International Journal of Comparative and Applied Criminal Justice

ISSN: 0192-4036 (Print) 2157-6475 (Online) Journal homepage: www.tandfonline.com/journals/rcac20

Process evaluation of a community-based domestic violence perpetrator programme in the Dominican Republic

Olga Sánchez de Ribera, Nicolás Trajtenberg & Amanda L. Robinson

To cite this article: Olga Sánchez de Ribera, Nicolás Trajtenberg & Amanda L. Robinson (26 Aug 2025): Process evaluation of a community-based domestic violence perpetrator programme in the Dominican Republic, International Journal of Comparative and Applied Criminal Justice, DOI: 10.1080/01924036.2025.2544834

To link to this article: https://doi.org/10.1080/01924036.2025.2544834

Published online: 26 Aug 2025.

INTERNATIONAL JOURNAL OF COMPARATIVE AND APPLIED CRIMINAL JUSTICE
https://doi.org/10.1080/01924036.2025.2544834

Process evaluation of a community-based domestic violence perpetrator programme in the Dominican Republic

Olga Sánchez de Ribera[a], Nicolás Trajtenberg[a] and Amanda L. Robinson[b]

[a]Department of Criminology, The University of Manchester, Manchester, UK; [b]School of Social Sciences, Cardiff University, Cardiff, UK

ABSTRACT

Although Batterer Intervention Programs (BIPs) are a common approach for addressing intimate partner violence (IPV), their effectiveness remains questioned. Characteristics of BIPs' implementation are recognised as consequential, but studies remain scarce and are mainly from high-income countries. To address this gap, a process evaluation was conducted to identify facilitators and barriers to BIP implementation in the Dominican Republic. Semi-structured interviews ($N = 17$) were undertaken in person with managers and facilitators at BIP sites and practitioners in criminal justice and partner agencies. Our results found similar challenges to those reported in Western countries (e.g. ineffective integration of evidence-based principles, funding constraints, limited training, unmotivated participants, one-size-fits-all approach, weak multi-agency coordination) and others specific to the Dominican Republic (e.g. programme expansion without resources, poor coordination across programme sites, inappropriate referrals, lack of risk assessment tools, digital data issues). Practical implications for BIPs operating in different areas, but especially non-Western resource constrained contexts, are discussed.

ARTICLE HISTORY
Received 13 March 2025
Accepted 3 August 2025

KEYWORDS
Intimate partner violence; process evaluation; cognitive-behavioural program; evidence-based; Caribbean region

Introduction

Intimate partner violence (IPV) refers to physical, sexual, psychological aggression, or stalking by a current or former partner (Breiding et al., 2015), which can result in severe physical, mental, emotional and health issues, including death (Micklitz et al., 2024; Stubbs & Szoeke, 2022; White et al., 2024). While IPV is a global health issue, women in low-middle income countries face higher risk of victimisation (Sardinha et al., 2022), particularly when it comes to lethal violence or femicide (Whittington et al., 2023). Although both genders can be perpetrators or survivors of IPV (Archer, 2004), men and boys more commonly perpetrate IPV, particularly its more severe forms (Hamberger & Larsen, 2015). Batterer Intervention Programs (BIPs) are designed to support IPV perpetrators to change their behaviour to decrease re-offending and improve victim safety over the long-term (Dobash & Dobash, 2017). However, the state of knowledge

CONTACT Olga Sánchez de Ribera olga.sanchezderibera@manchester.ac.uk Department of Criminology, The University of Manchester, Williamson Building, Oxford Road, Manchester M13 9PL, UK

of BIPs remains uncertain (Arce et al., 2020; Jansson, 2024), especially in low-middle income countries (Kerr-Wilson et al., 2020).

Evidence on the effectiveness of BIPs for IPV perpetrators

Over the past 40 years, BIPs have proliferated as common practice to reduce IPV but the evidence suggests small or negligible effects on reducing recidivism (Arce et al., 2020; Arrigo et al., 2025; Jansson, 2024; Park & Kim, 2023; Pinto e Silva et al., 2023; Travers et al., 2021). These limited effects are influenced by socio-political factors (Yakeley, 2022), methodological problems (Eckhardt et al., 2013; Vall et al., 2024), inappropriate classification of treatment type, the lack of adherence to evidence-based practices (Andrews & Bonta, 2017; Travers et al., 2021; Wong & Bouchard, 2021), and lacking perpetrators' views (Arrigo et al., 2025). Programmes should also employ cognitive-behavioural strategies, social learning techniques, and be delivered by respectful, well-trained staff, while maintaining fidelity and being rigorously monitored (Radatz & Wright, 2016).

While impact evaluations are important, understanding why BIPs work, for whom, and under what conditions is equally critical (Velonis et al., 2020). Process evaluations, though rare for BIPs, are essential for uncovering treatment mechanisms, addressing challenges, and improving implementation (Moore et al., 2015). A review identified only six studies examining why and how BIPs work and the role of contextual factors (Velonis et al., 2020). Studies, mainly in the United States (U.S.), have highlighted challenges such as funding constraints, retention of facilitators, inadequate client screening, multilingual programme gaps, high attrition, unmotivated participants, one-size-fits-all approach, reduced multi-agency coordination, discrepancies between standards and evidence-based practices, and failure to integrate recent research on IPV perpetration (Boal & Mankowski, 2014; Franchino-Olsen & Chesworth, 2024; Hamel, 2020; Michailovič et al., 2022; Morrison et al., 2019; Price & Rosenbaum, 2009; Renehan & Gadd, 2024; Rosenberg, 2003; Wagers et al., 2017). These barriers, already evident in high income countries, are likely to be even more significant in low- and middle-income countries such as the Dominican Republic (see Falb et al., 2025).

Dominican Republic context and BIP

Dominican Republic, with a population of 11.2 million people has one of the leading economies in Latin America and was designated as an upper middle-income country (World Health Organization [WHO], 2024). It was the first in the region to pass a law concerning gender, intrafamilial and sexual violence in 1997 (24/97 Act). Since then, the Dominican Republic has made significant advances to preventing and responding to IPV. For instance, the Attorney General's Office (AGO) oversees a number of initiatives across the country's 22 provinces: 25 units to assist survivors in urban areas; 15 shelters for survivors and their children; three Behavioral Intervention Centers for male perpetrators of IPV in urban areas; and the Life Line Contact Center, which is a helpline for survivors and witnesses of domestic violence to initiate the penal process (Calvet & Cabrera, 2014).

Despite progress, IPV remains an epidemic in the country, which has the second-highest domestic homicide rate in Latin America, with 2.4 per 100,000 inhabitants in 2023 (CEPAL, 2024) and this is one of the leading causes of death among women. Between 2005 and 2023, 3,349 women have been killed, 52% of whom were categorised as femicides (Office of the Attorney General of the Republic, 2024a). In 2023, 20466 women reported gender-based violence and 137 were killed, with 47% of these deaths officially classified as femicides (Office of the Attorney General of the Republic, 2024a). Additionally, women in the Dominican Republic face limited participation in public and political life, as well as in the work force (United Nations Women [UN], 2024).

The BIP, developed by Dr. Luis Vergés and other clinical psychologists, was implemented in 2008 at the Behavioral Intervention Center for Men. The programme, mandated by criminal courts as part of pre-trial diversion or sentencing, has since served more than 35,000 men under the 24/97 Act in the National District, and between 160–200 men monthly (L. Vergés, personal communication, 2024). InSantiago de los Caballeros, between 90 and 100 men receive treatment each month (Office of the Attorney General of the Republic, 2024b), while in the San Juan de la Maguana Centers, the monthly figure ranges between 15 and 25 (M. Bautista, personal communication, 2024). Its main goals are to protect survivors, reduce recidivism, promote accountability, and foster violence-free relationships. Using a psychoeducational and cognitive-behavioural approach, the programme includes an assessment phase, a welcome session, 24 group sessions on skills and decision-making, and 8 individual sessions. Its duration lasts between 6 and 24 months, depending on the progress made. Groups of 20–40 participants attend weekly 2.5-hour group sessions (for detail see Table 1). Therapeutic assessments are conducted with the men at the beginning and end of the programme to determine programme impact (see Vergés, 2022a).

When users do not enrol in or complete the programme, the prosecutor and the judge are informed by programme psychologists via letter. Given that BIPs are in their infancy in Latin America (Esquivel & da Silva, 2016), this programme is considered the best practice in the region due to its therapeutic components and programme structure. Evaluating the programme is a priority, particularly in the current context of its recent expansion to several sites in the country and its potential to be adopted by other countries in the region such as Costa Rica.

