



Development and Evaluation of a Group-Based Healthy and Respectful Relationship Program for Male Perpetrators of Domestic Violence in Türkiye

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ABSTRACT

Domestic violence perpetrator programs should develop a multifaceted approach and implement rigorous evaluations. This study examined the effectiveness of a 10-week healthy relationships program for male perpetrators in Türkiye with recent family restraining orders. The program integrated motivational strategies, cognitive-behavioral therapy, feminist therapy, positive psychology, and the stages of change model. The study utilized a qualitative research design, including semi-structured interviews. A total of 18 men were allocated to three intervention groups ($N = 18$; Group 1: 6, Group 2: 5, Group 3: 7). Thematic analysis revealed that, despite initial concerns, the men gradually developed trust and acquired new skills through the eclectic approach. However, challenges related to sustaining long-term behavioral change were identified. The results imply that perpetrators have the potential to enhance their communication and anger management abilities, although they may encounter difficulties in fully acknowledging their role in perpetrating violence.

KEYWORDS

Behavioral change; domestic violence; effectiveness; group intervention; perpetrators

Domestic violence persists as a significant public health issue, impacting the well-being and safety of survivors. Evaluating intervention programs for perpetrators is crucial in addressing this concern (Bates et al., 2017; Bowen, 2010; Dixon et al., 2012; Morrison et al., 2021). Regarding intervention efforts in Türkiye, national action plans have been prepared and efforts have been made to combat violence against women since the 1990s (İçli, 1994; İl & Arıkan, 1994). The Violence Prevention and Monitoring Centers established in 2012 under Law No. 6284 on the Protection of Family and the Prevention of Violence against Women to prevent and stop violence (Günay, 2012). According to this law, domestic violence perpetrator interventions are not mandatory, even though one of the law's objectives is to implement preventive service models for individuals who have committed or are at risk of

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committing violence (Kaya-Kızılırmak, 2020). However, voluntary-based anger management programs have been conducted to men who have committed violence against their spouses in Ankara, Türkiye (Fırat, 2022). Currently, there is limited research in Türkiye exploring how male domestic violence perpetrators experience and perceive perpetrator intervention programs in cases involving family restraining orders for violence against women. This study aims to address this gap by examining participants' perspectives on the Healthy and Respectful Relationship Program (HRRP), a voluntary program designed for male domestic violence perpetrators. The research seeks to understand how participants interpret the program's impact on their attitudes, behaviors, and relationships, providing insights into the program's perceived role in promoting change.

Historically, such programs have exhibited limited effectiveness, raising questions about their capacity to effect lasting change and reduce recidivism among perpetrators (Lilley-Walker et al., 2016; Nessel et al., 2019). Likewise, perpetrator intervention programs are commonly criticized for failing to deliver effectively due to high drop-out rates (Evans et al., 2022; Hester et al., 2015; Phillips et al., 2013). Recent studies suggest that dropout rates are lower in court-mandated programs compared to voluntary ones (Evans et al., 2022; Taft & Campbell, 2024). However, court mandates are mostly critical to attending such programs (McGinn et al., 2016). For instance, many perpetrators fear legal consequences that compel their participation in perpetrator programs (McGinn et al., 2016; Turhan & Bernard, 2022). Notably, the Duluth Model, developed in the 1980s, is one of the most influential frameworks for domestic violence intervention programs worldwide. Rooted in feminist theory, it views domestic violence as a means of asserting power and control, reinforced by societal norms supporting male dominance (Pence & Paymar, 1993). The model uses group sessions to encourage perpetrators to take responsibility, challenge traditional gender roles, and develop nonviolent relationship skills. While effective in many settings, it has faced critique for its uniform approach, particularly regarding cultural diversity and trauma complexity (Dutton & Corvo, 2006). This study compares the Healthy and Respectful Relationship Program (HRRP) to the Duluth Model, highlighting differences in method and cultural adaptation.

This study integrates feminist perspectives to help participants examine power and control dynamics in their interactions with wives and children, promoting healthier, more egalitarian relationships. Feminist approaches address systemic oppression and intersecting identities, such as gender, race, and class, which shape behavior and experiences (McKibbin et al., 2015). Unlike other interventions focused solely on self-regulation and nonviolent communication, this program embeds these skills within a feminist framework, aiming to foster change through learning egalitarian relationship principles and developing relational skills (Bierema et al., 2023;

Prasad et al., 2021). This approach situates the study within the literature by uniquely combining feminist theory with behavioral interventions to assess impacts on participants' awareness, behaviors, and relationship dynamics.

Smedslund et al. (2011) found that both court-mandated and voluntary perpetrator programs had limited impact, consistent with meta-analyses showing the ineffectiveness of court-mandated interventions (Babcock et al., 2004; Wilson et al., 2021). Taft and Campbell (2023) attributed these shortcomings to the involuntary, punitive nature of these programs, which contrasts with modern voluntary and health-focused approaches. Factors like education, employment, alcohol use, and court involvement predict program attendance (Smethurst et al., 2024). Scholars emphasize the need for legal referral pathways to improve outcomes and develop new treatment models (Barocas et al., 2022; Evans et al., 2022; Expósito-Álvarez et al., 2023). The Strength at Home program, using trauma-informed strategies, showed positive results in military veterans, reducing intimate partner violence, PTSD symptoms, and alcohol-related issues (Creech et al., 2023; Taft et al., 2016).

Many scholars have identified motivational strategies as potentially promising for enhancing the effectiveness of domestic violence perpetrator intervention programs (Kistenmacher & Weiss, 2008; Musser et al., 2008; Santirso, Gilchrist, et al., 2020b; Zalmanowitz et al., 2013). Incorporating motivational strategies into interventions aims to increase perpetrator commitment to behavior change, recognizing their potential to reduce physical and psychological violence, treatment dropout, and recidivism against women (Santirso, Gilchrist, et al., 2020a; Turhan & Bernard, 2020). Some researchers have found that mindfulness-based programs like Achieving Change through Value-Based Behavior reduced domestic violence among incarcerated perpetrators (Berta & Zarling, 2019) and reduced recidivism compared to traditional treatment methods (Lawrence et al., 2021; Reardon et al., 2020). Trauma-informed strategies in programs like the Strength at Home initiative have demonstrated positive effects, not only in reducing domestic violence but also in addressing associated issues like PTSD and alcohol misuse (Taft & Campbell, 2023).

