

# CORE

## Intimate Partner Violence Prevention Model Targeted at Male Offenders

Implementation results and  
lessons learned

March 2026

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**CORE (Building Relationships):  
Intimate Partner Violence Prevention  
Model Targeted at Male Offenders**

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The document “Core (Building Relationships): Intimate Partner Violence Prevention Model Targeted At Male Offenders, *Implementation results and lessons learned*” is the product of the efforts of the members of LAB-CO and Prosociedad. The analysis and writing would not have been possible without the participation of every team member.

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## **Mexico 2026**

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# Executive Summary

The **CORE (Building Relationships) Model contributes to reducing gender-based violence against women, specifically intimate partner violence, in Mexico by intervening with men who perpetrate intimate partner violence** and who come into conflict with the law. In particular, the intervention aims to reduce reactive aggression; decrease exposure to risk factors for involvement in intimate partner violence; improve calming and decision-making skills; and **reduce behaviors that generate violence.**

**CORE was designed based on programs such as *Achieving Change Through Values-Based Behavior (ACTV)*, an approach that has shown strong evidence of effectiveness in reducing violence in other countries.**

**LAB-CO and Prosociedad implemented the CORE Model between August 2024 and September 2025, with support from the *Sexual Violence Research Initiative (SVRI)*.** A total of **96 men** who had committed intimate partner violence in Guadalajara, Jalisco, participated.

The results obtained reflect auspicious effects in several psychological and behavioral dimensions:

- **A significant reduction in violent behavior (-25.06%) and physical aggression (-43.95%).**
- **A moderate reduction in impulsivity among participants (-8.60%).** This indicates that participants are more aware of situations that could trigger an act of violence, as they have a greater capacity to control their impulses.

Overall, these results suggest a lower risk or probability of exhibiting violent behavior.

- Furthermore, the **increase in cognitive flexibility (9.35%) demonstrates a greater capacity for adaptation, flexible thinking, and emotional regulation**, representing a positive change in the mental functioning of the participants.
- **A greater willingness among the participants to face their internal experiences** without avoiding them was identified (as indicated by a **decrease of -12.38% in the Acceptance and Action Questionnaire score**).

These **final results were obtained from six scales**, namely: (1) the **Conflict Tactic Scale Questionnaire** (CTS-2), (2) the Attitude Towards Gender Violence Scale, (3) the Assessment of Situational Risks of Gender Violence<sup>1</sup>, (4) Cognitive Flexibility, (5) the Acceptance and Action Questionnaire (AAQ-II) and (6) the DERS-EAM Emotional Regulation Scale.

On a qualitative level, **the information obtained supports the quantitative results**. Once they begin the process at CORE, participants observe and record changes in their thinking, emotion management, and behavior that promote emotional well-being and positively impact social relationships. This is reflected in **the participants' testimonials, who**, despite initially being resistant, **quickly accept the Model as the sessions unfold**.

**In summary, the results of CORE implementation indicate that it is possible to transform violent behaviors through an ethical, structured, and evidence-based intervention.**

Investing in these types of models not only helps reduce intimate partner violence but also promotes the transformation of masculinities, strengthens family relationships, and decreases recidivism. **These findings reinforce the potential of the CORE Model to become a sustainable option for addressing gender-based violence.**

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<sup>1</sup>Prepared by Prosociedad, based on SARA (Kropp & Hart, 2015) and ODARA (Hilton et al., 2010).

# 1. The complex issue of gender-based violence against women, particularly in the form of intimate partner violence

## 1.1 Characterization of gender violence in a couple context

**Gender-based violence against women is rooted in the exercise of power and control over them, through acts or omissions that cause physical, psychological, sexual, economic, and/or patrimonial harm.** Gender-based violence is sustained by inequality, inequity, and social discrimination, and is reinforced by sexist cultural norms that normalize, legitimize, or minimize violence against women (Falcón, 2010).