The present study

We aimed to expand understanding of BIP implementation in middle-income non-Western countries through a process evaluation of the programme in the Dominican Republic. The first aim of this study was to provide a detailed examination of various elements of the programme, which were grouped into three main domains: (1) Implementation, (2) Participation and Response, and (3) Context (Moore et al., 2015). The first domain aims to determine the extent to which the programme components are delivered as intended by the manual and facilitators adhere to best practices. Second, evaluating participant engagement, motivation, and response to the intervention is fundamental, especially in BIPs, where denial, resistance, or ambivalence can be significant barriers to change or dropout. Third, BIPs do not operate in isolation but are embedded within complex social, organisational, and cultural environments, which can facilitate or

Table 1. A community-based domestic violence perpetrator programme logic model.

Problem: IPV is one of the most prevalent crimes in DR

Inputs	Outputs	Activities	Change mechanism	Outcomes
Financial and administrative support to cover staffing and equipment in all program settings to ensure sustainability. Secure, confidential spaces for assessment, individual and group sessions. Knowledge on IPV. Evidence-based curricula (CBT modules tailored for IPV prevention). Referral partners are aware of the users' eligibility criteria to be referred to the program. Community partnerships (e.g., social and health services, law enforcement, victim support organisations).	Increased program participation (number of men completing sessions). Enhanced knowledge of non-violent conflict resolution strategies. Pre/post assessments showing cognitive and behavioural changes. Reduction in IPV incidents reported by participants or their partners. Increased referrals to additional mental health and support services.	**Assessment phase** Validated assessment tools and tailored plan for clients based on their risk of reoffending. **Intervention phase** Orientation session, 8 group sessions, 8 individual sessions, 8 psychoeducation sessions, 8 maintenance and relapse prevention sessions.	Challenging harmful beliefs about gender roles and masculinity. Teaching emotional regulation techniques to reduce violent outbursts. Encouraging responsibility by having participants recognise their abusive behaviour. Providing alternative coping strategies for stress, jealousy, and conflict.	**Short term** Good adherence to the intervention. Increased self-reflection and accountability. Reduction in abusive behaviours (self-reported and observed). Improved conflict resolution and non-violent communication skills. Greater willingness to seek help and support. **Long term** Lower IPV recidivism rates among participants. Sustained use of non-violent coping mechanisms. Increased societal awareness and rejection of IPV. Stronger support systems for both perpetrators and survivors.

Assumptions:

- Legislation
- Referred perpetrators meet the inclusion criteria to be enrolled in the programme.
- Programme facilitators have adequate skills and training to deliver the activities effectively.
- Sufficient resources to deliver the activities as planned in different settings.
- Most participants will engage and complete the programme (80%).
- Dropout rate (20%).
- CBT principles will be effective across different cultural backgrounds.
- Family and community support will reinforce the change.
- External stressors (e.g., poverty, substance abuse, work, distance to the centre) will not completely undermine participants' progress.

Note: BIPs = Battered Intervention Programs; CBT = Cognitive Behavioral Therapy; DR = Dominican Republic; IPV = Intimate partner Violence.

hinder programme success. This framework, from the UK Medical Research Council, provides programme evaluators with clear guidelines on how to conduct a process evaluation to understand the underlying mechanisms affecting programme effectiveness (Moore et al., 2015). Additionally, this systematic approach ensures transparency, consistency in outcome measurement, accountability, and replicability (see Falb et al., 2025). The second aim of the study was to identify ways to optimise the implementation of the BIP to improve its successful delivery across all sites operating in the Dominican Republic, to inform planning of additional sites, and to inform future impact evaluations.

Method

Sample

Three community sites and three prison sites were included in the study. Study participants included programme facilitators and managers ($n = 9$), professionals in different criminal justice agencies such as the police, the AGO ($n = 7$) and an NGO for survivors ($n = 1$). Most were female ($n = 12$), all with at least five years of experience in BIPs or criminal justice. All participants approached gave consent except for one judge (who suggested a prosecutor, who was invited and gave consent).

Research instrument

Semi-structured interviews with practitioners. A process evaluation cannot account for all the uncertainties surrounding the implementation of a complex intervention (Moore et al., 2015; Velonis et al., 2020). Consequently, core questions were identified and developed by the authors to gather information for three domains described by Moore et al. (2015), p. 1) Programme Implementation, 2) Participants and Programme Response, and 3) the Context. For Domain 1 the core questions were: *How was the intervention implemented? What components were delivered? To what extent were the essential elements implemented?* For Domain 2 the core questions were: *How did people interact with the intervention? What were their levels of participation and satisfaction? What effects that are not captured by the outcome measures did the intervention have (including unexpected effects)?* Finally, for Domain 3 the core question was: *What was the context of the institution, and more generally the AGO in which the intervention was implemented?* (see Sánchez de Ribera et al., 2023). More generally, the interview protocol sought to understand stakeholder perceptions of the context of the programme; evaluation of participants of the programme, including their satisfaction, dropout rates and reasons for attrition; programme goals and description of its modules and activities; available resources and how these influence practice, including the role of the manual, data collection instruments, and performance indicators; and, the identification of best practices to inform future service delivery. Additionally, demographic data related to participants were collected including their sex, organisation, job position, and the number of years in the position.

Procedure

The current study builds upon a quantitative analysis of BIP casefiles (Sánchez de Ribera et al., 2025), strengthening ties with the programme lead. In July 2023, the first and second authors conducted fieldwork in the Dominican Republic, with the programme lead facilitating contacts and site visits. Semi-structured interviews with programme staff and other professionals took place in person and online, depending on participants' availability and location. Interviews were recorded with signed and informed consent. Ethical approval was granted by Cardiff University's School University's School of Social Sciences Research Ethics Committee (SREC/4281) on 20 July 2023, with the official endorsement of the Dominican Republic AGO.

Data analysis

All interview data were audio-recorded, transcribed verbatim by the Transcribe option in Microsoft Word and checked by the first author, and then entered into NVivo12 software for management, organisation and analysis. Thematic analysis (Braun & Clarke, 2006) was used to code the interview content, with a specific focus on the theme of implementation, including reach, fidelity/integrity, dosage, adaptation, and staff training. Participation and response were examined through indicators such as satisfaction, completion, and dropout rates, while context was analysed in terms of barriers and facilitators (for detail, see Table 2). The second author reviewed the coding to increase the reliability of the findings. Any discrepancies that arose in this process between both were deliberated until an agreement was reached.

Results

Analysis yielded 59 thematic categories across three domains: 1) Programme Implementation, 2) Participants & Programme Response, and 3) Context.

Program implementation

Assessment phase & reach

During the assessment phase, despite using standardised tests and a structured interview, particularly in the National District programme, several issues were reported. Participants reported inappropriate referrals such as IPV survivors; female perpetrators; individuals charged with unrelated violent offences including homicide, sexual offences; individuals without sentence; and individuals with severe mental health disorders or with severe drug addiction. Practitioners attributed these referrals to judges' and prosecutors' limited understanding of the programme's aims and criteria, despite prior training. Another explanation for the large number of referrals is the lack of alternative measures, such as mediation or restorative approaches for low-risk cases. Consequently, the BIPs are overloaded, operating with large intervention groups of 30 to 40 participants, which far exceeds the recommended size of 10 to 12 outlined in the manual.

> According to the criteria, if there is a person, for example, with addict\ions, that issue should be addressed first before coming [to the BIP] to work on the violence, (Participant 4)

Practitioners identified two additional issues. First, risk assessments are not conducted consistently in the programme. Although forensic psychologists at the AGO are supposed to provide this information, facilitators rarely receive users' risk levels. In the National District programme, risk assessments are occasionally administered, but this does not occur at all in other settings. Moreover, the risk assessment, adapted from the Spousal Assault Risk Assessment version 3 guide (SARA-V3, Kropp & Hart, 2015) is administered to survivors rather than perpetrators, contrary to recommendations. As a result, no risk assessment tool is used directly on perpetrators. Another problem mentioned is that other programme settings lack a complete battery of tests and only include some of them, leading to a poor initial evaluation and the failure to measure all programme indicators. More generally it is acknowledged that in all

Table 2. Codebook for the three main domains.

Name	Description
Domain 1: Implementation	
Selection criteria	The degree to which users who meet the selection criteria to be enrolled in the programme are referred correctly
Fidelity	The degree to which the intervention was delivered as described in the manual
Dose	Number of sessions delivered and the length of the sessions and the intervention
Adaptation	The degree to which the intervention was adapted, tailored, refined, or reinvented to meet local needs.
Facilitators skills & training	The degree to which the programme facilitators received training to implement the program and the level of expertise on IPV they have
Sessions	Groups dynamics during intervention sessions
Indicators and instruments	The short- and long-term outcomes of the programme and the instruments used by facilitators to measure them
Leadership & management	Stakeholders' opinions of the organisational management, climate, as well as leaders' commitment and support
Domain 2: Participation & Response	
Users' satisfaction	The level of users' satisfaction after the intervention and how it is measured
Completion rate	Stakeholders' perceptions of the prevalence of users who successfully completed the intervention
Program adherence	Level of users' consistent engagement with the activities delivered in the sessions
Dropout rates	Stakeholders' perceptions of the prevalence of users who did not complete the intervention
Dropout reason	Reasons for leaving the intervention and stakeholders' perceptions of participants' honesty
Programme effectiveness	The degree to which the intervention accomplishes its aims and how this is measured
Domain 3: Context	
Barriers	A broad concept that included all the factors that may hinder how the intervention was delivered and received
Facilitators	A broad concept that included all the factors that may facilitate how the intervention was delivered and received
Connection with other agencies	The degree to which the institution relates to other governmental and non-governmental organisations

settings there is a need to improve psychometric testing and have a specialist post to support this.

