

# Self-Determined Goals of Male Participants Attending an Intervention Program for Intimate Partner Violence Perpetrators: A Thematic Analysis

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## Abstract

Treatment adherence and motivation to change are among the main challenges in intervention programs for Intimate Partner Violence (IPV) perpetrators. Motivational strategies have shown promising results in increasing the effectiveness of intervention programs for IPV perpetrators. One of these motivational strategies is goal setting. The aim of this study was to analyze and categorize the self-determined goals ( $n=204$ ) of 227 male participants attending an intervention program for IPV perpetrators. Findings of the thematic analysis suggested three levels of analysis: 4 core categories, 12 categories, and 35 codes. The four core categories were “interpersonal relationships” (39.7%), “personal resources for daily life” (29.3%), “coping strategies” (27.8%), and “motivation to change” (3.2%). Identifying the main categories of self-determined goals of IPV perpetrators could guide professionals to tailor the intervention to participants’ specific needs and implement evidence-based strategies to strengthen goal attainment and improve treatment outcomes.

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**Keywords**

intimate partner violence perpetrators, intervention program for IPV perpetrators, motivational strategies, self-determined goals, thematic analysis

**Introduction**

Intimate partner violence (IPV) has been acknowledged as a public health, social policy, and human rights concern of epidemic proportions that affects women, their children, and society as a whole (World Health Organization, 2021). As a way to reduce IPV, intervention programs for IPV perpetrators have been widely implemented to reduce IPV perpetration and reoffending (Babcock et al., 2004, 2016; Eckhardt et al., 2013). Several challenges exist that hinder the effectiveness of these interventions, including high dropout rates, limited treatment engagement, low motivation for change, minimization of responsibility, and victim-blaming (Jewell & Wormith, 2010; Lila et al., 2014, 2019; Martín-Fernández et al., 2018; Olver et al., 2011).

To overcome these challenges, intervention programs for IPV perpetrators are increasingly integrating evidence-based motivational approaches, such as motivational interviewing, the Good Lives Model, and strength-based approaches (Crane & Eckhardt, 2013; Musser et al., 2008; Santirso, Gilchrist, et al., 2020). The incorporation of these motivational approaches has shown promising results in increasing the effectiveness of intervention programs for IPV perpetrators (Babcock et al., 2016; Santirso, Gilchrist, et al., 2020; Wilson et al., 2021). Intervention programs for IPV perpetrators which incorporated motivational strategies showed lower dropout rates, increased treatment engagement, and longer-term intervention effects (Lila et al., 2018; Santirso, Gilchrist, et al., 2020).

One of the motivational strategies used in intervention programs for IPV perpetrators is goal setting. A goal is defined as a relevant aim that motivates improved self-performance (Lee et al., 2007; Ryan, 1970). Self-determined goals can be seen as a “textbook” guide of desired states or situations that individuals strive to achieve or avoid (Lee et al., 2014; Ward, 2002). They are based on personal needs for autonomy, competence, and relatedness (Deci & Ryan, 2000), and they lead to meaningful and satisfactory lives that are not conducive to perpetrating IPV (Langlands et al., 2009; Lila et al., 2018). Findings of empirical studies of intervention programs for IPV perpetrators showed that goal setting is associated with positive treatment outcomes, such as decreased recidivism (Lee et al., 2007), increased awareness (Curwood et al., 2011; Lee et al., 2003), an accomplishment of attitudinal changes and skills development (Lee et al., 2014; Murphy & Meis, 2008), and increased treatment engagement and motivation for change (Lee et al., 2007; Stewart & Slavin-Stewart, 2013). Research suggests that goal setting may benefit the process of change in treatment for male IPV perpetrators (Bolton et al., 2016; Bowen et al., 2018; Lee et al., 2007). In the context of intervention programs for IPV perpetrators, Bolton et al. (2016) and Bowen et al. (2018) suggest that these goals should be (1) personally meaningful to the participant, (2) stated as small steps to be achieved in process form, (3) new and relevant, (4) clear, specific and with indicators of success, (5)

positively stated rather than negatively stated, (6) realistic and achievable, and (7) and perceived as involving hard work that can be practiced regularly. Other relevant aspects of goal setting involve the facilitator and participants' co-construction of the personal goal (Bolton et al., 2016; Stewart & Slavin-Stewart, 2013) and setting goals in line with personal values (Zarling et al., 2015).

Knowing participants' goal content may help to adjust interventions to specific individual needs, increasing the likelihood of positive treatment outcomes in IPV intervention programs. A number of self-determined goal classifications have been proposed. Bolton et al. (2016) identified four emerging themes in the self-determined goals of perpetrators: (1) emotional regulation, (2) personal growth, (3) improve family relationships, and (4) improve communication. Lee et al. (2014) categorized goals into two broad domains, attitudinal change, and skills development, both subdivided into two directions: self-focused and relational-focused goals. Curwood et al. (2011) described three levels in goal setting: internal, interpersonal/relational, and external. However, some limitations of these studies should be acknowledged. These studies relied on small samples, and consider only samples from the USA, which limited the generalization of their results.