Moreover, some researchers paid attention to culturally-sensitive approaches (Gondolf & Williams, 2001; Guru, 2006; Turhan, 2020a). In this study, it is important to consider the unique socio-cultural context of Türkiye. Domestic violence intervention programs must account for the specific cultural, societal, and familial norms that shape individuals' behaviors and beliefs. As Gondolf and Williams (2001) and Guru (2006) highlight, culturally-sensitive approaches recognize that the effectiveness of intervention programs is closely tied to how well they align with the participants' cultural values and lived experiences. In this context, a one-size-fits-all model may not address the

underlying social constructs of masculinity, family honor, and authority, which can influence attitudes toward violence and behavior change.

Theoretical framework

In the context of Türkiye's patriarchal structure, traditional gender roles, hegemony, and masculinity contribute to power imbalances, normalize violence, uphold male dominance, and reinforce harmful notions of masculinity (Bozkurt et al., 2015; Horrocks, 1994; Lapsansky & Chatterjee, 2013; Lemon, 1995). Thus, these factors should be considered during intervention in Türkiye, while working with men (Fırat, 2022; Kandiyoti, 1995; Turhan & Bernard, 2020). Recognizing and addressing multifaceted factors is crucial for effective prevention and intervention efforts. This study, therefore, investigated the effectiveness of a tailored healthy and respectful relationship program for men who received family restraining orders due to domestic violence in the Turkish cultural context.

The variables chosen for this study – self-expression, gender equality awareness, behavior modification, self-control, and communication skills – were selected based on existing literature on factors associated with reducing violent behaviors and promoting healthier relationships. These aspects are often highlighted as critical areas for personal growth and relational improvement in intervention programs. Additionally, the focus on these variables aligns with the cultural and psychological factors that shape participants' experiences within the program. This research qualitatively explores participants' perspectives on the group process and intervention outcomes, emphasizing their experiences of personal change, shifts in relational dynamics, and perceived impact on preventing future violent behaviors.

Methods

The healthy and respectful relationship program (HRRP)

The researchers developed an HRRP for male perpetrators of domestic violence by reviewing the literature, consulting with mental health professionals working with men in group settings, and considering the patriarchal culture in Turkish society (Turhan, 2020a, 2020b). The strategies and techniques implemented throughout the intervention were developed in collaboration with experienced facilitators specializing in addressing domestic violence perpetrators. Furthermore, the session content was developed through consultations conducted by the primary author with esteemed experts in intimate partner violence from the United States and the United Kingdom. These consultations occurred during her Master of Social Work program in the United States and

her doctoral program in social work in the United Kingdom. The HRRP aimed to increase self-control and awareness about power and control behavior, promote communication skills, develop alternative behavioral patterns, and improve men's nonviolent interactions with family members.

The group structure was based on an eclectic approach, encompassing a comprehensive and multidimensional strategy drawing on various theoretical perspectives and evidence-based practices. The approach incorporated major theoretical orientations: motivational strategies, cognitive-behavioral therapy, feminist therapy, positive psychology approaches, and

Table 1. Intervention components and features by session.

Stages and Theoretical Background	Purposes
Stage 1: Participation Motivational interview: Relationship building techniques with working alliance	Session 1 Introducing group rules Getting to know group members Developing trusted relationships with the leaders Setting common goals
Stage 2: Beginning Cognitive-behavioral theory and tools	Session 2 Being a good listener Recognizing and expressing thoughts and feelings Session 3 Improving anger management Recognizing the causes of violence and developing alternative behaviors
Stage 3: Awareness Duluth Model	Session 4 Defining types of domestic violence Recognizing the types of violence Recognizing the consequences of violence Learning egalitarian behavior Recognizing power and control behaviors
Stage 4: Acceptance Duluth Model Social ecological approach Feminist theory	Session 5 Beginning to take responsibility for the violence they commit Developing empathy Learning the "I-you language" technique Session 6 Editing gender stereotypes Understanding gender roles in close relationships Learning to regulate emotion
Stage 5: Practice Positive Psychology approaches Social learning theory	Session 7 Developing parenting skills Providing healthy father-child interaction Session 8 Learning communication skills and boundaries Expressing "no" in a respectful way Respecting other's preferences Recognizing and setting boundaries
Stage 6: Development and growth Positive psychology and trauma informed approaches	Session 9 Talking about the experiences of violence witnessed, exposed, and perpetrated Confronting their violence Protection from emotional and cognitive trauma triggers
Stage 7: Closure and Continuity Strengths-based approach	Session 10 Discovering strengths Terminating the program. Ensuring the continuity of nonviolent and healthy behaviors Learning that response services are an open system

the stages of change model (see [Table 1](#)). Additionally, the effectiveness of Duluth model interventions has been established. Given that domestic violence perpetrators come from diverse backgrounds, exhibit different risk factors, and may have varying needs, and eclectic approach allows for customized interventions to suit individual circumstances, thereby increasing the chances of successful outcomes. While the literature review does not reference other qualitative studies questioning the efficacy of domestic violence treatment programs based on Duluth models (Schrock & Padavic, 2007), this multidimensional and eclectic approach has been particularly beneficial in Turkish culture, where numerous studies have highlighted challenges faced by marginalized communities in completing traditional programs (Gondolf & Williams, 2001; Guru, 2006; Williams, 2008; Turhan & Bernard, 2022).