> There should be a specialized person who goes to the Santo Domingo center, gets trained in all those tests, and is solely responsible for the psychometric aspect. That has always been a requirement . . . In the psychometric part, there is a deficit, we could say that it is being worked on blindly. (Participant 6)

Finally, the results of these pen-and-paper psychometric tests are not digitalised but are stored in paper folders. Only the National District programme has digitalised data for 1,500 users as part of a previous study (Sánchez de Ribera et al., 2025; Vergés, 2022b; Vergés & Contreras, 2013). Data digitisation is not well received by programme facilitators because it adds to their workload, but it is considered necessary and valuable for monitoring, assessment, decision-making, and sharing information with other agencies.

> Sure, sure, we have a great technological need, I mean, a very big weakness, that is, the center has not been able to keep up with the pace, no . . . and we have requested it. (Participant 5)

Adaptation & tailoring

Since its development in 2008, the programme has undergone several adaptations to better fit the Dominican Republic context, based on experience and research. Initially,

a version for low, medium, and high-risk users was created using best practices and input from professionals in Spain and the U.S. However, this programme version was revised due to the high volume of referrals. Further studies and experiences helped refine the programme to improve its structure, diversity and dynamism which help to better meet user's needs. The programme has since been manualized, which practitioners have welcomed. Facilitators also tailored some exercises to accommodate users with low literacy or varying learning styles.

> In the first protocol, yes, we incorporated a lot from a program that Echeburúa [from Spain]. But later . . . , we started discarding things and kept only the essential elements . . . From there, we integrated the foundation of the cognitive-behavioral therapy model. . . the people from Boston came here, and that training also opened my eyes because it allowed me to then offer a lot more. (Participant 5)

Fidelity & integrity

In the National District, staff are qualified clinical psychologists and experienced facilitators, most of them trained and supervised by the programme developer. However, facilitators and managers in other settings received limited training, often consisting solely of the manual, and were provided with only a portion of the available psychometric tests. The lack of formal training was due to insufficient funding, planning, and coordination by the AGO

> Yes. [Training] is necessary because . . . these programs are very complex and aim to change behavior, we want to have the psychologists well-prepared, well-trained so that they can effectively deliver, right?. . . what is being required of them (Participant 14)

The poor and/or patchy provision of training across settings may be affecting the fidelity and effectiveness of the programme in several ways, such as the high dropout rate (see next section) and the application of differing inclusion/exclusion criteria. In prisons, for instance, the programme's aims, and selection criteria appear unclear, as facilitators included some inmates involved in prison violence, and the outcome variable reported by some of these facilitators was the reduction of prison violence. Additionally, some participants were released while still enrolled in the programme, but these users were not referred to the community-based programme to finish it.

Overall, participants found the programme manual clear and easy to implement, and they indicated they did not perceive the content of the programme to require revision. However, two participants, based on their own research and extensive professional experience, pointed out the need to include new topics/modules, such as alexithymia, bonding, addictions, parenting skills, and partnership life skills for those who decide to live together. They also suggested making certain modules, such as parenting skills and substance abuse, compulsory rather than optional.

> Another element that needs to be strengthened is preparation for life in a partnership. This aspect is important because these men who go there, well, tend to get involved in relationships based on a domination scheme. . .we didn't take this component into account, but I believe we should include it. Yes, it is being done informally, but it's not in the protocol (Participant 5)

Dose delivered

Although users' risk of reoffending is not formally assessed, the risk and needs principles are somewhat implicit in the dose delivered. For instance, the programme is designed to last between 6 months and 2 years, depending on the user's characteristics and needs. Participants stated that if they see no changes at the cognitive and behavioural levels during sessions activities and post assessment, they continue working with the user until the cognitive and behavioural change occurs.

The programme sessions are delivered in two formats, group and individual face-to-face sessions. Participants stated that group sessions were delivered fully and as described in the manual but due to the large number of users they found it difficult to deliver the number of individual sessions recommended in the manual. According to the participants, these individual sessions are the most important because they are where personal and important matters are often raised and dealt with.

> The group sessions are for 10 people, but for each of those 10, they have to start an individual process of 8 sessions. You understand? Right, so there we have a weakness because you can attend to 10 people at a time, but you can't attend to each of those 8 times individually. So, we are falling short there because ideally, those 8 sessions should be completed. Some manage to do it, but others don't (Participant 5)

Participants & program response

Program adherence & satisfaction

According to the participants, therapeutic engagement, particularly rapport and empathy, was considered very important; as well as the lack of voluntariness and the negative consequences of not completing the programme. Another important factor is the inclusion of the "orientation module." The aim of this module is to reduce users' denial and resistance levels by building a climate of trust, fostering reciprocal collaboration, and explaining the rules and intervention process. Before this module was included, Participant 5 stated that the programme had a higher dropout rate. Finally, participants claimed that user characteristics were relevant to adherence, but they did not specify which characteristics. Some examples of user engagement included participants serving as programme "mentors" and some users creating a WhatsApp group to support each other during the intervention process.

> . . .I try to sell them the program, I try to have an empathetic attitude in this case because it's attacking the behavior, not the person. I always emphasize that, well, they are here because they committed a crime, an offense, all of that, but I'm not the one to judge or point fingers, I'm here more to help them . . . and to listen to them as well, right? (Participant 3)

> . . . we realized that there was less resistance from those users who attended the welcoming session, where we explained the program and did some awareness-raising about the issue of violence . . . From the welcoming session, we work on the consequences of abandoning the program right from the start, so that they are aware of what's at stake. (Participant 4)

User satisfaction is measured at the end of the programme, and those who complete it report high levels of satisfaction. For instance, in a 2024 sample of 145 users, 85% rated the service at the centre in the National District as very good.

Dropouts

A recent review shows that the dropout rates among BIP user varies from 9% to 67% (Cunha et al., 2024) and programme dropout is associated with risk of recidivism (Lila et al., 2019). The programme's dropout rate is unknown because it is not measured in a reliable and valid way. Estimates from participants varied: 30% – 50% in the National District centre, 20% in Santiago de los Caballeros centre, and 50% in San Juan de la Maguana centre. In prisons, no dropout cases were reported (the programme is in the pilot stage).

> What we see is that in the 'initial skills,' they stay until about the sixth or seventh module, and maybe two or three drop out . . . . And then, it remains almost at 80% (Participant 3)

Participants mentioned several reasons for dropping out of the programme, such as death, lack of motivation to change, denial, aggressive and antisocial traits, absence of negative consequences when referred by the prosecutor, financial difficulties or lack of work permission, and the need to travel long distances to attend. Another factor cited by some was referral to other programmes for issues such as substance misuse or psychiatric disorders, which often led users to conclude that continuing with the BIP would be overly burdensome. Participants noted that dropout often occurs during the initial phase of the programme, reinforcing the importance of implementing initiatives such as the "orientation module" to maintain motivation.

Follow up

One of the main disadvantages that practitioners identified was the lack of social workers within their team to systematically follow up with users during their enrolment on the programme and after completion.

> I believe there should be a social worker here at the center who visits the victim to determine whether the change being observed here at the center is actually happening at home (Participant 6)

Programme facilitators occasionally called the survivor to check whether the changes they observed in therapy were maintained at home, however this was not routine practice. Consequently, the long-term effects the programme are unknown because they are not measured or evaluated.

Perception of the program's effectiveness at reducing IPV

Facilitators, professionals from other justice agencies (including feminists' groups), viewed the intervention as an acceptable and very welcome approach to reduce IPV. The key indicator they referred to when assessing the programme's success is the number of feminicides. According to the practitioners involved in the programme, none of the users treated in the programme killed his partner. Another indicator of programme effectiveness is the level and type of violence used, which is assessed via self-report from users before, during and after treatment. In some cases, survivors are asked by psychologists about their partner's violent behaviour. In the prisons, the programme is in its pilot phase. Although the number of treated users is too low to evaluate its effectiveness, some positive testimonies have been received.

> The mother told me, 'I'm speaking with a different son because the previous one wouldn't talk to me. He couldn't stand it; he would cry and speak to me poorly. Not anymore.' So, these are the kinds of things that, as psychologists, are gratifying, and you see that the work being done is yielding results. That's what we want (Participant 16)

Context

Several contextual factors framed the programme's implementation. We discuss these in terms of whether they facilitated or hindered the programme's implementation.