### *The Present Study*

The aim of this study was to analyze and categorize the self-determined goals of male participants attending an intervention program for IPV perpetrators. This intervention program incorporates motivational strategies throughout an Individualized Motivational Plan (IMP; Lila et al., 2018). Goal setting is one of the motivational strategies included in the IMP (Lila et al., 2018; Romero-Martínez et al., 2019; Santirso, Lila, & Gracia, 2020). The IMP is rooted in several evidence-based approaches aimed at promoting effectiveness in intervention programs for IPV perpetrators: the Good Lives Model (Langlands et al., 2009; Ward, 2002), motivational interviewing (Miller & Rollnick, 2002), solution-focused brief therapy (De Shazer & Berg, 1997), and stage of change approach (Prochaska & DiClemente, 1982; Prochaska et al., 1992). The IMP incorporates three core elements related to goal setting. First, five individual motivational interviews at intake and during the intervention, to identify and establish self-determined personal goals and follow up on their achievement. Second, three group sessions during the intervention, where participants can share their goals, and explain to the group their progress while receiving feedback, advice, and support from the facilitators and other group members. Third, goal reinforcement is promoted throughout the intervention in which facilitators link participants' goals with the content of every weekly group session (Lila et al., 2018; Santirso, Lila, & Gracia, 2020).

The present study adds knowledge by using a large sample size of IPV perpetrators attending an IPV intervention program, the Contexto Program, implemented at the University of Valencia, Spain (for a detailed description, see Lila et al., 2018).

## **Method**

### *Sample*

Participants were 227 men attending an intervention program for IPV perpetrators. Of these, 218 were court-mandated participants and 9 attended on a voluntary basis. Specifically, they were part of 25 intervention groups developed between April 2016 and April 2021. The inclusion criteria for admission to the intervention program were: (a) men over 18 years of age (b) who did not present serious substance abuse problems, (c) did not present severe psychological disorders, and (d) have signed the informed consent form. The average age of the sample was 39.94 years ( $SD=11.67$ , range: 20–79). The sample mainly consisted of Spanish participants ( $n=178$ , 78.4%) the rest of the participants were immigrants ( $n=49$ , 21.6%). The origin of the immigrant participants was as follows: Latin American ( $n=26$ , 11.5%), European ( $n=14$ , 6.2%), African ( $n=8$ , 3.5%), and Asian ( $n=1$ , 0.4%). In relation to educational level, 6.6% of the sample had no studies ( $n=15$ ), 46.7% had finished elementary studies ( $n=106$ ), 39.6% had completed high school ( $n=90$ ), and 7% had college degrees ( $n=16$ ). About one-third of the participants were unemployed ( $n=81$ , 35.7%), and the median family household income was between €12.000 and €18.000. Finally, regarding marital status, 22.5% were married or had a partner ( $n=51$ ), while 77.5% were single, separated, divorced, or widowed ( $n=176$ ). Descriptive characteristics of the participants are summarized in Table 1.

### *Data Collection*

Data on self-determined goals of participants were obtained at intake. Self-determined goals were established in individual motivational interviews. These interviews were conducted by two psychologists who led the intervention group. Facilitators and participants co-constructed self-determined goals, identifying the participant's personal objectives to work on as part of their participation in the group intervention program. Included participants in the present study were those who set a self-determined goal during individual motivational interviews. Some participants ( $n=13$ ) proposed two self-determined goals. Therefore, the final number of self-determined goals analyzed was 240.

### *Data Analysis*

Self-determined goals were handwritten by the facilitators during the interviews. NVivo12 was used to transcribe and analyze participants' self-determined goals. A Thematic Analysis (TA; Braun & Clarke, 2006) was employed to elicit emerging themes. This technique is an independent approach to qualitative analysis (Vaismoradi et al., 2013), in which the researchers' reflective and thoughtful engagement with their data and the analytic process may lead to plausible interpretations (Braun & Clarke, 2019). The use of this technique allows for identifying, analyzing, and reporting

**Table 1.** Sample Demographics.

	<i>k</i>	%	<i>M (SD)</i>	Range
Age			39.94 (11.67)	20–79
Participants				
Volunteer	9	4		
Court-referred	218	96		
Ethnicity				
Spain	178	78.4		
Latin America	26	11.5		
Europe	14	6.2		
Africa	8	3.5		
Asia	1	0.4		
Marital status				
Married or in a relationship	51	22.5		
Single	96	42.3		
Separated	19	8.4		
Divorced	60	26.4		
Widowed	1	0.4		
Educational level				
No studies	15	6.6		
Elementary studies	106	46.7		
High school	90	39.6		
College degree	16	7		
Employment				
Yes	146	64.3		
No	81	35.7		
Median family household income				
<€12.000/year	102	45.3		
>€60.000/year	8	3.5		

emerging themes within the data (Braun & Clarke, 2006). TA was conducted by four researchers (CE, FS, MG, and MR). This analysis was developed through an iterative process. The first step entailed researchers becoming familiar with the data. Then, each researcher performed open coding by identifying codes independently. Codes represented the most basic level of content analysis and reflected the participants' change targets. Codes were discussed between researchers until agreement on which codes should be used was achieved. Consensual codes were employed to recode self-determined goals by each researcher. A single self-determined goal could include more than one code. Discrepancies in codes of every self-determined goal were resolved by researchers' discussion. After agreement on self-determined goals' classification in codes, each researcher performed axial coding independently. Categories proposed by each researcher were discussed until agreement was reached on the categories to be used. Finally, the four researchers jointly performed the selective coding proposing

core categories. At the end of each stage of TA, additional researchers (EG and ML) reviewed and validated the analyses to ensure the confirmability of the codification (Lincoln & Guba, 1985).

## Results

TA generated four core categories: (1) “interpersonal relationships,” (2) “personal resources for daily life,” (3) “coping strategies,” and (4) “motivation to change.” Each core category included two to four categories. The number of codes within each category ranged from one to eight (see Table 2). Several participants had multifaceted self-determined goals that fell into two or more categories.

