

Research Article

Peer Support Groups for Batterers: A Qualitative Study on the Active Elements of the Intervention and Perceived Effectiveness

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Methods aimed at increasing aggression regulation for interpersonal violence perpetrators are a crucial part of reducing interpersonal violence. Further improvement of effectiveness and accessibility of these interventions is needed and tailoring the methodology by type of batterer is a promising approach in this regard. A peer support group, guided by a peer support worker is one such intervention. However, little is known about the essential elements contributing to the perceived effectiveness of these groups. In order to gain in-depth understanding of the active elements of peer support groups for batterers, a qualitative study was performed, with the utilization of focus groups and interviews. Participants of several peer support groups, as well as peer support workers and professional coordinators, were included. The interviews and focus groups were analyzed through thematic analysis. From the analysis, four categories emerged (*working method, results, active elements, and peer support workers' characteristics and competences*), which were further divided into themes and subthemes and are thoroughly described in this paper. In conclusion, the relevance of peer support groups for batterers is clearly supported by the current findings. Participating batterers are not only motivated to work on their problems, take responsibility for their behavior, and change their behavior but also they worked on personal development and obtained a better understanding of themselves and others. For many participants, the support group developed into a valuable support network. Throughout the entire process, the role of the peer support worker is fundamental.

Keywords: aggression; batterers; interpersonal violence; peer support; self-help

1. Introduction

A recent report of the World Health Organization [1] shows that interpersonal violence is a worldwide problem causing personal suffering, physical and mental health problems, and significant economic expenses. The term interpersonal violence refers to “the intentional use of physical force or power against other persons by an individual or small group of individuals. Interpersonal violence may be physical, sexual, or psychological (also called emotional violence), and it may involve deprivation and neglect” including domestic violence, and intimate partner violence [2]. Although a good approach for this problem is very important, designing and implementing successful programs for reducing and

preventing interpersonal violence are proving difficult due to the heterogenous nature of interpersonal violence. The determinants of interpersonal violence are complex and manifold and must be understood from an individual, public, and societal perspective [3–5]. Because changing batterer behavior is probably the most relevant strategy to reduce interpersonal violence, several batterer intervention programs (BIPs) have been developed in the last decades [6, 7]. The first BIPs were developed in the 1970s as part of a larger movement addressing the rights and needs of battered women [8–10]. These BIPs were based on the Duluth model that considers intimate partner violence as a way to assert power and control. This approach has been successful in increasing awareness of the problems created

by intimate partner violence but not in reducing the intensity or frequency of aggressive behavior. However, there was a lack of focus on the emotions and needs of offenders, which resulted in low motivation to change [11, 12]. In the 1990s, cognitive behavioral therapy (CBT) was developed for intimate partner violence perpetrator treatment and treatment protocols were designed. CBT focuses on adjusting cognitions, emotions, copings skills, and anger management techniques and uses a collaborative style in order to engage clients [13–15].

The effects of BIPs on recidivism seem to be rather small, however. Reduction of violence appears to be moderate to low, and rates of dropout and recidivism are high [3, 6, 8, 13, 16]; [14]. A main reason for these modest effects may be that a one-size-fits-all approach is not an effective way of responding to the various needs and characteristics of a very heterogenous group [6, 16, 17]. Therefore, several authors suggest that BIP interventions should be tailored to the characteristics of the individual batterer [3, 6]. It is possible that BIP effectiveness would improve if intervention approaches were matched to the type of violence, type of abuser, and the abuser's personality traits [6, 18, 19].

A subgroup of batterers may have problems that are similar to those of other groups of clients for whom behavioral change is difficult and who require maintenance, such as clients with addiction problems [20, 21]. For these types of clients, other interventions are used, such as peer support and self-help groups. These interventions have the advantage that they enable more identification between counselor and client, may continue for a longer period, and are more flexible than regular care [22, 23]. A well-known example of such an approach is the 12-step program of Alcoholics Anonymous (AA). The basic premise of the 12-step program is that, in peer support groups, people can help one another achieve and maintain abstinence from the substances or behaviors to which they are addicted and can participate as long as they wish in order to maintain their abstinence [24]. Peer support groups are coached by individuals who have experienced the same problems as the other participants.

