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The effectiveness of an early intervention on male perpetrators that have committed domestic violence

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**The Effectiveness of an Early Intervention on Male Perpetrators that have
Committed Domestic Violence**

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RESUMEN

La violencia doméstica ha estado presente en la sociedad durante muchos años, y es recién en los años 90 que la ONU prohíbe la violencia hacia la mujer, ya que antes era vista como normal (Gálvez, 2013, p. 17). En Ecuador, siete de cada diez mujeres han sido atacadas por ser mujer, y de ese dato, el 77% ha sido atacada por su pareja o expareja (Quintana et al., 2014, p. 25). La siguiente propuesta de investigación tiene la finalidad de encontrar si una intervención temprana en hombres que han cometido violencia doméstica es eficaz para disminuir sus comportamientos agresivos. La idea de hacer una intervención en hombres es que no vuelvan a cometer actos de violencia doméstica en su actual relación o en una futura. Este estudio va a ser realizado en 50 hombres con historia de violencia contra su pareja. Serán reclutados hombres de entre 20 y 28 años de edad por medio en redes sociales. Se utilizará una intervención basada en ACT y en intervenciones con evidencia empírica para adultos, luego se comparará con un grupo control. Con las técnicas de comunicación y resolución de conflicto, se espera que se reduzcan los comportamientos violentos.

Palabras clave: Violencia Doméstica, Intervención, Ecuador, Ciclo de Violencia, Hombres Maltratadores

ABSTRACT

Domestic violence has been part of society for many years, and it is in the 90s that the UN prohibits violence against women, since it was previously accepted throughout the world (Gálvez, 2013, p. 17). In Ecuador, seven out of ten women have been attacked just for the fact of being a woman, and from this, 77% were attacked by their partner or former partner (Quintana et al., 2014, p. 25). The following research proposal has the aim to find the effectiveness of an early intervention on men that have committed domestic violence in order to reduce aggressive behavior. The idea of having an intervention on men is that they would not commit domestic violence any longer in their current relationship or in a future one. The study will be done on 50 men that have a history of violence with their partner. Men who are 20 to 28 years old will be summoned by running ads in social media. An intervention based on ACT and interventions with empiric evidence will be used and later compared to a control group. With the communication skills and conflict resolution techniques, it is expected to decrease violent behaviors.

Key words: Domestic Violence, Intervention, Ecuador, Cycle of Violence, Male Perpetrators

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RESEARCH PROPOSAL

AN EARLY INTERVENTION ON MALE PERPETRATORS THAT HAVE COMMITTED DOMESTIC VIOLENCE

Problem Statement

Domestic violence has been a phenomenon for a long time in society. There are still people that believe that male is the dominant gender and that female should be seen as inferior. Even though there are stereotypes that come from the past, humans still live according to them. For example men are required to be active, meaning that they must be the ones who invite the woman on a date, while women are supposed to be passive and wait until the man “makes the move” (Welzer-Lang, 2007, p. 98). According to Cormier and Jones (2013), men believe they are more capable of working since they are biologically stronger (p. 45). This results on women being assigned housework, such as taking care of kids or cooking and cleaning. However, Welzer-Lang (2007) mentions that the word strength can be defined in different ways and it can be seen as a cultural construct, as well as biological, because men that are biologically weaker than women still receive the same privileges (p. 43). Patriarchy is still the choice of hierarchy and lifestyle for many cultures, as it has been throughout history, making it hard to end violence against women (Jacobson & Gottman, 2001, p. 61). Gender violence can be defined as a man attacking a woman in a physical, sexual or psychological way just because of her gender (Gálvez, 2013, p. 17).

Even though gender violence can be experienced in any context, according to Gálvez (2013), it is more common to find it inside the home environment. Domestic violence, from male to female is the most common type of gender violence, since it is in a private setting where the woman can be submissive (p. 18). This type of violence exists across cultures and

countries because of the idea of power (Welzer-Lang, 2007, p. 41). One out of three women in the whole world has been a victim of gender violence from any man (Gálvez, 2013, p. 21). A total of 35% of women around the world have experienced physical or sexual violence towards them from their partner or sexual violence from someone who is not their partner (WHO, 2013). One of the causes can be the lower salaries women get for the same work, since it provides an advantage of men over them, causing subordination dynamics, thus leading to violence inside the marriage (Puleo, 1995, p. 30).

However, it isn't until 1993 that the United Nations Organization demands the elimination of violence against women worldwide (Gálvez, 2013, p. 17). Ecuador began to consider domestic violence as a violation to human rights, as late as the 1980's and throughout the 1990's. This is when the first laws against violence towards women or family were created (INEC, 2014, p. 7). Until this time, domestic violence was not considered a real social problem, besides, women could not even notice that this type of violence was out of the ordinary (Jacobson & Gottman, 2001, p. 19). There were so many cases, according to the studies of Straus and Gelles (cited in Jacobson & Gottman, 2001, p. 19), that it seemed that it was more the norm rather than the exception.

According to Eckhardt et al (2014), most studies done in treatment for men that have committed domestic violence have limitations in their methodology since there is no standardization of treatment or participants are not correctly randomized into groups (p. 1). As well, they have not been able to find significant differences between the Cognitive Behavioral Therapy and the Duluth Method, which are the most common type of interventions done in these cases (Eckhardt et al, 2014, p. 1). Looking at studies, those are the most researched interventions, even if the results show no real effectiveness when it comes to relapse. With this

established, the field of psychology on violence has not decided on a single intervention as more efficient to be used in every program for batterers (Babcock et al, 2016, p. 367). So, the question, based on this information, is, how and to what extent does an early intervention on male perpetrators reduces their violent behaviors towards their female partner?

Objectives and Research Question

The general objective of this investigation is to find the effectiveness of an early intervention on male perpetrators that have committed domestic violence. Therefore, the question to be answered is: How and to what extent does an early intervention on male perpetrators reduces their violent behaviors towards their female partner? One of the specific objectives that this investigation is looking to achieve on the participants is for them to be able to develop skills to have an effective communication and be able to enjoy the time in their relationship. Second, to increase awareness of the role they play in the conflicts with their partner and recognize when their behaviors start to escalate. Another goal would be for them to be able to accept when a relationship is over or the changes, they must make for it to work. The final specific objective would be for men to build a positive self-image regardless of the outcome of the relationship.

Significance

Approximately, one third (30%) of women who have been in a relationship have been victims of sexual or physical violence by their partner, and in some places the numbers can get higher (WHO, 2013). 38% of these women are murdered by their partner or ex-partner (WHO, 2013). Latin America contains 14 out of the 25 countries with the highest statistics of femicides (CNN Español, 2016).