### *Interpersonal Relationships*

This core category referred to the existence of social connections and the means to achieve and maintain them through the exercise of interpersonal skills. This was the predominant core category, identified in 212 self-determined goals (39.7%). “Interpersonal relationships” included three categories: “communication skills” ( $k=92$ ; 43.4%), “social relationships” ( $k=76$ ; 35.8%), and “interpersonal conflict solving” ( $k=44$ ; 20.8%).

In “communication skills,” eight codes were identified: “communication with others” ( $k=28$ ; 30.4%), “boosting assertiveness” ( $k=20$ ; 21.7%), “communication with the intimate partner” ( $k=17$ ; 18.5%), “expressing emotion” ( $k=15$ ; 16.3%), “expressing and setting boundaries” ( $k=6$ ; 6.5%), “boosting sincerity” ( $k=3$ ; 3.3%), “non-verbal communication” ( $k=2$ ; 2.2%), and “tolerance for criticism” ( $k=1$ ; 1.1%). The self-determined goal of improving “communication with others” was identified in declarations such as: “I would like to communicate more calmly and respectfully” (P067). The code of “boosting assertiveness” was identified in statements such as: “Knowing how to express what I think while taking others into account” (P007). “Communication with the intimate partner” code included affirmations such as “For future couple relationships, knowing how to listen, dialogue and understand my partner” (P198). Within the “expressing emotion” code, there were identified statements such as: “Showing affection to people who are important to me” (P161). An example of “expressing and setting boundaries” was “Saying no and making it a real no, if I want to leave a situation, leave it, and don’t go back” (P157). “Boosting sincerity” code was tagged in statements such as “I would like to be more sincere” (P222). An example of the “non-verbal communication” code was “Be able to speak calmly and that my body language is in line with my message” (P159). Lastly, in the code of “tolerance to criticism,” there were identified the following statement “If I am told something I don’t like, accept what the other person says, without it making me angry or hurting me” (P008).

In “social relationships” category, five codes were identified: “improving intimate partner relationships” ( $k=28$ ; 36.8%), “improving other social relationships” ( $k=15$ ; 19.7%), “improving relationships with children” ( $k=14$ ; 18.4%), “improving family

**Table 2.** Self-Determined Goals by Program Participants.

Core categories and categories	k	%	Codes	k	%
Interpersonal relationships	212	39.7			
Social relationships	76	35.8	Improving family relationships	12	15.8
			Improving intimate partner relationships	28	36.8
			Improving relationships with children	14	18.4
			Seeking intimate social support	7	9.3
			Improving other social relationships	15	19.7
Interpersonal conflict solving	44	20.8	Conflict resolution in intimate partner relationships	12	27.3
			Conflict resolution in other social relationships	32	72.7
Communication skills	92	43.4	Assertiveness (boosting)	20	21.7
			Communication with the intimate partner	17	18.5
			Communication with others	28	30.4
			Non-verbal communication	2	2.2
			Sincerity (boosting)	3	3.3
			Setting boundaries (expressing)	6	6.5
			Tolerance for criticism	1	1.1
			Expressing emotions	15	16.3
Personal resources for daily life	156	29.3			
Personal well being	72	46.2	Self-confidence (boosting)	17	23.6
			Self-esteem (boosting)	18	25
			Personal commitment	37	51.4
Emotional decoding	24	15.4	Emotion recognition	9	37.5
			Empathy (boosting)	15	62.5
Cognitive abilities	35	22.4	Cognitive flexibility	12	34.3
			Managing thoughts	23	65.7

(Continued)

**Table 2.** (Continued)

Core categories and categories	<i>k</i>	%	Codes	<i>k</i>	%
Daily problem-solving	25	16	Coping with problems	13	52
			Decision making	8	32
			Time management	4	16
Coping strategies	148	27.8			
Managing emotions	39	26.4	Dealing with emotions	18	46.1
			Jealousy (management)	12	30.8
			Stress/anxiety (management)	9	23
Self-control	98	66.2	Impulsivity (management)	37	37.8
			Anger (management)	56	57.1
			Frustration tolerance	5	5.1
Substance abuse	11	7.4	Substance abuse	11	100
Motivation to change	17	3.2			
Responsibility assumption	11	64.7	Responsibility assumption	11	100
Commitment with IPV intervention	6	35.3	Relapse prevention	4	66.7
			Program completion	2	33.3

relationships" ( $k=12$ ; 15.8%), and "seeking intimate social support" ( $k=7$ ; 9.3%). An example of "improving intimate partner relationships" code was "Be more careful and organized in things around the house so that my partner does not get upset and to avoid anger" (P023B). "Improving other social relationships" code included affirmations such as "Improve the relationships I already have to feel more supported and feel better" (P102). Regarding the "improving relationships with children" code, there were identified statements such as "I would like to be for my son someone similar to what my father has been for me. To be an example for him, a guide" (P210). Concerning the "improving family relationships" code, there were identified statements such as "I would like to treat my mother better, my relationship with her would be better" (P202). The last code in the category, "seeking intimate social support," was tagged in statements such as "I am looking for someone to talk about my problems and what is happening to me" (P205).

Two codes were included in "interpersonal conflict solving" category: "conflict resolution in other social relationships" ( $k=32$ ; 72.7%), and "conflict resolution in



intimate partner relationships” ( $k=12$ ; 27.3%). Within the “conflict resolution in other social relationships” code, there were found declarations such as “I would like to be calmer and know how to act in tense situations so as not to have problems” (P207). “Conflict resolution in intimate partner relationships” included affirmations such as “Learning to discuss without shouting to better manage a relationship as a couple” (P174).

