and new masculinity, violence in the family of origin, depression, self-esteem, jealousy, violence and power, anxiety and stress, responsibility about violent behavior, assertive communication, nonviolent conflict resolution, the couple's sexuality, and relapse. To assess the program, open-ended questionnaires about the participants' sociodemographic data, history of violence, violence against an intimate partner, and risk factors are used. Close-ended questionnaires and a checklist on the following topics are also used: irrational thoughts about women and the use of violence, experiences, repercussions, and motivations of partner violence. A questionnaire with phrases to identify a particular type of perpetrator is also administered.

Because 14% of the population in Veracruz is indigenous, the Women's Institute of Veracruz (Instituto Veracruzano de las Mujeres, 2014) has recently issued an intercultural reeducational and therapeutic intervention program for DV perpetrators. This is the first attempt to consider the ethnic heterogeneity of mixed-race and indigenous Mexicans. The ideal facilitator is someone with a background in psychology and training in gender equality and gender violence who will deliver these interventions within the 17 Centros de Reinserción Social (Social Reinsertion Centers) from the Dirección General de Prevención y Reinserción Social (General Direction of Prevention and Social Insertion) in Veracruz. The intervention model has four phases: facilitating the reeducational process, the individual in the process of reeducation (implications for the facilitator), the perpetrator being reeducated and his interpersonal relationships, and assessment and follow-up. Training can be completed by facilitators in 84 hours (includes sensibilization topics: gender and sexuality, gender violence, masculinity, reeducation as well as training in Gestalt, client-centered

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approach, and initial training in human rights and encounter group therapy). The intake assessment includes an interview, psychometric and personality tests such as the Minnesota Multiphasic Personality Inventory-2 (MMPI-2), and screening for distorted or irrational beliefs and thoughts about women, the use of violence and motivations attached to it, and a clinical assessment of the person.

Each intervention session is divided in four stages: identifying the needs, resources, and strengthening self-esteem; analyzing and working the violent act; working with gender wounds and personal reconciliation; life skills and life project. The proposed intervention model and its guidelines do not clarify what specific actions shall be taken to intervene with perpetrators from different indigenous backgrounds (e.g., special considerations when administering psychometric and attitudinal tests validated with such populations, particular indigenous language to be used during interventions with perpetrators from different indigenous communities). Assessment is suggested at the start of the program, 6 months later and at the end of the program.

An assessment (quasi-experimental study) of adherence to a perpetrator program delivered in eight states (Campeche, Colima, Querétaro, Sonora, Tabasco, Veracruz, Yucatán, and Zacatecas) headed by the Centro Nacional de Equidad de Género y Salud Reproductiva (National Gender Equality and Reproductive Health Center) at the Ministry of Health (Valdéz-Santiago, Martín-Rodríguez, Arenas-Monreal, & Híjar-Medina, 2015) was identified. The program is inspired in LGAMVLV guidelines and is based on an ecological model within a gender perspective. Intervention groups are formed from 2 up to 15 participants attending 2.5-hour weekly sessions. Facilitators should have ideally an educational background in psychology and knowledge about the gender perspective. At a previous stage of the project, facilitators received a 50-hour training. The call for program participation was conducted at state level through radio, television, brochures, health care promoters, and institutions providing services to victimized women.

Candidates were invited to attend the program voluntarily. A central criterion for male perpetrators eligibility was not having perpetrated severe violence in the previous week. Program length was 24 weekly sessions. The main motive for men to participate was to improve their family relationships, 12% acknowledged that they wanted to stop exerting violence against a partner, and 5% reporting attending the program because they were pressured by their bosses at work to take part in it. A risk factor for program dropout or no attendance was belonging to a religious group (Catholic religion in particular). Age (particularly being older than 37 years old) was reported as a protective factor for promoting medium to high levels of program adherence.

In Mexico, suggested standards (Vargas Urías, 2009b) were devised from the cross-cutting nature of a gender perspective, basic methodological elements within a social intervention model and its correspondence with the LGAMVLV. The identified suggested standards envision intervention programs for perpetrators to be developed from a gender perspective, and programs and institutions or organizations that promote these programs must include the gender perspective as part of their programs and policies. Programs should consider preferably group support and reeducational

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interventions, and basic intervention model characteristics (a theoretical gender perspective foundation, an analysis of gender violence from the individual, family, community, and social contexts of the perpetrator). These programs should use a methodology that seeks the protection of the physical and psychological integrity of women as its main objective, an organization of program topics, based on participants' experiences and achieved changes, a participant evaluation and follow-up system, a set of indicators built from up-to-date databases, and a congruent reeducational community.