In terms of treatment when there is one of these cases, women are normally the ones who receive it since they are more likely to seek help than men. Men would constantly deny responsibility for their actions (Welzer-Lang, 2007, p. 74). Psychologists have discovered that in these abusive homes, the woman is constantly more functional than the man, and the stereotype of them being fragile is actually wrong (Berry, 2000, p. 48). Berry (2000) also mentions that about 75% of abused women have left the home, but then are stalked or threatened afterwards (p. 48). The importance of having an intervention on men is that if they don't change their behavior, they could be violent in their new relationship, in case they start another (Welzer-Lang, 2007, p. 92). The same author mentions that the frequency and intensity of the violence will remain the same as in the previous relationships.

In Ecuador, there is poor to none information about interventions on male perpetrators that have committed domestic violence. However, there are statistics that prove that domestic violence is a real problem in the country, as well as worldwide. The numbers in Ecuador, specifically in Pichincha are high in terms of domestic violence. According to Quintana et al (2014), six out of ten women in the country, who are 15 years or older, have suffered gender violence, meaning attacks just for being female. In Pichincha the number rises to seven out of ten (p. 10). From this data, 77% of women suffered from gender violence in Pichincha from

their partner or former partner (Quintana et al., 2014, p. 25). The total percentage of Ecuadorian women that have experienced domestic violence from their couple or ex is 48.7% (INEC, 2011, p. 19).

The victims are affected in their personal life, which has an effect on the whole family as well. Herman 1992 (cited in Levendosky & Graham-Bermann, 2001, p. 172), discusses that the women who are victims normally develop a syndrome with similar symptoms as the PTSD, that also carries depression, anxiety, and the idealization of the batterer. Brewin et al 2000 found three reasons a woman can be more vulnerable to develop a post-traumatic stress disorder, which are: the amount of support received, levels of stress and the severity of the violence (Soletto, 2015, p. 116). As well, according to the World Health Organization (2013), these women have twice as much probability to go through an abortion, as well as having depression. Depression can be developed based on the self-esteem they have created, the continuous exposition to stressful environments, learned helplessness, and loss of personal growth (Soletto, 2015, pp. 117-118). Anxiety, guilt, substance abuse and isolation are some of the other effects that can happen to the victim (pp. 118-119).

The men's suffering has more to do with their partner leaving, but they also have pain caused by guilt (Welzer-Lang, 2007, p. 125). They can feel a kind of dissociation, where they feel it is not them that control their body. However, men are also tormented by the effects of patriarchy and male domination because they are not allowed to talk about their feelings and feel the pressure to control others (Welzer-Lang, 2007, p. 125).

When kids are exposed to violence, even if it is physical punishment, they can learn it is acceptable, so the idea is to break the cycle of violence by preventing men to use it against

their wives (Berry, 2000, p. 51). This is the reason why this study wants to treat men in their early stages of violence, to prevent domestic violence to be sustained.

Literature Review

Domestic Violence

According to Welzer-Lang (2007), domestic violence is a way dominance is revealed because a strong person is trying to take control over a weaker person, that is why it can be done from men to women or from adult to child (p. 42). It is the belief that one person is authorized to use violence in order to get things how they want them to be. The domestic violence, that will be addressed in this study, is the violence in heterosexual couples from male to female partner, since there can also be abuse towards children, the elders or among siblings. This type of domestic violence has been called also wife beating to battering, but it always means the same, wearing down their partner by criticizing them and finding fault in any action (Berry, 2000, p. 1). It is also known as Intimate Partner Violence (IPV) and it can be defined as a physical, psychological, sexual or economical abuse done by actual or ex-partners (Troisi, 2018, p. 2). The World Health Organization mentions that, even if IPV can be perpetrated by either male or female adults, there is a higher percentage of violence male to female (cited in Troisi, 2018, p. 2).

It is important to distinguish between gender violence and domestic violence since they can be confused sometimes. According to Maqueda 2006 (as cited in Soleto, 2015, p. 133), by not differentiating the terms, then the social resistance would be supported, and violence towards women would be seen as useful to maintain the order where women are discriminated. Soleto (2015) mentions that the word domestic makes it seem that is a private matter since it

is a permissive social setting (p. 133). As well, the significance of differentiating these terms is the fact that not all cases of domestic violence are due to the patriarchal model, but the aggression might be just circumstantial (Soletto, 2015, p. 134). Geffner, psychologist, states that (as cited in Berry, 2000, p. 29) “what goes on inside the home does not relate to what’s outside it”, meaning that perpetrators and victims can come from any context, and even appear to be normal couples.

There are various types of domestic violence, but the most common are: physical violence, emotional or psychological abuse, and sexual abuse (Berry, 2000, p. 3).

1. Physical Violence: As it is stated, it is what causes physical pain, such as kicking, punching, slapping, hitting, burning, biting, choking, etc.
2. Emotional/Psychological Abuse: It has to do with hurting the other’s feelings or what mentally hurts. This can include shaming, insulting, embarrassing, name-calling, withholding money or affection, forbidding, forcing, etc.
3. Sexual Abuse: This would be the act of forcing any sexual approach with the partner when she does not want to do it.

Adding to this, emotional abuse can leave effects that last longer than physical abuse because they are internalizing what they have been told and now are part of their self-image (Berry, 2000, p. 2). Zafra (cited in Soletto, 2015, p. 15), mentions a fourth type of aggression, the economical violence, that can create dependence from the victim to the batterer and become submissive because of insecurity.

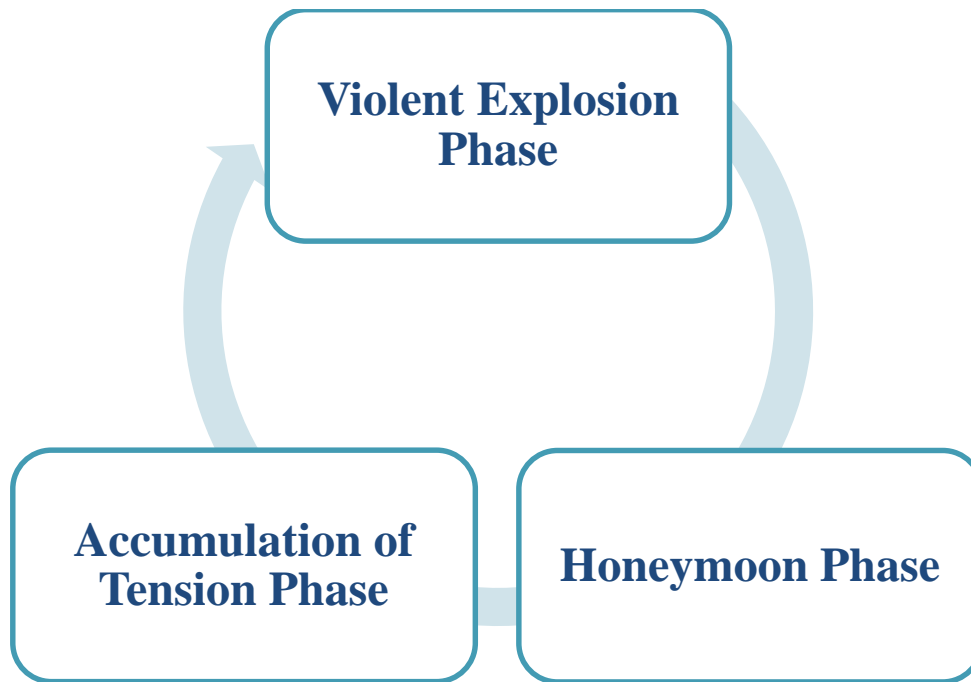
Domestic violence is still acceptable in different parts of the world and this can create an ambiguity of whether if it is a private or public matter (Semahegn, 2019, p. 2). According to the review and meta-analysis done by Semahegn et al. (2019), there is a 55% prevalence of

