







## Examination of Group Based Domestic Violence Perpetrator Intervention Processes

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### ABSTRACT

This study examined the responses of domestic violence perpetrators to group treatment by conducting observations with 12 men from two 10-week two-group interventions who had received a no-contact order. Thematic analysis was applied to the observation notes. The participants often indicated improved awareness and behavior change through expressing feelings of shame, learning alternative behaviors, and acquiring new techniques. Conversely, the normalization of violence, social expectations, gendered stereotypes, and masculinity crises were identified as barriers. The findings indicate that learning and implementing new strategies for healthy and respectful intimate relationships can help men take responsibility for their abusive acts.

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Domestic violence is a social and public health problem that affects a significant number of men, women, and children in terms of physical, sexual, reproductive, psychological, behavioral, and mental health. It can cause long-term problems and even fatalities (Devaney, 2014; Garcia-Moreno et al., 2006; Hamilton et al., 2013; World Health Organization (WHO), 2012). One possible step to reduce domestic violence is to prevent identified offenders from reoffending by developing and regulating effective treatment programs (Haggård et al., 2017). Thus, efforts have been made to reduce the risk of violence by developing and using resources through domestic violence perpetrator programs (Babcock et al., 2016; Hamilton et al., 2013; Kelly & Westmarland, 2015; Päivinen et al., 2016). These programs work best in settings where most perpetrators are male and the issue is seen as a gender-based problem (Davis et al., 2020; Day et al., 2009). The present study explored the dynamics of male interactions within group processes of domestic violence perpetrator programs.

Group interventions for domestic violence perpetrators aim to address harmful behavior, promote healthy relationships, and facilitate change by bringing individuals with a history of domestic violence together for structured sessions (Babcock et al., 2016; Respect, 2015; Turhan, 2020). Participants attend these programs to acquire conflict resolution skills, empathize with victims, and ultimately cease their abusive behavior (Babcock et al., 2016; Hamilton et al., 2013; Lilley-Walker et al., 2016; Päivinen et al., 2016), aligning with the aim of domestic violence perpetrator programs to change perpetrators' violent behaviors, attitudes, and beliefs to reduce and stop domestic violence and encourage new behaviors by promoting healthier and respectful relationships (Hamilton et al., 2013; Scott & Wolfe,

2003). here are two main types of program, namely voluntary-based and mandated group interventions (Gondolf, 1999; Rosenbaum et al., 2001). Voluntary-based interventions involve individuals who willingly choose to attend. They tend to be more motivated and engaged (Palmstierna et al., 2012). In contrast, mandated interventions involve individuals who are legally required to attend, so their motivation and engagement levels can differ (Heckert & Gondolf, 2000; Mcginn et al., 2016). The success of both types of interventions depends on various factors, including the individual's commitment to change and the quality of the intervention program itself.

One of the fundamental issues when participation in domestic violence perpetrator intervention programs is voluntary, is the high dropout rates (Bowen & Gilchrist, 2006; Cunha et al., 2022; Stover et al., 2009). High dropout rates and recidivism are important because programs need to be completed to address the risk factors making domestic violence offenders more likely to reoffend (Bijlsma et al., 2022). While some domestic violence perpetrators drop out in the first session, others do so between within three sessions or during the first month of treatment (Askeland & Heir, 2013; Brassard et al., 2021; Darke et al., 2012). Perpetrators may drop out due to ignorance or inability to take responsibility for their violent behavior. For instance, many perpetrators cover up their violent behavior and rationalize their violence (Catlett et al., 2010; Henning & Holdford, 2006; Kelly & Westmarland, 2016; Lila et al., 2014; Seymour et al., 2021).

Despite being recently arrested and convicted of intimate partner violence, 20% of male perpetrators refuse to admit that they were fighting with their partners at the time of their arrest (Henning & Holdford, 2006; Ross, 2018). Perpetrators may also blame domestic violence on their spouse's jealousy, poor anger control, emotional instability, unwillingness to compromise, and relationship insecurity (Devaney, 2014; Henning et al., 2005). While justifying their own domestic violence, perpetrators may claim that the criminal justice system is dysfunctional, unfair, and ineffective, and that they should not even be in the system (Henning & Holdford, 2006). Addressing perpetrators' minimization of violence in wife abuse cases during group psychotherapy necessitates a focused examination of their therapeutic relationships with group members and leaders. By grasping how individuals rationalize their harmful actions during group discussions, interventions can more effectively challenge these justifications, thereby potentially reducing dropouts and enhancing intervention outcomes. Such an approach can enable new techniques to be developed that improve group approaches.

To reduce minimizations and drop-outs, it could be helpful to explore the processes and interactions of group processes among perpetrators of domestic violence (Arvidsson & Caman, 2022; Holma et al., 2006; Partanen, 2008; Rasanen et al., 2014; Van Tilburg et al., 2022). For instance, from their investigation of Finnish men's disclosures and interactions, Rasanen et al. (2014) recommended that practitioners consider the participants' differing motivations and changes in group process to encourage their active engagement. While Rasanen et al. (2014) and Partanen (2008) examined therapist-client interaction to identify factors that influence treatment outcomes, Van Tilburg et al. (2022) explored types of intervention approaches in group cognitive – behavioral therapy for intimate partner violence perpetrators in the Netherlands by audio recording group sessions. They focused on how therapists brought intervention strategies to the group setting and followed the treatment protocol (Van Tilburg et al., 2022). The process-based interventions included structuring group steps, answering questions, promoting interaction by involving the

group, identifying emotions, rewarding, using humor, co-therapist interaction, and listening (Van Tilburg et al., 2022). Arvidsson and Caman (2022) interviewed six perpetrators to assess how they define group therapy by concentrating on their experiences and the needs of group interventions. The participants reported difficulties sustaining their motivation and sharing vulnerability, and a need for support in a lifelong process. Finally, Cannon et al. (2016) found that although many participants initially deny responsibility during group interventions, they start to accept responsibility for violence as the program progresses.