Other suggested standards—envision interventions delivered by specifically trained program facilitators (a 100-hour yearly training is suggested). Perpetrator intervention programs must have available methodological and emotional support and supervision for facilitators and individual "diagnostic" assessment to confirm perpetrator eligibility for the intervention program. Programs must have clear criteria to regulate client participation (e.g., fifty-two 2-hour weekly sessions, group format, participant attendance and adherence to the program), should have a clear evaluation system (to assess recidivism, respect of female partners' rights, etc.), and ought to have at least the minimum administrative and logistic capabilities to operate. It is suggested that other intervention approaches (e.g., CBT, psychoanalysis, conflict resolution) not be delivered in the absence of a gender approach. Intervention programs must be adapted to the contexts where male partner abuse is perpetrated (although most existing programs are aimed at male heterosexual perpetrators living in urban settings).

Standards also encourage support or reeducational programs to include risk assessment prior to beginning the program. Psychoeducational phases ought to acknowledge and suppress violence and to provide tools and skills to interact in interpersonal relationships with respect and equality and should include assessment, self-assessment, participant monitoring, and follow-up. Intervention providers should develop links with law enforcement and agencies aiding victims of partner abuse. Intervention programs should have emergency mechanisms (e.g., support hotlines for perpetrators) to suppress violence against women. Perpetrator programs are not substitutes of judicial penalties or sanctions established by law (they should be incorporated as an additional tool for the social readaptation of the perpetrator). Programs should aid in the protection of rights of women who have suffered partner abuse; they ought to seek establishment of links with government and justice procurement institutions to identify and refer perpetrators to intervention programs.

In addition, institutions/associations with intervention programs receiving government funds are advised to be certified by an interinstitutional team of evaluators in the three proposed dimensions (gender perspective, methodological aspects, and adherence to LGAMVLV guidelines). Such assessment should include facilitators' training and experience, intervention model's characteristics, and the institution's administrative and logistic capabilities. Perpetrator interventions should include follow-up contact with victims, and operative criteria of the LGAMVLV should stem from interinstitutional and intersectorial agreement. Finally, institutions/associations delivering interventions are encouraged to produce information that contributes to the national database of information about cases of violence against women.

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Nicaragua

The Centro de Prevención de la Violencia—CEPREV—Violence Prevention Center (Zalaquett, 2008) in Managua has designed a community intervention of youth, intrafamily, and gender violence. CEPREV's model considers violence as a cultural phenomenon developed in the family context through antidemocratic power relations within a patriarchal structure. Family violence is deemed to have an effect in broader social phenomena such as school problems, gang violence, institutional weakness, and political authoritarianism. It is an internationally funded eight-phase feedback loop program focused on at-risk youth of street gang members. The program is delivered by a team of trained female psychologists. The violence intervention workshops and seminars are core initiatives of CEPREV that complement other community activities (e.g., drug abuse, unemployment, sexual abuse, sexual exploitation programs). Every 2-day workshop provides services to approximately 30 youths from communities identified with gang violence covering topics such as self-esteem, violence and machismo, violence and masculinity, gender identities, intrafamily violence, racism, conflict with parents, school problems, youth violence, stigmatization of female sexuality/maternity, communication skills, and expression of emotions. CEPREV liaises with community leaders to conduct the workshops. CEPREV provides free psychological support (psychotherapy) when needed to participants who cannot afford to pay for it.

MULTICOUNTRY SURVEY

Method

The North American Domestic Violence Intervention for Perpetrators Survey questionnaire—NADVIPS (Buttell et al., 2016) was translated into Spanish and Portuguese by the researchers and adapted for the Latin American context in particular categories such as "ethnicity" and so forth. The NADVIPS is a 15-page questionnaire aimed at providers of DV perpetrator programs that asks them to provide information regarding facilitator characteristics and program information (structure, content, services and information provided to perpetrators, dissemination of the program services, intervention approach used, program logistics, client characteristics, facilitator's insights and knowledge, and views on program standards). The response rate was 73%. Eleven participating institutions from five Latin American countries (Argentina, Brazil, Chile, Mexico, and Nicaragua) and two Caribbean nations (Dominica, Trinidad and Tobago) completed and e-mailed back the survey.