lifetime intimate partner violence, meaning that one in two women would suffer the abuse for her entire life (p. 28). It was concluded that they should focus on prevention of IPV based on culture and gender-norm transformation by working with empowered women, engaged men and influential people (p. 28). However, it is still a difficult matter to be treated by the health sector since it is a complex matter where neither the victim nor the abuser wants to deal with and cultural factors are an obstacle (Tavares de Lucena et al., 2016, p.140).

Domestic violence is still part of a cycle that is still to be clearly defined, however there is the cycle of violence that all perpetrators live by.

The Cycle of Violence

The cycle of violence is pretty much defined in the same way by many authors, they might use different terms, but it is built on the same idea. Perpetrators have a way of acting with their victims throughout the entire relationship and it is what most of the times encourage the battered woman to stay. As the cycle is more frequent, the aggressions will become each time more threatening since the level of violence increases (Gálvez, 2013, p. 24). Walker 1979 (cited in Soletto, 2015, p. 146), establishes the following cycle as the one in violence in abusive relationships:



Like any other relationship, the phase in which it will begin would be the honeymoon phase. It will be a stage of pure happiness, they would go on dates and everything would be seen as perfect (Welzer-Lang, 2007, p. 84). However, this phase is the most alarming one since it is the reason why victims stay (Berry, 2000, p.36). Once the whole cycle has come back to this phase it will become the part when the aggressor apologizes and promises changing and not repeating the violent behavior (Soletto, 2015. P. 146). This is when the victim decides to give them another chance believing they will really change, and this literally becomes a cycle.

The accumulation of tension comes right after the honeymoon phase and it is when the atmosphere begins to change, creating fear in the woman since she is receiving threats again. The woman tries to avoid behaviors that might upset the batterer, but has no real effect (Soletto, 2015. P. 146). It is the moment they are back to everyday living and again the man needs to be satisfied by dominating (Welzer-Lang, 2007, p. 84).

The last or first stage of the cycle would be the violent explosion phase. This is the stage where the physical abuse mostly takes place since aggression is the way the perpetrator

releases the tensions (Soletto, 2015. P. 146). Having said that, each time a cycle passes the regret will decrease, and the honeymoon stage will be weaker. Then the cycle repeats as many times as necessary for the aggressor and the victim.

The cycle of violence is a slow process and it goes through more silent steps, where the abuser begins with humiliation or taking away the freedom of the victim instead of getting physical (Tavares de Lucena, 2016, p.144). This way the victim's self-esteem lowers, and she can later accept the physical abuse.

The cycle of violence can be repeated throughout generations, since it can be learned just by observing, that is the importance of interrupting before it keeps growing.

Perpetrators

According to Welzer-Lang (2007), a violent man can be any man, something that sounds obvious, but actually people have trouble thinking about it. Normally, people that work with the affected setting, they will point violence towards the perpetrators, but then is when they realize that someone close to them can also be violent (p. 49). This can lead to the belief that the aggressors can come from any context and can be hiding behind a doctor, a teacher, a priest, an engineer, etc. However, this does not mean that all men are violent (Welzer-Lang, 2007, p. 59). As well, Welzer-Lang (2007) discusses that in studies done in Quebec, aggressive men came from totally different backgrounds, meaning there was no specific age, no social origin, they can be well educated or illiterate (p. 180).

Having mentioned that, characteristics for men that become perpetrators can vary in an extensive way. A characteristic that worries researchers, according to Zafla (cited in Soletto, 2015, p. 33), is that there is a surge on gender violence on women committed by teenage men. This means that the ideal age to create prevention programs is decreasing. There can be risk

factors that can make a man more willing to become violent, those include an aggressive personality, stress caused by lack of resources or unemployment, having a desire to dominate, poor impulse control, hate towards women, depression, drug abuse, emotional insecurity, witnessing violence between parents or child abuse (Babcock et al., 2016, p. 358).

When exposed to social situations, violent men often attribute hostile intents, and this can be due to personality traits or interpreting intentions of others based on their own goals (Winstok, 2013, p. 74). The perpetrators would look for any information supporting their beliefs and ignore any good action the partner might do (Winstok, 2013, p. 76). A Borderline personality might have to do with this anger, jealousy, and use of violence (Corvo et al., 2008, p. 118). However, will be an exclusionary criterion on this study, since a personality disorder must go through more thorough levels of treatment, and might even have no results.

Welzer-Lang (2007) mentions that a small percentage of adults can truly admit that they have not been raised with violence in their home, since education used to begin with a slap or punishment with a spank, raising doubt on the idea that violent men were abused children (p.59). In 2009, Flemke (cited in Banford et al., 2015, p. 85) found that observing domestic violence and not feeling protected by caregivers lead to rage in women leading to the idea that stressors in the family-of-origin might contribute to a dysfunctional emotional regulation. As well, Banford et al. (2015) mention that negative family-of origin experiences are associated with violence in their adult relationships (p. 85). Offenders tend to have had more abusive or traumatic experiences in their families of origin and also interpersonal trauma has been connected to distress and mental health issues (p. 86).

Violence can be a social learning process since observation and direct experience of it can lead to repeating it (Eriksson & Mazerolle, 2014, p. 3). It has been found that observational

learning has a stronger effect than direct experiences on IPV. Child abuse exposure has an even greater effect on IPV since they are looking to punish an intimate partner (Eriksson & Mazerolle, 2014, p. 3). The results of the study done by Eriksson and Mazerolle (2014) demonstrated that men that observed violence in their parents' relationship were more likely to become violent in their intimate relationships (p. 13). When child abuse was also part of their early life experience, then the effect was stronger.