According to the World Health Organization (WHO), **gender-based violence against women, particularly that perpetrated by their partners, constitutes a serious public health problem and a violation of human rights.** Globally, nearly one-third of women aged 15 to 49 who have been in a relationship reported experiencing physical and/or sexual violence from their partner (WHO, 2023).

It is essential to recognize that **the most visible forms of violence have the most significant social impact because they are easier to identify.** However, within intimate partner relationships, **more structural and less evident forms of violence persist**, and their perpetuation contributes to maintaining and extending damage to the social fabric.

## 1.2 Statistical overview at the global and regional level

The United Nations Office on Drugs and Crime (UNODC) and UN Women estimated that in 2021, 81,100 women and girls were intentionally killed worldwide (UNODC, 2022). In 45,000 cases, the perpetrator was a partner or other close relative. More recent data from UN Women showed an increase; **in 2023, 51,100 women and girls were intentionally killed worldwide**, again **by their partners or a family member** (UNODC, 2023).

In Latin America, particularly, gender-based violence against women has become a major public problem, often linked to rising inequality and discrimination, as well as structural violence. According to data from the Economic Commission for Latin America and the Caribbean (ECLAC), 3,897 femicide victims were recorded in the region in 2023. In **8 out of 10 cases, the perpetrator was the victim's partner** (ECLAC, 2024).<sup>4</sup>

### 1.3 Statistical overview in Mexico and Jalisco

In **Mexico**, according to the Executive Secretariat of the National Public Security System (SESNSP), **655 femicides and 247,311 cases of domestic violence were registered nationwide between January and November 2025** (SESNSP, 2025)<sup>2</sup>. Furthermore, according to the most recent National Survey on the Dynamics of Relationships (ENDIREH, 2021), **7 out of 10 women have been victims of violence**, meaning that approximately **42 million Mexican women have been victims**. Given the nature of these cases (and the empirical evidence), we can affirm that a partner perpetrates the majority.

Regarding the specific context of **Jalisco**<sup>3</sup>—the city where the CORE Model was implemented, 31 femicides and **11,465 cases of domestic violence were recorded between January and October 2025** (SESNSP, 2025)<sup>4</sup>. Similarly, the ENDIREH (2021) recorded a trend like the national average, with 70.9% of women in the state reporting having experienced an act of violence in their lifetime. Finally, in 2024, 126,885 protection orders were issued, and 376,059 services were provided to address gender-based violence, according to information from the National Database and Information Bank on Cases of Violence against Women (BANAVIM, 2025).

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<sup>2</sup>Information updated as of January 2026.

<sup>3</sup> Jalisco is a federal entity of the Mexican Republic, its capital is Guadalajara, and, according to the latest census by INEGI, it has a population of just over 8 million inhabitants.

<sup>4</sup>Information updated as of January 2026.

## 2. What is the CORE Model?

**CORE was designed in 2022 by the civil society organization Prosociedad in Guadalajara, Jalisco, Mexico, and measured and monitored since 2024 by LAB-CO, a civil society organization based in Mexico City.**

**CORE's main objective is to decrease propensity and exposure to situations that generate gender violence**, reducing reactive aggression, exposure to risk factors of involvement in situations of violence, mainly in a family and/or couple context, improving calming and decision-making tools, and decreasing antisocial behaviors in people who have generated violence.

**CORE is a therapeutic care model designed to contribute to the eradication of violence against women by addressing the needs of men who, after committing such violence, conflict with the law<sup>5</sup>.** It is aimed at men aged 18 to 65 who have perpetrated intimate partner violence. The program consists of six modules, divided into 24 sessions. Its content can be adapted to 16 or 36 sessions, depending on the group's characteristics and needs, and it can include up to 12 people.

The CORE Model is **based on a cognitive-behavioral-contextual psychological approach** that seeks to understand people's behavior by examining how they relate to their thoughts and emotions within a particular context. Specifically, **CORE draws on an innovative approach called "Achieving Change Through Values-Based Behavior " (ACTV), derived from Acceptance and Commitment Therapy (ACT),** to develop practical tools to reduce abusive and controlling behaviors in men in romantic relationships.