SURVEY METHODOLOGY

Perpetrator program providers were located by referrals through e-mail/telephone contact with pioneers in the area of perpetrator programs in Latin America and the Caribbean (e.g., Oswaldo Montoya, Peter Weller, Roberto Garda) and also with the aid

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of Women Institutes in the region. The Caribbean region information was provided by MenEngage, an international alliance of nonprofit organizations dedicated to tackle gender inequality.

Participants were first contacted by e-mail and invited to participate in the survey. Women's Institutes that did not have an e-mail contact address readily available in their websites were first contacted via telephone and were subsequently invited by e-mail to take part in the survey. The survey was administered by e-mail, and all participants were offered a copy of the results of the study once information had been analyzed and published. Participation was also incentivized with the opportunity to enter a contest to win an iPad mini or a $400 gift certificate to acquire books online on Amazon. Collected data from Portuguese- and Spanish-speaking participants was back-translated into English, and descriptive data was processed using Statistical Package for the Social Sciences (SPSS) Version 21.

The survey was presented to participants as a continental study to investigate experiences related to DV perpetrator interventions in the region regardless of the program-guiding perspective. Consent to participate was provided by completing the questionnaire and returning it to the researchers.

Reported Effectiveness of Domestic Violence Perpetrator Programs

Only 59% of participants (program providers) had/provided information about recidivism rates by clients once the program had been completed. Recidivism rates varied widely from 0% to 90% with a mean score of 12% (SD = 27.9).

Characteristics of Domestic Violence Perpetrator Programs

Facilitator Characteristics. Ethnic origin is reported by 81.8% participants to be Latin American and 18.2% Black. Regarding educational attainment, 36.4% of facilitators had completed an undergraduate degree in a related area (e.g., psychology, sociology, social work), 45.5% had a master's degree, and 18.2% had some kind of related professional specialization. An estimated 82% of participants provided information about training on DV received by their facilitators which varied from no training received on a yearly basis up to 100 hours per year (M = 22.2 hours per year, SD = 33.8). Likewise, 59% of participants had work experience as facilitators delivering interventions. Experience varied from 2 years up to 47 years (M = 11.9, SD = 15). The number of female facilitators delivering perpetrator interventions per program varied greatly (0–30; M = 7, SD = 11). The number of male facilitators per program ranged from 1 to 15 (M = 3.6, SD = 4.1).

Program Information and Structure. Participating institutions delivering perpetrator interventions in this region said they were part of an assistance and social welfare agency (18.2%), an NGO (72.7%), and one institution (9.1%) was classified as "Other." Program-funding sources varied widely (Table 2). Nine out of 11 intervention

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providers delivered their interventions in a group format (81.8%), 8 (72.7%) offered individual sessions, 4 (36.4%) included sessions with couples, and 3 (27.3%) conducted family interventions as part of their available formats. The average length of the programs was 24 sessions (varying from 13 to 56 weekly sessions) and a mode of 13 and 16 weeks. The average session duration was reported to vary from 30 to 60 minutes by 36.4% of providers, 61 to 90 minutes (27.3%), 121 to 150 minutes (18.2%), and more than 150 minutes (18.2%). Program registration was conducted within a face-to-face

TABLE 2. Program Funding Source by Type of Institution

Type of Agency	20% Funding	80% Funding	100% Funding
Program Participants			
Part of assistance/welfare agency	—	—	1
NGO	—	1	—
Other	—	—	—
Government Funding			
Part of assistance/welfare agency	—	—	1
NGO	1	—	1
Other	—	—	1
Private Donations			
Part of assistance/welfare agency	—	—	—
NGO	—	—	1
Other	—	—	—
Foundations			
Part of assistance/welfare agency	—	—	—
NGO			1
Other	—	—	—
International Aid			
Part of assistance/welfare agency	—	—	—
NGO	—	—	2
Other	—	—	—
Other Sources of Funding			
Part of assistance/welfare agency	—	—	—
NGO	—	—	2
Other	—	—	—

Note. NGO = nongovernmental organization.