The attachment theory can be an explanation of how individuals behave with others and if they distance or get close to them to soothe any emotional discomfort (Banford et al, 2015, p. 86). When a person has an avoidant or anxious attachment style, they can exaggerate or misunderstand other's actions during a conflict, meaning they can see more intense interactions and less positiveness (p. 86). In the study, Banford et al (2015) found that there is a connection between insecure attachment style and intimate partner violence, but there was no significant association between family-of-origin experiences and the actual domestic violence (p. 92). Fearful attachment can also lead to aggression since there is a "hypersensitivity to rejection" (Corvo et al., 2008, p. 119).

According to Berry, (2000) there are two types of batterers: The Pit Bulls and the Cobras. The Pit Bulls are known for their slowly increasing anger, until they explode into aggressiveness (p. 43). They are dependent on women and have great fear of being abandoned, but they blame it on their partners, so that generates the need to punish them (p. 43). Jacobson and Gottman were the ones who classified these traits in men, and they mention (as cited in Berry, 2000, p. 43) that they are trying to take control of their victim's mind. The second type are the Cobras who seem calm and focused, with no raise of their heart rate, however, they can lose their temper. This type of perpetrators is more violent and is likely to use weapons, as well

as to depend on drugs (Berry, 2000, p. 44). These men are the ones that commonly come from a house where there was aggression from the father to the mother (Berry, 2000, p. 44).

Perpetrators are more willing to attend a treatment facility if their partner has left home or is threatening to do so. The studies done in Quebec that were mentioned before (cited in Welzer-Lang, 2007, p. 179) also showed that about 80% of men that attended a center for violent men were there because their partner had left home. Pit Bulls are the ones women find easier to leave, but they refuse to let go (Berry, 2000, p. 44).

Interventions

The interventions used in domestic violence perpetrators are mostly focused on behavioral change and expect for men to take the responsibility for their actions and be able to unlearn the violent behaviors (Lilley-Walker et al., 2016, p. 2). Treatment might need to differ if the perpetrators have a personality disorder, since treatment might have to be more controlled (Babcock et al., 2016, p. 159). It is important for therapists to create a bond with the clients since they want to accomplish treatment outcomes and prevent drop out, especially if they are ordered by court to complete the treatment program (Babcock et al., 2016, p. 363). As well, Kennealy et al. 2012 (as cited in Babcock et al., 2016, p. 409) mention that the quality of the relationship between the therapist and the offender can help reduce the risk of recidivism. Subirana-Malaret and Andres-Pueyo 2013 (as cited in Lilley-Walker et al., 2016, p. 2) concluded in their study that participants who were obligated to attend the intervention, due to a court order or some other mandate, were most likely to drop out, since their motivation was external. However, it has also been found that these orders can be an encouragement to participate and stay in the intervention (Lilley-Walker et al., 2016, p. 10).

As previously mentioned, Maiuro and Eberle 2008 (cited in Babcock et al., 2016, p. 363) have noted that the psychological field has not agreed until the moment on one method that is better than the other. Feder et al., found in 2008 that there are no actual differences in effectiveness between the Duluth method and the Cognitive Behavior Therapy (cited in Lilley-Walker et al., 2016, p. 10). In most cases, a single man is in charge of the intervention as facilitator, however, in 5% less cases (15%) it has been facilitated by a woman, with no reported differences on results (Babcock et al., 2016, p. 374). Corvo et al., (2008) mention that individualized treatments are more effective (p. 124).

At the beginning, interventions were based on feminist theories that explained that domestic violence was caused by men seeking to control women (McMurrin & Gilchrist, 2008, p. 108). However, this results on researchers focusing on the stereotype for all men, and not looking for other explanations for domestic violence (p.108). According to Corvo et al. (2008), gender-based power on domestic violence has not shown strong correlations (p. 116). Hanson and Harris 2000 (as cited in McMurrin & Gilchrist, 2008, p. 110) suggest a risk-needs approach, meaning that stable dynamic factors, which remain constant, should be what the intervention needs to focus on. Anger and drinking are examples of these behaviors and are what should be treated, according to their study.

The Duluth Method: The Duluth Method is the most commonly used intervention on programs for perpetrators. It is based on a psychoeducational model, where they use gender shaming as a technique (Dutton & Corvo, 2007, p. 659). This is based on the fact that this model is designed from the idea that domestic violence is done because of patriarchy (Corvo et al., 2009, p. 324). It was established in 1981 in an intervention program, and since then offenders have been normally sent to receive this intervention (p. 324). Corvo et al. (2009) mention that this method

is based on the “Power and Control Wheel”, where the assumption is that men have to be dominant in society and women subordinate (p. 324). This leads to believing that the violence is always unilateral, and that it always should be from male to female, however, as stated before, this is not the only reason for violence (Dutton & Corvo, 2007, p. 661). Dutton & Corvo (2007) believe that it is a non-therapeutic approach, since it is dividing the world into “good or bad” and it is hating on gender relations (p. 659). It can be seen as a disruption of the code of ethics since it is involving personal judgment on deciding what is right or wrong, as well as using punishment (Corvo et al., 2008, p. 335).

Cognitive Behavioral Therapy: CBT normally accompanies the Duluth method, meaning that facilitators use both to treat male perpetrators. This can lead to confusion between both, like Gondolf (2007) stated, by calling the DM a “gender-based cognitive-behavioral approach” (p. 645). As the name of the therapy indicates, this intervention is encouraging participants on changing cognitions and behaviors and noticing how thoughts lead to actions, actions lead to feelings, feelings lead to actions, forming a cycle. They are trained that by changing one of them, they can change the whole cycle. Since it is normally used with the Duluth, then results are similar, showing little change in participants (Gondolf, 2007).

ACT: There is not much research on the Acceptance and Commitment Therapy, however when used it has presented successful results, even better than the Duluth or CBT. The Duluth and CBT interventions are looking on changing behaviors and core beliefs to prevent future domestic violence, while ACT focuses on changing the relationship with these thoughts and emotions in order to be more accepting and that way reduce the impulses to react (Zarling et al., 2017, p. 2). It uses techniques such as mindfulness, identifying values, and the facilitator never decides or assumes on what is right or wrong (p. 3). Zarling et al. (2017) study both ACT

and a combination of Duluth and CBT in order to see the differences. They divide the ACT intervention on 5 modules where they learn skills and become aware of the big picture, emotions, cognitions, behavior and barriers (p. 4). 1353 men were assigned to ACT and 3707 to Duluth/CBT based on availability. In the results they were able to find that ACT patients were significantly less likely to get any charge and the Duluth/CBT participants had fewer changes (Zarling et al., 2017, p. 7). The improvement could be due to the fact that they used motivational interviewing as well, which supports the person's values (p. 8).

Design and Methodology

Design.