In this sense, the CORE Model is supported by a solid base of scientific evidence that demonstrates its effectiveness in preventing and reducing gender-based violence perpetrated by partners against women.

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<sup>5</sup>The CORE Model is presented as an option for men involved in criminal proceedings for gender-based violence offenses within intimate partner relationships who have been granted conditional suspension of proceedings. Conditional suspension of proceedings is one of the alternative solutions contemplated in Article 184 of the National Code of Criminal Procedure (CNPP). It is based on a proposal from the Public Prosecutor's Office or the accused, provided the victim does not object. This proposal includes a detailed plan for reparations and compliance with certain conditions that ensure the protection of the victim's rights. If the accused fulfills these conditions, the criminal proceedings may be terminated.

## II. WHAT IS THE CORE MODEL?

Studies in similar contexts have shown that interventions grounded in contextual and transdiagnostic therapies<sup>6</sup>, such as ACT and Dialectical Behavior Therapy (DBT), are effective in treating a variety of behavioral and emotional problems in family and couple settings.

In particular, the work of Zarling et al. (2022) has been fundamental to the development of the CORE Model. Zarling (2022) has demonstrated that **contextual behavioral interventions can significantly reduce aggression and recidivism in cases of domestic and intimate partner violence**. This approach focuses on understanding the function of aggressive behavior within its specific context, **enabling the design of more effective and personalized intervention strategies**. Based on this foundation, the main characteristics of CORE are:

- Aggression is reinforced as a behavior that, although dysfunctional, serves a specific function within the individual's context. **By understanding why aggressive behavior is reinforced in each context, intervention strategies can be designed to address these functions and promote more adaptive behaviors.**
- Aggressive behavior patterns are recognized as highly resistant to change because of their strong reinforcing component. While aggression may provide immediate benefits to the individual, these benefits perpetuate the behavior and increase the likelihood of relapses. **CORE addresses this resistance to change by introducing new skills and strategies that enable participants to manage their impulses more effectively and develop healthier, more sustainable behavior patterns.**

Unlike traditional interventions based on models such as *Batterers Intervention Programs (BIPs)*, which are derived from Cognitive-Behavioral Theory (CBT), **protocols based on ACT therapies (particularly ACTV) and DBT seek to modify the function of challenging thoughts and increase tolerance to unwanted experiences, emotions, and impulses**, recognizing that these do not necessarily have to determine subsequent behavior (Lawrence, Mazurek, and Reardon, 2021).

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<sup>6</sup>Transdiagnostic therapies focus on the shared underlying processes that contribute to a range of emotional difficulties (such as poor emotion regulation, rumination, and excessive worry), rather than targeting a single diagnosis. This approach allows for more flexible and comprehensive interventions for participants.

In Mexico, primary prevention models have been developed to address violence against women—that is, before the violence occurs. However, there are few initiatives (and, therefore, little evidence) for secondary or tertiary prevention, that is, effective responses once violence has been identified or victimization has already occurred. In this context, **CORE aims to generate solutions to the problem of gender-based violence against women, perpetrated by their partners.**



## 3. The implementation of the CORE Model

### 3.1 Factors that CORE seeks to influence

**Before the intervention begins, participants in the CORE Model face the problem of adhering to an identity based on hegemonic masculinity** (a dominant cultural idea of what it means to be a man that privileges power, authority, and the subordination of other masculinities and of women). This identity **limits their ability to explore and adopt more flexible and sensitive gender roles, revealing** a significant challenge that hinders their personal development and adaptation to new social and individual perspectives.

**Furthermore, the participants have difficulty managing intense emotions, which negatively affects their decision-making and emotional well-being.** Similarly, a recurring problem is observed in their ability to separate their automatic thoughts and responses from their identity, perpetuating unhealthy cycles of violent reaction.