These findings show that group intervention approaches may vary, including psycho-educational dynamics and process-orientation tools. However, there is still a lack of evidence in the domestic violence literature regarding how participants react to these intervention approaches. Therefore, the present study aims to understand how men respond to group intervention by focusing on group practices and interactions as reflected in the following overarching research question: How do men participate in group sessions, interact with fellow participants, and engage with facilitators? This question is addressed with a particular focus on understanding the challenges they encounter and the outcomes they achieve within the context of these group processes.

### ***Healthy and Respectful Relationship Program (HRRP) for Male Perpetrators Group Context***

The current study was part of a larger research project, Implementing HRRP, which included a parallel study on how men interact with group leaders and members during the intervention program. The data were collected from the group intervention of HRRP, offered in Bartın, Türkiye. The first author developed the intervention modules and improved the tools with the project team. HRRP is mainly intended to promote male perpetrators' healthy communication skills, teach anger control techniques, and encourage nonviolent behaviors. HRRP facilitators used the intervention's seven stages (participation, beginning, awareness, acceptance, practice, development and growth, and closure) to encourage participants to take responsibility for the consequences of their domestic violence. The structure of this program was inspired by effective, evidence-based intervention programs in developed countries (e.g., Bowen, 2010; Kelly & Westmarland, 2015; Sinclair, 2002).

During the intervention process, the stages of change model (Ward et al., 2004) was used to develop positive communication skills and achieve successful outcomes. The model includes five stages: pre-contemplation, contemplation, decision-making, action, and change, and refers to five levels of motivation while changing an individual's behavior. The HRRP sessions incorporated both the five major stages of this change model and two additional stages: participation and closure (see Table 1).

As seen in Table 1, the incorporation of various theories and models into the design of the domestic violence perpetrator program reflected a comprehensive and holistic approach aimed at addressing the complex issue of domestic violence. For example, motivational interviewing was used to work with individuals who may be resistant to change (Daniels & Murphy, 1997). It helps perpetrators explore their ambivalence toward their behavior, allowing them to articulate their own reasons for change (Taft et al., 2004). By incorporating motivational interviewing, the program aimed to foster intrinsic motivation for behavioral change among participants. The Duluth Model is a widely recognized approach for

**Table 1.** Intervention stages and sessions outline.

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Stage 1 -Participation (Session 1)	<ul style="list-style-type: none"> <li>● Motivational interviewing approach</li> <li>● Establish group rules and aims</li> <li>● Focus on therapeutic alliance and group cohesion</li> <li>● Emphasize self-disclosure and self-reflection</li> <li>● Apply motivational interviewing for readiness to change</li> </ul>
Stage 2 -Beginning (Sessions 2 and 3)	<ul style="list-style-type: none"> <li>● Cognitive-behavioral theories</li> <li>● Increase awareness of thoughts shaping emotions and behaviors</li> <li>● Activities to realize feelings and thoughts</li> <li>● Develop nonviolent behaviors through alternative thinking structures</li> </ul>
Stage 3 -Awareness (Session 4)	<ul style="list-style-type: none"> <li>● Duluth model and other masculinity/femininity approaches</li> <li>● Utilize pro-feminist and psycho-social theories</li> <li>● Intervention tools for taking responsibility and behavior change</li> <li>● Use power, control, and equality wheels for in-depth comprehension</li> </ul>
Stage 4 -Acceptance (Sessions 5 and 6)	<ul style="list-style-type: none"> <li>● Duluth model and feminist approaches</li> <li>● Understand how gendered attitudes normalize male violence</li> <li>● Social-ecological approach for recognizing the cycle of violence</li> <li>● Practices to develop egalitarian attitudes</li> </ul>
Stage 5 -Practice (Sessions 7 and 8)	<ul style="list-style-type: none"> <li>● Social learning theory</li> <li>● Examine how individuals learn social roles</li> <li>● Develop new thinking structures</li> <li>● Encourage respectful expression of feelings and thoughts</li> <li>● Study communication skills and boundaries</li> </ul>
Stage 6 -Development and growth (Sessions 9)	<ul style="list-style-type: none"> <li>● Strengths-based and positive psychology approaches</li> <li>● Use open-ended questions, meditation, and breathing techniques</li> <li>● Implement behavioral methods like the change cycle, forgiveness, and promises</li> <li>● Assign homework for effective implementation</li> </ul>
Stage 7 -Closure (Session 10)	<ul style="list-style-type: none"> <li>● Strengths-based and positive psychology approaches</li> <li>● Farewell techniques</li> <li>● Share general feelings and thoughts about the program</li> </ul>

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addressing domestic violence that focuses on the power and control dynamics present in abusive relationships (Edward W. Gondolf, 2007; Herman et al., 2014; Pence & Paymar, 1993; Shepard, 1985). By integrating this model, the program emphasized accountability and challenged the abusive behaviors of perpetrators. Feminist theories provide the foundation for understanding the gender-based dynamics of domestic violence. They underscore the importance of addressing power imbalances and the patriarchal roots of violence against women (Partanen et al., 2010). Feminist ideologies were therefore employed as a framework to promote the acknowledgment of power dynamics, control mechanisms, and gender-specific interactions in participants, with the overarching aim of fostering healthier and more equitable relationships within domestic contexts (McKibbin et al., 2015).