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interview format as reported by 63.6% of participants; 32% through face-to-face interviews combined with the administration of standardized questionnaires. Almost all institutions (90.9%) delivered interventions either at their facilities or in a community center in an outpatient modality, whereas only one (9.1%) expressed conducting their interventions both within prisons and in an outpatient format. Participating organizations expressed 54.5% of their program facilitators never have contact with the victims. Only 7 out of the 11 institutions (63.6%) collected data about program clients' annual income (M = \$5,293, SD = 4,143). The reported average program completion rate is 73%.

Services and Information Provided to Program Participants. Among the most commonly reported topics covered by perpetrator programs are anger and control skills (100%), communication skills (100%), gender role awareness (90.9%), impact of abuse on victims (90.9%), identifying/managing emotions (81.8%), conflict resolution skills (81.8%), changing proviolent/irrational thoughts (81.8%), socialization factors (81.8%), life skills (81.8%), meditation exercises (72.7%), general self-awareness (72.7%), understanding childhood experiences (72.7%), identifying power/control tactics (63.6%), assertiveness training (63.6%), grief work (54.5%), identifying the three-phase battering cycle (45.5%), healing past trauma (45.5%), general coping skills (36.4%), and identifying mutual conflict cycles (27.3%).

Treatment Approach. Although almost all intervention providers confirmed their programs are hybrids combining several treatment/intervention approaches, these programs were all nested within a gender perspective. That is, all of them were presented as intervention or treatment programs for male perpetrators. Among the primary intervention/treatment approaches are feminist (54.5%), CBT (36.4%), family systems (27.3%), narrative therapy (18.2%), social learning (18.2%), psychodynamic (9.1%), psychoeducational (9.1%), trauma-focused (9.1%), and self-help/peer support (9.1%).

Additional Services Offered to Perpetrators. Institutions vary in the type of additional services provided to program participants. For example, 45.5% of participating program providers offer crisis management support or educational resources; 36.4% offer parenting classes; 18.2% provide substance abuse programs, job training, community support, or food; and 9.1% include transportation or career assistance services.

Intervention Program Logistics. Service providers differ in the way they keep track of the number of clients they work with. For example, some institutions register a yearly estimate of participants enrolled in their programs, whereas others provide information on the average amount of clients per session. The programs are delivered in Spanish (63.6%), Portuguese (18.2%), and English and Creole (18.2%). Most institutions have links with several other services or associations (Table 3).

Client Characteristics. Most program participants are male (71.4%), heterosexual (87%; gay 1.5%, bisexual 11%, and 0.5% transgender), and Latin American (67.7%;

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TABLE 3. Liaisons and Quality of Relationship With Other Service Agencies

Services/Agencies	Excellent Relationship (%)	Good Relationship (%)	Poor Relationship (%)	No Link (%)
Courts	27.3	27.3	27.3	18.1
Social services	45.5	45.5	9	—
Support groups	18.2	72.7	—	9.1
Behavioral health services	9.1	27.3	—	63.6
Substance abuse programs	18.2	45.5	9.1	27.3
Shelters	18.2	18.2	18.2	45.4
Law enforcement	18.2	63.7	9.1	9

indigenous 2.8%, White 3.7%, African 3.7%, and 22.2% of participants were classified as "Other" [Creole, etc.]). Clients classified in age groups were identified as a diverse population (younger than 18 years old [0.2%], 18–24 years old [13.3%], 25–39 years old [46.1%], 40–54 years old [34.9%], 55–64 years old [3.4%], and 65 years old or older [1.1%]). Intervention providers indicate they liaise with associations, society, and government agencies, thus clients are referred by a professional in a related area (23.5%), by a friend or relative of the perpetrator (15%), voluntary attendance (15.5%), referred by a court of law (29%), by a social services agency (7%), and other types of reference (10%).

Facilitators' Insights and Knowledge. Participants agreed on basically all the causal factors surveyed as bearing a degree of importance for experiences of DV perpetration/victimization (Table 4). Among the most important reported factors thought to have the greatest significance are patriarchy, traditional gender roles, experiences of abuse (either witnessing or suffering victimization) in the family of origin, and poor anger management skills. The second most important factors deemed as causal of DV are difficulty managing emotions and poor self-awareness.