Generally, before starting their process at CORE, **participants have experienced painful or traumatic experiences during childhood and continue to face them today, which represents a significant challenge to their emotional stability.**

Furthermore, participants lack socio-emotional skills for conflict resolution, which hinders the development of healthy and egalitarian relationships. This means there is a **consistent pattern of using aggressive behaviors as an emotional regulation strategy, as well as adhering to patriarchal beliefs as an expectation for how to act with their partners.**

In consideration of the participant characteristics described, CORE seeks to address the critical needs of this population through the following strategies:

- **Flexible and gender-sensitive identity:** Participants develop an adaptable identity that is aware of gender issues. This involves reviewing and redefining gender roles and preconceptions linked to personal values.
- **Emotional management and decision-making:** Participants learn effective techniques for managing emotions and making decisions calmly. This includes emotional regulation skills and cognitive defusion techniques<sup>7</sup>.

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<sup>7</sup>Cognitive defusion is a process by which a person learns to distance themselves from their thoughts (not to merge with them), that is, observing them without being controlled by them.

- **Acceptance and tolerance of discomfort:** Participants learn to accept painful or traumatic experiences, both past and present, and develop a greater tolerance for emotional pain.
- **Healthy and equal relationships:** Participants develop skills to maintain healthy and equitable relationships, including assertive communication and conflict resolution.

### 3.2 Background to the implementation of CORE

Since 2022, CORE has undergone **two iterations**: the first was self-funded by the organization that designed it, **Prosociedad**, while the second was implemented in partnership with **LAB-CO** and with the support of the **Sexual Violence Research Initiative (SVRI)**. In this second iteration, the team **reached 96 men**.

Although CORE already had the necessary elements to implement the Model before starting the second iteration groups, a seminar led by Dr. Milagros Ascencio<sup>8</sup> helped refine the Implementation Manual and the Modular Protocol. Furthermore, in collaboration with LAB-CO, the Monitoring and Evaluation Manual was comprehensively systematized during 2025.

### 3.3 Interinstitutional collaboration

To integrate the groups, the implementation team established collaboration agreements with the **General Directorate for Crime Prevention of the Jalisco State Security Secretariat (DGPD) and the Jalisco State Unit for the Supervision of Precautionary Measures and Conditional Suspension of Proceedings (UEMECA)**. Both institutions were the primary conduits for the participating men.

The CORE Model began operating at two locations, in two time slots (4-6 PM and 6-8 PM), on Tuesdays and Thursdays. Its implementation involved a therapist (who led the group sessions), a mentor (responsible for addressing participants' specific problems individually), a field coordinator (responsible for managing the technical aspects of the sessions), a technical coordinator (responsible for the overall organization of the project), three people responsible for monitoring and evaluation (responsible for data processing), two people responsible for theoretical and technical analysis, two research directors, and two academic specialists (to strengthen the model's technical aspects)<sup>9</sup>.

<sup>8</sup>She has over 15 years of experience working in the field of Behavioral Sciences. She holds a PhD in Behavioral Sciences from the University of Guadalajara. She also has two master's degrees: one in Child Education and Research from Santander University, and another in Cognitive-Behavioral Therapy from the Institute of Cognitive-Behavioral Therapy. She holds a bachelor's degree in Psychology from the Western Institute of Technology and Higher Education (ITESO).

<sup>9</sup>In order of mention: Mtro. Gabriel Villegas, Lic. Isaac Retana, Mtro. Daniel Quirarte, Mtra. Ana Patricia Arroyo, Mtra. Natalia Fuentes, Mtro. Angel Serrano, Lic. Valentina Carbonell, Lic. Sofia Noriega, Lic. Ana Lucía Ramírez, Mtro. Thomas Favennec, Dr. Carlos Bauche, Dra. Edith Carrillo and Dra. Milagros Ascencio.

### 3.4 Session structure

The CORE Model is designed to comprehensively address gender-based violence perpetrated by men in intimate partner relationships. CORE is structured as follows:

#### A. **Cross-cutting module: Overview**

- a. Products:
  - i. Implementation of significant changes in relationships based on personal values, with a gender focus.