The present study will be evaluating the efficiency of an intervention for reducing aggressive behavior and improving interpersonal relationship skills on men that have committed domestic violence. This will be a quantitative experimental study since results will be based on comparisons between a pre and post self-report scale. It is important to emphasize that each group will have 25 people in each condition, 50 participants in total, meaning it fits to be an experiment (Pluck, 2017, p. 8). As well, it is quantitative since the results are numerical, which will be able to determine if the domestic violence has either increased, decreased or have no significant difference. The experiment will have a repeated measures design since the participants will be measured twice, before the intervention and after the intervention (Pluck, 2017, p. 8). The control group and the experimental group will receive different types of interventions, where the control will only receive a support group and the experimental will receive the evidence-based intervention that will be tested. The hypothesis for the investigation will be to measure a decrease of domestic violence based on the intervention that will be used. Therefore, the null hypothesis will be that there is no significant difference between the two conditions: the intervention and the control support group (Pluck, 2017, p. 14). For the current study it will be taken as the independent variable the intervention used and as the dependent variable the level of domestic violence.

Population.

The population for this study is 50 men who have had a history of domestic violence. Domestic will be defined as a committed relationship and violence or aggression should be defined as punching, kicking and/or verbal abuse. The participants age range will be between the ages of 20 and 28 years old. They must be Ecuadorians who live in Quito. Only males will take part of the investigation since only male to female violence will be studied. It is assumed that the socioeconomical status of this population will be middle to lower class.

Inclusionary Criteria:

- Have lived together (married or not) with their partner for at least a year
- Still part of the relationship

Exclusionary Criteria:

- Hospitalization of partners as cause of the violent attacks
- Weapons are used to attack partner
- Criminal history or any jail time
- Dependence on drugs and/or alcohol (Abuse is acceptable)
- Evidence of Personality Disorder (Traits are acceptable)
- Children

Materials.

- Domestic Violence Inventory (DIV): The Domestic Violence Inventory (Appendix A.2) is a self-report test used on either male or female adults that have been accused of domestic violence (Lindeman & Khandaker, 2011, p. 49). The complete version has 155 questions between multiple choice and true or false, which normally take 30

minutes to complete, when the person has a sixth-grade level of English (Professional Online Testing Solutions). It is divided in six scales, which are: 1. Truthfulness Scale, 2. Violence Scale, 3. Control Scale, 4. Alcohol Scale, 5. Drugs Scale and 6. Stress Coping Abilities Scale (Professional Online Testing Solutions). The version to be used in this study will be the DVI Pre-Post, that way the same test can be used before and after the experiment and it can measure change. It has 147 items (Professional Online Testing Solutions). The DVI has been standardized on both male and female perpetrators, while other tests have been developed based on male batterers (Lindeman & Rhanuma, 2011, p. 52). This test has been studied for more than 16 years and it has been found validated with other tests, such as the MMPI (Lindeman & Rhanuma, 2011, p. 56). In the study done by Lindeman & Rhanuma (2011), reliability coefficients for each scale were equal or higher to 0.88, which would be professionally acceptable (p. 60).

- Danger Assessment (DA): The Danger Assessment (Appendix A.3) is a self-report developed for battered women to answer and perceive the risk they have in the relationship, as well as if it can lead to femicide (Roehl et al., 2005, p. 20). The first part of the test consists of showing the woman a calendar of the past year and they must answer on a scale from one through five the severity of the attacks and mark when they happened (Campbell et al., 2009, p. 658). The second part is the attached questionnaire where yes or no questions are required to be answered. The test is capable of finding 90% of lethal domestic violence cases (Campbell et al., 2009, p. 667)
- CAGE AID: The CAGE questionnaire (Appendix A.1) was first developed by Ewing and Rouse on 1968 to detect routine alcohol consumers (Ferreira González, n/d). CAGE

stands for “Annoyance by Criticism, Guilty feeling and Eye-openers” (Ewing, 1984, p. 1905). The first 3 items of the test respond to the criteria of abuse and dependence listed in the DSM-4 (Ferreira González, n/d). The first validation study of the test was published in 1974 (Ferreira González, n/d). As Ewing (1984) mentions, the test can identify nine out of ten alcohol abusers and until 1984, for about fourteen years, it proved to be the most efficient screening for this population (p. 1905). In order to identify the exclusionary criteria of substance abuse and dependence, the CAGE AID will be used, which is an adaptation for not only alcohol, but also drug consumers.

Data collection procedure.

The first step to complete the study will be the communication to obtain subjects. Participants will be gathered by running an ad and posting on social media about the specific characteristics they must have in order to be able to participate. They might also be referred by their therapist as long as they meet all the inclusionary data. The participants will not be paid, but in return of participating in the study they will gain skills to improve their interpersonal relationships.

All candidates who are interested on being part of this research will first have to go through an interview and evaluation in order to make sure they are suitable for participating. A professional clinician will carry a clinical interview where a biopsychosocial assessment will take place to make sure the participants suit the inclusionary criteria. With this interview, personality disorders will be ruled out. In this interview they will be presented a briefing of the study in order for them to have information before they go through evaluations, and later the informed consent will be accessible for them. The first evaluation to be administered will be

the Domestic Violence Inventory (DIV), which will be completed by the applicant by self-report. As well, their partner will be completing the Danger Assessment (DA), which is a self-report as well. The importance of the partner completing the assessment is to compare answers with the batterer's in order to analyze if they are lying. Finally, they will answer the CAGE AID questionnaire to exclude any alcohol or drug dependency.

Once the 50 participants are well chosen based on the tests administered above, an informed consent (Appendix B) will be provided in order for them to know the objectives of the study, as well as any information about risks and rights. After they have read it and the researcher has made sure that they understand, they will be randomly assigned to the control group or the experimental group, leaving 25 people in each group.

The intervention will last for ten weeks and participants are encouraged to attend once a week for a 90-minute group session. The researcher and a co-therapist will provide the intervention for 2 groups a day, meaning each group will consist of 12 or 13 participants. The study will take place in the same setting and the therapists will be the same professionals for all the groups. The participants in the control will be going through a support group where simple psychoeducation of anger management will be provided. Although many have arguments against having anger management in aggressors' intervention, Maiuro and Eberle, (2008) suggest that there is little to none empirical basis, and actually anger levels are a high on violent men (p. 144).