For batterers, we also found a few descriptions and evaluations of self-help groups based on the 12-step program in the literature. In the United States, Batterers Anonymous (BA) started 4 decades ago [25]. Participants reported that they found alternative ways for violent and domineering behavior [26]. Edleson and Syers [27] also developed and tested a self-help group for batterers that was minimally structured and facilitated by a former batterer. Participants and their intimate partners reported that the self-help group was effective in reducing the violence. Another variation of a peer-support group for batterers (Grace Therapy) was established in Israel [28]. The participants of this support group indicated that they experienced more personal empowerment and a higher quality of life, which reduced triggers for domestic violence [28]. Since 2015, several self-help groups for interpersonal violence based on the 12-step program were established in the Netherlands [29, 30]. A pilot study on one of these groups revealed that participants reported an increased ability to control their aggression and an improved quality of life [20].

Although the initial results of the peer support groups for batterers are encouraging, there are still a lot of questions regarding the active elements and preconditions. The peer support groups in the previous studies differ from each other regarding the content and level of structure in the program and the involvement of professionals. Therefore, it is not clear which essential and necessary elements contribute to the effectiveness of the group. Given the heterogeneity among batterers, another question is for whom this group therapy is suitable. Finally, the remaining question is what makes a former batterer suitable to coach a peer support group. In order to gain a more complete understanding of the active elements of peer support groups for batterers, we performed a qualitative study with focus groups and interviews. The research questions are as follows: what are the core elements of support groups for perpetrators of interpersonal violence to be valuable, for which kind of perpetrators are support groups for interpersonal violence suitable, and what are the necessary characteristics of former batterers to be able to guide a support group for interpersonal violence? In order to obtain as much knowledge as possible, (1) participants of several peer support groups for perpetrators of interpersonal violence, (2) peer support workers who guide the peer support groups for interpersonal violence, and (3) professional coordinators involved in coaching the interpersonal violence peer support workers were included in our study.

2. Method

2.1. Design. Since little knowledge of the active elements of support groups is available, qualitative research is applied to gain more in-depth knowledge. In this study, qualitative research is applied through (semistructured) interviews both individually and in groups (focus groups). A focus group interview is an approach in qualitative research in which a specific group of people come together to engage in conversation about a predetermined topic. In such a setting, the researcher asks questions and facilitates the discussion.

2.2. Participants and Procedure. The study was conducted with four peer support groups for interpersonal violence offered from different organizations. All support groups aim to help men who are/were perpetrators of interpersonal violence to deal with problems differently and stop destructive, violent behavior. A detailed description of the methodology is given in the results section. These organizations differ from each other in background and purpose of their core tasks, but all have taken up the task of offering and facilitating support groups for offenders of. The following interpersonal violence support groups participated: 'De PION' - Moviera (Utrecht), 'De Cirkel is Rond' [the circle is complete] (West-Brabant), 'Ervaring in huis' [experience in house] Veilig Thuis (Rotterdam Rijnmond), Mannen tegen agressie', [men against aggression] GGZ Westelijk Noord-Brabant (Bergen op Zoom). Peer support workers and coordinators could participate if they held this role for 6 months or more. The peer support workers and

TABLE 1: Outline interview and focus group topics.

Interpersonal violence peer support workers	Group structure (method, program, individual counselling) How the peer support worker started the support group Inclusion and exclusion criteria How contact outside the group is organized Difficult situations in the group Boundary setting Cooperation with professionals Process prior to starting as an expertise expert Experience working with this group as an ex-batterer What are the characteristics of a good support group worker? What capabilities are necessary?
Participants	Working method of the group Experiences with the group Effect on their aggression and their mental health The role of the peer support worker What are the characteristics of a good support group worker? What capabilities are necessary?
Professional coordinators	The desirability of (individual) contact outside the group What does it take to get a support group started? What are the characteristics of a good support group worker? What capabilities are necessary? How much guidance is needed from professionals? And what should it look like? Can successes, failures, and pitfalls be named?

coordinators were approached for participation by a personal invitation from the researchers explaining the study and written information. Participants were approached by the peer support workers of their support groups. They provided the participants with oral and written information about the study. Participation was voluntary and people could withdraw at any time during the study. All participants gave their written consent. Peer support workers and participants received a voucher of 25 euros for their participation. Ethical approval was obtained from the Ethics Review Board.