This module acts transversally throughout the entire program, reinforcing the therapeutic alliance and establishing interpersonal goals, while addressing barriers to change and preventing relapses.

#### B. **Module II: Self-discovery, acceptance, and experiential expansion (emotional skills)**

- b. Products:
  - i. Improved emotional regulation and tolerance to emotional distress.
- c. Intermediate results:
  - i. Radical acceptance of painful past and present experiences.

#### C. **Module III: Beliefs and Identity (Cognitive)**

- d. Products:
  - i. Flexible identity development.
  - ii. Improvement of self-awareness and cognitive defusion.
- e. Intermediate results:
  - i. Improvement of the quality of relationships between participants.
- f. Final results:
  - i. Contribution to the reduction of gender violence.

#### D. **Module IV: Taking action/implementing strategies (behavioral)**

- g. Products:
  - i. Development of behavioral skills to maintain healthy and equal relationships.
  - ii. Effective conflict management and assertive communication.
- h. Intermediate results:
  - i. Reduction in the recurrence of violent behaviors.

#### E. **Case management sessions through individual mentoring**

- i. Products:
  - i. Identification and strategies for managing comorbidities<sup>10</sup> and substance use patterns.
  - ii. Strengthening support networks through institutional linkage.
- j. Intermediate results:
  - i. Reduction of individual and relational barriers such as substance abuse and lack of support networks.

<sup>10</sup>It refers to the condition of a person suffering from two emotional disorders at the same time.

- k. Additional products:
  - i. Strategies to reduce socioeconomic stress and improve the ability to handle adverse situations.
- l. Intermediate results:
  - i. Reduction of contextual and socioeconomic barriers, such as financial stress resulting from unstable income.

The CORE Model not only seeks to reduce the recurrence of violent behavior among participants but also to strengthen their capacity to maintain healthier, more equitable relationships. Through a behavioral-contextual therapeutic approach, it aims to contribute significantly to the reduction of gender-based violence, promoting positive and sustainable change in the lives of the participants.

### 3.5 Measuring instruments

Regarding the recording of quantitative information, **the application of different standardized tools was achieved to capture different behavioral and cognitive dimensions of the participants**, namely:

- *Conflict Tactic Scale* Questionnaire (CTS-2)<sup>11</sup>.
- Scale of Attitude towards Gender Violence<sup>12</sup>.
- Cognitive Flexibility Scale<sup>13</sup>.
- DERS-EAM Emotional Regulation Scale<sup>14</sup>.
- Acceptance and Action Questionnaire (AAQ-II).
- Situational Risk Assessment of Gender Violence: the latter was a tool designed by Prosociedad in 2024, based on the literature of situational action theory<sup>15</sup>.

<sup>11</sup>Loinaz, I., Echeburúa, E., Ortiz-Tallo, M., Amor, P. (2012). Psychometric properties of the Conflict Tactics Scales (CTS-2) in a Spanish sample of intimate partner abusers. *Psicothema*, 24, 1, 2. pp. 142-148. University of Oviedo, Spain. <https://www.redalyc.org/pdf/727/72723431022.pdf>

<sup>12</sup>Suárez, DA, Riaño, KJ, Nova, LS & Riveros, F. (2020). Design and validation of an attitude scale toward intimate partner violence for Colombian adults. *Psychological Reports*, 20(1), pp. 33-47. <https://revistas.upb.edu.co/index.php/informespsicologicos/article/view/156/61>

<sup>13</sup>Ortega Munguía, S. (2021). Construction and validation of the cognitive flexibility scale (Master's thesis), National Autonomous University of Mexico <https://repositorio.unam.mx/contenidos/construccion-y-validacion-de-la-escala-de-flexibilidad-cognitiva-3558090>