Facilitators' Knowledge About Domestic Violence. Physical assaults are believed to be initiated in most of the cases (90.9%) by men, whereas only one participant (9.1%) considers a physical assault can be equally initiated either by a man or a woman. Nonphysical violent episodes are deemed to be initiated at similar rates by men or women (males = 36.4%, females = 36.4%, males and females about equal = 27.3%). A growing consensus (45.5%) about the consequences of DV deems that male and female victims experience the worst outcomes of such violence, whereas most participants agree that female victims and children are mostly affected by DV. A potential pathway leading to becoming a perpetrator is considered by more

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TABLE 4. Views on Significance of Causal Factors of Domestic Violence

Causal Factors	Not Important (%)	Somewhat Important (%)	Important (%)	Very Important (%)
Poor anger management skills	9.1	9.1	27.3	54.5
Difficulty managing emotions	9.1	9.1	63.6	18.2
Patriarchy	9.1	—	—	90.9
Dependency on others	9.1	27.3	45.5	18.2
Traditional gender roles	9.1	—	18.2	72.7
Past trauma	9.2	36.4	36.4	18.2
Violence in the family of origin	9.1	9.1	9.1	72.7
Mental health	9.1	45.5	36.4	9.1
Poor self-awareness	18.2	9.1	63.6	9.1
Aggressive personality	9.1	54.5	27.3	9.1
Other personality issues	9.1	63.6	18.2	9.1
Poor communication/ conflict resolution skills	—	18.2	45.5	36.4
Poor general coping skills	9.1	27.3	45.5	18.2
Experiencing negative peer influences	9.1	45.5	45.5	—
Substance abuse	9.1	45.5	45.5	—
Attitudes supporting violence	9.1	18.2	27.3	45.5
Abusive partner	9.1	27.3	45.5	18.2
Work/environmental stress	9.1	45.5	45.5	—
Experiencing oppression/ discrimination	18.2	27.3	36.4	18.2
Poor education	18.2	63.6	9.1	9.1
Unemployment/low-income stress	9.1	36.4	36.4	18.2
Parenting stress	9.1	63.6	9.1	18.2

participants (54.5%) to arise (in part) by witnessing DV perpetrated by the father against the mother.

Interestingly, more than a third of participants (36.4%) state there is a similar likelihood of becoming a perpetrator of DV when witnessing father-to-mother DV perpetration than the opposite, whereas one participant believed that none of the aforementioned patterns of violence (father-to-mother, mother-to-father) can determine the likelihood of becoming a perpetrator of DV later on in life.

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TABLE 5. Perceptions About Motives for Male and Female Perpetrators to Abuse Their Intimate Partner

Motivations	Male Perpetrators (%)	Female Perpetrators (%)
To dominate and control	90.9	45.5
To express anger or other emotions or to communicate	63.6	54.5
In self-defense	18.2	81.8
To retaliate for something their partner did	36.4	18.2

Upon inquiry about motives (Table 5) repeatedly suggested by the literature for perpetrating DV, participants agreed there is no single factor that determines male violence (typically believed to be control of a partner) and female violence (generally believed in self-defense), but rather that these primary motives are followed by other reasons related to emotional upset or poor communication skills in both sexes.

Views on Standards and Domestic Violence Program Improvements

Almost all participating institutions (81.8%) corroborated they collected data from the perpetrator, 72.7% collect information about the program participant, and 63.6% carry out a satisfaction survey and keep track of client outcome data on recidivism rates (including who reoffends during or after program completion). This data is collected in most of the cases (81.8%) by the institution's personnel, and only in two cases (18.2%) information was reportedly collected by academic researchers. Interventions adhered to existing curriculum were delivered by 54.5% of participating institutions; 63.6% reported conducting their interventions based on the institution's philosophy. A minority (36.4%) stated they used similar interventions with clients regardless of gender, SES, and sexual orientation, whereas 63.6% of providers indicated that they adapted their interventions to cover the client's needs and contexts. Client satisfaction with the program was collected by all participating institutions. Program satisfaction was very high in 27.3% of the cases (three programs), in 45.5% of the cases (five programs) they were moderately satisfied, a little satisfied in 18.2% of participating programs (two), and one program (9.1%) reported clients were not satisfied at all.

Awareness of State, Province or Nationwide Standards for Perpetrator Programs. Three participating institutions (27.3%) said they had state-/province- or country-written standards, three mentioned they did not know about existing standards in their countries or if they even existed, two institutions (18.2%) declared they had moderate knowledge of existing standards in their countries, and three

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participants reported they had a deep understanding about existing programs in their countries, states, or provinces.