Cognitive-behavioral theories focus on identifying and changing dysfunctional thought patterns and behaviors (Crooks et al., 2007). In HRRP, they can help perpetrators recognize their abusive behaviors, challenge distorted thinking, and learn alternative, nonviolent responses to conflict. Social learning theory posits that individuals learn behaviors from

observing and interacting with others (Bandura & Barab, 1971). By incorporating this theory, the program aimed to address how participants may have learned abusive behaviors from their environment and work to reshape these learned behaviors through positive modeling and reinforcement. Strengths-based and positive psychology approaches recognize and build upon the strengths and positive attributes of individuals (Asay et al., 2016). In a perpetrator program, this can help participants develop self-esteem, coping skills, and a sense of self-worth, which are essential for behavior change (Erica Bowen et al., 2019).

By integrating these diverse theories and models, the program aimed to provide a multifaceted and tailored intervention that addresses the various facets of domestic violence, from its psychological underpinnings to its social and gender dynamics. This comprehensive approach recognizes that domestic violence is a complex issue that requires a nuanced response to effectively support both the perpetrators in changing their behaviors and the victims in achieving safety and healing.

## **Methods**

The study employed a qualitative research design utilizing thematic analysis to explore how men experience group approaches and interact with group members and leaders. Observer notes were taken of two 10-session (120 minutes each session) therapy groups for men who had received a no-contact order due to marital violence within the previous six months. The notes were then thematically analyzed.

## **Participants**

According to Creswell (1998) and Kvale (1996), 10–15 participants is an adequate number for qualitative studies. For the present study, 12 men (6 men for each group) voluntarily agreed to participate. This provided a sufficient sample size for this study because it examined individuals' experiences during the 10-week group intervention program sessions based on detailed observation notes.

The participant inclusion criteria were as follows: (a) adult man (18 years or older); (b) experience of violence in the marital relationship and receipt of a no-contact order within the previous six months; (c) ability to understand the study's remit and give informed consent. Participants were excluded if they were suicidal, experiencing a substance-use problem or psychotic symptoms. Certificates of completion were provided to those who attended the full 10-week intervention program.

## **Ethics**

The Research Ethics Board at the university approved the study (Reference number: 2022-SBB-0590). The names used in presenting the results are pseudonyms. After the observer explained the research purpose, the participants provided informed consent to allow this person to observe their group sessions and take notes.

## **Group Therapy Participants**

The participants' ages ranged from 25 to 54 (n: 12; M: 40.16). Regarding their education levels, six had attended primary school, three had received a high school education, two had

graduated from university, and three had a master's degree. All participants had full-time jobs. Six men were married, four were separated, and three were divorced. All the participants but one had at least one child. Three participants were currently receiving individual therapy or psychiatric help. The participants' marital relationships had lasted from 1 to 25 years (M: 9.84 years). Of these, three participants reported a relationship longer than 20 years.

The participants' characteristics varied between Group 1 and Group 2 in terms of socioeconomic status, age, and marital status. Group 1 had a lower-level socioeconomic status in that the participants included three primary school, two high school, and one college graduate, whereas Group 2 had two primary school, two college, and two master's graduates. Group 2 members were also older (M: 42.16 years) than Group 1 (M: 37.66 years). Finally, all Group 2 members were separated or divorced, whereas Group 1 had two divorced and four married participants. A relevant characteristic of Bartın, where the group program was held, is that it is a small rural city in Türkiye with few job options and socialization opportunities apart from a drinking culture among some men. In Group 1, a subset of men linked their alcohol-related violence to these social bonds.

### **Group Therapists/Facilitators**

The program facilitators for the two groups were, respectively, a female assistant professor in clinical psychology and a male psychological guidance and counseling professional. The facilitators were supervised through weekly supervision meetings (lasting 1–2 hours) with a clinical psychologist and a social worker. The facilitators also received training about the HRRP curriculum.

### **Data Collection**

The participants were recruited from the Violence Prevention and Monitoring Center, part of the Provincial Directorate of Family and Social Work Services in Bartın, Türkiye. The required permission for this research was also received from the Ministry of Family and Social Service. This is the first study conducted in Türkiye. Even though Türkiye's domestic violence law includes anger management or intervention groups, there are no legal court-ordered anger management groups. Because attendance at such programs is not mandatory, many men refused to participate in the intervention investigated in the previous study (Turhan et al., 2023).

Because the group therapy sessions were not recorded, data was collected using the observer's detailed hand-written notes. The observer's hand-written notes included all dialogue among leaders and members. The observer involved in the research team is the second author of the study and a doctoral candidate in social work who has studied family interventions. To reduce observer bias in the results, two individuals analyzed the data set and used reflexivity. The observer organized and revised the notes after each session. Data from the observer notes for 20 sessions were collected, including all dialogs between group leader and group members, and among the group members themselves. Before each session, the observer was instructed to increase their knowledge about the flow, goal, and exercises of the session. These instructions aimed to increase the observer's knowledge about the group approaches and activities, which helped the observer focus on

specific interactions and responses around resistance or change behavior. The observations were shared with the group leaders and the first author, who was a project manager.