Facilitators

Leadership & staff support. Due to the lack of adequate training and high workload, the support of managers and colleagues was crucial for the participants. Particularly difficult cases were discussed with senior managers and more experienced colleagues. In prison, not only the managers but also the prison officers supported the logistics of the programme, such as escorting the inmates to the programme room.

> I confess that, due to the high volume of participants we've sometimes had, this process hasn't been followed to the letter, and we've had to do both things simultaneously, where the person is given the manual to read thoroughly, and then we assign them a tutor, who is a more experienced therapist, to provide guidance. One or two might have slipped through, and we've had to throw them into the deep end, but the truth is that the group dynamic we have helps a lot, because since we haven't had training per se, the exchange of experiences among ourselves . . . I'm the one who has read the most on the topic, when I meet with them we talk that part. (Participant 5)

Motivation and commitment to their work. Despite the challenging working conditions described by participants (see below), programme facilitators and managers were highly committed and motivated to do their work. They report that it is very rewarding to see changes in their users, but they recognise that the work can be demanding and difficult. They often deal with users who are in denial or who believe the programme consists of only one session. Participants work part-time to prioritise self-care and to earn extra money.

> At the end of the day, you must keep in mind that you could be sitting with a potential murderer. And, literally, you have to try to preserve that woman's life or do the most you can . . . if I see that you're not taking the program seriously, I have to separate you [and refer you to the prosecutor]. (Participant 7)

> We try to make the program reach. We work with what we have, and the important thing is that we do it with a lot of care and love. (Participant 16)

Internal barriers

Working conditions. Practitioners identified internal barriers mainly related to their working conditions, including limited resources, an inadequate physical environment, staff shortages, low salaries, and excessive workloads. For instance, participants noted having to treat 160–200 users per month in the National District. The physical spaces are being renovated, but the capacity is small for the large number of users referred. The most common complaints related to the physical environment were the lack of air-

conditioning, the smell of sewage, not enough rooms to deliver the sessions, lack of projectors, scanners, Wi-Fi, laptops/desktops. Especially in prison, adequate space is so insufficient that occasionally participants must deliver the programme in the visitor's room. Formal complaints about the poor physical environment that were reported to the AGO took years to resolve such as repairing pipes and the air conditioner installation.

> Equipped, equipped, equipped, equipped, I cannot say they are, but at least one tries to find a place to work with a good rapport . . . tries to find the equipment that one will use. And we push forward because we need to push forward, programs can't fail, even if we don't have all the necessary tools. (Participant 2)

Participants claimed that they do not receive salaries commensurate with their professional role and responsibilities. In other Ministries, such as the Education and Public Health, psychologists earn approximately double the salaries of those working in the BIP, who receive between 30,000 and 35,000 Dominican pesos per month, which is equivalent to $493–$575. Most facilitators solve this problem by having another job as private therapists/counsellors.

> The first one resigned . . . the one who provided the psychoeducation, because with the change of government, she found a much better job that paid her more, and the second one resigned, not so much because of the money—she was earning an extra 5,000 or 4,000 pesos —but she left upset due to the shortages. (Participant 6)

There was consensus amongst participants that there was a need for more staff in all the sites, but this need was even more acute in penitentiary institutions. For instance, in San Juan de la Maguana, three psychologists were hired but soon thereafter two resigned. Two years later, they still have not been replaced. There is currently only one psychologist based in each prison, meaning they alone are responsible for organising and delivering the entire programme.

Coordination and training among the three sites. The programme in the National District, which accepts users from across the country, overwhelmed the eleven psychologists due to the high volume of referrals from judges and prosecutors. As a result, the head of the centre encouraged the AGO to develop additional centres in other regions, leading to the establishment of two more sites in Santiago de los Caballeros and San Juan de la Maguana. However, coordination and communication between the three sites as well as those operating in prisons is scarce due to the lack of a national programme coordinator. For example, while staff in the prisons received 8 hours of training, staff at one of these sites only received the manual and no training at all. The head of the programme in the National District suggested visiting these sites for further knowledge and training, but this was not possible due to distances, work commitments, and lack of adequate coordination.

> I have a plan. . . of being able to create an area for the creation and supervision of centers. . .. And that Luis be the supervisor, manager, and director of that area. That's another dream I have (Participant 10)

Research. Although participants acknowledge the importance of research and assessment, outcomes are not consistently registered because of the workload and lack of staff

and resources, and in some settings the lack of assessment tools. An extreme case is the programme in Santiago de los Caballeros that included different approaches in the programme that are not evidence-based, such as stoicism.

> The goal is to leave with a conscious life philosophy... the team, I suggest... stoicism, I mean, many of the stoic principles are what we teach there [in the program]. From that, many things arise in cognitive behavioral therapy, I mean, they leave with a conscious, philosophical view of life, not the one they came with. (Participant 2)

External barriers

Prioritization – national policy and secured budget. The government of the Dominican Republic does not have a national policy on preventing and responding to IPV. Consequently, funding for IPV interventions and services is not a financial priority at the national level and instead what services that are available are developed and delivered by local areas. Differing priorities at the local level alongside the lack of a single, unifying vision contributes to longstanding problems such as the lack of staff, underpaid staff, and more generally a lack of resources for the main agencies involved. As a result, the system is inefficient: the responses to IPV issue are weak and slow, inconsistent and ineffective. Participants recognised the advances achieved so far, but also the paucity in the attention and prioritisation of the topic from higher levels of government and how this explicitly contributes to the barriers and problems they are facing.

> That part has failed ... politically because it hasn't received support from above. The authorities themselves haven't realized the importance of renewing those two centers because they are regional centers. (Participant 5)

> For those of us who work in the country ... there is no recognition. It's not a problem that concerns the state. (Participant 13)

Lack of awareness of the BIP by court staff. Participants conveyed that there remains a problem with the level of knowledge about the IPV programme, even amongst those with direct responsibility for referring individuals into it. This was seen to arise from the lack of central coordination and communication about the programme from the outset, which has resulted in inconsistent and limited training of judges and prosecutors. This on-going problem leads to the saturation of the programme with unsuitable candidates from judges and prosecutors referring individuals that should not be in the programme such as female perpetrators, and other violent perpetrators. Another significant problem arising from their lack of training and awareness is that survivors are not provided with the support they deserve because the courts do not consistently offer referrals to the survivors' centre.

> There are judges who don't understand the phenomenon; I mean male and female judges, they don't even have proper training (Participant 13)

Multi-agency coordination and communication. Multi-agency cooperation and coordinated action are essential. As stated in previous sections, while participants stated they had no issues with other agencies, challenges still emerged. These included agency rivalries, incorrect programme referrals, lack of information sharing such as risk assessments, bureaucratic delays in communication, and the loss of programme participants

when they were referred to other agencies like mental health institutions, NGOs, or from prison to community programmes. Cooperation with survivor support organisations, though particularly challenging, remains crucial.

> Yes, yes, we don't coordinate. Police, the judiciary, police, judges, public health. Violence is a public health problem, good public health... (Participant 10)

Finally, participants acknowledged the complexity of IPV and emphasised early detection and awareness as key to addressing it. They stressed the need for involvement from multiple agencies, including the Ministries of Education and Public Health, media, and society. Some professionals from educational and public health sectors are reluctant to apply the protocols on how to act in the case of IPV, despite them being legally required, due to fear of retaliation and the desire to avoid legal processes. Though participants have given awareness talks in schools and government agencies, they recognise the need for stronger prevention programmes. Additionally, the media lacks sensitivity, often exposing survivors and failing to censor violent messages against women.

> In the Dominican Republic, there are no preventive measures; it's at zero—or rather, 0.5%. When it comes to prevention, when it comes to rights, there is no state policy, and unfortunately, in our country, when a new leader takes office, they change everything. (Participant 2)

Data collection and monitoring. The ability to collect, access, and use quality data effectively to support decision-making is poor. Participants expressed distrust in the statistics reported by the Ministry of Justice, especially because justice agencies face several issues. First, most users' files are not digitalised due to a lack of staff, resources, and a unified database that is shared across agencies. Second, weak and inadequate communication between agencies means some high-risk cases are not properly monitored. Finally, political issues also play a role, as there is an effort to project the image that the problem is being resolved, leading some to believe that this exacerbates the usual reluctance to report IPV.

> One of the things we are looking at is how to speed up this process because we have an outdated system. I mean, to report something, we use a letter. So when that letter arrives—imagine—you don't know if they archive it, if they read it. One of the things we are discussing with the Ombudsman is having a more user-friendly system, one that is even electronic and raises an alert. Because when someone disappears from the program, it adds a risk factor (Participant 5)

Legislation issues. Although IPV is recognised in the 24/97 Act, and this law represents a significant advance in how IPV is meant to be dealt with, most practitioners mentioned that the law needs to be revised to include femicide, new forms of IPV such as these that take place online, and mitigating and aggravating circumstances. Finally, some previous practices that were efficient to reduce the saturation of the system were removed. For example, mediation between parties in low-risk cases. Coercive measures are mainly imposed now, which some practitioners feel exacerbates conflict between the perpetrator and victim.