<sup>14</sup>Carranza-Plancarte, JI., Navarro-Contreras, G., Correa-Romero, FE., & González-Torres, ML. (2022). Psychometric validation of the DERS scale of difficulties in emotion regulation for adults from Michoacán. Michoacán University of San Nicolás de Hidalgo. <https://drive.google.com/file/d/18TGGIYELT9ymVRhKdvmFuG1ujZ1o-QJju/view?usp=sharing>

<sup>15</sup>Kropp, PR., & Hart, S.D. (2015). The Spousal Assault Risk Assessment (SARA) Guide Version 3: User Manual Multi-Health Systems <https://www.rma.scot/wp-content/uploads/2023/01/Spousal-Assault-Risk-Assessment-Guide-Version-3-SARAv3.pdf> and Hilton, NZ, Harris, GT, & Rice, ME (2010). Risk Assessment for Domestically Violent Men: Tools for Criminal Justice, Offender Intervention, and Victim Services. American Psychological Association.

### III. THE IMPLEMENTATION OF THE CORE MODEL

In collaboration with Dr. Edith Carillo<sup>16</sup>, a detailed methodological proposal was developed to conduct a study on the acceptability of the CORE Model and participants' self-perceived changes throughout the intervention.

The study was designed to understand **how participants value the Model's experience and the personal transformations they perceive during their participation**. The methodological approach included **data collection tools such as in-depth interviews and focus groups**, conducted at three key points: at the beginning of the group (second session), midway through the sessions, and at the end of the process. In total, four interviews and three focus groups were conducted and analyzed at the beginning of the process, four interviews and three focus groups during the process, and four interviews and three focus groups at the end<sup>17</sup>.



**Photo:** Group of participants in a session

<sup>16</sup>She holds a Bachelor's degree in Sociology from the University of Guadalajara (UdG) and a degree in Psychology from the University of the Valley of Atemajac (UNIVA), as well as a Master's in Social Anthropology and a PhD in Social Sciences from CIESAS–Occidente. She is currently a postdoctoral researcher at CIESAS–Occidente and a part-time lecturer at the Western Institute of Technology and Higher Education (ITESO). She has extensive experience collaborating on social research projects related to gender, motherhood, poverty, violence, migration, and household economies. In addition, she has contributed to the evaluation of social programs in both urban and rural areas.

<sup>17</sup>In all cases, the focus groups consisted of 5 to 6 participants. For their part, the in-depth interviews were conducted with the same participant, except in one case.

### 3.6 About methodology

This research aimed to evaluate, under real-world implementation conditions, the feasibility and acceptability of the CORE Model, and to obtain preliminary indications of its effectiveness in changing **psychological and behavioral variables associated with intimate partner violence. For this purpose, a mixed methods approach** (quantitative and qualitative) was used to document both the **operational viability of the model** (recruitment capacity, retention, application of instruments, and closure) as well as **the experience and evaluation of the participants** throughout the process, as well as the changes observed between the initial and final measurements.

In the **quantitative component**, a before-and-after design was used, **with a single treatment group (no control group), applying standardized instruments at pre- and post-intervention times to estimate changes** in violent/aggressive behaviors, attitudes, emotional regulation, cognitive flexibility, experiential acceptance/avoidance, and situational risk.

In parallel, the **qualitative component was designed to delve deeper into acceptability, reasons for attendance or absenteeism, and self-perceived changes** (cognitive, emotional, behavioral, and relational) through in-depth interviews and focus groups conducted at three points (beginning, middle, and end). Triangulation of both components enabled an integrated assessment of whether the model can be implemented consistently with its theory of change and whether it shows early signs of improvement. **Given the design's unique nature, the findings should be interpreted as preliminary evidence and a basis for more rigorous subsequent evaluations.**

## 4. The main results of the CORE Model

### 4.1 Quantitative findings

A total of **96 men participated in the program**; however, only 75 were included in this analysis<sup>18</sup>. The results are highly promising across several psychological and behavioral dimensions. In general, the following was observed:

- A **significant reduction in violent or aggressive behaviors (-25.06%), identified by** the CTS-2.
  - This same tool, on the subscale of **tendency towards physical aggression, reveals a reduction** of said behavior of **43.95%**.
- A **moderate reduction in impulsivity among participants (-8.60%),** as measured by the Risk Assessment Scale, indicates that participants are more aware of situations that could trigger acts of violence, as they have a greater capacity to control their impulses. This same scale demonstrates:
  - **Reduction of self-harming thoughts of 10.96%.**
  - **Decrease in the escalation of verbal conflicts of 14.65%.**
  - **Reduction in discomfort caused by the couple's social interactions by 21.52%.**

These results suggest a lower risk of exhibiting problematic behaviors.

- **Furthermore, the increase in cognitive flexibility (9.35%) demonstrates a greater capacity for adaptation, flexible thinking, and emotional regulation,** representing a positive change in the mental functioning of the participants.
- On the other hand, the **decrease in the AAQ-II score (-12.38%) represents an improvement, as it indicates less psychological inflexibility and a greater willingness of the participants to face their internal experiences** without avoiding them.

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<sup>18</sup>The difference is explained by the fact that in 21 cases one of the required questionnaires was missing (either in the pre- or post-measurement). Specifically, 7 participants did not complete the pre-measurement questionnaire, and 14 did not complete the post-measurement questionnaire. The absence of these measurements was mainly due to some participants being unable to attend the sessions where the questionnaires were administered. When they were subsequently sent the link to complete them at home, they also failed to do so. Since it was essential to have information from both measurement points for the analysis, it was not possible to include these participants in the evaluation of the change attributed to the Model.

**In summary, CORE participants developed greater capacity to adapt to difficult situations and tolerate uncomfortable emotions without avoiding them, which is key to maintaining healthy relationships over time.** Encouraging signs of improvement were also identified in more complex areas, such as a reduction in coercive control or severe physical harm, pointing in a positive direction.

**These results indicate not only that men can change, but also that this therapeutic model provides them with fundamental tools to transform their relationships in a respectful, responsible, and sustainable way.**

The complete analysis, broken down by subscale, is available in Annex 1. Likewise, the statistically significant percentage changes are presented in Annex 2.

#### 4.2 Qualitative findings

For the qualitative analysis, CORE evaluated three dimensions, namely: 1) the **acceptability** that this Model has in its target population, 2) the **causes of absenteeism, and 3) the self-perceived changes at the cognitive, emotional, behavioral, and relational level** reported by the users.

**Acceptability reflects the degree to which users consider an intervention appropriate** based on anticipated or experiential ideas, beliefs, and emotions at the beginning, during, and after the process. This study found that, at the start of the process, acceptability is primarily negative, but it changes rapidly once CORE begins. **Positive acceptability increases during and at the end of the intervention.**

Regarding absenteeism, **most users missed no CORE sessions and did not intend to abandon the process.** While the primary motivation for attending and completing the intervention was **to avoid legal problems and close their case, the positive effects participants observed on their well-being and social relationships also played a role.** Group dynamics, collective discussions and reflections, and the learning that occurred in each session influenced attendance and adherence to this intervention.

Finally, regarding **self-perceived changes, participants reported a range of cognitive, emotional, behavioral, and relational changes resulting from this**

**intervention.** The results obtained in this study show that, despite the rejection, emotional discomfort, adverse conditions, and negative implications with which the process begins in CORE, **this Model is quickly accepted once the process has already started.** The participants observe and record changes in how they think, manage emotions, and act, which lead to emotional well-being and positive effects on their social relationships<sup>19</sup>.

**Most users felt that the CORE Model has helped them better control their impulses, feel calmer, and regulate their emotions.** For many, participating in CORE has been a first step, as there are still aspects of their life story that they need to address in individual therapy to improve their relationship with themselves and build healthier relationships, free from violence.

At a cognitive level, **participants indicated that they now have a broader and more complex understanding of violence** and can recognize different types of violence perpetrated and experienced in their intimate relationships. At an **emotional level, participants reported that the CORE process has helped them to identify better and manage emotions, as well as states of stress or tension that can lead** to acts of violence. Study participants noted that they have learned techniques or tools to process these emotions or states and to express them nonviolently.