### **Data Analysis**

The interpretation of the observation data involved theorizing the importance of the elements and themes to examine the participants' meanings (Braun & Clarke, 2006) while drawing on theoretical frameworks from the literature review. The most appropriate way of analyzing the data was thematic analysis (Braun & Clarke, 2006) because the topic is an under-researched area and the study aimed to explore how the men who voluntarily attended the intervention built trust and rapport with the facilitators and interacted with group members by focusing on their attitudes around taking responsibility.

The analysis was conducted in six steps over about two months to identify, analyze, and report patterns in the data (Braun & Clarke, 2006). In the first phase, each transcript was read several times by the researchers to familiarize themselves with the data before initial codes were generated close to the contents of the transcripts by identifying common concepts and elements in the raw data (Braun & Clarke, 2006). The textual data were then analyzed using NVivo20, a qualitative research program, to identify major themes and subthemes. Whilst the major goal of thematic analysis is to identify central themes and subthemes, a semantic and latent level analysis helps to investigate the meanings of the research phenomenon (Braun & Clarke, 2006). Semantic analysis aims to conceptualize the data and identify participants' apparent meanings (Braun & Clarke, 2006). Data analysis was also carried out independently by the second author and subsequently reviewed in collaboration with the first author before proceeding to the next phase. To mitigate potential researcher bias, the second author, who served as both the observer (data source) and primary coder, involved the first author as a second coder. Additionally, the observer maintained detailed field notes as a further measure to minimize bias.

In phase two, line-by-line coding was used to develop the dimensions and properties of the categories (Strauss & Corbin, 1998). A total of 278 codes were created, categorized in 25 themes. The participants' interactions with the group leaders and other group members were critically compared and contrasted in terms of their resistance or change behavior during the interventions. This phase ended once all the transcripts had been coded and the extracts of similar codes collated (Braun & Clarke, 2006). A total of 10 themes and 25 sub-themes were created.

The third phase investigated how these codes could be combined to create principal themes by sorting the codes into themes (Braun & Clarke, 2006). Mind maps were drawn on a separate piece of paper to organize themes. This phase played a significant role in connecting subthemes and main themes. Two major themes and ten sub-themes (in brackets) emerged: (a) barriers to taking responsibility (external factors for aggression, attributing responsibility to women and traditional gender role expectations, blaming the criminal justice system and law, masculinity crises with sexist stereotypes, and problems around communication styles, and poor boundaries; (b) signs of awareness and change (feelings of regret or guilt, recognizing controlling behavior, implementation of alternative behaviors, accepting new femininity roles, learning new techniques and self-awareness). To address divergent perspectives, the data was cross-referenced by examining the number of

references and examples within each theme. This systematic analysis of concrete facts served to bridge gaps and either substantiate or question various viewpoints.

In phase four, an examination was conducted to determine if the data offered sufficient support for the themes, and the subthemes were reviewed by assessing their appropriateness and coherence (Braun & Clarke, 2006). All the collated extracts were first read for themes by focusing on whether there were coherent patterns in the data. Then, if coherence was not achieved, the theme was reworked, a new theme was developed, or it was discarded from the analysis. Two themes and six sub-themes emerged from this analysis: (a) barriers to taking responsibility (attributing responsibility to women, blaming the criminal justice system, and masculinity crises); (b) signs of awareness and change (feelings of shame and guilt, recognizing emotional abuse and gendered beliefs, identifying alternative behaviors).

To increase trustworthiness and minimize researcher bias in the findings, field notes were maintained, and reflection notes were prepared during the research. Incorporating field notes into the analysis involved systematic organization by date, group size, and session count. The codes were reviewed to understand the data, identify themes, and apply the codes to key concepts. Data reduction focused on the most relevant information due to extensive notes. Triangulation with observations ensured validity. While direct quotations were not included, the field notes informed the major themes and the final synthesis, contributing to a comprehensive understanding of the phenomenon. All the obtained information was confirmed internally and externally through triangulation. Internal triangulation involved examining divergences in each researcher's analysis (Flick, 2004), whereas external triangulation was achieved via another researcher who did not participate in the coding (Flick, 2004). The information revealed during the study was read, coded, and validated by this researcher, and after the analysis, interrater agreement was reached. Finally, triangulation was also accomplished via the literature review and rechecking of the transcripts (Patton, 2002).

## Findings

During the group processes, the participants established meaningful, relevant, appropriate, and sincere dialogs with the facilitators and other members. According to the findings, dynamics like expressing shame and knowing alternatives were contributing factors to changes in the group interactions, whereas normalization of violence, sexist stereotypes, and masculinity crises were obstacles to improving cognitive restructuring, emotion regulation, and self-control behaviors.

### ***Resistance to Accountability and Shifting Gender Norms***

The analysis of the group session experiences revealed that many group members experienced difficulties in taking responsibility, developing self-awareness, and understanding their spouse's needs. Three sub-themes emerged: attributing responsibility to women, blaming the criminal justice system, and masculinity crises.