> Another issue is that ... 26 years have passed since 24/97. 26 years ago ... there was no YouTube, TikTok, Instagram, and similar platforms ... many forms of aggression occur

through social media . . . this law does has nothing to do with online social network-related issues. Do you understand? This law, I believe, needs to be reviewed and updated to reflect the times we are living in. (Participant 9)

Discussion

Since the enactment of the 24/97 Gender Violence Law, the Dominican Republic has made significant efforts to reduce IPV, but IPV rates remain high, imposing significant economic, social, and personal costs (Agüero, 2013). This reflects a global trend where, despite national and international legislative and preventive efforts, high rates of IPV persist (Wagers & Radatz, 2020; Yakeley, 2022). Thus, research has focused on the operational challenges faced by BIPs as one possible explanation (for review, see Falb et al., 2025). This study examines the BIP's implementation, user responses, barriers, facilitators, and the broader system context. It is noteworthy that our findings align with previously reported operational challenges of BIPs in high income countries (Boal & Mankowski, 2014; Franchino-Olsen & Chesworth, 2024; Hamel et al., 2020, Michailovič et al., 2022; Morrison et al., 2019, 2017; Price & Rosenbaum, 2009; Renehan & Gadd, 2024; Rosenberg, 2003; Wagers et al., 2017), calling into question the extent to which IPV prevention programmes in the "Global North" and "Global South" face unique challenges despite other contextual differences (e.g., in their femicide rates and the level of women's participation in public life, see CEPAL, 2024; United Nations Women (UN, 2024). Findings highlight urgent areas for improvement, including more coordinated multi-agency working between BIP staff and professionals in the Criminal Justice System, applying principles of effective intervention, enhancing monitoring and digitalisation, addressing staff workload and retention, and resolving financial constraints. These challenges discussed below may explain the limited reduction in IPV rates in the Dominican Republic over the last few decades.

Domain 1: program implementation

Findings highlight the need to integrate effective intervention principles into the Dominican Republic's BIPs, particularly the risk and needs principles (Andrews & Bonta, 2017). Users should be classified by risk level and matched to appropriate treatment intensity. Risk assessment tools like SARA-V3 (Kropp & Hart, 2015) should be administered to users (rather than the survivor) by programme facilitators during the assessment phase, and survivor risk assessments must be validated (Graham et al., 2021; Robinson, 2007). Programmes should target dynamic criminogenic needs, including substance use, antisocial traits, pro-criminal attitudes, and relationships (Hilton & Radatz, 2021). Given this population's diverse needs compared to other violent offenders (Hilton & Radatz, 2018), additional treatment options should be integrated (Crane & Easton, 2017). Recent studies show positive outcomes for BIPs addressing substance misuse and offering alternative therapies like ACT and Mind-Body Bridging (Campbell et al., 2024; Gilchrist et al., 2024; Michailovič et al., 2022), demonstrating promising results compared to traditional Duluth/CBT models.

Expanding the programme to different regions and prisons is positive as it allows more perpetrators to receive treatment, particularly from poorer regions of the country

where underreporting of IPV is likely to be more of a problem. Yet its implementation faces significant challenges, including insufficient funding, limited resources, untrained staff, and weak leadership, which undermine its sustainability and effectiveness. Appointing a national programme coordinator to oversee staff training and monitor implementation nationwide would be an important step forward in strengthening programme fidelity and reach. Adopting these standards can help eliminate deviations, malpractice and preserve the programme's fidelity and integrity in the Dominican Republic.

Finally, the lack of reliable data collection systems is a significant weakness in the programme and the Criminal Justice System more generally. This issue is crucial to resolve, as it has implications for the everyday decision-making practices of professionals in different agencies as well as being necessary to support taking an evidence-based approach to programme development and testing. Databases are key not only for understanding the problem of IPV as it manifests in the Dominican Republican context, but also to assess the effectiveness of current policy approaches across different areas and cohorts. Incorporating a digitalised system of reliable and valid measures of IPV and key static and dynamic risk factors from different data sources including user, survivor, family members along with information held by Criminal Justice and Health agencies is a crucial step for enabling experimental or quasi-experimental impact evaluations of the programme in different community and prison settings (Taft & Campbell, 2024).

Domain 2: participation & response

BIP's facilitators in Dominican Republic face several challenges with users such as weak motivation to change, denial, high rates of dropouts which are similar issues documented in the international literature (Cunha et al., 2024; McDonagh et al., 2023). As a result, studies on overcoming these challenges and increasing programme effectiveness highlight the need to include effective adherence strategies in BIPs such as motivational interviewing (Santirso et al., 2020) and adapting the programme to the learning skills following the receptivity principle (Andrews & Bonta, 2017). Thus, facilitators tailor the programme's exercises to the users' learning styles by using informal communication styles such as explaining the activities in plain language. Although the number of users with learning disabilities is unknown, current practices recommend that these users should not be referred to existing programmes (Bowen & Swift, 2019). In terms of motivational strategies, the programme in Dominican Republic includes an orientation session at the beginning of the programme which reduced dropout rates and help to overcome resistance, hostility and denial by the offender at the time of referral to these programmes. However, the programme could benefit from the inclusion of motivational interviewing (also called motivational enhancement therapy) to increase treatment adherence, attendance rate, motivation to change, behavioural and attitudinal outcomes, and reduce dropouts (Pinto e Silva et al., 2023; Santirso et al., 2020). Finally, the programme may include other effective strategies to increase satisfaction and adherence such as establishing goal setting (Expósito-Álvarez et al., 2024).

Another challenge faced by staff in other jurisdictions (Carbajosa et al., 2017; Saunders, 2008) and in the Dominican Republic was providing treatment to court-

mandated users and delivered in inherently coercive contexts such as prison settings. Thus, therapeutic/facilitator alliance, group support, ongoing support are key features of the intervention (Boira et al., 2013; Holtrop et al., 2017; Rosenberg, 2003). Levels of programme satisfaction in Dominican Republic have been measured but not with a validated measure nor on a systematic basis, so the inclusion of a validated scale (see Roldán-Pardo et al., 2025) applied consistently may help to increase the program adherence, prevent dropouts and improve survivors' safety, as well as staff skills and training.

Domain 3: Context

Unlike many countries in the "Global North," the government of the Dominican Republic does not have a national policy on preventing and responding to IPV. Although the passage of the 24/97 Act represents a significant advance in how IPV is meant to be dealt with in the Dominican Republic, the law has implicitly framed IPV as a problem for the Criminal Justice System alone to address. Research demonstrates that IPV is a complex issue rooted in individual, relational, community, societal, and policy factors (Clare et al., 2021; Gerino et al., 2018; Yakubovich et al., 2018). Participants in our study acknowledged the complexity of IPV and emphasised early detection and awareness as key to addressing it. They stressed the need for involvement from agencies beyond the Criminal Justice System, such as the Ministries of Education and Public Health to take responsibility for addressing the social, behavioural, and environmental factors contributing to violence. Broader approaches, including tertiary prevention (treatment of perpetrators and survivors) as well as primary and secondary prevention measures, aim to prevent IPV before it occurs and intervene at early stages (Kirk et al., 2017; Niolon et al., 2017). Participants recognised that the BIPs were operating within a context devoid of other IPV prevention activities and that this could be limiting their impact. They felt that the explicit framing of IPV as "partner issues" kept the underlying root causes invisible and the valuable contribution that other sectors like education, social care, and health could make unrealised. For example, criminal justice responses could be complemented with prevention activities such as financial support for women, raising community awareness, implementing school-based programmes and reducing alcohol availability (Centers for Disease Control and Prevention, n.d.; Home Office, 2024; Kerr-Wilson et al., 2020; Moore et al., 2025; Moore et al., 2012, 2022; Saltzman et al., 2000). Participants in this research stressed the need for a national IPV strategy to promote shared accountability among multi-agency stakeholders for challenging gender norms and taking collective responsibility for addressing IPV. Similar frustrations have been noted by practitioners in the U.S., underscoring the global challenge of developing and implementing evidence-based interventions that effectively address the underlying root causes of IPV (Pallatino et al., 2019).

Limitations

This study has the following limitations. Due to time constraints, we conducted a small exploratory study with a partial sample of practitioners. Future research should include users, survivors, judges, and key IPV prevention organisations in

the Dominican Republic like the Women's Institute and Lifeline (Linea Vida). While findings cannot be generalised to all Latin American IPV programmes, they offer insights into BIP implementation beyond Western research. More process evaluations are needed to assess programme integrity in the region, as well as scale and sustainability, which are critical priorities for policymakers, practitioners, and funders (Falb et al., 2025). Additionally, we lacked user interviews and session observations, limiting our understanding of programme fidelity. Future studies should record sessions to evaluate consistency across and within geographical sites and community and prison settings. Additionally, it would be valuable to identify the training or skills necessary for effectively dealing with high-risk or resistant participants, especially those with substance misuse problems or trauma histories, which we could not address in the current study. Lastly, prison staff interviews were conducted collectively, possibly limiting facilitators' openness about challenges. However, participants still identified key implementation barriers.