When participants were inquired about their beliefs about state/provincial/nationwide intervention standards for male, female, and same-sex DV perpetrators, only one institution (9.1%) mentioned that existing standards were adequate. Another participating institution confirmed standards were being devised in their country at the moment of the survey.

Facilitators' perceptions about identified challenges during interventions in Latin America and the Caribbean include the following:

- Disarming deep-rooted gender beliefs, violence, and cultural masculinity (practices)
- Safety concerns about interventions held with members of a gang
- Disarming dogmas and beliefs of some clients that belong to religious institutions
- Adapting interventions and tests for clients with low cognitive resources
- Client disabilities (particularly visual and hearing impairments)
- The lack of support from the government to fund intervention projects
- Participants' unwillingness to attend the program
- Underreporting of causes that lead to DV

Further Views About Intervention Programs for Perpetrators in Latin America. It was identified that appropriate screening and follow-up via client monitoring would aid interventions. Another important suggestion for future interventions involves a more thorough facilitator training process. When risk assessment allows it, secondary program phases should be conducted with mixed groups of men and women.

Services for Lesbian, Gay, Bisexual, and Transgender Participants. None of the participating institutions provided any specific service to clients from the lesbian, gay, bisexual, transgender (LGBT) community. Only three participants (27.3%) mentioned LGBT clients receive some kind of support or assistance through general channels (counseling, individual attention, etc.) provided to any perpetrator. When participants were inquired about specific needs they detected for LGBT clients, they indicated the following: attention to emotional needs stemming from discrimination, support on discrimination issues, job opportunities and training, more information about sexual diversity and sexuality, information about sex and gender, self-respect, tolerance, antidiscrimination, and human rights.

DISCUSSION

Slightly more than half of participating institutions had a record of program effectiveness. Although the reported mean recidivism rate after program completion is low, the standard deviation (more than double the mean score) shows that the effectiveness of programs (that provided recidivism data) vary widely with some of them having recidivism rates as high as 90%. Findings here indicate that perpetrator

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program assessment is in its earliest stages in Latin America because there were no published studies found of the evaluation of perpetrator programs either in large comprehensive databases, program protocols, or intervention providers' websites (only one published assessment of program adherence was located). Although the rate of overall effectiveness of perpetrator programs in other parts of the world remains inconclusive because of methodological and assessment issues, heterogeneity of effectiveness indicators by some programs and so forth (Eckhardt et al., 2013; Price & Rosenbaum, 2009), is concerning that in Latin America, there is no legislation in place to assess the strategies and efforts made to intervene with DV perpetrators, particularly because in many of these nations, the institutions providing these services receive public funds. This lack of legislation linking perpetrator program assessment and funding may come as no surprise because in some of these nations in this part of the world (e.g., Mexico), the institutionalization of perpetrator programs is a strategy that governments and pro-women rights institutions are starting to deem as worthwhile pursuing. It is unclear whether funding for these institutions is conditioned to program effectiveness.

Because of the fact that perpetrator program effectiveness assessments in Latin America/the Caribbean have not been previously documented in the literature, nor have they been reported as standard procedure by all the participating institutions in this study, this is one of the recommended standards needed in this part of the world to start building an evidence-based body of knowledge about which interventions are more effective for treating perpetrators and ultimately eradicating DV victimization.

Facilitator Background and Program Structure

With the exception of one participating institution based in Brazil which reported facilitators did not have or need to have any intervention experience to deliver their programs, all the other institutions require that facilitators have a coherent educational background. Furthermore, they provide them with some specific DV training and report having some experience delivering these interventions. This trend is similar to what the literature in the United States reports (Maiuro & Eberle, 2008).

Around one third of the participating institutions mentioned that they provide interventions for couples and families in addition to group interventions. However, some intervention protocols/guidelines (e.g., Batres-Méndez, 2003; Vargas Urías, 2009b) in Latin America discourage these intervention formats on the grounds of victim protection. It may result as problematic to propose only group interventions (discarding couple interventions) as a needed standard because only approximately one third of the institutions confirmed administering standardized psychometric/personality test in addition to their reports stemming from registration interviews to assess victim risk. Furthermore, slightly more than half of the institutions stated that their facilitators never had contact with the victim. These findings highlight the need for thorough risk assessments as standard procedure in perpetrator programs

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in Latin America and the Caribbean to better inform suitable intervention formats for specific cases of partner abuse.