#### ***Attributing Responsibility to Women***

Several men in the group shifted blame onto women and their families for their own violent behavior. During discussions, most members reinforced this perspective, with one participant citing issues with his wife's relatives as an example:

Throughout my marriage, I used to go from work to home. Even my wife used to say have a coffee or something. She said to take time for yourself. However, my wife's family causes trouble. (Yücel, Group 2, Session 4)

Other responses were also related to blaming women. For instance, one man revealed his difficulties in understanding women's emotional needs by blaming his former wife for her jealousy. In the following dialogue with Erdi, the group facilitator attempted to address the individual perspectives related to domestic responsibilities and emotional needs. The facilitator suggested that there may be a different balance in the household in that Erdi's spouse might feel neglected if he primarily focuses on their daughter after returning home. Erdi, however, insisted that his coming home from work demonstrates his interest in his spouse:

Erdi: I was not a violent man at home. When I come home from work, I would be tired. I used to watch TV. I would take care of my daughter. She [His wife] was jealous that I was not paying attention to her. Does a woman get jealous of her daughter? She should not be jealous.

Facilitator: There is a different balance there. If you are at home, if your spouse comes from outside and only pays attention to your daughter, you may be annoyed by that.

Erdi: I'm already coming home from work, which means I am interested in her.

Facilitator: Not all people think like this.

Erdi: This is my opinion. If I'm not coming home from work and going out, I don't show interest, but if I'm coming home, sitting on the same sofa, sleeping in the same bed, and chatting, that means I am showing interest in her. She is not a child, so how can I lay her down and love her like my daughter? (Group 1, Session 9)

This dialogue highlights the complexities of group discussions within domestic violence perpetrator programs, where individuals may hold strongly to their own beliefs and interpretations of their actions. Moreover, most men defend themselves regarding the situations experienced in group practices. For example, a few group members focused on women's power and controlling behaviors:

My wife was jealous of my friend. She wants to control me all the time. She also controls my children as well. Her grandmother was also controlling others too. (İzzet, Group 2, Session 4)

My wife's crying in front of her family as an excuse is also violence. (Umut, Group 1, Session 4)

### ***Blaming the Criminal Justice System***

The participants also considered that the legal system is corrupt and blame the criminal justice system for their family restraining order. They alleged that were ignored during the initial police contact and court appearances. The participants expressed how they have been constantly confronted with accusations and legal consequences, which has intensified their reluctance to change their behavior or take responsibility for their actions. This resistance, in turn, led some of them to disengage from group activities. For instance, Erdi shared his experience of avoiding the street where his spouse's shop was located for several months due to legal issues. His situation reflects a sense of being surveilled and restricted. Musa, another group member, validated Erdi's experience by mentioning that even his police contacts have warned against using that same street:

For 5–6 months, I haven't been to the street where her shop is located. They imprisoned me for three days because I passed in front of her workplace. I must use this street because I go to my workplace. The police told me not to go down that street. (Erdi, Group 1, Session 9)

But what you say is true. I also heard from police friends; they said not to go down that street, even with your car. (Musa, Group 1, Session 9)

These examples highlight how external factors, like legal threats and surveillance, create a shared sense of fear and restriction among group members, potentially hindering their full engagement in the intervention program. This underscores the need to consider external contextual factors in analyzing group dynamics and participants' willingness to change. Some group members claimed that women's false statements showed that the legal system was not functioning correctly:

The suspension comes out while I'm in Ankara. The police officer told me I could not enter the house and should have written to the family court. I have medicines to take from the house. I am chronically ill. I call out to my wife from the terrace. The police are coming. They take me away. I was in custody between two weeks – one-sided listening. The protection order said about me having beaten her. They take every word from the lady's mouth and put it in the file. Her family and my child are also involved. I talked to my child's teacher and they told me there would be a problem if I went to the school. (Yüksel, Group 2, Session 2)

The participants continued making accusations against the legal system from time to time until the sixth session. Particularly, when asked to think about alternative behaviors to violence or applying anger management strategies, they tended to claim innocence, arguing that the laws and legal system were unfair.

### ***Masculinity Crises***

The masculinity crisis involves sexist stereotypes, a belief in male dominance, fear as a control tool, social pressure, and male privilege in society. An example illustrates how the participants perceived shifts in family dynamics and traditional gender roles, with one expressing concerns about increasing divorces and children's growing independence from fathers as deviations from societal norms. For instance, one participant emphasized the father's powerful role over children:

The increasing number of divorces is against our customs, and the children's opposition to their fathers is not tolerated in society nowadays. It is wrong to talk slang with one's father as if he were a very close friend. Mothers' supporting such negative attitudes is also wrong. For instance, when the father tells their child to find a job or go to the military, the mother tells the child to go for a walk. This time the child takes the mother's side. (Bahri, Group 2, Session 1)

This dialogue reflects the participants' discussions on masculinity, family roles, and societal changes within the group dynamic. It shows that some hold traditional gender role views that influence their understanding of family dynamics and power structures. It underscores the importance of considering participants' beliefs in domestic violence perpetrator program discussions. Moreover, sexist stereotypes about women include beliefs that they should be submissive, accountable, mindful of their appearance, non-jealous, and prioritizing their children. The following dialogue shows the facilitator challenging the stereotype that women are solely responsible for family unity. Bahri initially defends this view, implying that women have changed, prompting the need for the group intervention:

Izzet: Women make families or homes.

Bahri: Why did they say that? Maybe it used to be said, but it makes sense. The woman is trying to keep her family together a little longer. Being more self-sacrificing and compassionate, prioritizing the child, and being able to think more about family members. Our women were more altruistic in the past, but now they are not. That's why we are here.

Facilitator: Let's talk about sacrifice. There is a very fine line to distinguish between oppression and sacrifice.