### *Personal Resources for Daily Life*

This core category represented those internal aspects of the individual that help him to face everyday challenges and achieve his objectives. It was identified in 156 self-determined goals (29.3%). “Personal resources for daily life” included four categories: “personal wellbeing” ( $k=72$ ; 46.2%), “cognitive abilities” ( $k=35$ ; 22.4%), “daily problem-solving” ( $k=25$ ; 16%), and “emotional decoding” ( $k=24$ ; 15.4%).

In “personal wellbeing” category, three codes were identified: “personal commitment” ( $k=37$ ; 51.4%), “self-esteem” ( $k=18$ ; 25%), and “self-confidence” ( $k=17$ ; 23.6%). A statement of the “personal commitment” code was “I would be more focused on myself. I would be more cheerful, relaxed and taking care of myself” (P076). “Self-esteem” codes included affirmations such as “I would love to feel happier and better about myself” (P025). Finally, we tagged the “self-confidence” code in elements like “I would be able to solve any situation by myself, I would gain in safety and security” (P201).

Two codes were included in “cognitive abilities” category: “managing thoughts” ( $k=23$ , 65.7%) and “cognitive flexibility” ( $k=12$ , 34.3%). An example of the “managing thoughts” code was “To be aware of my thoughts and be able to criticize them when I believe they are not rational because thinking in this way only causes me discomfort” (P051). Concerning the “cognitive flexibility” code, there were identified statements such as “Being more flexible, respecting opinions contrary to my ideas” (P004).

In “daily problem-solving” category, three codes were identified: “coping with problems” ( $k=13$ , 52%), “decision making” ( $k=8$ , 32%), and “time management” ( $k=4$ , 16%). Within the “coping with problems” code, there were tagged statements such as “Learn to be calmer when faced with a problem and see things in a different way to solve them” (P103). “Improving decision making” code was identified in declarations such as: “Be more active in decision making so as not to be fragile when approaching problems” (P183). Regarding the “time management” code, there were identified statements such as “To organize my time better” (P069).

There were two codes in “emotional decoding” category: “boosting empathy” ( $k=15$ ; 62.5%) and “emotion recognition” ( $k=9$ ; 37.5%). It was identified as the “boosting empathy” code statements such as “I would like to behave more humanely with others, as I would like to be treated” (P124). An affirmation of “emotion recognition” was “being able to understand what makes me feel this way and use it to improve my behavior” (P071).

## *Coping Strategies*

Coping strategies have been conceptualized as the behaviors and internal processes that a person carries out to successfully deal with particularly stressful and difficult situations. This core category was identified in 148 self-determined goals (27.8%). “Coping strategies” included three categories: “self-control” ( $k=98$ ; 66.2%), “managing emotions” ( $k=39$ ; 26.4%), and “substance abuse” ( $k=11$ ; 7.4%).

In “self-control” category, three codes were identified: “anger management” ( $k=56$ , 57.1%), “impulsivity management” ( $k=37$ , 37.8%), and “frustration tolerance” ( $k=5$ , 5.1%). An example of the “anger management” code was “In stressful situations, I want to remain calm and be able to control the situation without becoming violent” (P160). Concerning the “impulsivity management” category, there were identified statements such as “Learn to control my nerves so as not to get into trouble” (P165). The “frustration tolerance” code was tagged in statements such as: “Learning to control myself in moments when something does not go well so as not to lose people I love” (P153).

Three codes were identified in “managing emotions” category: “dealing with emotions” ( $k=18$ , 46.1%), “jealousy management” ( $k=12$ , 30.8%), and “stress/anxiety management” ( $k=9$ , 23.1%). A statement of the “dealing with emotions” code was “Learning to manage difficult emotions” (P071). It was identified the “jealousy management” code in statements such as “To stop checking my cell phone to know where my partner is, with whom, what she is doing and who she is talking to, to be at ease with myself and to have confidence in her” (P175). An affirmation of “stress/anxiety management” was “Learn to control anxiety to improve my health and feel better in general” (P203).

“Substance abuse” category presented a single code. “Substance abuse” code was identified in declarations such as “I want to stop using cocaine to be healthier and better with my community” (P132).

## *Motivation to Change*

This core category was defined as becoming aware of their maladaptive or violent behavior and attitudes, and the desire to modify them. This core category was tagged in 17 self-determined goals (3.2%). “Motivation to change” includes two categories: “responsibility assumption” ( $k=11$ ; 64.7%) and “commitment with IPV intervention” ( $k=6$ ; 35.3%).

“Responsibility assumption” category presented a single code. An example of the “responsibility assumption” code was “Face the consequences of my actions” (P222).

In “commitment with IPV intervention” two codes were identified: “relapse prevention” ( $k=4$ , 66.7%) and “program completion” ( $k=2$ , 33.3%). Within the “relapse prevention” code there were tagged statements such as “I do not want to have contact with my ex-partner until the restraining order ends” (P191). Regarding the “program completion” code, there were identified sentences such as “I do not wish to return to the intervention because I want to improve as a person” (P101A).

## Discussion

The objective of this study was to analyze and categorize the self-determined goals of male participants attending an intervention program for IPV perpetrators. For this purpose, a qualitative and inductive research approach was used. Findings based on a thematic analysis of the information gathered yielded three levels of analysis: 4 core categories, 12 categories, and 35 codes. The four core categories of perpetrators' self-determined goals revealed were defined as "interpersonal relationships," "personal resources for daily life," "coping strategies," and "motivation to change."