While various intervention programs aim to promote behavior change in domestic violence perpetrators, a persistent challenge across programs is the resistance many violent men display toward change and accountability. Research has shown that this resistance can significantly hinder program efficacy, as some men may deny or minimize their abusive behavior, blame external factors, or perceive themselves as victims, all of which obstruct genuine engagement with intervention efforts (C. Murphy & Baxter, 1997; Scott & Wolfe, 2000). The motivational interviewing approach was considered to facilitate participants' readiness for change (Daniels & Murphy, 1997). Identifying the motivations of domestic violence perpetrators regarding their readiness to take a new step in their lives is important for understanding their active participation in interventions (Taft et al., 2004). Moreover, cognitive-behavioral techniques (e.g., relaxation strategies, anger and stress management) are often used in intervention programs with male perpetrators of domestic violence (Heckert & Gondolf, 2000). A cognitive-behavioral framework was established to achieve effective anger control, which mainly aimed to help the participants identify and recognize anger-related cognitions, emotions, and triggers, identify alternative views for unrealistic expectations, and improve problem-solving skills.

Feminist perspectives were applied to encourage the participants to recognize power and control behavior, and gendered interactions toward wives and children to develop healthier and equal relationships. Feminist approaches focus on systems of oppression within individuals' differences and disadvantages by focusing on how intersectionality occurs within gender, race, and class (McKibbin et al., 2015). Although the Duluth model interventions have demonstrated limited effectiveness (Lawrence et al., 2021), we have utilized this model to prompt participants to acknowledge the repercussions of power and control behaviors, along with promoting alternative and egalitarian relationships (Pence & Paymar, 1993). Drawing on socialization theory, the program acknowledged how societal and cultural norms in Türkiye shape

gender roles, power dynamics, and attitudes toward violence, which influence participants' behaviors (Varlioglu & Hayes, 2022). Strategies and techniques implemented throughout the intervention were designed to address these deeply ingrained social constructs, and they were developed in collaboration with experienced facilitators specializing in domestic violence perpetrator interventions (Ha et al., 2023).

The program incorporated trauma-informed, and therapeutic interventions by applying positive psychology approaches such as mindfulness strategies (Reardon et al., 2020; Taft & Campbell, 2023). Positive psychology approaches were used to build rapport with group members to create effective group cohesion and increase their motivation for change by focusing on their strengths and resources. Lastly, the trans-theoretical model, developed by Prochaska and DiClemente (1982), was used to investigate how change occurs in psychotherapy. We used the stages of change as a framework during the HRRP. Table 1 summarizes the weekly session plan.

Research design

This study employed a qualitative research design to assess the effectiveness of the HRRP program in enhancing men's competency in domestic violence responsibility, communication, and gender role attitudes. Semi-structured interviews were conducted with participants after the program, followed by three-month follow-ups to further assess the program's content and efficacy.

The program consisted of 120-minute weekly sessions conducted over a span of 10 weeks, with each treatment group comprising 5–7 participants. These sessions were held in the assembly hall of the Provincial Directorate of Family and Social Services and were led by both a male and a female psychologist.

This study was approved by the Bartın University (IRB: 2021-SBB-0368). All interested participants volunteered to participate, signed an informed consent form, and did not receive any incentives regarding their involvement in the program. Importantly, this study took measures to guarantee the confidentiality and anonymity of the participants, protecting their identities and locations. Pseudonyms were employed for the names mentioned in the results section.

Participants

The study's target population consisted of male perpetrators who had received a family restraining order through the Turkish judicial system. Four inclusion criteria for participating in the HRRP were: (a) having received a family restraining order by a court decision in the last six months; (b) adult men aged 18 years or older who had engaged in intimate partner violence; (c) not

having substance use problems; (d) living in the city of Bartın, Türkiye. Exclusion criteria focused on identifying severe, unmanaged mental health conditions, such as psychosis or severe personality disorders that could hinder participants' ability to engage with and benefit from the program. Screening was conducted through preliminary assessments by mental health professionals at the Provincial Directorate of Family and Social Services in Bartın, Türkiye, who referred individuals requiring specialized mental health support to appropriate services. This approach ensured that participants could safely participate in the program and receive the support most suitable for their needs.

From a list of 324 potential participants supplied by the directorate, 135 men were reached. Given the voluntary nature of the program, engaging participants required clear communication about the program's goals, the voluntary nature of participation, and the benefits of the intervention. During the recruitment process, potential participants were contacted through multiple follow-up phone calls to confirm their attendance and provide additional information about the program. The potential participants were divided into three groups, implemented at different time periods. We went from 135 to 94 due to the cancellations or not showed up. The reasons for the cancellations were not formally tracked; however, it is possible that work-related obligations, personal discomfort with attending a group intervention focused on intimate partner violence, or logistical challenges such as transportation may have contributed to the drop-out. Many participants were working-class men employed in the fabric industry who might have faced difficulties balancing their work schedules with the intervention times. Moreover, the stigmatization surrounding participation in domestic violence interventions could have discouraged some men from engaging. These challenges underscore the need for more flexible scheduling, outreach efforts to address stigma, and additional support mechanisms to enhance participant retention.

Of the 94 men informed about the voluntary group intervention program, 45 attended the initial meeting (18 in Group 1, 11 in Group 2, and 16 in Group 3). Based on criteria, 18 men were randomly assigned to three intervention groups (5 in Group 1, 6 in Group 2, 7 in Group 3). Participants, mainly fabric industry workers from Bartın, were on average 41.3 years old and predominantly married (16 married, 2 divorced) with nuclear families (17 nuclear, 1 extended). Most had primary education (9 primary, 5 undergraduate, 3 secondary, 1 graduate), and 15 had received psychological or psychiatric treatment (see [Table 2](#)).

The characteristics of the group facilitators

The program facilitators comprised a 33-year-old female clinical psychologist with 9 years of experience in the field and a 37-year-old male psychological guidance and counseling expert with 12 years of counseling experience. They

Table 2. Frequencies of demographic characteristics.

