

Effectiveness of a treatment programme for immigrants who committed gender-based violence against their partners

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Abstract

Background: In recent years, the number of immigrant perpetrators who attend treatment programmes for partner violence has increased. In this study, the effectiveness of a psychological treatment programme for immigrant men who have committed a gender-based violent crime was evaluated. **Methods:** The sample was composed of 300 individuals (150 immigrants and 150 citizens) who received treatment in the batterer intervention programme developed in Pamplona (Navarra). A two-group design was used (immigrants and citizens) with multiple, repeated evaluations (pre-treatment, post-treatment, and 12-month follow-up). **Results:** Results showed the usefulness of the programme, with no statistically significant differences in the success and improvement rates observed between the immigrant and citizen patient groups. Post-treatment success rate was 34.6% both in the immigrant group and the citizen group. The improvement rate was 51.3% in both groups. Results at 12-month follow up were nearly the same. The combined rate of success and improvement was 87.3% among immigrants and 86.6% among citizens. In addition, the associated psychopathologic symptoms exhibited significant improvement. **Conclusions:** The tested programme was shown to be effective in the treatment of immigrant batterers.

Keywords: partner violence, male abusers, immigrants, treatment.

Resumen

Efectividad de un programa de tratamiento con inmigrantes que ejercen violencia de género contra la pareja. Antecedentes: en este artículo se evalúa la efectividad de un programa de tratamiento psicológico para hombres inmigrantes que han cometido un delito de violencia de género. **Método:** se contó con una muestra de 300 sujetos (150 inmigrantes y 150 nacionales), que recibieron tratamiento en el programa de intervención con maltratadores que se desarrolla en Pamplona (Navarra). Se utilizó un diseño de dos grupos (inmigrantes y nacionales), con medidas de evaluación múltiples y repetidas (pretratamiento, postratamiento y seguimiento de 12 meses). **Resultados:** los resultados mostraron la utilidad del programa, sin que hubiera diferencias estadísticamente significativas en la tasa de éxito y de mejoría de los pacientes inmigrantes y nacionales. La tasa de éxito en el postratamiento fue del 34,6% tanto en el grupo de inmigrantes como en el grupo de nacionales. La tasa de mejoría fue del 51,3% también en ambos grupos. Los resultados a los 12 meses de seguimiento fueron prácticamente iguales. La tasa combinada de éxito y mejoría fue del 87,3% entre los inmigrantes y del 86,6% entre los nacionales. Además, se produjo una mejoría significativa en la sintomatología psicopatológica asociada. **Conclusiones:** el programa puesto a prueba mostró su eficacia en el tratamiento de maltratadores inmigrantes.

Palabras clave: violencia contra la pareja, hombres maltratadores, inmigrantes, tratamiento.

With the publication of the Comprehensive Protection Measures Against Gender-based Violence Act in 2004, an important change has been observed in the nationality demographics of perpetrators receiving treatment after having committed gender-based violent crimes. Specifically, the number of immigrants in treatment has substantially increased, primarily in those programmes developed for perpetrators who have had their sentences suspended in return for undergoing an intervention programme (Fernández-Montalvo, Echauri, Martínez, & Azcarate, 2011).

The increased number of immigrants in batterer treatment programmes is a relatively new phenomenon. Studies based on

accusations of gender-based violence (Echeburúa, Fernández-Montalvo, & Corral, 2008) and studies occurring in clinical populations (Boira & Jodrá, 2010) or with sentenced perpetrators (Fernández-Montalvo et al., 2011; Redondo, Graña, & González, 2009) demonstrate a significant increase in the fraction of immigrants among the treated population, which greatly exceeds that of the general immigrant population in Spain (currently approximately 12%). For example, 28.4% of all subjects accused of gender-based violence in the Basque Country between October 2005 and August 2006 were immigrants (Echeburúa et al., 2008). In 2009, 45.7% of the perpetrators who received treatment as an alternative to prison time in the community of Madrid were from other countries (Redondo et al., 2009). Between 2005 and 2010, 51% of the perpetrators treated in Navarre were immigrants (Fernández-Montalvo et al., 2011). This tendency was observed in existing intervention programmes in Spain (Boira & Jodrá, 2010).

Despite this finding, notably little research has focused on immigrant perpetrators who commit gender-based violent crimes.