In addition, only four program protocols mentioned conducting an assessment regarding the perpetrator type (e.g., hypercontrolled, cyclical perpetrators). This is a sign of the incipient acknowledgment in this part of the world of the heterogeneity of intimate partner violence documented elsewhere (e.g., Dixon & Graham-Kevan, 2011; Graham-Kevan & Archer, 2003; Johnson, 2008; Michel-Smith & Straus, 2014). A proposed standard here is that all interventions go beyond their current risk-assessment protocols and implement screening for different types of partner abuse perpetrators to better tailor their interventions. In that way, intervention formats would be guided by sound assessment of partner abuse perpetrator type/risk.

It is clear that interventions in these programs focus mostly on male perpetrators. Furthermore, the incorporation of other approaches (e.g., CBT, client-centered) within a gendered framework of DV is evident in the information provided to clients, whereas programs offer additional services to perpetrators as needed. It is important to note that it is necessary to have a standardized registration who attends the program (number of participants per session/on a yearly basis, etc.) to enable cross-country comparisons.

It was noticed that interventions are delivered in the mainstream languages spoken in Latin America (Spanish and Portuguese) and the Caribbean (English); however, none of the program providers stated that they were capable or ready to deliver their interventions in the respective native indigenous languages, thus this remains a challenge for institutions in this region. Another challenge that service providers face is broadening their scope to intervene with certain age and minority groups. For example, it was found that 13% of individuals registered in interventions in Latin America belong to the LGBT community. None of the surveyed institutions nor the program protocols consulted confirm having interventions specifically designed for these groups. Some participating institutions actually suggest the implementation of specifically tailored programs for clients from the LGBT community as a standard.

Furthermore, a great majority (81%) of program clients are within the 25–54 years old age group. In light of research findings regarding prevalence and partner abuse patterns in younger couples (typically university students), providing specific services for this particular age group represents yet another challenge that intervention programs face.

When inquiring about facilitators' insights and input regarding the causal factors of DV, they reported a combination of approaches used in their programs indicating a web of factors with patriarchy, stereotyped gender roles, and childhood experiences of abuse reported as key or the most salient. This notion is depicted by facilitators' views about the initiation and motivations of DV. Research about partner violence risk factors (e.g., Godbout, Dutton, Lussier, & Sabourin, 2009; Medeiros & Straus, 2006; O'Leary, Smith Slep, & O'Leary, 2007) confirms that violence in the family of origin is an influential risk factor of DV perpetration as well as other individual and

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dyadic factors (e.g., anger expression, insecure attachment, marital adjustment) more closely related to partner abuse perpetration than the aforementioned factors examined in the intervention protocols. It is therefore suggested that a more comprehensive evidence-based empirical assessment of the associated motivations of partner abuse is required to determine salient factors of DV.

Views on Standards to Regulate Interventions for Perpetrators of Domestic Violence

Despite the fact that only two documents (Secretaría de Estado de Salud Pública y Asistencia Social, 2002; Vargas Urías, 2009b) from two Latin American countries (Dominican Republic, Mexico) describing suggested standards were found, the literature review and the continental survey conducted in this study allowed us to identify challenges lying ahead for institutions providing intervention services in terms of such suggested standards in this region of the world. Participants generally agreed to abide by the organization curriculum or at least to have from a moderate to a deep understanding of existing standards in their countries, but when inquired about how appropriate these standards were to treat male, female, or same-sex perpetrators, only one participant agreed that their standards were adequate. It is important to note that although most participating institutions confirmed there were program standards in place, most of them are not readily available in the institutions' websites or published in academic or scientific journals.

The two documents outlining suggested standards compiled a wealth of opinions and experiences of practitioners delivering interventions focused on gender violence in intimate relationships. It is evident that most of these interventions have gone to great efforts to enrich their programs by including elements of other approaches (e.g., CBT, client-centered), and a few of them have incorporated in their protocols the screening for different types of perpetrators. Recent empirical research with batterers (Graña, Redondo, Muñoz-Rivas, & Cantos, 2014) describes the benefits of tailoring interventions to specific types of perpetrators. Among these benefits are the reductions of recidivism, program dropout rates, and increased ability to predict program success. Identifying specific types of perpetrators in interventions is a much needed pending standard in Latin America and the Caribbean. In addition, minority groups (e.g., individuals from indigenous communities, members of the LGBT community, people with visual/hearing impairments, perpetrators with learning disabilities) do not have access to tailored interventions. This is indeed an area participating institutions have identified as key to deliver more effective interventions and has been here acknowledged to improve the content and structure of program protocols in Latin America.