Characteristics	N (18)		N (18)
Age (Mean)	41.3 years	Working Status	
Place of Residence			
Rural	1	No	0
Civic	17	Yes	18
Education Level		Family Type	
Primary	9	Nuclear	17
Secondary	3	Extended	1
Undergraduate	5	Has Child	
Graduate	1	No	3
		Yes	15
Psychological or psychiatric treatment		Marital Status	
Yes	7	Divorced	2
No	11	Married	16

engaged in weekly supervision sessions lasting 1 – 2 hours, overseen by a clinical psychology professor and a social work associate professor. Furthermore, the facilitators received training tailored to the HRRP curriculum, comprising 10 sessions primarily designed for male perpetrators of domestic violence (Turhan, 2020b; Turhan et al., 2023). Monitoring the group facilitators' adherence to the intervention involved various measures. Firstly, their demographic characteristics provided insights into their professional backgrounds and expertise. Additionally, their participation in weekly supervision sessions lasting 1 – 2 hours, led by a clinical psychology professor and a social work associate professor, ensured ongoing guidance, support, and oversight throughout the intervention process. The facilitators' Their training was specifically for the HRRP and supervision.

Data collection

We employed qualitative method for data collection. Qualitatively, we conducted semi-structured interviews with participants from three different intervention groups, held in April 20 September 202222, and May 2023, respectively. Among these, six interviews were conducted via phone, while nine were conducted through face-to-face meetings with the group. Out of 18 men, three men did not attend the interviews. Three months after the initiation of the HRRP, participants were invited to complete follow-up interviews by phone. The research team conducted phone interviews with seven men from the study group to assess the program's long-term impact qualitatively.

Qualitative data collection tools

Semi-structured Interviews

Qualitative data was collected from semi-structured interviews with the 15 men who attended the intervention program. Three men were unavailable to attend the interviews. The questions sought to elicit the participants'

perspectives about the group process and outcomes of the interventions. Sample questions are “Can you describe your thoughts and emotions during your participation in the program?” “Please share your experiences during the program.” “How did the program affect your views on violence?” “Discuss how the program’s outcomes might have influenced your relationship with your partner.”

A second set of follow-up interviews were conducted after three months. Sample questions are “What was the most effective technique from the program and how/where did you apply it?” “Are there any strategies you learned in the program that you’ve found challenging to put into practice? If so, could you describe the difficulties you encountered?” All the interviews were audio recorded with the participant’s consent, transcribed verbatim, and checked by the researchers.

Data analysis

Following verbatim transcription by research assistants, two experienced female researchers used NVivo software to conduct thematic analysis (Braun & Clarke, 2006). The practitioners who delivered the program were not involved in the data analysis or the writing of the manuscript. The analysis process included multiple stages to ensure depth and rigor in identifying themes and sub-themes. Initially, both researchers familiarized themselves with the data by reading each transcript several times to immerse themselves in the participants’ narratives. Open coding began with both researchers independently generating initial codes for each meaningful unit in the data. Codes were assigned based on patterns, recurring phrases, and noteworthy details within the text, with attention to preserving the participants’ voices.

After initial coding, the researchers compared their codes and categorized them based on similarities, contrasts, and nuanced distinctions in the content. Through this iterative process, they collaboratively grouped related codes into broader categories, allowing for the emergence of candidate sub-themes. At this stage, they examined the alignment and coherence of these sub-themes with the overarching research questions. Major themes were then identified by grouping sub-themes that shared common conceptual elements, illustrating distinct yet interrelated aspects of participants’ experiences. To improve transparency and rigor in theme generation, examples from open codes and preliminary themes were documented, capturing the transition from raw data to structured thematic insights. For instance, the initial code “group processes” was later integrated into the broader sub-theme of “advising each other” within the theme “group interactions.”

To enhance inter-coder reliability, both coders independently analyzed the same sections of data, discussing emerging key concepts and

resolving any coding discrepancies through consensus discussions. Discrepancies were approached as opportunities to refine the coding framework, ensuring it captured a comprehensive understanding of participants' narratives. The percentage of agreement between coders, calculated using Feng's (2014) formula (Percentage agreement = number of agreements/total number of codes), reached .85, demonstrating high reliability.

Trustworthiness and reflexivity

The trustworthiness of the study was bolstered through investigator triangulation and reflexivity. Two researchers independently analyzed the data, and an external inquirer reviewed their findings to maintain analytical triangulation (Creswell, 2012). Reflexivity journals provided a platform for both researchers to record and critically assess their personal assumptions, professional biases, and emotional responses throughout the analysis process (Patton, 2002). Both researchers shared a cultural background with many participants, as Turkish, Muslim women raised in a patriarchal society, which facilitated rapport during interviews. The first researcher, a social work scholar, was particularly attentive to issues of power and structural inequality, while the second researcher, trained in family therapy, focused on relational and emotional dynamics. Although these perspectives enriched the analysis, the researchers documented potential biases in their reflexivity journals, detailing how their professional and personal backgrounds may have influenced their interpretations.

To counterbalance subjective biases, the researchers engaged in ongoing peer debriefing sessions, challenging each other's assumptions and interpretations to ensure analyses remained grounded in participants' perspectives. This combination of rigorous inter-coder reliability practices, investigator triangulation, and reflexivity contributed to a reliable and nuanced qualitative analysis of participants' experiences.

Results

The semi-structured interviews were conducted with the 18 participants who completed the program. Analysis of the interviews revealed three main themes: (a) group development, building trust versus initial concerns, (b) group interactions, and (c) benefits and challenges of the group. These three themes were further divided into eight sub-themes (see [Table 3](#)). The results presented below are based on interview data from 15 men who attended and completed the program. Their statements are included to exemplify each theme and sub-theme.

Table 3. Themes and sub-themes from interview analysis.

Main Themes	Sub-Themes	Explanation of Relationship
Building Trust versus Initial Concerns	Curiosity about the group process	Participants' initial curiosity reflects both their openness to engage and underlying apprehensions. This curiosity serves as an entry point for developing trust in the group setting.
	Feelings of not being alone	Recognizing shared experiences helped participants feel less isolated, easing initial concerns and reinforcing a sense of trust among group members.
	Building trust in the group	As members engaged in honest conversations, they began to develop trust, which allowed for deeper connections and more genuine exchanges.
	Disclosures and engagement	As trust built, participants became more open in sharing personal experiences, indicating growing comfort and investment in the therapeutic process.
Group Interactions	Advising each other	Group interactions enabled participants to offer support and advice, fostering a collaborative environment where members could actively contribute to each other's growth
	Disclosures and engagement	These open interactions were facilitated by members' comfort in sharing, which strengthened the group bond and encouraged mutual support
Benefits and Challenges of the Program	Gaining self-awareness and changes	Through reflection, participants developed a greater self-awareness, which fostered changes in behavior and perspective but also brought challenges in adapting these insights long-term.
	Learning skills	Participants gained specific skills that they could apply outside the sessions, providing tangible benefits that enhanced their commitment to the program.
	Difficulties of long-term changes	While skills were learned, participants also faced challenges in maintaining these changes, highlighting the ongoing effort required for personal development.