The only published study in Spain demonstrates the existence of important sociodemographic factors and differences in abuse between citizen and immigrant perpetrators but finds few differences in their psychopathological characteristics (Fernández-Montalvo et al., 2011). In general, these differences are primarily sociocultural in origin and are often related to differences in how women are viewed, how violence is used as a means of solving problems or how the relationship itself is perceived.

Some international studies attempted to evaluate the existing relationship between the immigrant condition and the perpetration of partner violence (Erez, Adelman, & Gregory, 2009; Gupta et al., 2010). Currently, however, the data remain inconclusive. In addition, as expressed by some authors (Salaberría, Corral, Sánchez, & Larrea, 2008), an important problem exists with the tools used to evaluate immigrant patients, given that to a great extent they are not adapted to or validated for this population. However, with immigrants comprising more than 50% of the cases in certain treatment programmes, it is urgent to measure the efficacy of the currently developed treatments for perpetrators from other countries. In this sense, it must not be forgotten that since the publication in Spain of the Comprehensive Protection Measures Against Gender-based Violence Act, 2004, many public resources have been devoted to the development of specific therapeutic programmes as an alternative to prison sentencing (Rueda, 2007).

For these reasons, the goal of this study is to evaluate the effectiveness of the treatment of immigrant perpetrators in an intervention programme developed in Navarre for men who have committed gender-based violence against their partners. This topic has great relevance and novelty, given the high number of immigrants in existing treatment programmes.

Method

Participants

The study sample is composed of 300 men (150 Spanish citizens and 150 immigrants) who participated in the therapeutic programme for male perpetrators developed in Navarre. This programme is an intervention programme for violent men that has been in operation since 2005. The programme was developed by the PSIMAE Instituto de Psicología Jurídica y Forense (Institute of Juridic and Forensic Psychology) and is directed by the Servicio Social de Justicia (Justice Social Service) of the Navarre government. All of the patients in this study were treated between January 2005 and June 2011.

The perpetrators entered the programme in three ways: a) voluntarily agreeing to receive outpatient treatment (n= 22); b) being sentenced to serve prison time and attending treatment voluntarily (n= 51); and c) attending treatment as an alternative to the sentence imposed by the judge (suspension of sentence) (n= 227).

The following admission criteria were used to select the sample: the perpetrator must a) be an adult male (older than 18 years); b) have committed some type of physical or psychological abuse against his partner; c) have no history of serious mental disorders nor disabling physical disease; and d) participate voluntarily in the study after being adequately informed about the study.

The mean age of the participants was 37.5 (*SD*= 9.3; *range*= 20-71) (Table 1). The majority of the participants were married or lived together and had received elementary education. The socioeconomic status of the participants ranged from middle to middle-low.

<i>Table 1</i> Socio-demographic characteristics of the sample (N= 300)	
X (DT)	
Mean age	37.50 (9.33)
Length of relationship with the victim (years)	8.64 (7.71)
n (%)	
Age	
18-30	72 (24%)
31-50	202 (67.3%)
51-65	23 (7.7%)
>65	3 (1.0%)
Nationality	
Spanish	150 (50%)
Immigrant	150 (50%)
South America	230 (76.6%)
Africa	34 (11.3%)
Europe	32 (16.6%)
Asia	4 (1.3%)
Education	
Primary	177 (59%)
Secondary	110 (36.6%)
University	13 (4.3%)
Employment situation	
Employed	180 (60%)
Unemployed	109 (36.3%)
Retired	11 (3.7%)
Children	
Yes	195 (65%)
No	105 (35%)
Previous psychiatric history	
Yes	126 (42%)
No	174 (58%)
Type of psychiatric history (n= 126)	
Addiction	88 (69.8%)
Emotional disorder	27 (21.4%)
Personality disorder	11 (3.7%)

Instruments

The General Structured Interview of Batterer Men (Echeburúa & Fernández-Montalvo, 1998) consists of five sections that collect data on the respondent's demographic characteristics, potential labour problems, child and adolescent development, potential problems of abuse in previous intimate partner relationships and the current situation with their partners, health status, criminal record and social relations. It also explores psychopathological variables that are usually related to family violence (mainly, jealousy and abuse of alcohol).

The Symptom Checklist-90-Revised (SCL-90-R) (Derogatis, 1992; Spanish version by González de Rivera, 2002) is a self-administered general psychopathological assessment questionnaire. It consists of 90 questions that are answered on a 5-point Likert-type scale, ranging from 0 (*none*) to 4 (*very much*). The questionnaire aims to assess the respondent's psychiatric symptoms. The SCL-90-R has been shown to be sensitive to therapeutic changes and may therefore be used for either single or repeated assessments. The SCL-90-R measures 9 areas of primary symptoms: somatisation, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid

ideation and psychoticism. It also provides three indices that reflect the overall severity of the subject's symptoms. The test-retest reliability is .70 and alpha coefficient .90.