The experimental group will be going through an adapted treatment of the intimate relationship conflicts intervention by Jongsma and Peterson (2006, p. 144) as well as Acceptance and Commitment Therapy techniques. The therapy will be organized in the following chronogram detailed in Table 1:

Table 1: Chronogram of Activities for Experimental Group

Session #	Short-Term Objectives	Therapeutic Interventions
1	Commit on attending the group sessions and actively participate in any intervention. Identify values. Create a safe space.	<ul style="list-style-type: none"> -Create an intrinsic motivation in them for attending each session by connecting with their own values. -Help participants distinguish between which behavior is driven by values and which one by experiential avoidance. -Do not judge the participant for their history of violence but listen to their story.
2	Identify the problems in the relationship and what is his role in each of these problems.	<ul style="list-style-type: none"> -Introduce mindfulness skills to the participants in order for them to notice their own behavior. -Assess current problems in the relationship, like substance use, abuse, neglect, lack of communication. -Assign the task of writing what they like and dislike in their partners and in themselves. -Assign the homework of mindfulness techniques for them to practice being in the present.
3	Identify the patterns of violent or abusive behavior towards their partner and identify which specific behaviors can be changed.	<ul style="list-style-type: none"> -Assess any current patterns of violent behavior towards the partner, including those that existed in the family of origin. -Ask the participants to make a list of escalating behaviors that lead to the abusive behavior. -Make a list of targeted changes.
4	Accept difficult thoughts or emotions and be able to change response rather than the thought or feeling.	<ul style="list-style-type: none"> -Invite participants to notice how they have tried to control or avoid unwanted emotions and if they have been successful or not by trying. -Introduce the skill of acceptance or willingness to notice emotions and allow them to be there without escalating.
5	Become aware of sensory, cognitive and emotional experiences in order to distance from them.	<ul style="list-style-type: none"> -Psychoeducation on how the mind produces thoughts and even if we can't control those thoughts, we can distance from them. We

		control our behavior, no matter we are going through negative thinking.
6	Learn and implement conflict resolution and communication skills.	-Practice basic communication skills with each other, such as active listening, reflecting and assertive communication. -Teach them to set and respect boundaries by role-playing, modeling, positive reinforcement, and corrective feedback. -Assign homework for them to practice these skills with their partner or others outside session.
7	Increase the frequency of direct, positive, honest and respectful feelings and thoughts inside the relationship.	-Practice giving negative and positive feedback to others in a respectful manner. -Continue reviewing communication skills with role-playing, since, previously mentioned, it is something men can have difficulty due to the fact that they are not encouraged to express their emotions.
8	Identify and replace unrealistic expectations for the relationship. Increase flexibility on this expectations and acceptance of differences.	-Identify irrational beliefs and unrealistic expectations for the relationship and compare with their values. -Teach them the concepts of empathy, compromise, sacrifice, understanding, and compassion.
9	Identify the positive aspects of the relationship and commit on changing by identifying barriers that do not allow this.	-Identify barriers that do not allow change and offer strategies and outside resources to help overcome them.
10	Implement increased social activities if the relationship is over and verbalize acceptance of losing the relationship.	-If the relationship is over, encourage the participant to increase social activities and support their adjustment to being alone. -Make concrete plans -Explore feelings related with the loss.

Table 1. (Jongsma & Peterson, 2006, pp. 144-151) and (Zarling et al., 2017, pp. 3-4).

Once the intervention is done, both participants and their partner will be taking the same battery of tests, meaning the participants will be completing the DIV and their partners the DA.

With the results of both pre and post scales will help determine the level of domestic violence in order to see if any changes were made. A statistical analysis will be used to look for these trends, specifically a one-way analysis on variants. This would be the appropriate statistical analysis since there is only one independent variable (Harris, 1998, p. 341).

Data analysis.

Data will be analyzed with a one-way ANOVA to see if the differences between the means of the control group and the experimental group are statistically significant, so they infer in the results and then determine whether the hypothesis is supported or not (Harris, 1998, p. 341). This would be the fitting statistical analysis since it only requires one test to be done, while the t-test might need a higher number of tests (p. 343) Adding to this, the ANOVA would be more suitable since it is keeping the alpha level at the value that was first chosen, while the various t-tests can lead to a Type I error (Harris, 1998, p. 343). The Type I error is when the null hypothesis is incorrectly rejected, believing that the independent variable causes the dependent variable (Pluck, 2017, p. 17). The results of the self-report scales, that participants and their partners will answer, will be analyzed based on the hypothesis that the intervention will reduce the domestic violence.

Ethical Considerations

The investigation will respect all ethical considerations related to an experiment with individuals, meaning that it will have to be previously approved by the Ethics Committee in Universidad San Francisco de Quito. Participants will sign an informed consent before the intervention, where the objectives of the study will be clearly presented, as well as the procedure they will be part of. It will be made clear to them that their participation is voluntary and that there will be no implications in case they do not want to participate, or if they decide to drop the experiment, which they can do at any time. Their information will remain confidential for the entire study, only available for the researcher, and for it to be that way they will be assigned a code. After the study is done, only the code will remain, and their name and private information will be deleted. If the experiment was not to be successful and if any participant feels that the results have been negative rather than positive, then they will be assigned individual therapy with a professional therapist for 10 sessions.

Discussion

The purpose of this study is to find if an early intervention on male perpetrators that have committed domestic violence was efficient by having the levels of aggressiveness reduce and improve the communication and conflict resolution skills. Either there will be a significant difference between the control group, which had a support group with anger management skills, and the experimental group, which went through the proposed intervention, which is a mixture of ACT and a therapy developed by Jongasma and Peterson, or it will not. In that case the hypothesis will be accepted or rejected, taking into account if the intervention causes the levels of violence to decrease. It is suspected that a positive correlation will be found between the treatment and statistics.

Strengths and limitations of proposal.

The biggest strength that this research proposal has is that it is unique in the country, meaning that there are not many researches on male perpetrators' interventions in Ecuador. The feminism movement is recently gaining a voice, so now the focus is on the victims rather than on the aggressors. However, the importance of providing a treatment for the batterers is that the percentage of cases of domestic violence will decrease and the cycle of abuse would be eventually stopped.

This study has a relatively high population, meaning that two control groups and two experimental groups can be tested. The participants have pretty much the same characteristics since they are recruited through a thorough process of analyzing exclusionary and inclusionary data.

Another strength of this study is that the victim is not at a high level of danger, so it is easier to contact them. If it was the case, then the victim's safety would have to be ensured before they are contacted to take the self-report, as well as talk about their partner (Babcock et al., 2016, p. 420). What prevents them from being in great danger is the exclusionary criteria, since participants can't have jail history, or their partner can't have hospitalization due to the aggressions.

A limitation of the study would be the fact that self-reports are used as measurement. Self-reports can be both beneficial and not completely reliable. As Helfritz et al., mentions in 2006, a big number of participants would make themselves appear in "the most favorable light possible", even if they were not violent. This was due to the fact that they have something at stake and wanted to get good results (p. 178). Another limitation that is caused by the use of self-reports is that, many times the abusers do not have good insight in their behaviors and they might not be attempting to defy the test, but they do not see the behavior as problematic (Helfritz et al., 2006, p. 178).

Data from this study can't be generalized since it is only focusing on low-risk and early domestic violence, meaning that this type of intervention might not work on men that have committed domestic violence for a longer period of time and have escalated the level. By having the age range of 20-28 the study is limited to that segment of the population.