Codes referring to "interpersonal relationships" were grouped into three categories, of which the category on "communication skills" stood out as the one with the highest representation. The most important codes were "improving intimate partner relationships" in the category of "social relationships," "conflict resolution in other social relationships" in "interpersonal conflict solving," and "communication with others" in "communication skills." The second core category derived from this study was "personal resources for daily life." Of the four categories that emerged, the one with the highest weight was "personal well-being." Codes with the highest representation within each of these categories were "personal commitment" in the category of "personal well-being," "boosting empathy in "emotional decoding," "managing thoughts" in "cognitive abilities," and "coping with problems" in "daily problem solving." As for the third core category, "coping strategies," there were also three categories into which codes were grouped, of which "self-control" proved to be the most relevant. Within each of these categories, the most represented codes were "dealing with emotions" in the category of "managing emotions" and "anger management" in "self-control." "Substance abuse" was the only code identified in its category. With regard to the last core category, "motivation to change," "responsibility assumption" was the most relevant category of the two that were defined. "Responsibility assumption" was the only code identified in its category and "relapse prevention" was the most relevant code in the category of "commitment with IPV intervention." Overall, of all self-determined goals analyzed, the most relevant core category was "interpersonal relationships." "Self-control" and "communication skills" were the most salient categories and the code with the highest representation was "anger management."

The resulting categorization system has some similarities with other existing models proposed by Bolton et al. (2016), Lee et al. (2014), and Curwood et al. (2011). Firstly, all studies have identified a core category referring to the improvement of personal relationships, which included intimate partner and family relationships, as well as social relationships in general. Furthermore, and similar to the presentation of this study's core category "interpersonal relationships," Lee et al. (2014) proposed a category on "conflict management" for these self-determined goals. It is also worth mentioning, with regard to "interpersonal relationships," that its category "communication skills," which was one of the most prominent in this study, was also the most frequent category in Bolton et al. (2016). Likewise, the category on "personal resources for everyday life" in this study contemplated similar aspects to those presented in the category on "personal growth" proposed by Bolton et al. (2016), in the "self-focused

attitudinal changes” and “skills development” self-determined goals identified by Lee et al. (2014), and in the “external” self-determined goals considered by Curwood et al. (2011). In addition to this, some of the key aspects that stood out in all three studies, such as empathy, self-control, stress and anger management, taking time to think before reacting or being more patient, were also included in the “coping strategies” category of the present study. Finally, it should be noted that this study was the only one to consider the category of “motivation to change,” which included goals strictly related to the intervention program and the responsibility attribution as regards the offense committed.

The fact that different studies have reached similar conclusions about what the main self-determined goals of perpetrators of IPV are, may be related to the common circumstances in which this kind of violence occurs. It would make sense that perpetrators’ self-determined goals would be connected to the factors that may have led them to commit IPV in the first place. Capaldi et al. (2012) have identified negative emotions, jealousy, relationship discord, hostile cognitions, alcohol and drug abuse, and exposure to life stress as some of the factors that increase the risk of IPV. These factors seem to have some correspondence to the self-determined goals derived from this and other studies. For example, the core category of “coping strategies,” which includes codes such as “emotion management,” “jealousy management,” and “stress/anxiety management,” and a category of “substance abuse” may be reflecting perpetrators’ need to cope with factors such as negative emotions, jealousy, stress, and alcohol and drug abuse, which may precipitate the occurrence of IPV. Similarly, the categories of “conflict resolution in intimate partner relationships” and “improving intimate partner relationships” appear to be related to the relationship discord factor. Finally, the category of “cognitive abilities” could also be associated with the factor of hostile cognition.

This study has both strengths and limitations. The qualitative nature of the study provides richness when analyzing the phenomenon studied in depth, which is one of the study’s strengths. Another main strength of this study is the sample size, being one of the largest to date in a study of these characteristics. Along with this, this article is the first to consider a European sample, adding evidence to the American studies and helping to generalize their results. However, this study also has several limitations, some of which are precisely related to the generalizability of the results due to the qualitative nature of the study and the sampling procedure (i.e., convenience sampling). The sample was mostly composed of Spanish men, which limits its heterogeneity. It should be noted that IPV is not widely condoned among the Spanish population as reported by the Eurobarometer 449 (European Commission, 2017), and Spain has a distinguished history of challenging this type of violence (Castro et al., 2022; European Institute for Gender Equality, 2013), so the generalizability of the findings to other contexts should be made with caution. Finally, a limitation related to data collection refers to the difficulties often encountered in interpreting participants’ interview responses, as these were not collected by the study researchers, so there was no opportunity to clarify or specify ambiguous answers.

More research is needed to evaluate the association between goal identification or categorization and treatment outcomes. Future research should explore the actual relationship between working on identified self-determined goals during the intervention and the mitigation of factors that increase the risk of recidivism. For instance, it would be interesting to determine whether participants whose self-determined goal was related to anger management, in contrast to those who set other self-determined goals, improved to a greater extent their ability to regulate and express their anger in an assertive and non-violent manner after treatment. Further research could also provide information on which specific self-determined goals categories are set by high-risk IPV perpetrators, such as those with alcohol and other drug abuse problems, which could help to reinforce their progress and reduce their risk of recidivism. Advancing knowledge as regards how goals identification and goals categories are related to treatment outcomes in IPV perpetrators could guide professionals to encourage participants to co-construct self-determined goals, adapt the intervention to participants' specific needs, and implement strategies to strengthen goals achievement.