The State-Trait Anger Expression Inventory (STAXI-2) (Spielberger, 1988; Spanish version by Miguel-Tobal, Casado, & Cano-Vindel, 2001) consists of 15 items related to state-anger (the intensity of the emotion of anger in a specific situation) and a further 10 items related to trait-anger (the individual disposition to experience anger habitually). The range of scores is from 15 to 60 on the state-anger scale and from 10 to 40 on the trait-anger scale. The alpha coefficient is .82 and .89 respectively. The STAXI-2 also has a third subscale of 24 items that are related to the form of anger expression (anger expression-out, anger expression-in, and anger control).

Procedure

This study used a prospective ex post facto design with two groups in terms of treatment and with multiple and repeated measures of assessment.

Once the clinical sample was selected using the previously described criteria, initial assessments were performed in two sessions. Each session took place once a week for two weeks, and the time interval between sessions was the same for each participant. In the first session, data related to socio-demographic characteristics and violence variables were collected. In the second session, the presence of psychopathological symptoms was assessed using the SCL-90-R and the STAXI.

The next assessments were carried out after treatment and after one year of follow-up. All assessment and treatment sessions were carried out individually by one of the programme's clinical psychologists. All professionals who participated in this study have specialised training in gender violence and a minimum of 7 years of clinical experience in treating men who are violent toward their intimate partners.

The intervention is a broad treatment programme that is based on a cognitive-behavioural model and composed of 20 one-hour individual sessions. The programme includes the modification of cognitive and behavioural deficits related to intimate partner violence. This programme is tailored to the specific features of each patient.

In the first part of the intervention (sessions 1-3), motivational aspects, such as the acceptance of responsibility for the crime and motivation for therapy, are taken into account. The second part (sessions 4-15) includes the treatment of psychopathological symptoms that are usually associated with violent men. This part focuses on empathy and skills training, anger management and the modification of cognitive distortions related to the crime. Finally, the programme includes a specific intervention in relapse prevention (sessions 16-20) by identifying high-risk situations for violent behaviour and teaching inmates adequate coping strategies that provide an alternative to violence. This structure is based on the intervention programme developed by Echeburúa and Fernández-Montalvo (1998) for treatment of men who batter. This programme was later extended and adapted for prison-based treatment of batterer men (Echeburúa & Fernández-Montalvo, 2009; Echeburúa, Fernández-Montalvo, & Amor, 2006) and for the outpatient treatment of male batterers (Echeburúa, Sarasua, Zubizarreta, & Corral, 2009).

In this research, three levels of therapeutic change were taken into account: success, improvement and failure. "Treatment

success" was defined as complete disappearance of the abuse episodes, both physical and psychological. A decrease in the associated psychopathological symptoms (mainly assessed by SCL-90-R and STAXI-2) to the standard criteria for "normality" and a clear change in the variables related to empathy, distorted thinking, resistance to change and coping strategies according to the therapeutic team's impressions were also required for the treatment to have been considered a success. "Treatment improvement" was understood as the complete disappearance of the abuse episodes without any clear change in the associated psychopathological symptoms or in the variables mentioned above. Finally, "treatment failure" was based primarily on recidivism with episodes of physical and/or psychological aggression, or on a negative evaluation from the therapeutic team indicating a poor treatment response and a resistance to changing violent behaviour on the part of the offender.

Data analysis

Descriptive analyses were conducted for all variables (mean, standard deviation, number of cases and proportions). Bivariate analyses were employed using χ^2 or t-test statistics, depending on the nature of the variables studied. To evaluate changes in continuous variables, repeated measures ANOVA was carried out using the SCL-90-R and the STAXI-2. A difference of $p < .05$ was considered significant. Statistical analyses were carried out using SPSS (version 15.0 for Windows).

Results

Success, improvement, and failure rates

The qualitative results of the intervention programme and a comparison between the two groups are presented in Table 2. The table demonstrates that the success rate and improvement rate of the entire sample were 34.6% and 51.3%, respectively. Thus, in 85.9% of the cases, treatment was effective in reducing both physically and psychologically violent behaviours. However, 14.1% of the sample patients presented episodes of partner violence at a certain point post-treatment and thus represented therapeutic failures.