2.2.1. Interpersonal Violence Peer Support Workers. To gain insight into how interpersonal violence support groups work, interviews were conducted with seven peer support workers who guided a support group. Three of them are former participants of the support groups and have become peer support workers over time. The interpersonal violence peer support workers were aged between 41 and 58, and they have between half a year and six years of experience in this role. Some work as a voluntary peer support worker, orders are paid. There is a wide variety of prior education and training regarding peer support work. During the interviews, different topics were discussed (Table 1). The interviews lasted between 70 and 105 min and were conducted by both researchers via video calls using Microsoft Teams. Through this medium, the interviews were recorded.

2.2.2. Participants Support Groups for Interpersonal Violence. Focus group interviews were conducted with three support groups for interpersonal violence. One group was not included as they had a relaunch and started too late to be included in this study. The participants were asked questions

on different topics (Table 1) and discussion was encouraged. All participants of the support groups participated in the study. During the interviews, executed by both researchers, the peer support workers were present. The interviews lasted between 75 and 105 min and were audio recorded. A total of 12 participants were interviewed. The men were aged between 27 and 59 at the time of the focus groups. In terms of living conditions, the men differed in that some were married or living together and others were single or divorced, with and without children. All joined the group to reduce their aggressive behavior. The newest participant had joined the group 2 weeks prior to the interviews, while the most senior participant had been participating in the support group for over 4 years.

2.2.3. Professional Coordinators. Professional coordinators were included in the fourth focus group (see Table 1 for interview content). These professionals support and guide the interpersonal violence peer support workers and facilitate the groups. They are (partly) responsible for the pre-conditions and embedding within the organization of the support group. A total of six coordinators attended the focus group. They had different backgrounds; three worked as project leaders, one as a manager, one as a team leader, and one as a counselor of the peer support workers. The coordinators had between 6 months to 6 years of experience in this role. The discussion was conducted and recorded via Microsoft Teams and lasted 120 min.

2.3. Data Analysis and Validation. The interviews with the interpersonal violence support group workers were listened to several times and all relevant information was noted and compiled. The audio recordings of the focus groups were

transcribed verbatim. Next, all verbatim were analyzed according to the thematic analysis method. Thematic analysis was used to identify themes, using an inductive view and analyzing the data without a pre-existing code frame [31]. This methodology includes the following steps:

1. Becoming familiar with the data; each focus group conversation was transcribed in a uniform format. After this, the texts were read carefully for several times, allowing the researcher to become familiar with the content and form ideas about the themes and patterns emerging from the text.
2. The text was coded using the Atlas.ti program (Scientific Software Development GmbH, 2018), Version 9. The codes were formed based on phrases or named concepts present in the text. Coding is done inductively without a predetermined framework. The two authors each coded the first focus group transcription, after which the codes were compared and merged into one document. This process involved checking for agreement on the code terms and content. With this set of codes, the other interviews were coded by both authors. These codes were discussed and adjusted until there was sufficient consensus.
3. Identifying and describing themes and subthemes, which contain several, repetitive steps. Codes were sorted into potential overarching categories, (sub) themes were defined, and some codes were set aside. Then, (sub)themes were appraised on definition and content by rereading each code and quotation.
4. To increase reliability, a member check was conducted. The defined themes were presented to the support group workers and the coordinators with the request to read them for clarity and agreement with what was discussed during the interviews. Based on this feedback, the (sub)themes were discussed and revised by the authors.

3. Results

The analysis of the data revealed four categories: working method, results, active elements, and peer support workers' characteristics and competences. These categories could be subdivided into 21 themes (Table 2). Subthemes were identified for two categories.

The categories and (sub)themes are described in this section. Quotations have been added for illustration and clarification, which are shown in the text in italics. These quotations have been translated and edited to improve readability and relevance. All information included below was mentioned by support group participants, peer support workers, and coordinators. Some parts specifically indicate which group of respondents mentioned the information regarding this subject.

3.1. Working Method Support Groups for Interpersonal Violence. The support groups for interpersonal violence largely have similar working methods but differ from each other in some respects. The common features of the

structure, working method, and group activities are presented in the following. Specific differences between the groups are explicitly indicated. Participants meet in a two-hour meeting every fortnight. The groups have five to eight participants. Eight to ten participants is considered optimal because this gives all participants sufficient opportunity to speak and receive feedback and offers mutual learning opportunities. The group is guided by one to two peer support workers. The groups do not have a set program. They focus on the participants' experiences and needs at that moment. Depending on the themes introduced by the participants, specific topics are elaborated.