Remzi: Women say I earn my own money and won't listen to you anymore. (Group 2, Session 6)

This dialogue reflects the group's exploration of deeply ingrained stereotypes and the dynamics at play within the group. It highlights the facilitator's role in challenging and guiding participants to reevaluate these beliefs. Diverse viewpoints emerge from the discussion that enhance the group's understanding. This highlights the program's goal of deconstructing gender stereotypes.

### **Cognitive Transformation and Empowerment**

Signs of awareness and change included three sub-themes: feelings of guilt, recognizing emotional abuse and gendered beliefs, and identifying alternative behaviors.

#### **Feelings of Guilt**

Regarding regret for his violence, Musa (Group 1, Session 7) said: *"I wish I hadn't done it; it wasn't good."* The participants' undesirable behaviors, which mostly stemmed from interpersonal communication problems, in turn mostly caused feelings of shame. Several participants shared their undesirable behaviors and attitudes, as in this example:

You can't disgrace my father in front of the guests. When I said hurtful words, she felt offended. But it was not a very long discussion. But because she offended my father, I uttered a word and broke her heart, but I regretted it later. . . . Of course, there was regret, and I couldn't sleep. (Taci, Group 1, Session 2)

Regret, shame, and justifications for violence were interconnected. During the initial stages, these feelings of regret did not exactly lead to change. For instance, the facilitator initiated a conversation by asking Musa about his feelings after instances of violence occurred. Musa acknowledged feeling regret, indicating that he regretted his actions, particularly physical violence:

Facilitator: How did you feel after the violence happened?

Musa: I regretted it a lot. I did something physically.

Facilitator: Once or more than once?

Musa: Twice, but I was right both times. It was fair in my opinion, but I shouldn't do it. I swear there could have been more, and I'm very happy that I did not have more violence. (Group 1, Session 4)

The group dynamic here is characterized by the facilitator's role in probing participants' emotions and experiences related to their abusive behavior. Musa's response illustrates

the complex interplay between acknowledging regret and holding onto justifications for past violence. The dialogue sheds light on the early stages of the participants' journeys toward recognizing and addressing their abusive actions. It underscores the facilitator's role in guiding this process and highlights the complexities of working with individuals who may initially struggle to fully confront their behaviors and their consequences.

### ***Recognizing Emotional Abuse and Gendered Beliefs***

The participants generally developed an awareness of various types of violence, especially learning about verbal and emotional violence. For example, Erdi discovered that not responding to his then wife could also have been a form of violence:

I declare that I did not take the person in front of me seriously by keeping silent, which may be violence. (Group 1, Session 3)

The following dialogue shows that some men in the group respected their wives' autonomy and employment, and were willing to share the housework. However, others used metaphors to resist these changing dynamics, implying a diminished role for men and perceiving women as having significant authority:

Umut: Now I'm a sharecropper man.

Facilitator: Do you mean the command taker?

Umut: The woman has also become a commander now.

Musa: Women are like the Interior Minister in the house now. (Group 1, Session 6)

The group dynamic here is characterized by a diversity of viewpoints and attitudes toward changing gender roles. Some participants appeared to be adapting to these changes, while others struggled with accepting women's increased agency and leadership within the household. The dialogue provides insights into the complexities of participants' experiences and the process of challenging traditional gender norms and power dynamics. It highlights the facilitator's role in fostering discussions that allow participants to explore and reflect on these changing dynamics. Furthermore, there was both resistance to and acceptance of breaking gendered judgments:

Look, the new generation: I was born in the 70s, and until this age, we were taught that men do this or that. Because our fathers didn't even do what we did. Let's say we were born in the 70s or people like us were raised – people born between 1995 and 2000. We were raised by those born in the 50s. It is difficult to break this structure. Our spouses know that we are of the same age, they see it that way, but socially this happened; social media in the distribution of duties, the internet, men and women started to change a little more. (Bahri, Group 2, Session 6)

### ***Identifying Alternative Behaviors***

Although the participants often knew of alternative behaviors to violence, they mostly preferred to apply the problem-solving skills they learned during childhood or adolescence. In the following dialogue, the facilitator prompts Umut, who initially wished to remain silent, to consider alternatives to divorce. The facilitator encouraged him to explore other options for dealing with conflicts, leading to Umut suggesting involving the family before eventually mentioning empathy as an alternative behavior. The

facilitator acknowledges his struggle and emphasizes that he has correctly identified an alternative behavior:

Facilitator: I don't think you're considering divorce anymore.

Umut: I would like to apply my right to be silent.

Facilitator: One of the ways is to be silent. What else can you do?

Umut: I'm calling for her family. They intervene in this situation.

Facilitator: There is a third option.

Umut: Empathy.

Facilitator: I know that you're struggling, but you expressed the correct alternative behavior.  
(Group 1, Session 7)

This dialogue highlights the group's ongoing process of learning and applying new behaviors and skills to address conflicts within relationships. It demonstrates that while participants may be aware of these alternatives intellectually, they may initially struggle to put them into practice. The facilitator plays a crucial role in guiding the participants toward recognizing and applying these alternatives effectively. The dynamic here reflects the participants' hesitancy to adopt new behaviors and their need for encouragement and guidance. It underscores the incremental nature of behavior change within the context of domestic violence perpetrator programs and the role of the facilitator in facilitating this process.