Conclusion

As IPV remains a global issue, cross-national research on effective interventions is crucial. This evaluation sheds light on operational barriers affecting BIPs outside of high-income countries and identifies key areas for improvement in the Dominican Republic. Similar to high-income countries, addressing these challenges requires a stable budget, better facilitator support, stronger inter-agency collaboration, and alignment with evidence-based standards. Implementing these recommendations can enhance the programme's effectiveness in changing perpetrator behaviour, promoting long-term change, and reducing future victimisation.

Acknowledgement

We wish to acknowledge the funders for making this study possible, the Attorney General's Office for its support, and participants of the Criminal Justice System of Dominican Republic for sharing their experiences, concerns and dreams.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This research was supported by the Security, Crime & Intelligence Innovation Institute (SCIII-Kickstarter Project), Cardiff University.

Notes on contributors

Dr. Olga Sánchez de Ribera is a Lecturer in Criminology at the University of Manchester, an Associate Researcher at the Centre of Studies Justice & Society, Pontifical Catholic University of

Chile, and an associate member of the associate member of the Correctional Services Advice and Accreditation Panel (CSAAP) that provides advice to HM Prison and Probation Service on accredited programmes in prisons and probation in England & Wales. Her research focuses on offender rehabilitation, with a particular interest in violent offenders (i.e., sex and domestic offenders and psychopathy), risk assessment tools, programme evaluations and systematic and meta-analytical reviews. She has conducted research in various international contexts, including Latin America and Asia, and works closely with criminal justice agencies and NGOs. She is also interested in the intersection of neuropsychology and offending, as well as violence in prison settings. In addition to her academic work, she has collaborated as a consultant for international organisations, including the Inter-American Development Bank (IDB), contributing to projects aimed at improving criminal justice responses and rehabilitation services.

Dr. Nicolás Trajtenberg is Lecturer in Criminology at the Manchester University and Associate Researcher at the Centre of Studies Justice & Society, Pontifical Catholic University of Chile. He has also worked as consultant for the Organization of American States, the Inter-American Development Bank and UNICEF. His research focuses on criminal justice reform, prison systems, policing, and offender rehabilitation, with particular attention to Latin America. He has led and collaborated on national and international projects related to violence prevention, youth justice, and prison conditions. He has published widely on the challenges of implementing evidence-based practices in justice systems, including issues of legitimacy, punitiveness, and rehabilitation. His work combines rigorous academic research with applied policy analysis to inform public debates and improve justice practices. He frequently collaborates with governmental agencies, NGOs, and international organisations, contributing expert advice on prison reform, violence reduction, and offender programmes. His interdisciplinary approach bridges criminology, sociology, and public policy, making his work relevant for both academic and practitioner audiences.

Prof. Amanda L. Robinson is Director of the Universities' Police Science Institute and Co-Director of the Security, Crime and Intelligence Innovation Institute at Cardiff University. She is particularly interested in advancing knowledge in relation to how the police and criminal justice system, health and community-based agencies can best respond to violence against women, domestic abuse and sexual violence. Notable examples of her research include the development of MARACs (multiagency risk assessment conferences), IDVAs (independent domestic violence advisors), police use of risk assessment tools such as the DASH in the UK and the introduction of the PPIT to more effectively identify and disrupt the most harmful perpetrators of domestic abuse. She is an expert on violence against women and her research has directly impacted policy and practice (e.g. developing risk tools for police and partner agencies in different countries). She is currently leading the development of a digital repository of death reviews, on behalf of Welsh Government, which integrates social science and computer science methodologies.

References

Agüero, J. M. (2013). Causal estimates of the intangible costs of violence against women in Latin America and the Caribbean. *InterAmerican Development Bank, Working Paper Series*, *414*. https://doi.org/10.2139/ssrn.2367687

Andrews, D. A., & Bonta, J. (2017). *The psychology of criminal conduct* (6th ed.). Routledge.

Arce, R., Arias, E., Novo, M., & Fariña, F. (2020). Are interventions with batterers effective? A meta-analytical review. *Psychosocial Intervention*, *29*(3), 153–164. https://doi.org/10.5093/pi2020a11

Archer, J. (2004). Sex differences in aggression in real-world settings: A meta-analytic review. *Review of General Psychology*, *8*(4), 291–322. https://doi.org/10.1037/1089-2680.8.4.291

Arrigo, J.-L., Taheri, M., Fitzpatrick, S., & McCormack, L. (2025). Domestic violence, behavior change programs, positive and negative outcomes: A scoping review. *Psychology of Violence*, *15*(2), 164–180. https://doi.org/10.1037/vio0000540

Boal, A. L., & Mankowski, E. S. (2014). Barriers to compliance with Oregon batterer intervention program standards. *Violence & Victims*, *29*(4), 607–619. https://doi.org/10.1891/0886-6708.VV-D-12-00135

Boira, S., Del Castillo, M. F., Carbajosa, P., & Marcuello, C. (2013). Context of treatment and therapeutic alliance: Critical factors in court-mandated batterer intervention programs. *The Spanish Journal of Psychology*, *16*, E40. https://doi.org/10.1017/sjp.2013.43

Bowen, E., & Swift, C. (2019). The prevalence and correlates of partner violence used and experienced by adults with intellectual disabilities: A systematic review and call to action. *Trauma, Violence & Abuse*, *20*(5), 693–705. https://doi.org/10.1177/1524838017728707

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Breiding, M., Basile, K. C., Smith, S. G., Black, M. C., & Mahendra, R. R. (2015). *Intimate partner violence surveillance: Uniform definitions and recommended data elements. Version 2.0*. Centers for disease control and prevention National Center for injury prevention and control.

Calvet, G., & Cabrera, M. (2014). *Funcionamiento y eficacia de las unidades de atención integral en violencia intrafamiliar y de género de la Fiscalía de República Dominicana* [Functioning and effectiveness of the comprehensive care units for domestic and gender-based violence of the Prosecutor's Office of the Dominican Republic]. Fundacion Carolina.

Campbell, J. K., Nicolla, S., Weissman, D. M., & Moracco, K. E. (2024). The uptake and measurement of alternative approaches to domestic violence intervention programs: A scoping review. *Trauma, Violence & Abuse*, *25*(4), 3269–3284. https://doi.org/10.1177/15248380241244398

Carbajosa, P., Catalá-Miñana, A., Lila, M., & Gracia, E. (2017). Differences in treatment adherence, program completion, and recidivism among batterer subtypes. *The European Journal of Psychology Applied to Legal Context*, *9*(2), 93–101. https://doi.org/10.1016/j.ejpal.2017.04.001

Centers for Disease Control and Prevention. (n.d.). *Violence prevention*. U.S. Department of Health and Human Services. https://www.cdc.gov/violence-prevention/index.html

CEPAL. (2024). Femicidal violence in figures. Bulletin No 3. ECLAC. November, 2024 https://repositorio.cepal.org/server/api/core/bitstreams/73e9b325-3bd4-4f18-8e2a-551e0fd1b16c/content

Clare, C. A., Velasquez, G., Mujica Martorell, G. M., Fernandez, D., Dinh, J., & Montague, A. (2021). Risk factors for male perpetration of intimate partner violence: A review. *Aggression & Violent Behavior*, *56*, Article 101532. 101532. https://doi.org/10.1016/j.avb.2020.101532

Crane, C. A., & Easton, C. J. (2017). Integrated treatment options for male perpetrators of intimate partner violence. *Drug & Alcohol Review*, *36*(1), 24–33. https://doi.org/10.1111/dar.12496

Cunha, O., Pedrosa, J., Silva Pereira, B., Caridade, S., de Castro Rodrigues, A., & Braga, T. (2024). Intervention program dropout among perpetrators of intimate partner violence: A meta-analysis of correlated variables. *Trauma, violence & abuse*, *25*(4), 2735–2751. https://doi.org/10.1177/15248380231224036

Dobash, R. P., & Dobash, R. E. (2017). Abuser programmes and violence against women. In M. Malsch & W. Smeenk (Eds.), *Family violence and police response: Learning from research, policy and practice in European countries* (pp. 191–221). Routledge.