3.1.1. Activities During Group Meetings. During group meetings different aspects are important. First, participants share experiences. Participants indicate that they build up tension between meetings. Being able to share their experiences and express their emotions in the group allows this tension to subside again. Second, participants bring in situations where they get stuck or face dilemmas. Participants help each other by looking at the problem from different perspectives, which enables them to find solutions to difficult situations. In this way, participants learn from each other's experiences. In particular, much is learned from participants in the group who are further along in their recovery process. Third, they also give each other practical support, such as information on, e.g., legal procedures, treatment institutions, and financial arrangements. Fourth, groups differ in the nature and extent to which specific work formats and techniques are used. This largely depends on the knowledge and experience of the peer support worker. The working methods and techniques used are aggression regulation techniques; the method used in the booklet *Men Against Aggression*, an adaptation of the 12-step program of Alcoholics Anonymous [20, 29, 30]; neurolinguistic programming; behavioral exercises; cognitive therapy; and psychomotor therapy. These specific working forms are used if they are suitable for the themes discussed or, at times, when there are no pressing issues and the methodology is used as a discussion topic. One support group specifically adheres to the methodology used in Alcohol Anonymous and related support groups, in which learning to share is the primary focus, but offering support, breaking patterns, and inner growth are also important.

3.1.2. Group Agreements. At the group meetings, there are several rules of manners that are communicated in advance. Confidentiality is vital: anything discussed within the group is not discussed with others. When participants meet outside the group, they do not talk about the group or other members. Also, to participate is to share: within the group, everyone is forthcoming. Everyone tells his story and what is on his mind. The participating peer support workers also talk about what is on their minds and when they experience difficulties. In the group, participants do not judge, interrupt, or blame each other. They treat each other with respect. This includes no aggression in the group. If a group

TABLE 2: Overview categories and themes.

Categories	Themes
Working method	<ul style="list-style-type: none"> Activities during group meetings Group agreements Selection and entry of participants
Perceived results	<ul style="list-style-type: none"> Improved aggression control Improved quality of life Personal growth and meaningfulness Social support and more positive view of humankind Helping others (outgroup) Improved self-image
Active elements	<ul style="list-style-type: none"> Accessibility (low threshold) Working method and person of the peer support worker Contact with peers Motivation
Interpersonal violence peer support workers' characteristics and competences	<ul style="list-style-type: none"> Being able to convey own experience of aggression and other difficulties Sensitivity to others' feelings and needs Knowledge of therapeutic techniques and processes Firmness Organizational capabilities Organizational awareness Frustration tolerance Ability to deal with stigma

member feels aggression rising, he will take a timeout. He will temporarily leave the group and return when he is calm again. Group members watch each other during sessions in order to be sufficiently attentive to rising emotions or if someone is quieter than usual. Care and sensitivity to each other is important. Group members ensure that each can express his emotions or take a timeout if necessary.

3.1.3. Selection and Entry of Participants. New participants are mainly found through the agencies in which the peer support workers are embedded. Some participants find their way through the group's website. They themselves contact the peer support worker with the desire to improve their aggression regulation. Potential participants usually experience a threshold to participate in a group. A good preliminary process with the peer support worker can help here; trust in the peer support worker makes them willing to give it a try. Basically, everyone is welcome in the group. Only severe confusion or psychosis and substance use during group sessions are reasons for exclusion. Over time, potential participants must become self-motivated to work on their problems. In the first phase of participation, it is important that the participant shows that he wants to take responsibility for his behavior. The group members will try to support him and stimulate him to explore his own behavior. If this does not happen after several meetings and the new participant continues to blame his aggression exclusively on others, the participation will be terminated. *"He [terminated participant] wasn't open to anything, I don't think he wanted to be there at all. But I think: if you do come, you should try to open and try to listen to people."* (Participant).

3.2. Perceived Results of Support Groups for Interpersonal Violence. The support groups lead to a variety of outcomes, which are described by both participants and peer support workers and acknowledged by the coordinators.

3.2.1. Improved Aggression Control. Participants report better recognition of emerging aggression and having more behavioral alternatives to prevent aggressive escalations. Some of the participants described their aggression problem as a chronic problem for which it remains important to address. *"Aggression issues are, I think, a part of a person's personality that will not disappear, but which you can learn to control as best you can. You have to maintain your skills, it will never become an automatism either, you always have to be conscious of that in some way."* (Participant).