Building trust versus initial concerns

Four sub-themes emerged: curiosity about the group process, feelings of not being alone, building trust in the group, and disclosures and engagement. The initial group processes were identified as curiosity, interest, and questions about the process and roles of the group. Although all participants were informed about the program during the initial meetings, many had insufficient understanding of how group psychotherapy works because they had never participated in such programs.

Curiosity about the group process

In the initial sessions, many participants expressed uncertainty and curiosity about what group work would entail, raising questions about confidentiality and whether they might face judgment from others. Despite pre-session individual meetings, some participants felt unprepared for the dynamics of a group intervention, revealing a gap in familiarity with therapeutic group processes. This sense of curiosity often reflected both anxiety and hope that the program might address their specific challenges.

Taci: When we first started the group, of course, a question mark arose in our minds. So, the question mark was like this. What did it look like? So, we don't know exactly what we do in a group, and what the situation is. I mean, that's about it.

Taci's comment illustrates the initial skepticism and apprehension many felt. His vague language ("What did it look like?" and "what the situation is") suggests a deeper hesitation – perhaps questioning whether the group could truly address his needs or if it would be effective.

Erdi: When I first joined, of course, I didn't know what it was going to be about or what would happen – none of us did. I was wondering if there would be a solution for our situation or if something else would be done, based on my past experiences. But it turned out to be something different, and it was good.

Erdi's comment reflects a shift from uncertainty to appreciation as he found the experience to be more valuable than expected. This curiosity and initial hesitation underscore a broader theme: many participants were searching for concrete solutions but were also cautious, reflecting an underlying lack of exposure to or trust in intervention programs.

Feelings of not being alone

As participants shared personal experiences, a significant theme emerged around the relief of discovering they were not alone in their struggles. Realizing that others faced similar challenges created a sense of camaraderie and eased the isolation many felt before joining the group. This shared understanding fostered closeness, empathy, and a sense of belonging that was critical to building trust.

İzzet: Our relationships with group members and facilitators were positive. We shared our experiences and realized that we were not alone in this. It was comforting to know that others have gone through similar things.

These words convey a powerful sense of relief; the realization that "others have gone through similar things" seems to shift his perspective, easing feelings of shame or guilt. The act of sharing personal stories not only normalized participants' experiences but also helped them reflect on their behavior in a more supportive context.

Bahri: Everyone in the group had their own story, and it was evident they were going through challenging times. It made me realize that maybe my situation wasn't the most difficult. Some participants showed improvement and a change in their thoughts after joining the program. They became less aggressive and expressed their intentions differently.

This statement shows a shift in his self-perception. Recognizing the difficulties others faced allowed him to contextualize his own struggles and see areas where he could improve. This experience of shared vulnerability strengthened bonds within the group, fostering empathy and accountability in ways that may not have been possible outside a supportive group setting.

Building trust in the group

The ability to discuss previously unshared topics emerged as a critical component of trust-building within the group. The participants highlighted how the facilitators' nonjudgmental approach created a safe space, which enabled them to explore sensitive subjects openly. This level of openness and acceptance was novel for many and was foundational in establishing a working alliance.

Yüksel: Because there were only a few of us, we experienced a strong sense of sincerity and connection with both the male and female facilitators. In the past, this level of genuine, human connection – essential for therapeutic relationships – might not have been as present. Having it now made a positive difference, and the experience was genuinely beneficial.

Yüksel's words capture how the small group size and the facilitators' authenticity contributed to a deep level of trust. He describes the facilitators' sincerity as a turning point, contrasting it with past experiences where therapeutic alliances may have been less meaningful. His comment underscores that, for many participants, the emotional connection with facilitators was as important as the program content.

Umut: I realized that they did not judge me when I first came. There was his speech, his demeanor, his understanding. That's why . . . I thought it was insightful. If we weren't happy with the conversation, I wouldn't come to the group anyway.

Umut's emphasis on the facilitators' demeanor and understanding illustrates how the facilitators' approach directly influenced his willingness to engage. This nonjudgmental stance encouraged continued participation and allowed participants to gradually reveal and work through personal issues, reinforcing the therapeutic alliance as a critical part of the process.

Disclosures and engagement

The initial session introduced group rules and processes, and many participants reported that this structure, coupled with the facilitators' supportive approach, allowed them to develop trust. Participants initially skeptical about discussing personal issues found comfort as the group progressed, seeing the sessions as a space where they could safely explore complex emotions and experiences.

Bahri: During the preliminary meeting, I met with you and the female facilitator. I got to know the male facilitator. Later on, honestly, when I initially met with you all, I didn't quite understand what this was all about. I mean, I had some thoughts like, 'Is this about divorce or restraining orders?' So, I was a bit hesitant. Of course, later on, your positive energy had an impact. I started thinking that these folks are trying to help us.

Bahri's comments reflect his initial resistance, as he misinterpreted the program's purpose. However, the facilitators' positive energy and supportive approach gradually shifted his perspective, making him more receptive to

the program. This transformation highlights the role of the facilitators in breaking down initial barriers and fostering engagement.

İzzet: So, they call the police. You're called to the police station, to the violence unit, that's the way it is. Social services are involved, too. It gets in your head. You start thinking, 'What did I do?' and get stuck in this mindset of blaming yourself, taking on a guilty psychology. Then it turns into blaming the other side, and eventually, it becomes anger.