Another limitation, responding to the fact that participants have similar characteristics is that they are taken more into account that the needs the participant has, and it is because a lack of resources to do individual therapy, so group therapy is the only choice (Day et al., 2009, p. 210). With group therapy it is hard to get in individual cases, since the session only lasts for 90 minutes, so many problems can be missed.

Recommendations for future studies.

A recommendation for a future study would be to run the same or a similar experiment with a clear method of what is to be done each session, but instead run a qualitative analysis. This would lead to finding out why the participants reduced violence, meaning what was their experience during the intervention. In order to accomplish this, it would be important to pay attention throughout the whole study to what information the participants are really internalizing, which should be reported by them as well (Lilley-Walker et al., 2016, p. 13). This can make it clear for the researcher to know at which points and how their behavior or attitudes could change and then the design could be modified or left the same (Lilley-Walker et al., 2016, p. 13).

Another possible study for future research can vary in duration of sessions or the format of the sessions so that they are individual (Babcock et al., 2016, p. 429). By doing personal treatment, the therapist can focus more on each case, instead of leaving it in the open like it can be possible in the group therapy. As well, Babcock et al., (2016) mention that the approaches of intervention can vary depending on the type of perpetrators and a more confrontative way can apply (p. 229). As well, by having a more focused intervention, the perpetrators can experience an intervention that matches their particular needs (McMurrin & Gilchrist, 2014, p. 114)

Another possible future study can focus on LGBTQ couples, since there is no patriarchy that explains the aggression, but it might be more focused on difficulties on emotional regulation or the need to control. It would be an interesting study since it is not common in Ecuador to study domestic violence interventions, less likely on homosexual relationships.

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APPENDIX A: INSTRUMENTS

INSTRUMENT 1:

CAGE-AID Questionnaire

Patient Name _____ Date of Visit _____

When thinking about drug use, include illegal drug use and the use of prescription drug use other than prescribed.

Questions:	YES	NO
1. Have you ever felt that you ought to cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have people annoyed you by criticizing your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever felt bad or guilty about your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?	<input type="checkbox"/>	<input type="checkbox"/>

(Brown & Rounds, 1995)

Instrument 2 (disclaimer):

Due to the fact that this is only a research proposal, the Domestic Violence Inventory (DVI) will not be attached, since it requires purchase.

Instrument 3:

DANGER ASSESSMENT-- Evaluación de Peligro¹

Jacquelyn C. Campbell, PhD, RN, FAAN

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Se ha asociado la presencia de varios factores de riesgo con un aumento en el riesgo de homicidio (o asesinato) de mujeres y hombres con relaciones violentas. No puede predecirse qué pasará en su caso, pero nos gustaría que se mantuviera atenta al riesgo de homicidio en situaciones de maltrato, y que compruebe cuantos y cuales son los factores de riesgo que se dan en su caso.

Usando un calendario, por favor señale las fechas aproximadas durante el último año en las que usted sufrió abusos/agresiones por su pareja o ex-pareja. Escriba en esa fecha cómo fue de grave el incidente, de acuerdo a la siguiente escala:

1. Bofetadas, empujones; sin lesiones ni dolor prolongado
2. Puñetazos, patadas; arañazos/erosiones, cortes con lesiones y/o dolor prolongado
3. Palizas; contusiones severas, quemaduras, huesos rotos o fracturas.
4. Amenaza con usar un arma; lesiones en cabeza, lesiones internas o lesiones permanentes.
5. Uso de armas; heridas por arma.

(En caso de coincidir más de una de las situaciones anteriores, escoja el número más alto)

Conteste **SÍ** o **No** a cada una de las siguientes preguntas.

("Él" se refiere a su marido, pareja, ex-marido, ex-pareja o quien actualmente esté agrediéndola físicamente)

- _____ 1. ¿ Ha aumentado la violencia física en severidad o frecuencia, en el último año?
- _____ 2. ¿ Tiene él algún arma?
- _____ 3. ¿ Le ha dejado usted, después de vivir juntos, en el último año?
3a. [Si nunca ha vivido con él, señálelo aquí _____]
- _____ 4. ¿ Está él en paro (desempleado, sin trabajo) actualmente?
- _____ 5. ¿ Ha usado algún arma contra usted o le ha amenazado con algún arma?
5a. [en caso afirmativo, ¿fue con una pistola? _____]
- _____ 6. ¿ Le ha amenazado con matarla?
- _____ 7. ¿ Ha evitado él ser arrestado por violencia doméstica?
- _____ 8. ¿ Tiene usted algún niño/hijo que no es de él?
- _____ 9. ¿ Le ha forzado a mantener relaciones sexuales cuando usted no lo deseaba?
- _____ 10. ¿ Ha intentado alguna vez estrangularla?
- _____ 11. ¿ Toma él drogas?, como por ejemplo anfetaminas, cocaína, heroína, crack u otras drogas.
- _____ 12. ¿ Es alcohólico o tiene problemas con el alcohol?
- _____ 13. ¿ Le controla él la mayoría de sus actividades diarias? Por ejemplo, le dice con quién puede hacer amistades, cuándo puede ver a su familia, cuánto dinero puede usar/ gastar, o cuándo puede coger el coche?
[Si lo intenta pero usted no le deja, señálelo aquí _____]
- _____ 14. ¿ Es celoso con usted constante y violentamente?
(Por ejemplo, dice "si no puedo tenerte, nadie podrá")
- _____ 15. ¿ Le ha golpeado alguna vez estando embarazada?
[Si no ha estado nunca embarazada de él, señálelo aquí _____]
- _____ 16. ¿ Alguna vez él ha amenazado con suicidarse o lo ha intentado?
- _____ 17. ¿ Amenaza él con hacer daño a sus hijos?
- _____ 18. ¿ Cree usted que es capaz de matarla?
- _____ 19. ¿ La persigue o espía, le deja notas amenazantes o mensajes en el contestador, destruye sus cosas o propiedades, o le llama cuando usted no quiere?
- _____ 20. ¿ Alguna vez ha amenazado usted con suicidarse o lo ha intentado?

Total de respuestas Sí

Gracias. Por favor, consulte con su enfermera o consejero las implicaciones que el Evaluación de Riesgo tiene para usted.

¹ Spanish translation by Dr. Marta Aguar Fernández, Empresa Pública de Emergencias Sanitarias, Granada

APPENDIX B: INFORMED CONSENT FORM



COMITÉ DE ÉTICA DE INVESTIGACIÓN EN SERES HUMANOS UNIVERSIDAD SAN FRANCISCO DE QUITO

FORMULARIO DE CONSENTIMIENTO INFORMADO POR ESCRITO

Título de la investigación: The effectiveness of an early intervention on men that have committed domestic violence.