3.2.2. Improved Quality of Life. According to participants, quality of life improves because they live with others in a more harmonious way, having more pleasurable experiences and getting more appreciation as a result.

3.2.3. Growth and Meaningfulness. Many participants report that, by participating, they understand more about

themselves and others. They experience different emotions besides anger and can better empathize with other person's emotions and motivations. It creates new opportunities in the participants' lives that are more focused on social connection. Also, it creates a sense of meaningfulness and feeling part of society. *"Here, I learned a lot about my spouse actually and about myself, that's why I keep visiting the meetings."* (Participant).

3.2.4. Social Support and More Positive View of Humankind. The social support they experience from the group often affects their perception of others more broadly. The world is perceived as less hostile, and trust in other people increases.

3.2.5. Helping Others (Outgroup). After gaining the experience of being able to help someone else in the group, some participants also started helping others outside the group, including teaching them how to manage aggression. *"I work with people with disabilities where aggression sometimes occurs. Then I take a piece of experience and I use that at work. Yes, that's just the best thing that results from it."* (Participant).

3.2.6. Improved Self-Image. As described by several group members, attending the group sessions contributes to a more positive self-image by experiencing not being the only one with aggression problems. Also, now being able to do something for someone else, in the group or outside, strengthens self-esteem.

3.3. Active Elements. Participants indicate that the positive results they perceive of the support group can be explained by a number of factors; accessibility, the method and person of the peer support worker; and working together with fellow participants. These factors contribute to motivation for change. The paragraphs below elaborate on these different factors and the nature of the motivation to change.

3.3.1. Accessibility. Participants perceived the accessibility of the support group as an important factor in their motivation to participate and the achieved results. Accessibility, according to the participants, consists of different elements. First, speed is indicated. If there is a need for contact, this can be offered quickly (usually the same day) by the peer support worker. This applies to both initial contacts and later contact needs. The entry into the support group also starts shortly (usually within 2 weeks) after it has been decided to participate. There are no waiting lists or extensive intake procedures. Second, the reachability of the peer support worker is highly appreciated. The peer support worker is usually available in the evenings and at weekends in case of an urgent request for help. Third, the reachability is further enhanced by using a group app on WhatsApp. This makes the probability of social support from groupmates at the time of need high and easy to initiate. Fourth, the time of the group meetings is in the evenings, making it easy to combine

the group with work. Fifth, the support group is not region-specific, but “cross-regional.” If a participant lives in another region and is willing to travel, he is welcome. Finally, if you stopped joining the group and after a while you want to participate again, there is a “guarantee of return.”

3.3.2. Working Method and Person of the Interpersonal Violence Peer Support Worker. What became apparent during the interviews is that the peer support workers describe their role as smaller than the participants do. The latter, on the contrary, consider the peer support workers as very important and emphasize the impact they have. The importance of the role of the peer support workers is also stressed by the coordinators. *“When I look within the treatment group where we have recently had a peer support worker participating on a weekly basis and his contribution is irreplaceable, he talks from his own past, he speaks the same language, understands exactly what they are going through, they understand exactly what he has done. Incredibly valuable.”* (Coordinator). Four factors are indicated. First, equality. The peer support worker is open about his own experiences with aggression and psychiatric issues. This creates equality to participants. Participants indicate that, in previous situations, they felt judged by staff from agencies such as the police and mental healthcare, which evoked feelings of injustice and resistance to being open to advice. Especially because the peer support worker has experienced the same kind of problems, participants feel understood. Second, participants experience acceptance. The peer support worker does not reject the person no matter what they did. Many participants have experienced rejection in their social network, with agencies, or do not have the courage to talk about their experiences with family, friends, and agencies for fear of rejection. In the support group, they dare to share their story openly for the first time. *“You are treated as a human being here, that’s the biggest plus actually. But in your family, in the outside world, that’s really looked at with suspicion. Especially here without that condemnation on who you are, but well, you have done some things that are bad, but you are willing to put effort into changing it.”* (Participant).