Institutions delivering perpetrator interventions could benefit from working alongside academics, particularly when designing and evaluating intervention protocols. It is noted that the design of these protocols relies heavily on previous experiences of other programs and practitioners with ample experience in perpetrator intervention

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delivery or in human rights (e.g., Secretaría de Estado de Salud Pública y Asistencia Social, 2002; Vargas Urías, 2009b). This trend is also reflected in the scarce number of academics involved in conducting data collection/program assessment. Therefore, a proposed standard of practitioners liaising with academics is essential to link research to practice, particularly cutting-edge evidence-based research to identify and devise more effective interventions in terms of achieving lower recidivism and program dropout rates (Dixon, Archer, & Graham-Kevan, 2012; Graña et al., 2014; Hershenberg, Drabick, & Vivian, 2012).

In Latin America, public policy and government funding to deliver DV perpetrator programs is in its early stages. Perpetrator program funding has indeed been cited by participants as a concerning aspect. In Latin American countries, it is common to have commissions appointed by congress to work/investigate gender violence to create legislation to protect female victims (e.g., LGAMVLV, María da Penha law). In doing so, it is only until very recently that some national women's institutes in Latin American countries have started to deem interventions with perpetrators a worthwhile strategy to eradicate violence against women (VAW) and actually allocate resources to operate those programs. A proposed standard involves the reconceptualization and acknowledgment of partner abuse as a heterogeneous phenomenon in Latin America that requires working with victims *and* perpetrators.

Limitations

Although this study has gone to great lengths to investigate existing perpetrator programs in Latin America and the Caribbean region, it has been noted that many of the institutions do not have readily available information about such programs on the internet compared to information about their programs for victims. Most of our participants were located through direct e-mail/telephone contacts with people either working with victims that referred partner institutions/areas within their own institution charged with the responsibility of running interventions with perpetrators or through renowned pioneers of perpetrator interventions in this region. Efforts to promote interventions with perpetrators in public policy in Latin America and the Caribbean are in their early stages compared to the United States or Europe. One of the challenges posed in researching perpetrator programs in this region is the lack of published research (e.g., empirical studies assessing program effectiveness) or readily available directories on the websites of institutions delivering perpetrator interventions. Nevertheless, this is the first study to examine perpetrator programs in Latin America regardless of their guiding theoretical approach and to provide detailed information on program characteristics, facilitators' insights, and suggested standards.

It is suggested that multidisciplinary teams work on the assessment of program effectiveness in this region. Evidence-based research should guide and bridge the gap between academics and practitioners to ensure the most effective interventions are offered, particularly when referring to institutions using public funds.

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For the ease of the reader, suggested standards derived from this study are here summarized:

- Perpetrator program effectiveness assessment should be a standard procedure to enable comparisons with programs with similar and different guiding frameworks.
- Legislation to grant funding for perpetrator programs should be devised in this part of the world and conditioned to effective intervention efforts.
- In light of empirical evidence, partner abuse should be approached as a heterogeneous psychosocial problem, and programs should target specific types of partner abuse.
- Thorough perpetrator risk assessments should consider in all cases interviews with the victims to assert intervention format suitability (e.g., group, couple, individual).
- All risk assessments should screen for perpetrator types to provide better tailored intervention and increase program effectiveness (e.g., decreasing recidivism, program dropout rate, and increasing the ability to predict program success).
- Program providers should work alongside academics to link cutting-edge evidence-based research to practice.
- Standardized registration/intake sessions should be a standard procedure to allow for comparisons with other programs.
- It is urgent that perpetrator interventions consider ethnic minorities so that programs can be adapted to perpetrators from indigenous communities that may have a different cultural background, indigenous languages, and so forth.
- All programs should consider tailoring interventions and additional support services/information for members of the LGBT community.
- Interventions should also consider providing services to clients in younger intimate relationships because couple dynamics and motives for partner abuse may differ from those commonly found in older couples.

In conclusion, the standards proposed here should complement existing standards to design and deliver the best interventions, stripped of any political or ideological agenda, if we seek to protect all victims and eradicate DV in this part of the world.

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