The comparison between the studied groups demonstrated identical therapeutic success, improvement, and failure rates among citizen and immigrant perpetrators.

	Total sample N= 300	National n= 150	Immigrant n= 150	X ²
Post-treatment	N (%)	n (%)	n (%)	
Success	104 (34.6%)	52 (34.6%)	52 (34.6%)	
Improvement	154 (51.3%)	77 (51.3%)	77 (51.3%)	–
Failure	42 (14%)	21 (14%)	21 (14%)	
Follow-up	N (%)	n (%)	n (%)	X ²
Success	111 (37%)	58 (38.6%)	53 (35.3%)	
Improvement	150 (50%)	72 (48%)	78 (52%)	0.49
Failure	39 (13%)	20 (13.3%)	19 (12.6%)	

Table 3
Means, standard deviations, and *t* values of the psychopathological variables

STAXI-2 - Anger Expression Index	Total sample N= 300	National n= 150	Immigrant n= 150	<i>t</i>
	M (DT)	M (DT)	M (DT)	
SCL-90-R - GSI				
Pre-treatment	.61 (.53)	.60 (.54)	.62 (.52)	.26
Post-treatment	.40 (.40)	.39 (.37)	.41 (.43)	.42
Follow-up	.36 (.53)	.38 (.46)	.33 (.36)	.97
SCL-90-R - PSDI				
Pre-treatment	1.57 (.54)	1.64 (.61)	1.50 (.45)	2.24*
Post-treatment	1.33 (.45)	1.37 (.50)	1.28 (.39)	1.71
Follow-up	1.26 (.55)	1.31 (.61)	1.21 (.46)	1.58
SCL-90-R - PST				
Pre-treatment	31.1 (20.4)	29.2 (20.1)	32.8 (20.6)	1.54
Post-treatment	23.9 (18.1)	22.8 (16.2)	25.1 (19.8)	1.12
Follow-up	20.9 (18.1)	20.8 (17.9)	21.1 (18.3)	.10
SCL-90-R - Somatisation				
Pre-treatment	.59 (.61)	.60 (.63)	.58 (.60)	.31
Post-treatment	.42 (.53)	.44 (.55)	.39 (.52)	.67
Follow-up	.38 (.51)	.42 (.56)	.33 (.47)	1.41
SCL-90-R - Obsessive-compulsive				
Pre-treatment	.70 (.65)	.67 (.66)	.73 (.64)	.77
Post-treatment	.48 (.52)	.44 (.47)	.53 (.56)	1.45
Follow-up	.42 (.49)	.42 (.50)	.42 (.48)	.02
SCL-90-R - Interpersonal sensitivity				
Pre-treatment	.56 (.61)	.57 (.67)	.56 (.54)	.09
Post-treatment	.37 (.44)	.35 (.42)	.40 (.46)	.92
Follow-up	.35 (.48)	.37 (.52)	.32 (.43)	.98
SCL-90-R - Depression				
Pre-treatment	.87 (.73)	.85 (.75)	.89 (.70)	.52
Post-treatment	.57 (.55)	.54 (.51)	.59 (.59)	.82
Follow-up	.48 (.56)	.49 (.62)	.46 (.50)	.44
SCL-90-R - Anxiety				
Pre-treatment	.55 (.65)	.57 (.65)	.52 (.64)	.64
Post-treatment	.35 (.44)	.36 (.42)	.35 (.46)	.28
Follow-up	.29 (.47)	.33 (.56)	.25 (.35)	1.44
SCL-90-R - Hostility				
Pre-treatment	.39 (.57)	.39 (.60)	.38 (.54)	.05
Post-treatment	.24 (.44)	.26 (.50)	.22 (.38)	.62
Follow-up	.17 (.38)	.21 (.47)	.13 (.26)	1.93
SCL-90-R - Phobic anxiety				
Pre-treatment	.30 (.48)	.28 (.50)	.31 (.46)	.64
Post-treatment	.18 (.34)	.16 (.32)	.20 (.36)	.88
Follow-up	.18 (.40)	.17 (.44)	.19 (.35)	.24
SCL-90-R - Paranoid ideation				
Pre-treatment	.75 (.69)	.77 (.70)	.73 (.68)	.44
Post-treatment	.51 (.57)	.51 (.60)	.50 (.53)	.17
Follow-up	.45 (.54)	.47 (.59)	.43 (.49)	.68
SCL-90-R - Psychosis				
Pre-treatment	.40 (.50)	.39 (.53)	.41 (.47)	.36
Post-treatment	.24 (.38)	.22 (.35)	.26 (.40)	.91
Follow-up	.24 (.38)	.24 (.41)	.23 (.34)	.24
STAXI-2 - Anger Expression Index				
Pre-treatment	22.7 (11.2)	23.9 (11.9)	21.4 (10.3)	1.93
Post-treatment	18.8 (10.3)	19.6 (10.2)	18.1 (10.4)	1.19
Follow-up	18.3 (10.7)	19.9 (11.8)	16.6 (9.3)	1.19