Another important development concerned the participants' ability to share feelings and thoughts with their spouse as an alternative positive behavior. For example, some group members shared their distress when they made an important decision without telling their wives:

I bought a truck without telling my wife. After a while, I told her, and she got angry. She asked why I lied. I said sorry. My wife told me what did you notice now? If you had said it from the beginning, we would have gotten a better one. Then, we had to sell many items for expenses. Whatever happens, the family needs to know, and it's too bad to hear about it later. It wouldn't be nice for my wife to do it either. I would be very angry because of my masculinity. Even if the other person disapproves, she must know about the issue. My wife said she signed up for the gym, but it wouldn't have been nice for me if she hadn't told me and I heard it from someone else. I was glad that my wife informed me about this situation. (Meté, Group 1, Session 5)

While the findings from both groups provided deeper insights into the interactions and responses regarding cohesiveness, there were some differences regarding the participants' marital status and types of violence. More specifically, members of Group 1, who had displayed more physical violence and had lower socio-economic status, adopted more gendered-based perspectives. They also had more problems regarding working hours, which increased their stress and left insufficient time for their family. All the members of Group 2, who had higher educational status and better work conditions, were divorced. They mostly blamed the criminal justice system and raised obstacles to taking responsibility for emotionally abusing their former spouse.

Within each group, the members also differed in age and educational level. In Group 2, for instance, the one man who had a lower educational level mostly remained silent and

subordinate. Group 1 was mostly dominated by men with lower socioeconomic status and who had more alcohol problems and told more stories of infidelity than Group 2. In short, a higher educational status mostly seems to increase the level of defensiveness while sometimes enabling greater self-disclosure.

## Discussion

The results demonstrate how the group leaders navigated group practices based on the group members' interactions, such as being supportive, manipulative, judgmental, or belittling. During this navigation process, facilitators faced obstacles during confrontations because the participants often normalized or minimized violence, held gendered stereotypes, and exhibited a rigid masculinity. Indeed, several scholars have concluded that the "masculinity crisis" is an important factor for understanding the reasons for men's violent behavior (Hearn, 2012; Katz, 1995; McCarry, 2007; Stanaland et al., 2023; Taylor et al., 2013) and lack of motivation to change (vanDellen et al., 2011).

It was also revealed by our study that the participants' adherence to traditional masculinity hindered their willingness to take responsibility during group interactions. This was associated with an increased tendency to shift blame toward women and the legal system. Furthermore, the fear of compromising their sense of masculinity likely prompted the male perpetrators to adopt a defensive stance and deny engaging in abusive behavior. This included rationalization tactics, shifting culpability onto the victim, or downplaying the severity of their actions as a means of safeguarding their self-image. In these cases, the facilitators encouraged the group members to focus on their motivations for not involving the criminal justice system again. Similarly, Vandello and Cohen (2003) emphasize how domestic violence related to infidelity is higher in "honor cultures" due to "culturally valued ideals, norms, and expectations about honor and proper masculine and feminine behavior" (p. 1008). Gendered dynamics were identified as barriers during group interventions because they mostly reduced the men's willingness to engage in group activities and take responsibility. In instances where participants endorse gendered stereotypes, practical and logistical recommendations should prompt practitioners to carefully consider the potential consequences associated with these stereotypes.

Similarly, Stanaland et al. (2023) argue that masculine norm expectancy is associated with the discrepancy that shapes individuals' extrinsic and intrinsic motivations to resist changing their behavior. Their model of masculine identity (Stanaland et al., 2023) explains how externalized compensatory responses (e.g., aggression and sexism) re-assert masculinity, while internalized responses (e.g., anxiety and shame) are linked to masculine self-image. This model is helpful for understanding how the group members' rigid masculinity and sense of threat resulted in insufficient motivation to change. It is also important to note that the intervention program took place in one of Türkiye's small provincial cities, where a drinking culture and male privilege are common dynamics. These cultural dynamics may explain the participants' inability to take responsibility for their violence and their resistance to changing their behavior. Taking into consideration these cultural and environmental factors, facilitators must create an environment fostering accountability, open communication, and meaningful engagement by maintaining a delicate balance between structure and flexibility. Specifically, when addressing men's masculinity, the level of group structure

involving facilitators' roles should implement more stringent rules to optimize group members' focus on the topic and diminish justifications for abusive behavior.

During the sessions, the participants became more aware of several techniques for improving communication skills, anger management, and setting up healthy boundaries. Notably, during this awareness raising process, some group members shared their frustrations with being unaware of certain techniques because they thought these might have prevented earlier family crises and violence. Similarly, moral responsibility theory highlights the importance of being aware of alternatives to reduce or stop criminal offending behavior (Fischer & Ravizza, 1998). Fischer and Ravizza (1998) argue that moral responsibility associated with recognizing alternative possibilities around implementing new and positive behavior is important. However, it should include both guidance control and regulative control to prevent any rationalization of violence. Regulative control involves "a kind of dual power of free action," whereas guidance control suggests alternative possibilities (Fischer & Ravizza, 2000). Thus, individuals' previous experiences and learning frequently shapes their choice of accepting or denying responsibility, which may not always be explicit, conscious, or reflective. Fischer and Ravizza (2000) argue that taking responsibility is "a matter of having certain (dispositional) beliefs about oneself (and having acquired those beliefs in appropriate ways)" (p. 443).