Organizaciones que intervienen en el estudio: Universidad San Francisco de Quito

Investigador Principal: María Elisa Mantilla García, Universidad San Francisco de Quito

Datos de localización del investigador principal: mmantillag@estud.usfq.edu.ec

Co-investigadores: N/A

DESCRIPCIÓN DEL ESTUDIO

Introducción *Debe tomarse en cuenta que el lenguaje que se utilice en este documento no puede ser subjetivo; debe ser lo más claro, conciso y sencillo posible; deben evitarse términos técnicos y en lo posible se los debe reemplazar con una explicación*

Este formulario incluye un resumen del propósito de este estudio. Usted puede hacer todas las preguntas que quiera para entender claramente su participación y despejar sus dudas. Para participar puede tomarse el tiempo que necesite para consultar con su familia y/o amigos si desea participar o no. Usted ha sido invitado a participar en una investigación sobre qué tan efectiva es una intervención temprana en hombres que han cometido violencia doméstica para disminuir comportamientos agresivos porque tiene una historia de violencia hacia su actual pareja con la que convive por al menos un año.

Propósito del estudio Incluir una breve descripción del estudio, incluyendo el número de participantes, evitando términos técnicos e incluyendo solo información que el participante necesita conocer para decidirse a participar o no en el estudio

El estudio va a ser realizado en 50 participantes ecuatorianos de edades entre 20 y 28 años. Serán hombres que tienen historia de violencia doméstica y que están actualmente en una relación y cohabitan con su pareja. El propósito del estudio es exponerles a todos a un tipo de intervención para ver si las conductas de violencia disminuyen.

Descripción de los procedimientos para llevar a cabo el estudio Breve descripción de cada actividad en la que participarán los sujetos y el tiempo que tomará. No describir procesos en los que los participantes no tomarán parte.

Usted será asignado a un grupo de 12 o 13 hombres y va a recibir un tipo de intervención al azar. Las sesiones se realizarán una vez por semana por 90 minutos y se requiere que se presente a todas las sesiones durante 10 semanas. Las intervenciones siempre serán grupales y serán manejadas por dos psicólogos clínicos, la una sería la investigadora principal y un co-terapeuta. Cada día de intervención se discutirán temas nuevos y se presentarán técnicas.

Riesgos y beneficios Explicar los riesgos para los participantes en detalle, aunque sean mínimos, incluyendo riesgos físicos, emocionales y/o psicológicos a corto y/o largo plazo, detallando cómo el investigador minimizará estos riesgos; incluir además los beneficios tanto para los participantes como para la sociedad, siendo explícito en cuanto a cómo y cuándo recibirán estos beneficios

En este estudio no tendrá riesgos físicos, sin embargo, pueden venir riesgos emocionales o psicológicos ya que el obtener una intervención puede abrir traumas o dolores más profundos que no se podrán tratar en un tratamiento grupal. En caso de que este riesgo suceda, usted obtendrá 10 sesiones individuales con un psicólogo clínico profesional para tratar esta lo que haya sido afectado.

A pesar de que no tendrá un beneficio de remuneración, usted podrá obtener destrezas para mejorar sus relaciones interpersonales, entre esas habilidades de comunicación y de resolución de conflictos. Así mismo, tendrá el beneficio de conocer más acerca de usted mismo y de manejar mejor sus emociones. Esto lo irá obteniendo a medida que pasen las sesiones.

Confidencialidad de los datos *Debe describirse cómo se protegerá el anonimato de los participantes, y también cómo se garantizará la seguridad de los datos en todas las etapas del estudio: reclutamiento, ejecución, análisis, publicación, postestudio (almacenamiento). Es importante explicar quién será el custodio de los datos recolectados...*

Para nosotros es muy importante mantener su privacidad, por lo cual aplicaremos las medidas necesarias para que nadie conozca su identidad ni tenga acceso a sus datos personales:

- 1) La información que nos proporcione se identificará con un código junto con su nombre y se guardará en un lugar seguro donde solo los investigadores mencionados al inicio de este documento tendrán acceso. Una vez finalizado el estudio se borrará su nombre y se mantendrán solo los códigos.
- 2) Se removerá cualquier identificador personal que permita la identificación de usted al reportar los datos.
- 4) Su nombre no será mencionado en los reportes o publicaciones.
- 5) El Comité de Ética de la Investigación en Seres Humanos (CEISH) de la USFQ podrá tener acceso a sus datos en caso de que surgieran problemas en cuanto a la seguridad y confidencialidad de la información o de la ética en el estudio.
- 6) Al finalizar el estudio los datos serán almacenados en el disco duro externo del investigador principal por 10 años.

Derechos y opciones del participante

Usted puede decidir no participar y, si esta es su decisión, solo debe decírselo al investigador principal o a la persona que le explica este documento. Además, aunque decida participar, puede retirarse del estudio cuando lo desee, sin que ello afecte los beneficios de los que goza en este momento.

Usted no recibirá ningún pago ni tendrá que pagar absolutamente nada por participar en este estudio.

Procedimientos para verificar la comprensión de la información incluida en este documento

- ¿Puede explicarme cómo va a participar en este estudio?
- ¿Qué hace si está participando y decide ya no participar?
- ¿Cuáles son los posibles riesgos para usted si decide participar?
- ¿Está de acuerdo con estos riesgos?
- ¿Qué recibirá por participar en este estudio?

¿Hay alguna palabra que no haya entendido y desearía que se le explique?
Información de contacto
Si usted tiene alguna pregunta sobre el estudio por favor envíe un correo electrónico a mmantillag@estud.usfq.edu.ec
Si usted tiene preguntas sobre este formulario puede contactar al Dr. Iván Sisa, presidente del CEISH-USFQ USFQ, al siguiente correo electrónico: comitebioetica@usfq.edu.ec

Consentimiento informado (Es responsabilidad del investigador verificar que los participantes tengan un nivel de comprensión lectora adecuado para entender este documento. En caso de que no lo tuvieran el documento debe ser leído y explicado frente a un testigo, que corroborará con su firma que lo que se dice de manera oral es lo mismo que dice el documento escrito)

Comprendo mi participación en este estudio. Me han explicado los riesgos y beneficios de participar en un lenguaje claro y sencillo. Todas mis preguntas fueron contestadas. Me permitieron contar con tiempo suficiente para tomar la decisión de participar y me entregaron una copia de este formulario de consentimiento informado. Acepto voluntariamente participar en esta investigación.

<i>Nombre del participante</i>	<i>Firma del participante</i>	<i>Fecha</i>
<i>Nombre del testigo (si aplica)</i>	<i>Firma del testigo</i>	<i>Fecha</i>
María Elisa Mantilla García <i>Nombre del investigador que explica el FCI</i>	<i>Firma del investigador</i>	<i>Fecha</i>

(USFQ, 2017)