This study allows us to formulate some recommendations for IPV intervention programs. Working specifically on identified self-determined goals' categories may be relevant to improve participants' treatment outcomes, as intervention targets would be in alignment with their personal values and adapted to their own needs, leading to meaningful life choices that are incompatible with re-offending, according to strengths-based approaches such as the Good Lives Model (Langlands et al., 2009; Ward, 2002). Thus, intervention programs for IPV perpetrators could integrate specific strategies in line with identified self-determined goals. For example, to strengthen the most salient core category, "interpersonal relationships," focusing on relationship-building skills has proven effective in interventions for IPV perpetrators (Catalá-Miñana et al., 2017; Lila et al., 2013). Particularly, activities that provide information and model examples of healthy relationships can be helpful in "improving intimate partner relationships" for those participants who set this self-determined goal (Boal & Mankowski, 2014). Communication skills, which was a relevant category of self-determined goals for IPV perpetrators, could be improved by providing psychoeducational information on assertiveness and communication and by practicing through role-playings with peers during group sessions (Babcock et al., 2016). "Interpersonal conflict solving" could be worked through problem-solving training, which could strengthen IPV perpetrators' ability to choose positive strategies for dealing with daily life situations alternative to violence (Eckhardt et al., 2013). Further, facilitators could plan activities to do outside the sessions to practice active listening for those whose goal is associated with improving their "social relationships" (Birkley & Eckhardt, 2015). To improve in the core category "personal resources for daily life," change strategies could be reinforced throughout the intervention to develop empathy and emotion recognition skills in intimate relationships (Romero-Martínez et al., 2019). For those participants who set self-determined goals in the category of "personal well-being" it could be helpful to give a grounding in the universal human needs and individuals' responsibility to meet them without perpetrating violence or disrespecting peoples' boundaries (Babcock et al., 2016; Lila et al., 2012). To improve in "managing thoughts," cognitive distortions that

sustain anger thoughts and impair responsibility-taking could be registered at home, shared during group sessions and monitored by facilitators (Pornari et al., 2013). The code of “personal commitment” could be reinforced by integrating practices from acceptance and commitment theory, such as guiding perpetrators to make choices in service of their freely chosen values (Zarling et al., 2015; Zarling & Russell, 2022). With regards to “coping strategies,” stress-reduction components such as relaxation and meditation exercises have proven effective in improving self-control in IPV perpetrators (Babcock et al., 2004; Cannon et al., 2016). Anger management techniques such as time-out could be practiced at home and monitored through feedback in group sessions specifically for those perpetrators whose self-determined goal is related to improving their anger problems (Lila et al., 2019; Maiuro & Eberle, 2008). For those participants with alcohol and/or drug use problems, motivational treatment plans that address their identified risk factors beyond substance use (e.g., high levels of impulsivity and borderline personality disorder) could help to target their specific treatment needs more sensitively and responsively (Expósito-Álvarez et al., 2021; Romero-Martínez et al., 2022). With regards to the core category “motivation to change,” action-oriented behavioral techniques and motivational strategies could be helpful to enhance motivation and resolve ambivalence about change in these participants (Eckhardt et al., 2013). For those participants who set a self-determined goal of relapse prevention, IPV dynamics that exacerbate conflict could be explained while showing empathetic and non-violent alternative behaviors (Romero-Martínez et al., 2019). Hence, identifying the most relevant self-determined goals could help high-risk participants to progress in their main areas of improvement (Expósito-Álvarez et al., 2021).

Not only do self-determined goals seem to be connected to IPV risk factors, but they also appear to have a link with key predictors of recidivism. Lila et al. (2019) found that program dropout, risk of future violence against non-partners, accumulation of stressful life events, and trait anger are among the predictors of IPV recidivism. Working on some of the self-determined goals specifically could help to reduce the risk of recidivism, as some of these self-determined goals seem to be related to the key predictors of recidivism. For instance, goals included in the core category of “motivation to change,” such as “commitment with IPV intervention,” could be a relevant objective for reducing dropouts, since one of its codes is, in fact, “program completion.” “Coping strategies” is another core category that might be useful working in decreasing the impact of predictors of recidivism. In particular, this core category includes codes such as “anger management” and “stress/anxiety management,” which could have some correspondence to the trait anger and stressful life events predictors, respectively. As for the risk of future violence against non-partners, directing efforts toward self-determined goals like “interpersonal conflict solving,” within the “interpersonal relationships” core category, or “self-control,” considered inside the “coping strategies” core category, could be effective in reducing this risk.

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## References

- Babcock, J., Armenti, N., Cannon, C., Lauve-Moon, K., Buttell, F., Ferreira, R., Cantos, A., Hamel, J., Kelly, D., Jordan, C., Lehmann, P., Leisring, P. A., Murphy, C., O'Leary, K. D., Bannon, S., Salis, K. L., & Solano, I. (2016). Domestic violence perpetrator programs: A proposal for evidence-based standards in the United States. *Partner Abuse, 7*(4), 355–460. <https://doi.org/10.1891/1946-6560.7.4.355>
- Babcock, J. C., Green, C. E., & Robie, C. (2004). Does batterers' treatment work? A meta-analytic review of domestic violence treatment. *Clinical Psychology Review, 23*(8), 1023–1053. <https://doi.org/10.1016/j.cpr.2002.07.001>
- Birkley, E. L., & Eckhardt, C. I. (2015). Anger, hostility, internalizing negative emotions, and intimate partner violence perpetration: A meta-analytic review. *Clinical Psychology Review, 37*, 40–56. <https://doi.org/10.1016/j.cpr.2015.01.002>
- Boal, A. L., & Mankowski, E. S. (2014). The impact of legislative standards on batterer intervention program practices and characteristics. *American Journal of Community Psychology, 53*, 218–230. <https://doi.org/10.1007/s10464-014-9637-3>
- Bolton, K. W., Lehmann, P., Jordan, C., Frank, L., & Moore, B. (2016). Self-determined goals in solution-focused batterer intervention program: Application for building client strengths and solutions. *Journal of Human Behavior in the Social Environment, 26*(6), 541–548. <https://doi.org/10.1080/10911359.2016.1172996>
- Bowen, E., Walker, K., & Holdsworth, E. (2018). Applying a strengths-based psychoeducational model of rehabilitation to the treatment of intimate partner violence: Program theory and logic model. *International Journal of Offender Therapy and Comparative Criminology, 63*(3), 500–517. <https://doi.org/10.1177/0306624X18798223>
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health, 11*(4), 589–597. <https://doi.org/10.1080/2159676X.2019.1628806>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Cannon, C., Hamel, J., Buttell, F., & Ferreira, R. J. (2016). A survey of domestic violence perpetrator programs in the United States and Canada: Findings and implications for policy intervention. *Partner Abuse, 7*(3), 226–276. <http://dx.doi.org/10.1891/1946-6560.7.3.226>