Third, meeting others with the same issues overcomes the feeling of being the only one. The sense of connection with others who have done the same, often shameful, things but who can deal with them better now creates *hope and connection*. Forth, a combination of *advice and confrontation* is offered. The peer support workers give advice and provide techniques for a heightened aggression regulation or how to deal with problems differently. They also confront participants when they fall back into unhealthy patterns, for example, when they blame others too much and do not look at their own part. Participants indicate they can handle these confrontations from the peer support worker because the relationship is equal.

3.3.3. Contact With Peers. Contact with peers in the support group contains a number of elements that contribute to the effects of the group. Participants learn from each other’s experiences; they experience that they

are not alone. In the group, they are allowed to be vulnerable, they learn to build trust: they have each other’s best interest in mind, can feel connected to others again, and profit from support and confrontation. *“When nobody wants me, you feel lonely sometimes, and here in this group I don’t feel that way. Here, everyone has been through the same thing and here I can exactly talk about what’s on my mind, what I did, without anyone judging me, without anyone just telling me I’m bad, but instead they are helping me.”* (Participant).

3.3.4. Motivation. The participants described that motivation is important in reducing aggression. The support group enhances the motivation at different levels; contact with people who have the same problems, but largely overcome them, generates hope for change. The hope that things can get better is a motivation for many to join the support group. For part of the participants, the desire to learn goes beyond aggression regulation. They also want to learn to cope better with emotions and problems more broadly. There is a desire for personal development. Some participants indicated that they looked forward to the meetings. They perceived the meetings as enjoyable, related to the connectiveness, mutual understanding, and being able to learn something new (intrinsic will to join meetings). All participants reported that the need to keep working on their aggression regulation was the primary reason for participating. Problems with aggression regulation are seen as a chronic problem by some participants. It remains important for them to stay alert to rising tensions and discuss them to prevent escalation. For others, prolonged absence of aggressive behavior is a reason to leave the group.

3.4. Interpersonal Violence Peer Support Workers’ Characteristics and Competences. The characteristics needed to function effectively as a peer support worker are diverse. Eight characteristics and competences can be defined. These were described by the participants, the interpersonal violence peer support workers themselves, and the coordinators.

3.4.1. Being Able to Convey One’s Own Experiences of Aggression and Other Difficulties. Besides having experience with aggression and other psychiatric problems, a peer support worker must be able to convey this. This is only possible if the peer support worker is sufficiently recovered and has experience of change processes through therapy or counseling. Next, he must be able to assess what information (nature, quantity, and detail) is appropriate and functional to share in relation to a specific perpetrator, professional, and agency. *“Maybe the fact that the peer support worker is the only one who effectively knows what he’s talking about, who knows what the consequences are, if it goes too far, who knows what happens here, if it doesn’t stop, who knows how unhappy it actually makes you, how lonely and what you can lose if it doesn’t stop. And then I can accept that, because why would he say things that are not true.”* (Participant).

3.4.2. Sensitivity to Other People's Feelings and Needs. The peer support worker must be able to assess the needs and underlying emotions of the people he works with. He must take the mental state of others into account in his treatment by either confronting, de-escalating, or showing understanding. In doing so, the peer support worker must be able to distinguish between his own experience and those of others. Furthermore, he has to be able to divide his attention well amongst the individual group members.

3.4.3. Knowledge of Therapeutic Techniques and Processes. The peer support worker should have knowledge of emotion regulation techniques, interpersonal processes, and how behavior, thoughts, and feelings are interrelated. Their own experience in therapy and aggression regulation training is often the main source of knowledge.

3.4.4. Firmness. To be able to lead a group of men whose emotions can run high, are easily irritated, and may have difficulties with boundaries, it is important to have a certain firmness. The peer support worker must therefore possess firmness in his actions in addition to his empathic side and must be able to be direct and assertive. *"You have to be a bit of a wolf among wolves, after all. You must be able to show your teeth though you also have to be very much in control."* (Peer support worker).

3.4.5. Organizational Capabilities. Besides group coaching, there are several organizational matters that need to be done concerning the group, such as arranging accommodation, informing participants, introducing newcomers, and coordinating with professionals. This requires organizational skills such as planning, coordination, and communicative skills. Entrepreneurship is also required of the peer support worker. To run a group well, you need to be able to attract enough participants to the group.