İzzet's reflection reveals a cycle of self-blame and anger, intensified by interactions with law enforcement and social services. The group sessions allowed him to voice these feelings, helping to reframe his experience and understand his emotions in a non-judgmental setting. This disclosure illustrates the value of the group as a space for processing complex emotions, where participants can start to break the cycle of guilt and anger, facilitating emotional healing and behavioral change.

By weaving these individual reflections together, we see a complex picture of the participants' journeys – from initial curiosity and caution to a sense of shared understanding and trust. The group environment provided a transformative space for introspection, helping participants feel less isolated and more connected to both the facilitators and their peers. The gradual establishment of trust and open communication appears instrumental in encouraging self-awareness and accountability, forming a crucial foundation for personal growth and change.

Group interactions

Within this theme, two sub-themes emerged: advising each other and disclosures. While some personal tensions arose among members due to differences in status, reactions, and court-related issues, many participants gradually became comfortable expressing themselves as the sessions progressed. This supportive environment allowed them to discuss personal challenges openly and receive feedback from peers.

Advising each other

As all members had experienced the court process and were subject to family restraining orders due to marital violence, they were able to offer practical advice by sharing personal strategies for managing similar issues. This exchange of advice created a space for peer support, where members used their experiences to guide one another through difficult situations. For example, Hakan reflected on how he helped another participant reconsider his behavior::

Hakan: I've learned to understand the family aspect of others when they speak to me. Even if it's not entirely truthful, their words reveal their troubles. Let me give you an

example: I advised a participant not to misuse alcohol and neglect his responsibilities towards his children. I explained that he wouldn't give his child as much money if they asked. At that moment, I supported him.

Hakan's example highlights how his empathy grew through his interactions, leading him to encourage healthier habits in his peers. By advising others, participants gained a sense of responsibility and solidarity, helping them to adopt and promote positive behaviors.

Some participants also felt that the supportive environment made it easier to participate openly and fully:

Remzi: Normally, I struggle in group settings, but in this program, the people were welcoming, and the experts were great. The warmth, the lessons, and the sharing were all enjoyable. It felt like a family environment where we could listen to lectures and discuss each other's troubles, gaining valuable insights.

Remzi's comments reveal the comfort he found in the group, which allowed him to overcome his usual discomfort in such settings. His experience of a "family environment" demonstrates the group's role in providing an emotional foundation for members to connect and learn from each other.

Disclosures and engagement

Many participants expressed that having a safe space to share their stories in the sessions was deeply satisfying, as it contrasted with the judgment they felt during court proceedings. Being able to openly discuss their experiences helped members feel validated and heard, which increased their engagement and self-reflection.

Emre: The group made us realize ourselves. Yes, I can say that the program went well. Friends helped us to gain insights. We became more self-aware about ourselves.

Emre's reflection shows how the group setting facilitated self-awareness, as participants could observe different perspectives and learn from the experiences of others. The mutual support encouraged deeper reflection and acknowledgment of personal challenges.

Aybars: In the program, we had the opportunity to at least explain ourselves.

Aybars highlights the relief he felt in being able to express himself without judgment, a contrast to previous interactions with authorities. For many participants, this environment fostered a sense of trust, allowing them to communicate openly and reflect on their experiences.

The combination of a positive group atmosphere and facilitators' encouragement enabled participants to engage deeply with the sessions, discussing their struggles and perspectives openly. This process of advising, listening, and

sharing fostered mutual understanding and strengthened their commitment to change.

Benefits and challenges of the program

Three sub-themes were identified within this theme: gaining self-awareness, learning skills, and the difficulties of long-term change.

Gaining self-awareness and changes

Regarding the development of greater self-awareness, the participants particularly noticed becoming more able to notice their own abusive behaviors, changing their gendered perspectives, and recognizing respectful attitudes. According to a few participants, the program made a direct contribution to their accepting their previous abusive behavior. Moreover, the participants reported some other benefits, particularly the importance of changing stereotypes, recognizing the different views regarding their relationship, and respecting others' thoughts. For example, some participants identified their cognitive changes as:

Umut: We were doing wrong and thought that was right. You know, when you told us what kind of thoughts are wrong or what type of actions are right, then I discovered something. Then I learned how wrong it is to go over certain things, such as trying to change my spouse. I understood more in this program.

While they found it difficult to change their gendered perspectives and attitudes regarding gender equality, a few participants talked about how they had started to do housework. Likewise, some participants shared how they tried to improve their relationship with their spouse by reducing their gendered-based views and actions. For example, one participant mentioned his new acceptance of women's employment: *"I was against women working, but after coming to the group, I allowed her to work, and now she is working."* (Umut) Furthermore, a few participants highlighted a transformative journey toward self-awareness. For instance, through this program and the guidance of a psychiatrist, Mahsun undergoes a process of change, learning the importance of communication, appreciation, and the positive impact of small gestures on his wife's happiness:

Mahsun: Many things have changed now. Both the psychiatrist and this program have made a significant impact. We [he and his wife] have learned how to communicate with each other. For example, saying 'thank you' makes her happy. Complimenting her on how a scarf looks on her brings her joy, which she has never heard from me before.

Learning skills

Most participants stated that they learned new techniques for developing a healthy relationship. They discussed these skills in terms of four gains:

anger control, setting boundaries, improving communication, and empathy skills. For example, some participants described how they could now calm their anger by applying cognitive techniques:

Remzi: It surprises me how calm I have become compared to the beginning of the group. I have learned to be patient and forbearing. I have also become more rational in my interactions with friends. In the past, if a friend didn't answer my calls, I used to worry and question our friendship. But now, I don't think like that.

After engaging in practices about boundaries and I-You language, the participants learned these techniques more appropriately and accurately. For instance, some participants learned how positive expressions of thoughts and feelings can protect them from violent behaviors:

Sezai: I learned important skills like setting boundaries, expressing myself, and practicing empathy. Using "I-language" is crucial for positive communication without being offensive when expressing oneself to others.

Yüksel: In interpersonal relationships, it is important to listen and understand each other. I used to do it to some extent, but now I do it more deeply. I can sense people's intentions better and adjust my response accordingly.