- Capaldi, D. M., Knoble, N. B., Shortt, J. W., & Kim, H. K. (2012). A systematic review of risk factors for intimate partner violence. *Partner Abuse, 3*, 231–280. <http://dx.doi.org/10.1891/1946-6560.3.2.231>
- Castro, A., Lila, M., Gracia, E., & Wemrell, M. (2022). Professionals' views on the comparatively low prevalence of intimate partner violence against women in Spain. *Violence Against Women, 28*(6–7), 1565–1586. <https://doi.org/10.1177/10778012211021106>
- Catalá-Miñana, A., Lila, M., Oliver, A., Vivo, J. M., Galiana, L., & Gracia, E. (2017). Contextual factors related to alcohol abuse among intimate partner violence offenders. *Substance Use & Misuse, 52*(3), 294–302. <https://doi.org/10.1080/10826084.2016.1225097>
- Crane, C. A., & Eckhardt, C. I. (2013). Evaluation of a single-session brief motivational enhancement intervention for partner abusive men. *Journal of Counseling Psychology, 60*, 180–187. <http://dx.doi.org/10.1037/a0032178>
- Curwood, S. E., DeGeer, I., Hymmen, P., & Lehmann, P. (2011). Using strength-based approaches to explore pretreatment change in men who abuse their partners. *Journal of Interpersonal Violence, 26*(13), 2698–2715. <https://doi.org/10.1177/0886260510388283>
- Deci, E. L., & Ryan, R. M. (2000). The “what” and “why” of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry, 11*, 227–268. [https://doi.org/10.1207/S15327965PLI1104\\_01](https://doi.org/10.1207/S15327965PLI1104_01)
- De Shazer, S., & Berg, I. K. (1997). “What works?” Remarks on research aspects of solution-focused brief therapy. *Journal of Family Therapy, 19*, 121–124. <https://doi.org/10.1111/1467-6427.00043>
- 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*, 196–231. <https://doi.org/10.1891/1946-6560.4.2.196>
- European Commission. (2017). *Special Eurobarometer 449: Gender-based violence*. Publications Office of the European Union. <https://data.europa.eu/doi/10.2838/009088>
- European Institute for Gender Equality. (2013). *The European Institute for gender equality. Annual Report 2012*. Publications Office of the European Union. <https://doi.org/10.2839/64563>
- Expósito-Álvarez, C., Lila, M., Gracia, E., & Martín-Fernández, M. (2021). Risk factors and treatment needs of batterer intervention program participants with substance abuse problems. *The European Journal of Psychology Applied to Legal Context, 13*(2), 87–97. <https://doi.org/10.5093/ejpalc2021a9>
- Jewell, L. M., & Wormith, J. S. (2010). Variables associated with attrition from domestic violence treatment programs targeting male batterers: A meta-analysis. *Criminal Justice and Behavior, 37*, 1086–1113. <https://doi.org/10.1177/0093854810376815>
- Langlands, R. L., Ward, T., & Gilchrist, E. (2009). Applying the good lives model to male perpetrators of domestic violence. *Behaviour Change, 26*, 113–129. <http://dx.doi.org/10.1375/bech.26.2.113>
- Lee, M. Y., Sebold, J., & Uken, A. (2003). *Solution-focused treatment with domestic violence offenders: Accountability for change*. Oxford University Press.
- Lee, M. Y., Uken, A., & Sebold, J. (2007). Role of self-determined goals in predicting recidivism in domestic violence offenders. *Research on Social Work Practice, 85*, 463–476. <https://doi.org/10.1177/1049731506294375>
- Lee, M. Y., Uken, A., & Sebold, J. (2014). Self-determined goals and treatment of domestic violence offenders: What if we leave it up to them? *Partner Abuse, 5*(3), 239–258. <http://doi.org/10.1891/1946-6560.5.3.239>