Shame and guilt had both negative and positive effects on the participants' behavioral change process. For instance, many of the participants felt shame if their relatives had witnessed their violence. During the group sessions, a few members shared feelings of shame and guilt about their abusive acts toward their (ex) wives, which increased their motivation to learn new communication strategies. Similarly, Tangney et al. (1996) argue that guilt can play a constructive role in changing aggressive behavior and improving positive actions. Thus, it was shown by our findings that guilt sometimes motivated the men to learn new skills during group practices. For instance, a few group members shared how they never wanted to experience shame or guilt in front of their wives or children again due to their abusive behavior. Similarly, Kaufman (1992) noted that shame is an important motivation for individuals to change their behavior to achieve healthy relationship skills. On the other hand, shame can lead to "maladaptive responses to anger, including malevolent intentions; direct, indirect, and displaced aggression; self-directed hostility; and negative long-term consequences" (Tangney et al., 1996, p. 797). For instance, a few men mentioned how they had been shamed when their wives had failed to meet their expectations, which often resulted in their acting aggressively. That is, shame can trigger violence as well as being an important promotor of behavioral change, so it is vital to recognize both the negative and positive influences of shame to implement appropriate approaches for behavioral change in domestic violence interventions.

## Implications

The findings of this study have several significant implications for domestic violence perpetrator intervention programs and related fields. These implications relate to enhancing awareness through emotional expression, addressing barriers to change, skill acquisition for healthy relationships, individualized approaches, and long-term support and follow-up. For instance, the positive correlation between the expression of feelings of shame and improved awareness suggests that group-focused interventions should create

a safe space for participants to openly address their emotions, including feelings of shame and guilt. Encouraging group members' emotional expression can be a key strategy in facilitating self-awareness and behavior change. Therefore, motivational interviewing stands out as an effective model, enabling participants to openly share their concerns and thoughts in the group.

The identification of barriers, such as normalization of violence, societal expectations, gendered stereotypes, and masculinity crises, highlights the necessity for group leaders to explicitly confront these challenges. Strategies to challenge and overcome these barriers should be integrated into group structure. Furthermore, the effectiveness of learning alternative behaviors and techniques in promoting behavior change underscores the importance of skill-building components within group-focused interventions. Providing participants with practical tools and strategies for developing healthy and respectful intimate relationships can be a valuable focus. Given the diversity of responses observed among participants, it is clear that a one-size-fits-all approach may not be suitable for group-based domestic violence interventions (Babcock et al., 2016; Carbajosa et al., 2017; Richards et al., 2012). Therefore, outcomes may be optimized by tailoring group-based interventions to individuals' specific needs and challenges, as identified during the HRRP intervention.

The focus of our study on participants who had received a no-contact order within the previous six months suggests that long-term support and follow-up beyond the initial program duration should be considered in group-focused intervention. This can help individuals maintain the positive changes achieved during the program and continue their journey toward nonviolent behavior. Overall, these implications highlight the importance of comprehensive, adaptable, and emotionally supportive group-based interventions that address individual needs while challenging societal norms and barriers to change.

## Limitations

Although the present study's findings add to our understanding of how men respond to intervention approaches by focusing on their interactions with both group leaders and members, there are methodological limitations. First, because the meetings were not recorded, the obstacles around taking responsibility were identified by analyzing handwritten group observation notes. Therefore, the data was based only on the participants' responses and silences during the group sessions. Second, while many of the men built trust and rapport with their group leader, a few group members possibly did not share their sensitive experiences during the disclosures due to shame, anger, guilt, or other concerns. Nevertheless, their experience of the group may serve as a preparation stage because they observed the changes and emotional disclosures of other group members. Similarly, because some topics might have been considered taboo, group members may have responded in more socially desirable ways.

Third, this study only analyzed interactions in two group-based interventions in Türkiye, so its generalizability to other populations remains limited. Despite providing detailed information about the intervention program sessions, the replicability of our results in other countries may be limited. Therefore, studies using more exploratory methods are

needed to examine intervention group processes in different cultural contexts to validate the factors affecting acceptance of responsibility among perpetrators of domestic violence.

## Conclusions

Long-term treatment is recommended to diminish blame externalization and rationalization of violence, considering the progression of behavioral change and awareness in male perpetrators of domestic violence. For instance, although many participants in our intervention were not very motivated initially, motivational interviewing and letting them share their struggles during the initial sessions helped them to continue in the program (Kistenmacher & Weiss, 2008; Musser et al., 2008; Zalmanowitz et al., 2013). However, there were many challenges around staying on topic because many group members were not ready to talk about sensitive issues, such as types of violence or anger management techniques. Instead, they mostly shared how they were right in their marital relationship and how their spouse was wrong. Thus, a critical practice for facilitators is providing equal space and time for group members to allow them to share what they want while encouraging them to stay on topic. Voluntary attendance increased the facilitators' concerns about losing group members, so they mostly provided more space and time for group members to share what they felt more comfortable with.

These challenges frequently occurred during the initial sessions, whereas by the mid and final stages, as rapport and trust increased, group facilitators were more able to confront group members and ask sensitive questions to increase their awareness about their abusive behavior. While all group members respected each other and developed good relationships as they often come together and talked during break times, there was some inequality in their interactions because some members were more dominant during the group process. These challenges should be acknowledged by group facilitators, while further refinement of how to identify interactions for each component around taking responsibility and behavioral change needs to be continued by researchers. Overall, the findings of this research suggest that the HRRP can help improve intervention outcomes for perpetrators of domestic violence and warrants further investigation.

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