Difficulties of long-term changes

The participants identified three factors hindering long-term change: being working-class, having insufficient interactions with their children, and not sufficiently using certain techniques. In the follow-up interviews three months after the sessions ended, some participants reported continued communication problems with their spouses, while a few men had experienced unexpected challenges in their family relationships. For example, one participant got divorced after the group sessions ended, while another participant experienced more problems after remarrying when his previous wife lodged a new complaint:

Erdi: I've been neither visiting nor calling her [his former wife] for a long time. I am not communicating in any way. It's been two weeks or so since we [him and his new wife] got married. The day after I got married, I received a call from the police station. My ex-wife had sued me for compensation. We are going to object to this this nonsense . . . I have nothing to do with them.

After completing the group intervention, most participants did not face any problems with the criminal justice system. However, they did identify some difficulties in applying a few techniques to improve their family relationships, mainly due to their workload, difficult working conditions, and shift work:

Taci: In two days, I'll be at work for a shift. I'll work till four again. . . . Now I can't find the opportunity to spare time for my family, because what do you say, I come home from work in the morning, I go straight to bed, it takes till 7–8 in the evening to get up, or then we go to work again. We are like robots.

In summary, this study suggests that achieving lasting changes in domestic violence perpetrators necessitates more than individual or group psychotherapy alone; it requires fostering healthy work environments and positive family dynamics. For certain participants, a single group psychotherapy session appeared insufficient, especially for those with irregular work schedules and intricate family relationships. Therefore, the provision of multiple support mechanisms for all family members and enhancements in work conditions are essential to facilitate substantial behavioral changes in men. Nonetheless, despite the short-term nature of the intervention, it exhibited noteworthy effectiveness in enhancing participants' social skills, communication, and overall coping abilities.

Discussion

The study was conducted with a group of male perpetrators of wife abuse to evaluate the effectiveness of a new group intervention, called HRRP. Initially, participants were hesitant about joining the group due to their history of abusive behavior and involvement in the criminal justice system, but they gradually found a therapeutic and supportive environment within the group, alleviating their initial concerns. In particular, the participants were willing to help each other by giving advice, while group cohesion and socialization were developed by the disclosure of the group's members. For instance, they shared how they involved in court process and the feelings of anger, guilt or embracement throughout restraining orders. Sharing experiences and sensitive experiences allowed engagement with others in the group. Indeed, receiving social support from the group is commonly seen in group therapy settings (Linden et al., 2015; Potter-Efron, 2012).

In our study, as group members developed a sense of belonging, they became more open about their feelings and opinions, leading to mutual advice and exposure to different viewpoints. This therapeutic aspect of social support in group settings aligns with findings from prior research (Coché, 2011, Vos et al., 2022; Marcus, 1960). Similarly, the researchers observed the importance of forming a strong and committed partnership with the positive aspects of the individual, stimulating honest motivation for change and ensuring its continuity (Marshall & Burton, 2010; Procentese et al., 2020). Moreover, in our study, participants discovered commonalities with their group members, reducing their sense of isolation upon joining the group. Over time, engaging with the group and hearing others' stories fostered trust and camaraderie with fellow members and leaders.

The facilitators' gender significantly affected group dynamics, with participants engaging more openly with male facilitators, often overlooking female facilitators in discussions on gender and power. In response, the male facilitator encouraged the female facilitator to lead, promoting egalitarian

interactions that gradually made participants more willing to address power issues. Tailored therapeutic techniques – motivational interviewing for resistant participants and cognitive-behavioral strategies for receptive ones – supported engagement and skill development. However, socioeconomic barriers limited participants' ability to consistently apply these skills outside the sessions, underscoring the need for community-based support to sustain progress. Almost all participants highlighted how their therapeutic relationship with both the male and female facilitators helped them complete the sessions and try to implement relationship skills in their life. Likewise, the working alliance was an important element in improving the men's motivation to participate and for building trust (Marshall & Burton, 2010; Martin et al., 2000; Taft & Murphy, 2007; Taft et al., 2004). Previous research has shown that working alliance and motivational strategies improve the effectiveness of domestic violence perpetrator interventions by changing men's behavior (Santirso, Lila, et al., 2020b). Furthermore, some scholars have observed that this therapeutic bond plays a key role in reducing dropout rates (Beckham, 1992; Bélanger & Higgs, 2023; Papalia et al., 2022; Piper et al., 1999; Samstag et al., 1998). All of those positive therapeutic relationships were also closely observed in this study.

Participants in our study gained self-awareness and developed skills in empathy, communication, anger management, and responsibility-taking, but showed varied success in changing gendered perspectives and setting family boundaries. Factors like life conditions, mental health, upbringing, and work environment affected their progress, with socioeconomic constraints particularly limiting sustained change. Many faced financial instability and work stress, which hindered consistent application of learned skills (e.g., empathy, emotional regulation). Structural barriers, including limited access to mental health resources and a lack of culturally sensitive support, compounded these challenges, while stigma around mental health, especially in male-dominated contexts, further deterred help-seeking (Jewkes, 2002; Haj-Yahia, 2002).

Studies have underscored the importance of culturally contextualized domestic violence interventions, demonstrating that interventions in different countries often produce distinct outcomes due to cultural, social, and legal factors (e.g., Antle et al., 2011; Haj-Yahia, 2003; Jewkes, 2002). In line with these studies, our findings reflect unique socio-cultural dynamics specific to Türkiye, which align with qualitative research showing that local cultural norms significantly influence both the manifestation of domestic violence and the effectiveness of intervention programs (Turhan & Bernard, 2020; Yüksel-Kaptanoğlu, 2015). By situating our results alongside similar international studies, such as those conducted in South Africa (Jewkes, 2002) and the Middle East (Haj-Yahia, 2003), we provide a comparative perspective that enriches our understanding of global domestic violence interventions. Additionally, our study contributes to the growing body of literature that

emphasizes the role of qualitative approaches in uncovering nuanced participant experiences, which are often missed in purely quantitative assessments (Straus, 2017). This alignment, along with any divergences, reinforces the scholarly value of our findings by underscoring both the universal and unique aspects of domestic violence intervention effectiveness within diverse contexts.