- Lila, M., Gracia, E., & Catalá-Miñana, A. (2018). Individualized motivational plans in batterer intervention programs: A randomized clinical trial. *Journal of Consulting and Clinical Psychology, 86*(4), 309–320. <https://doi.org/10.1037/ccp0000291>
- Lila, M., Gracia, E., & Herrero, J. (2012). Responsibility assumption among male batterers: Self-esteem, narcissistic and antisocial personality influence. *Revista Latinoamericana de Psicología, 44*(2), 99–108.
- Lila, M., Gracia, E., & Murgui, S. (2013). Psychological adjustment and victim-blaming among intimate partner violence offenders: The role of social support and stressful life events. *The European Journal of Psychology Applied to Legal Context, 5*(2), 147–153. <https://dx.doi.org/10.5093/ejpalc2013a4>
- Lila, M., Martín-Fernández, M., Gracia, E., López-Ossorio, J. J., & González, J. L. (2019). Identifying key predictors of recidivism among offenders attending a batterer intervention program: A survival analysis. *Psychosocial Intervention, 28*(3), 157–167. <https://doi.org/10.5093/pi2019a19>
- Lila, M., Oliver, A., Catalá-Miñana, A., Galiana, L., & Gracia, E. (2014). The intimate partner violence responsibility attribution scale (IPVRAS). *European Journal of Psychology Applied to Legal Context, 6*(1), 29–36. <https://doi.org/10.5093/ejpalc2014a4>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. SAGE Publications.
- Maiuro, R. D., & Eberle, J. A. (2008). State standards for domestic violence perpetrator treatment: Current status, trends, and recommendations. *Violence and Victims, 23*(2), 133–155. <http://dx.doi.org/10.1891/0886-6708.23.2.133>
- Martín-Fernández, M., Gracia, E., & Lila, M. (2018). Assessing victim-blaming attitudes in cases of intimate partner violence against women: Development and validation of the VB-IPVAW scale. *Psychosocial Intervention, 27*(3), 133–143. <https://doi.org/10.5093/pi2018a18>
- Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change*. Guilford.
- Murphy, C. M., & Meis, L. A. (2008). Individual treatment of intimate partner violence perpetrators. *Violence and Victims, 23*(2), 173–186. <http://dx.doi.org/10.1891/0886-6708.23.2.173>
- Musser, P. H., Semiatin, J. N., Taft, C. T., & Murphy, C. M. (2008). Motivational interviewing as a pregroup intervention for partner-violent men. *Violence and Victims, 23*, 539–557. <http://dx.doi.org/10.1891/0886-6708.23.5.539>
- Olver, M. E., Stockdale, K. C., & Wormith, J. S. (2011). A meta-analysis of predictors of offender treatment attrition and its relationship to recidivism. *Journal of Consulting and Clinical Psychology, 79*, 6–21. <http://dx.doi.org/10.1037/a0022200>
- Pornari, C. D., Dixon, L., & Humphreys, G. W. (2013). Systematically identifying implicit theories in male and female intimate partner violence perpetrators. *Aggression and Violent Behavior, 18*(5), 496–505. <https://doi.org/10.1016/j.avb.2013.07.005>
- Prochaska, J. O., & DiClemente, C. C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research and Practice, 19*, 276–288. <https://doi.org/10.1037/h0088437>
- Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist, 47*, 1102–1114. <https://doi.org/10.1037//0003-066x.47.9.1102>
- Romero-Martínez, Á., Lila, M., Gracia, E., & Moya-Albiol, L. (2019). Improving empathy with motivational strategies in batterer intervention programmes: Results of a randomized

- controlled trial. *British Journal of Clinical Psychology*, 58, 125–139. <https://doi.org/10.1111/bjc.12204>
- Romero-Martínez, Á., Lila, M., Sarrate-Costa, C., Comes-Fayos, J., & Moya-Albiol, L. (2022). Neuropsychological performance, substance misuse, and recidivism in intimate partner violence perpetrators. *Psychosocial Intervention*. Advance online publication. <https://doi.org/10.5093/pi2022a7>
- Ryan, T. A. (1970). *Intentional behavior*. Ronald Press.
- 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>
- Santirso, F. A., Lila, M., & Gracia, E. (2020). Motivational strategies, working alliance, and protherapeutic behaviors in batterer intervention programs: A randomized controlled trial. *European Journal of Psychology Applied to Legal Context*, 12(2), 77–84. <https://doi.org/10.5093/ejpalc2020a7>
- Stewart, L. A., & Slavin-Stewart, C. (2013). Applying effective corrections principles (RNR) to partner abuse interventions. *Partner Abuse*, 4(4), 494–534. <https://doi.org/10.1891/1946-6560.4.4.494>
- Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing & Health Sciences*, 15(3), 398–405. <https://doi.org/10.1111/nhs.12048>
- Ward, T. (2002). Good lives and the rehabilitation of offenders: Promises and problems. *Aggression and Violent Behavior*, 7, 513–528. [http://dx.doi.org/10.1016/S1359-1789\(01\)00076-3](http://dx.doi.org/10.1016/S1359-1789(01)00076-3)
- Wilson, D. B., Feder, L., & Olaghere, A. (2021). Court-mandated interventions for individuals convicted of domestic violence: An updated Campbell systematic review. *Campbell Systematic Reviews*, 17(1), e1151. <https://doi.org/10.1002/cl2.1151>
- World Health Organization. (2021). *Violence against women prevalence estimates, 2018. Global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women*. World Health Organization on behalf of the United Nations Inter-Agency Working Group on Violence Against Women Estimation and Data (UNICEF, UNFPA, UNODC, UNSD, UNWomen). <https://apps.who.int/iris/bitstream/handle/10665/341338/9789240026681-eng.pdf?sequence=1&isAllowed=y>
- Zarling, A., & Russell, D. (2022). A randomized clinical trial of acceptance and commitment therapy and the Duluth Model classes for men court-mandated to a domestic violence program. *Journal of Consulting and Clinical Psychology*, 90(4), 326. <https://doi.org/10.1037/ccp0000722>
- Zarling, A., Lawrence, E., & Marchman, J. (2015). A randomized controlled trial of acceptance and commitment therapy for aggressive behavior. *Journal of Consulting and Clinical Psychology*, 83(1), 199–212. <https://doi.org/10.1037/a0037946>