3.4.6. Organizational Awareness. The social domain and healthcare are characterized by specific ways of deliberating, formalities, and making agreements. To accomplish something, it is important to have knowledge of the manners and language used. Because most support group workers are not trained in the social domain, this requires attention. *"As a peer support worker, you must strike a balance between contending and cooperating. You may want to change all kinds of things, but it works best when you just tell people what you observe. Then you can work together and move forward."* (Peer support worker).

3.4.7. Frustration Tolerance. The drive of peer support workers to do something for others can be at odds with the rigidity of organizations in the social and healthcare system. Change happens slowly, in small steps and requires a lot of investment in creating support. Peer support workers must be able to deal with the frustration this causes and not get stuck in criticizing the organization but keep looking at what they can do. *"What we have noticed is that [...] peer support workers*

are critical, they were very concerned with what was not going well in the organization and [...] in that guidance they started to focus more on their part; what can I influence and what is out of my hands, and I can say something about it once, but, at a certain point, I also just have to let it go." (Coordinator).

3.4.8. Ability to Deal With Stigma. A peer support worker makes himself known to both offenders and social workers, and often on social media. This can generate criticism and rejection. These forms of stigma can contribute to stress and negative emotions and resilience is required from the peer support worker to deal with this.

4. Discussion

Batterers, peer support workers, and professional coordinators involved in peer support groups for perpetrators agreed that peer support groups for interpersonal violence helped batterers to control their aggression better. Participants report better recognition of emerging aggression and having more behavioral alternatives to prevent aggressive escalations. This finding is in line with previous studies on the results of peer support groups for batterers [26–28]. In addition to participants' observation that the main goal, of the peer support group for interpersonal violence, reduction of violence, is achieved, the participants also reported improved quality of life, personal growth, improved social skills, and a more positive view on other people and themselves. A positive involvement of these factors is valuable since several studies showed that quality of life, a positive worldview, and self-esteem contribute to better emotion regulation and reduction of aggression [32–35].

Several factors contributed to the perceived success of the intervention. First, there seems to be a good fit with the batterers' perspectives on their aggression, namely, as a chronic vulnerability where they remain prone to relapse into this type of behavior. For these types of chronic vulnerabilities, other interventions than regular care are necessary that are more flexible and can be utilized for extended periods of time [20, 22, 23]. This conclusion is supported by our finding that participants regarded features of the support groups' working method like accessibility, equality, acceptance, hope, and support as essential to their positive development. These features are associated with recovery processes in mental healthcare which are relevant for patients with chronic mental conditions and addictions [36, 37]. Second, the peer support worker is explicitly important in the success of the intervention. Recovery, in peer support, is a relational process that offers people the opportunity to challenge their previously held beliefs, develops new ways of thinking and being, and encourages them to take responsibility for their actions and to get on with life beyond illness or problems [37, 38]. For perpetrators, these elements appear to be important as well.

In treatments for batterers, a combination of aggression regulation techniques and elements that contribute to connectedness and is essential [39, 40]. Accordingly, in the current study, we also found that the basis of the peer

support groups consisted of connectedness and recovery support and that this was complemented by learning skills in the areas of emotion regulation, social skills, and cognitive change. Acceptance, equality, and solidarity turned out to be particularly important because participants indicated that they had experienced condemnation and rejection by the police, judiciary, social assistance agencies, and mental healthcare. This is in line with research showing that there are still many negative attitudes toward batterers among clinicians and police officers [41–43].

In addition to these negative experiences, participants also reported positive experiences with regular care. Some professional care providers were experienced as empathic, and their recommendations and skill training were appreciated. They even indicated that the regular care providers' advice was often similar to that of the peer support workers but that they had nevertheless ignored it. They indicated that they were better able to tolerate confrontations from peer support workers and were able to follow their advice because the contact was more equal.

The peer-support approach may have contributed to the strong motivation of the participants to participate in the peer support group for interpersonal violence. It is striking how the descriptions of their motivations are in line with the spectrum of motivations described in the self-determination theory (SDT), moving from more externally determined motivation to fully intrinsic motivation [44, 45]. Participants indicated that they initially participated because they experienced external pressure to do so (external regulation) or that they felt guilt or shame (introjected regulation). During participation, most participants' motivation changed to "identified regulation," which means that they consider abstinence from violence as a personal value appropriate to their lives, independent of external pressure or feelings of guilt. Some even described the most intrinsic form of motivation (integrated regulation) in which abstinence of violence is integrated with other aspects of the self. Participation in the peer support group evolves toward enjoyable in itself because of the experience of personal growth and connectedness.