* *p*<.05

Table 4
F and *t* values of the repeated-measures ANOVA (N= 300)

	National (n= 150)	Immigrant (n= 150)
SCL-90-R - GSI	<i>F</i> = 19.2***	<i>F</i> = 35.2***
Pre-Post	6.1***	6.1***
Pre -12 months	5.3***	8.4***
Post-12 months	0.4	3.1**
SCL-90-R - PSDI	<i>F</i> = 26.8***	<i>F</i> = 30.5***
Pre-Post	5.8***	6.1***
Pre -12 months	6.9***	7.2***
Post-12 months	1.4	1.9
SCL-90-R - PST	<i>F</i> = 17.6***	<i>F</i> = 38.9***
Pre-Post	5.4***	5.9***
Pre -12 months	5.7***	8.8***
Post-12 months	2.1*	3.6***
SCL-90-R - Somatisation	<i>F</i> = 9.89***	<i>F</i> = 24.7***
Pre-Post	4.1***	4.7***
Pre-12 months	4.1***	7.1***
Post -12 months	.5	1.9
SCL-90-R - Obsessive-compulsive	<i>F</i> = 18.1***	<i>F</i> = 22.6***
Pre-Post	6.1***	4.8***
Pre-12 months	4.8***	6.7***
Post -12 months	.5	3.1**
SCL-90-R - Interpersonal sensitivity	<i>F</i> = 12.1***	<i>F</i> = 17.6***
Pre-Post	4.7***	4.2***
Pre-12 months	4.1***	5.8***
Post-12 months	.6	2.1*
SCL-90-R - Depression	<i>F</i> = 20.5***	<i>F</i> = 41.1***
Pre-Post	5.9***	6.1***
Pre-12 months	5.9***	1.1
Post-12 months	1.1	3.5**
SCL-90-R - Anxiety	<i>F</i> = 12.3***	<i>F</i> = 19.5***
Pre-Post	4.6***	3.6***
Pre-12 months	4.6***	5.9***
Post-12 months	.7	3.2**
SCL-90-R - Hostility	<i>F</i> = 5.1**	<i>F</i> = 19.4***
Pre-Post	2.6**	3.9***
Pre-12 months	3.1**	6.1***
Post-12 months	1.4	3.3**
SCL-90-R - Phobic anxiety	<i>F</i> = 7.2**	<i>F</i> = 7.9**
Pre-Post	3.6***	3.3**
Pre-12 months	3.1**	3.7***
Post-12 months	.4	.3
SCL-90-R - Paranoid ideation	<i>F</i> = 15.3***	<i>F</i> = 22.6***
Pre-Post	4.6***	4.7***
Pre-12 months	5.4***	6.7***
Post-12 months	1.1	1.9
SCL-90-R - Psychosis	<i>F</i> = 9.9***	<i>F</i> = 15.2***
Pre-Post	4.4***	3.8***
Pre-12 months	3.6***	5.5***
Post -12 months	.7	1.1
STAXI-2 - Anger Expression Index	<i>F</i> = 11.4***	<i>F</i> = 15.2***
Pre-Post	4.7***	3.6***
Pre-12 months	4.1***	5.5***
Post-12 months	.5	2.1*

* *p*<.05; ** *p*<.01; *** *p*<.001

During the 12-month follow up, the joint success and improvement rate in the total sample was 87%; violent episodes occurred in the remaining 13% and thus represented therapeutic failures. Again, no differences were observed between the citizen and immigrant perpetrator groups.

Psychopathological variables

The psychopathological variables associated with various evaluation times are presented in Table 3; with the exception of the PSDI index of the SCL-90-R during pre-treatment, the two studied groups are homogeneous in all associated psychopathological variables at the three evaluation times (pre-treatment, post-treatment, and at the 12-month follow-up).