Eckhardt, C. I., Murphy, C. M., Whitaker, D. J., Sprunger, J., Dykstra, R., & Woodard, K. (2013). The effectiveness of intervention programs for perpetrators and victims of intimate partner violence. *Partner Abuse*, *4*(2), 196–231. https://doi.org/10.1891/1946-6560.4.2.196

Esquivel, E. E., & da Silva, T. (2016). Domestic violence intervention programs for perpetrators in Latin America and the Caribbean. *Partner Abuse*, *7*(3), 316–352. https://doi.org/10.1891/1946-6560.7.3.316

Expósito-Álvarez, C., Gilchrist, G., Gracia, E., & Lila, M. (2024). Evaluating the role of goal setting in reducing dropout for men with and without substance use problems attending a court-mandated intimate partner violence perpetrator program. *Victims & Offenders*, *19*(6), 1175–1207. https://doi.org/10.1080/15564886.2024.2322960

Falb, K. L., Blackwell, A., Balanchander, M., Bourey, C., Yuan, C. T., & Decker, M. R. (2025). Adapting, sustaining and scaling violence against women and children prevention interventions

in low- and middle-income countries: A scoping review on the use of implementation science. *Trauma, Violence & Abuse*, https://doi.org/10.1177/15248380251340640

Franchino-Olsen, H., & Chesworth, B. (2024). Document review of state practice standards for batterer intervention programs in the United States. *Aggression & Violent Behavior*, *77*, 1–17. https://doi.org/10.1016/j.avb.2024.101941

Gerino, E., Caldarera, A. M., Curti, L., Brustia, P., & Rollè, L. (2018). Intimate partner violence in the golden age: Systematic review of risk and protective factors. *Frontiers in Psychology*, *9*, 1595. https://doi.org/10.3389/fpsyg.2018.01595

Gilchrist, G., Dheensa, S., Johnson, A., Henderson, J., Radcliffe, P., Dwyer, G., Turner, R., Thomson, K., Papastavrou Brooks, C., Love, B., Zenasni, Z., Berbary, C., Carter, B., Parrott, S., Li, J., Easton, C., Bergman, C., Feder, G., & Gilchrist, E. (2024). Adapting the ADVANCE group program for digitally-supported delivery to reduce intimate partner violence by men in substance use treatment: A feasibility study. *Frontiers in Psychiatry*, *14*, 1253126. https://doi.org/10.3389/fpsyt.2023.1253126

Graham, L. M., Sahay, K. M., Rizo, C. F., Messing, J. T., & Macy, R. J. (2021). The validity and reliability of available intimate partner homicide and reassault risk assessment tools: A systematic review. *Trauma, Violence & Abuse*, *22*(1), 18–40. https://doi.org/10.1177/1524838018821952

Hamberger, L. K., & Larsen, S. E. (2015). Men's and women's experience of intimate partner violence: A review of ten years of comparative studies in clinical samples; Part 1. *Journal of Family Violence*, *30*(6), 699–717. https://doi.org/10.1007/s10896-015-9732-8

Hamel, J. (2020). Interventions in intimate partner abuse: New approaches for perpetrators, victims, and families, part one. *Partner Abuse*, *11*(3), 199–201. https://doi.org/10.1891/PA-2020-0021

Hamel, J., Cannon, C., Buttell, F., & Ferreira, R. (2020). A survey of IPV perpetrator treatment providers: Ready for evidence-based practice? *Partner Abuse*, *11*(4), 387–414. https://doi.org/10.1891/PA-2020-0024

Hilton, N. Z., & Radatz, D. L. (2018). The criminogenic and noncriminogenic treatment needs of intimate partner violence offenders. *International Journal of Offender Therapy and Comparative Criminology*, *62*(11), 3247–3259. https://doi.org/10.1177/0306624X17740015

Hilton, N. Z., & Radatz, D. L. (2021). Criminogenic needs and intimate partner violence: Association with recidivism and implications for treatment. *Psychological Services*, *18*(4), 566–573. https://doi.org/10.1037/ser0000450

Holtrop, K., Scott, J. C., Parra-Cardona, J. R., mcneil Smith, S., Schmittel, E., & Larance, L. Y. (2017). Exploring factors that contribute to positive change in a diverse, group-based male batterer intervention program: Using qualitative data to inform implementation and adaptation efforts. *Journal of Interpersonal Violence*, *32*(8), 1267–1290. https://doi.org/10.1177/0886260515588535

Home Office. (2024). *Violence reduction units: Year ending March 2024 evaluation report*. https://www.gov.uk/government/publications/violence-reduction-units-year-ending-march-2024-evaluation-report/violence-reduction-units-year-ending-march-2024-evaluation-report

Jansson, P. M. (2024). Can we trust that CBT-based batterer intervention programmes are effective? Use of evidence for the treatment of IPV offenders in the prison and probation service. *Violence: An International Journal*, *5*(2), 206–225. https://doi.org/10.1177/26330024241295773

Kerr-Wilson, A., Gibbs, A., mcaslan Fraser, E., Ramsoomar, L., Parke, A., Khuwaja, H. M. A., & Jewkes, R. (2020). A rigorous global evidence review of interventions to prevent violence against women and girls: What works to prevent violence against women and girls global programme. https://www.whatworks.co.za/resources/item/693-a-rigorous-global-evidence-review-of-interventions-to-prevent-violence-against-women-and-girls

Kirk, L., Terry, S., Lokuge, K., & Watterson, J. L. (2017). Effectiveness of secondary and tertiary prevention for violence against women in low and low-middle income countries: A systematic review. *BMC Public Health*, *17*(1), 622. https://doi.org/10.1186/s12889-017-4502-6

Kropp, P. R., & Hart, S. D. (2015). *Manual for the spousal assault risk assessment guide - Version 3*. British Columbia Institute on Family Violence.

Lila, M., Martin-Fernández, M., Gracia, E., López-Ossorio, J. J., & González, J. L. (2019). Identifying key predictors of recidivism among offender attending a batterer intervention program: A survival analysis. *Psychosocial Intervention*, *28*(3), 157–167. https://doi.org/10.5093/pi2019a19

McDonagh, T., Travers, Á., Cunningham, T., Armour, C., & Hansen, M. (2023). Readiness to change and deception as predictors of program completion in perpetrators of intimate partner violence. *Journal of Family Violence*, 1–11. https://doi.org/10.1007/s10896-023-00676-7

Michailovič, I., Vaičiūnienė, R., Justickaja, S., & Viršilas, V. (2022). Challenges to an individualized approach toward batterers intervention programs in the context of coordinated community response to the intimate partner violence in Lithuania. *Journal of Family Violence*, *39*(2), 271–284. https://doi.org/10.1007/s10896-022-00467-6

Micklitz, H. M., Glass, C. M., Bengel, J., & Sander, L. B. (2024). Efficacy of psychosocial interventions for survivors of intimate partner violence: A systematic review and meta-analysis. *Trauma, Violence & Abuse*, *25*(2), 1000–1017. https://doi.org/10.1177/15248380231169481

Moore, G. F., Audrey, S., Barker, M., Bond, L., Bonell, C., Hardeman, W., Moore, L., O'Cathain, A., Tinati, T., Wight, D., & Baird, J. (2015). Process evaluation of complex interventions: Medical research council guidance. *BMJ Clinical Research (Ed.)*, *350*, h1258. https://doi.org/10.1136/bmj.h1258

Moore, S. C., Murphy, S., Moore, S. N., Brennan, I., Byrne, E., Shepherd, J., & Moore, L. (2012). An exploratory randomised controlled trial of a premises-level intervention to reduce alcohol-related harm including violence in the United Kingdom. *BMC Public Health*, *12*(1), 412. https://doi.org/10.1186/1471-2458-12-412

Moore, S. C., Woolley, T. E., & White, J. (2022). An exploration of the multiplicative effect of "other people" and other environmental effects on violence in the night-time environment. *International Journal of Environmental Research and Public Health*, *19*(24), 16963. https://doi.org/10.3390/ijerph192416963

Moore, S., Van Godwin, J., Moore, G., Hamilton, M., & O'Reilly, D. (2025). Practitioner experiences of developing and implementing two UK ED-based hospital violence intervention programmes: A process evaluation. *Emergency Medicine Journal: EMJ*, emermed-2024–214333. https://doi.org/10.1136/emermed-2024-214333

Morrison, P. K., Hawker, L., Miller, E. P., Cluss, P. A., George, D., Fleming, R., Bicehouse, T., Wright, K., Burke, J., & Chang, J. C. (2019). The operational challenges for batterer intervention programs: Results from a 2-year study. *Journal of Interpersonal Violence*, *34*(13), 2674–2696. https://doi.org/10.1177/0886260516662307

Niolon, P. H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T., & Gilbert, L. (2017). *Intimate partner violence prevention resource for action: A compilation of the best available evidence*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/ipv-prevention-resource_508.pdf.