The effectiveness of the HRRP aligns with findings from similar interventions in other cultural contexts. For example, studies in the United States and Canada emphasize the importance of integrating cognitive-behavioral and motivational strategies in addressing domestic violence, demonstrating positive outcomes in communication and anger management skills (Gondolf, 2012; C. M. Murphy & Eckhardt, 2005; Travers et al., 2021). Similarly, Duluth Model interventions have shown some success in challenging patriarchal norms and promoting accountability, although their effectiveness is often mediated by participants' cultural and societal contexts (Pence & Paymar, 1993). In contrast to these programs, HRRP explicitly integrates socialization theory to address patriarchal influences specific to Türkiye, offering a tailored approach that resonates with local cultural norms. Moreover, interventions in Scandinavian countries have highlighted the role of systemic support mechanisms, such as accessible mental health resources and community involvement, in sustaining long-term behavioral change (Päivinen et al., 2016; Vall, 2017). These comparisons underscore the importance of culturally sensitive approaches while identifying common challenges, such as participant retention and stigma, across diverse settings.

Research has shown that perpetrators of violence may experience various mental health issues, including mood, anxiety, and personality disorders, as well as psychotic symptoms (Källström et al., 2017; Lawyer et al., 2006; Sesar et al., 2018). Cultural factors, such as traditional beliefs about gender roles and family dynamics, also significantly influence perceptions and behaviors around domestic violence. In some cultural contexts, norms may even legitimize male dominance and control within intimate relationships, which can impede progress in programs aimed at behavior change. For instance, in this study, participants cited motivations for attending the program, such as improving relationships and gaining emotional control, yet many faced obstacles in consistently applying techniques, often due to work and personal limitations. These challenges were particularly pronounced among participants of lower socioeconomic status, especially blue-collar workers, whose demanding schedules and limited resources hindered consistent practice of newly learned skills.

Additionally, there is a risk of backlash in which men, rather than changing problematic behaviors, might justify them or feel entitled to control, a phenomenon documented in the literature. Although some participants demonstrated increased self-awareness and relational skills, these findings should be interpreted with caution, as sustained behavior change remains

challenging in settings where cultural norms reinforce male authority. This study acknowledges the potential for both positive outcomes and setbacks, underscoring the need for ongoing support and culturally sensitive interventions to mitigate backlash effects. While establishing a working alliance with participants is valuable for initial engagement, it alone may not be sufficient to prevent future violence. Sustained behavioral change requires addressing the broader structural factors that often exacerbate stress and contribute to violent behaviors. To support men post-intervention, expanding access to community-based mental health services – especially those that are affordable and culturally relevant – would be crucial (Ringel & Park, 2008; Satyen et al., 2022). Building partnerships between local social services and mental health organizations can create a more integrated support network, giving participants access to financial counseling, job placement services, and other resources that alleviate external stressors. By reducing the economic and social pressures that can contribute to violent behavior, these resources help to address root causes that a single intervention program may be unable to tackle fully.

While previous studies show that intervention programs can reduce or even prevent abusive behavior (Akoensi et al., 2013; Graham-Kevan & Bates, 2020; Kelly & Westmarland, 2015), the current study is the first to examine both the benefits and challenges of such a program in Türkiye from participants' perspectives before, immediately after, and three months following the intervention. However, for sustained impact, the judicial system must consider the limitations of voluntary programs alone. Mandating such programs for domestic violence offenders could enhance program reach and effectiveness by ensuring wider participation. Sharing these findings with partner institutions could facilitate policy reforms and help secure grant funding to strengthen community-level initiatives. Recognizing the broader social influence of these programs, policymakers, advocates, and researchers should collaborate to develop comprehensive, community-based strategies. These strategies should integrate violence prevention programs with expanded social and economic support systems, creating a more holistic and sustainable framework for lasting change.

Limitations and future directions

There are some limitations in the present research that future studies should address. Firstly, the small sample size makes generalizing the findings to a larger population difficult. This can be explained by the cultural and social context of Bartın, a small rural city, which has significantly shaped the participants' engagement with the program. The societal expectations, economic conditions, and gender roles of Turkish males may be influenced by living in a rural area. Thus, participants may be hesitant to participate in the intervention program. Moreover, the legal context,

specifically the judicially imposed restraining orders in Türkiye, may have influenced participants' motivations for engaging with the program. Additionally, even if the treatment proves efficacious, its impact is severely constrained due to its limited reach, thus rendering it unlikely to influence the broader landscape of domestic violence significantly. These factors highlight a significant drawback of the voluntary treatment approach adopted in Turkey. Future research with larger, more diverse samples, potentially including court-mandated participants and individuals from other regions or countries, could help validate these insights and extend their relevance to broader populations. Furthermore, future studies should consider multi-regional recruitment strategies, incorporating diverse demographic groups to ensure a more representative sample. Also, longitudinal designs and collaboration with national-level agencies might increase generalizability and understand long-term program impacts across varying cultural and socioeconomic settings.

In addition to these limitations, there may be a selection bias due to the voluntary nature of the program, which potentially skews the results. Participants who voluntarily chose to engage with the intervention may have been more motivated to change or more open to the program's content than individuals who did not participate or those who might attend under court mandate. This could have influenced the level of engagement, retention, and the outcomes observed. Future research could benefit from exploring the experiences of court-mandated participants, who may present different challenges in terms of engagement and resistance, to provide a more comprehensive understanding of how domestic violence interventions impact various groups.

Lastly, a mixed-methods approach could enhance the evaluation of domestic violence interventions by combining qualitative insights with quantitative measures, such as behavioral assessments and psychological well-being indicators, in future studies. This would provide a more comprehensive understanding of the program's impact. Additionally, a longitudinal follow-up is recommended to assess the long-term sustainability of the changes observed during the program, potentially involving partners or family members to gain a fuller picture of relational dynamics post-intervention.

Conclusions

In sum, the participants reported feeling a sense of belonging within the group, receiving support from fellow group members, engaging in self-disclosure, and giving feedback during the intervention sessions. These findings support the importance of implementing male group interventions for domestic violence perpetrators in Türkiye.

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