Table 4 presents the ANOVA results for repeated measurements of the psychopathological variables. Both studied treatment groups presented a statistically significant improvement in all of the variables from pre-treatment to post-treatment. In the majority of the participants, this improvement increased further in a statistically significant manner between the post-treatment and the 12-month follow-up studies.

Discussion

This study conducted the first analysis of the effectiveness of treatment for immigrant male batterers in Spain. In recent years, various evaluations of the effectiveness of treatment programmes for men who commit violence against their partner have been presented to the scientific community (Babcock, Green, & Robie, 2004; Echeburúa et al., 2006; Echeburúa et al., 2009; Feder & Wilson, 2005). Undoubtedly, the current situation has improved considerably with respect to the previous decade when these programmes were practically nonexistent, and the associated research was scarce. Fortunately, empirical data now exist that support the effectiveness of these treatment programmes in the elimination of violent behaviours against partners.

However, the presence of immigrant batterer treatment programmes has significantly expanded in recent years to the point that immigrants constitute approximately half of the treated perpetrators in certain programmes (Fernández-Montalvo et al., 2011). Despite this finding, no studies exist that analyse the effectiveness of the intervention programmes in this population. For this reason, the research presented here is important. First, the results of this study demonstrate the effectiveness of the intervention programmes developed to eliminate violent behaviours against partners. Second, in relation to the central objective of this research, similar levels of effectiveness are observed when the programme is used to treat citizen and immigrant male perpetrators; that is, there are no significant differences between the two groups. The results for the two groups are identical upon completion of the intervention, and significant differences are still absent after one year of follow-up.

These results are notably interesting, given that they present concrete data related to the effectiveness of the treatment programmes for immigrants who commit gender-based violence. In addition, these data are compared with results obtained in a group of perpetrators of Spanish citizenship. This aspect is fundamental and clearly necessary, given that the existing treatment

programmes were not developed with the immigrant population in mind; however, other authors have noted that up to 50% of the patients treated in certain programmes are immigrants (Fernández-Montalvo et al., 2011).

The success and improvement rates obtained in this study are similar to those presented by other research groups examining perpetrators in general (Echeburúa et al., 2009; Feder & Wilson, 2005). The main difference resides in the rejection rate, which is effectively nonexistent in this programme because it is primarily composed of perpetrators who applied for a sentence suspension from the courts. This aspect is important, given that rejection and withdrawal from treatment undoubtedly constitute one of the primary weak points of batterer treatment (Babcock et al., 2004; Daly & Pelowski, 2000).

Likewise, positive changes are observed in the associated symptoms. The citizen and immigrant perpetrators exhibited statistically significant improvements in all of the associated variables, and no differences between the groups were observed. This finding represents a good indicator of the long-term maintenance of the obtained results, given that the abundance of psychopathological symptoms among the perpetrators that attend treatment is similar in our study and others (Boira & Jodrá, 2010; Echaury, Fernández-Montalvo, Martínez, & Azcárate, 2011; Echeburúa & Fernández-Montalvo, 2007; Fernández-Montalvo, Echeburúa, & Amor, 2005; Fernández-Montalvo & Echeburúa, 1997, 2005, 2008).

However, this study has certain limitations. On one hand, the immigrant group was considered to be a single, homogeneous group. Although the studied sample is relatively large, division of the results according to country of origin is non-viable, as the resulting subsamples are excessively small. However, the nationalities involved are notably different (even from different continents), which may have direct implications for the outcomes of treatment. Thus, one should be very cautious when generalising the results. Future replications of this study with larger immigrant samples representative of different places of origin will likely provide further information and allow for stronger conclusions. In addition, the majority of batterers in this study accepted treatment in exchange for a suspension of the sentence imposed by a judge. It would be useful to evaluate whether the same results are observed in other types of programmes developed for batterers. In this study, patients who are incarcerated or who attend the programme voluntarily are in the minority. Thus, an analysis of this variable has not been conducted.

In summary, the results of this study, although positive, must be verified by further studies. This topic is of great interest because of the number of immigrant perpetrators that enter the treatment programmes. Thus, it is clearly necessary to continue developing studies along this line and to resolve the issues associated with the treatment of immigrant perpetrators; these issues primarily include the absence of adequate evaluation tools and frequent unfamiliarity with the language. All of these factors complicate the clinical work of the professionals in a field that is already difficult.

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