Contrary to what various authors suggest (e.g., [6]), the peer support workers do not distinguish between types of abusers or severity and extent of violence for admission to the peer support group. The most important factor for inclusion in the group is whether someone is willing to take responsibility for his own behavior. This should become apparent after a few meetings. Taking personal responsibility for one's behavior and problems is considered to be a crucial part of recovery and behavior change [37, 38, 46]. This selection method may also explain the good experiences of this intervention compared with other BIPs where participants are sometimes obliged to participate or participate under external pressure [6]. Perhaps there should be more differentiation in BIPs based on motivation and willingness to take responsibility. A systematic review showed that motivational interviewing [47] proved to be effective with perpetrators of intimate partner violence, mainly as a way to improve perpetrators' readiness and motivation for change and increase treatment adherence [48]. It is also possible that

"taking responsibility for one's behavior and problems" is related to a type of violence, type of abuser, and personality traits. For example, Eckhart and colleagues [49] found borderline/dysphoric and generally violent/antisocial batterers according to the typology of Holzworth Monroe [50] had higher drop-out rates in BIPs compared with family only and low-level antisocial batterers.

Considering the keystone of this approach, it turned out that the peer support worker, as a former batterer, has been shown to require a lot of competences. First, he must handle contact with peers by finding a balance between sharing his own experiences, meeting the needs of the other, and encouraging them to take responsibility for their own behavior. It is noteworthy that the participants identify different skills of the peer support worker that are associated with skills common to all psychotherapy modalities, such as offering hope, warmth, acceptance, emotional expression, and persuasiveness [51]. This requires both empathy and authenticity, consistent with the therapeutic attitude described by Rogers [52]. Second, it turned out to be necessary for a peer support worker to possess organizational capabilities and to be able to relate to professional organizations. In particular, following procedures, protocols, and being able to tolerate hierarchy and slow decision making appealed to the peer support worker's frustration tolerance and was something some had to learn.

Although our study added new insights into the perceived effects and active elements in peer support groups for interpersonal violence by taking the perspectives of peer support workers, participating batterers, and professional coordinators into account, there are limitations to this study that need to be mentioned. First of all, this study does not allow for statements about the actual effectiveness of the intervention on the reduction of violence. Data on participants' use of violence are lacking, and we have no information from family members of the participating batterers. Their experiences are perhaps the most crucial in the evaluation of effectiveness. Second, we did not interview batterers who dropped out of the peer support groups. It is possible that our findings are biased because we only interviewed batterers who were motivated to participate in the peer support group due to their positive experiences. Third, all interviews were done in the Netherlands. Although we included batterers from different cultural backgrounds in our study, the peer support groups for interpersonal violence are organized within the Dutch healthcare context, and it cannot be determined whether the results are completely generalizable regarding other cultural and societal contexts.

Further research is needed. First, for investigating the effectiveness of peer support groups for interpersonal violence, it is paramount to use quantitative studies, such as an RCT, by collecting data on, e.g., the use of violence, quality of life, and social functioning. Data on recidivism rates, the experience of family members of the participating batterers, can be included for this purpose. Second, for a targeted application, more insight into the profile of the perpetrators who can profit from this intervention would be valuable. In addition, it is useful to examine the adoption of these support groups within different sociocultural contexts.

Third, this study shows that peer support workers have a central role within peer support groups. Follow-up research focused on an effective and efficient deployment of these workers can improve the applicability.

Conclusively, this study shows that peer support groups for perpetrators of interpersonal violence are a promising addition in the programs aimed at reducing interpersonal violence. It is also hopeful and encouraging that there are batterers who take responsibility for their behavior and undertake a long-lasting endeavor to refrain from violence. For further development and employability, it is important that these groups are available in sufficient locations. It takes time to build up a support group and structural embedding in an organization and sufficient structural funding are, therefore, significant. As facilitators of peer support groups for interpersonal violence, peer support workers must have many competencies. In establishing these competencies, one's own experiences and personal development are more important than training itself. This should be considered with the recruitment. By participating in a support group, some offenders will be able to advance to the position of peer support worker. It is important to have attention for the (further) development of their competences such as dealing with one's own story of experience, boundary setting, and cooperation with the professionals and organization.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Conflicts of Interest

The authors declare no conflicts of interest.

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