Office of the Attorney General of the Republic. (2024a). *Tablas /cuadros preliminares de violencia de género, intrafamiliar, delitos sexuales y las órdenes de protección en la República Dominicana 2023*. Advance online publication. https://pgr.gob.do/transparencia/

Office of the Attorney General of the Republic. (2024b). *Ministerio Público relanza servicios del Centro de Intervención Conductual para Hombres* [Ministry of Justice Relaunches Services of the Behavioral Intervention Center for Men]. https://pgr.gob.do/ministerio-publico-relanza-servicios-del-centro-de-intervencion-conductual-para-hombres/

Pallatino, C. L., Morrison, P. K., Miller, E., Burke, J., Cluss, P. A., Fleming, A., Hawker, L., George, D., Bicehouse, T., & Chang, J. C. (2019). The role of accountability in batterers intervention programs and community response to intimate partner violence. *Journal of Family Violence*, *34*(7), 631–643. https://doi.org/10.1007/s10896-019-00050-6

Park, S., & Kim, S. H. (2023). A systematic review and meta-analysis of randomized controlled trials for intimate partner violence: The effects of the programs based on their purposes. *Trauma, Violence & Abuse*, *24*(4), 2115–2129. https://doi.org/10.1177/15248380221084748

Pinto e Silva, T., Cunha, O., & Caridade, S. (2023). Motivational interview techniques and the effectiveness of intervention programs with perpetrators of intimate partner violence: A systematic review. *Trauma, Violence & Abuse*, *24*(4), 2691–2710. https://doi.org/10.1177/15248380221111472

Price, B. J., & Rosenbaum, A. (2009). Batterer intervention programs: A report from the field. *Violence & Victims*, *24*(6), 757. https://doi.org/10.1891/0886-6708.24.6.757

Radatz, D. L., & Wright, E. M. (2016). Integrating the principles of effective intervention into batterer intervention programming: The case for moving toward more evidence-based programming. *Trauma, Violence & Abuse*, *17*(1), 72–87. https://doi.org/10.1177/1524838014566695

Renehan, N., & Gadd, D. (2024). *Building choice in domestic abuse perpetrator interventions: Reflections on what clients, victims and practitioners need*. HM Inspectorate of Probation. Academic Insights.

Robinson, A. L. (2007). *MARACs*: *Reducing repeat victimization among high-risk victims of domestic violence: The benefits of a coordinated community response in Cardiff, Wales*. *Violence Against Women*, *12*(8), 761–788. https://doi.org/10.1177/1077801206291477

Roldán-Pardo, M., Santirso, F. A., Tomás, J. M., Gracia, E., & Lila, M. (2025). Development and validation of the satisfaction with the intervention for intimate partner violence perpetrators scale (SIIPVS). *Journal of Family Violence*, 1–13. https://doi.org/10.1007/s10896-025-00804-5

Rosenberg, M. (2003). Voices from the group: Domestic violence offenders' experience of intervention. *Journal of Aggression, Maltreatment, & Trauma*, *7*(1–2), 305–317. https://doi.org/10.1300/J146v07n01_13

Saltzman, L. E., Green, Y. T., Marks, J. S., & Thacker, S. B. (2000). Violence against women as a public health issue: Comments from the CDC1. *American Journal of Preventive Medicine*, *19*(4), 325–329. https://doi.org/10.1016/S0749-3797(00)00241-5

Sánchez de Ribera, O., Trajtenberg, N., Martínez-Catena, A., & Redondo-Illescas, S. (2023). Implementation of a treatment program for individuals imprisoned for sex offenses in Uruguay: Achievements, problems and challenges. *Sexual Abuse: A Journal of Research and Treatment*, *35*(4), 503–533. https://doi.org/10.1177/10790632221127976

Sánchez de Ribera, O., Trajtenberg, N., Vergés, L., & Robinson, A. L. (2025). Differences between recidivists and non-recidivists attending a community-based domestic violence perpetrator program in the Dominican Republic: A brief report. *Journal of Family Violence*. https://doi.org/10.21428/cb6ab371.40bcd30b

Santirso, F. A., Gilchrist, G., Lila, M., & Gracia, E. (2020). Motivational strategies in interventions for intimate partner violence offenders: A systematic review and meta-analysis of randomized controlled trials. *Psychosocial Intervention*, *29*(3), 175–190. https://doi.org/10.5093/pi2020a13

Sardinha, L., Maheu-Giroux, M., Stöckl, H., Meyer, S. R., & García-Moreno, C. (2022). Global, regional, and national prevalence estimates of physical or sexual, or both, intimate partner violence against women in 2018. *Lancet*, *399*(10327), 803–813. https://doi.org/10.1016/S0140-6736(21)02664-7

Saunders, D. G. (2008). Group interventions for men who batter: A summary of program descriptions and research. *Violence & Victims*, *23*(2), 156–172. https://doi.org/10.1891/0886-6708.23.2.156

Stubbs, A., & Szoeke, C. (2022). The effect of intimate partner violence on the physical health and health-related behaviors of women: A systematic review of the literature. *Trauma, Violence & Abuse*, *23*(4), 1157–1172. https://doi.org/10.1177/1524838020985541

Taft, C. T., & Campbell, J. C. (2024). Promoting the use of evidence-based practice for those who engage in intimate partner violence. *American Journal of Preventive Medicine*, *66*(1), 189–192. https://doi.org/10.1016/j.amepre.2023.08.017

Travers, Á., McDonagh, T., Cunningham, T., Armour, C., & Hansen, M. (2021). The effectiveness of interventions to prevent recidivism in perpetrators of intimate partner violence: A systematic review and meta-analysis. *Clinical Psychology Review*, *84*, 101974. https://doi.org/10.1016/j.cpr.2021.101974

United Nations Women. (2024). *Dominican Republic. Americas*. https://data.unwomen.org/country/dominican-republic

Vall, B., López-I-Martín, X., Grané Morcillo, J., & Hester, M. (2024). A systematic review of the quality of perpetrator programs' outcome studies: Toward a new model of outcome measurement. *Trauma, Violence & Abuse*, *25*(3), 1985–1997. https://doi.org/10.1177/15248380231203718

Velonis, A. J., Mahabir, D. F., Maddox, R., & O'Campo, P. (2020). Still looking for mechanisms: A realist review of batterer intervention programs. *Trauma, Violence & Abuse*, *21*(4), 741–753. https://doi.org/10.1177/1524838018791285

Vergés, L. (2022a). *Modelo de atención del centro de intervención conductual para hombres y el sistema penitenciario para la intervención en violencia de género* [Care model of the behavioral intervention center for men and the penitentiary system for intervention in gender-based violence]. Fundacion Carolina.

Vergés, L. (2022b). *Radiografía de los indicadores en hombres con conductas violentas en República Dominicana* [An examination of indicators in men with violent behaviors in the Dominican Republic]. Centro de Intervención Conductual para Hombres. Ministerio Público & Cooperation Española. Available here: https://pgr.gob.do/wp-content/uploads/2022/07/MP-DVG-RADIOGRAFI%CC%81A-DE-LOS-INDICADORES.pdf

Vergés, L., & Contreras, J. (2013). *Centro de Intervención Conductual para Hombres: Aportes y desafíos para la Intervención con Hombres Agresores* [Behavioral Intervention Center for Men: Contributions and Challenges for the Intervention with Male Aggressors]. ONU Mujeres; UNFPA.

Wagers, S. M., Pate, M., & Brinkley, A. (2017). Evidence-based best practices for batterer intervention programs: A report from the field on the realities and challenges batterer intervention programs are facing. *Partner Abuse*, *8*(4), 409–428. https://doi.org/10.1891/1946-6560.8.4.409

Wagers, S., & Radatz, D. L. (2020). Emerging treatment models and programs in intimate partner violence treatment: An introduction. *Partner Abuse*, *11*(3), 202–227. https://doi.org/10.1891/PA-2020-0015

White, S., Bearne, L., Sweeney, A., & Mantovani, N. (2024). Examining the measurement of severity of intimate partner violence and its association to mental health outcomes: A narrative synthesis. *Frontiers in Public Health*, *12*, 1450680. https://doi.org/10.3389/fpubh.2024.1450680

Whittington, R., Haines-Delmont, A., & Bjørngaard, J. H. (2023). Femicide trends at the start of the 21st century: Prevalence, risk factors and national public health actions. *Global Public Health*, *18*(1), 2225576. https://doi.org/10.1080/17441692.2023.2225576

Wong, J. S., & Bouchard, J. (2021). Judging the book by its cover: What comprises a cognitive behavioral intervention program for perpetrators of intimate partner violence? *Criminal Justice & Behavior*, *48*(9), 1278–1299. https://doi.org/10.1177/0093854821996020

World Health Organization. (2024). *Data: Dominican Republic*. https://data.who.int/countries/214

Yakeley, J. (2022). Treatment for perpetrators of intimate partner violence: What is the evidence? *Journal of Clinical Psychology*, *78*(1), 5–14. https://doi.org/10.1002/jclp.23287

Yakubovich, A. R., Stöckl, H., Murray, J., Melendez-Torres, G. J., Steinert, J. I., Glavin, C. E. Y., & Humphreys, D. K. (2018). Risk and protective factors for intimate partner violence against women: Systematic review and meta-analyses of prospective-longitudinal studies. *American Journal of Public Health*, *108*(7), e1–e11. https://doi.org/10.2105/AJPH.2018.304428