**Participants in this study indicated that these changes have affected their social and romantic relationships.** Being perceived as more open, calm, relaxed, and empathetic has contributed to more frequent and better interactions in both their work and family lives. They also stated that group dynamics have helped them develop or refine social skills for their overall well-being.

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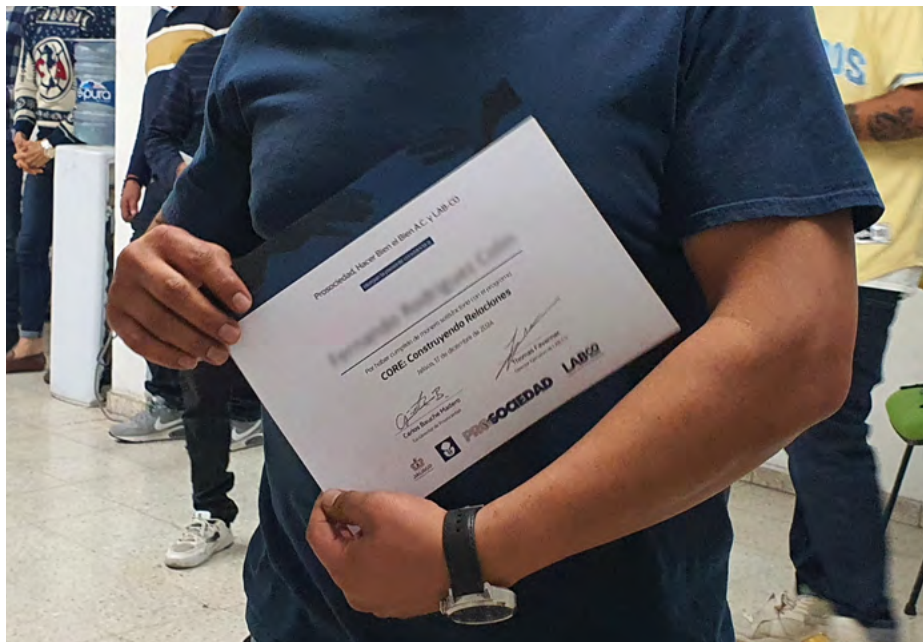
<sup>19</sup>In this study, only one case of outright rejection of the Model was found, and faced with the failure of the attempt to boycott the intervention, he ended up deserting the process.

## 5. What's next for the CORE Model?

Evidence from implementing the CORE Model shows that **it is possible to transform violent behavior through an ethical, structured, and evidence-based intervention.** The results observed so far indicate that participants not only begin to recognize their patterns of violent behavior, but also develop concrete tools to manage their emotions, identify high-risk situations, and respond non-violently in their intimate relationships.

Investing in these types of programs in Mexico not only helps reduce intimate partner violence but also **promotes a profound transformation of masculinities, strengthens family bonds, and significantly decreases recidivism.** Furthermore, the intervention offers men a safe space to question ingrained beliefs and behaviors and to reinforce self-care practices, shared responsibility, and emotional regulation.

These findings strengthen the **potential of the CORE Model to become a sustainable and replicable option for addressing gender-based violence in intimate partner relationships in Mexico.** Its comprehensive approach positions it as a valuable tool for public policies related to tertiary prevention, restorative justice, and community mental health. As evidence of its impact is strengthened through more rigorous evaluations, the CORE Model could be scaled up and integrated as a key strategy within violence response systems, contributing to a more effective and transformative response at the state and federal levels.



**Photo:** Group of participants during the certificate award activity

# 6. Annex 1. Breakdown of quantitative results

**Table 1. Overall PRE and POST averages by instrument**

Instrument	Price	POST Value	Percentage change <sup>20</sup>
Attitude Towards Violence Scale	67.86	65.93	-2.85%*
Physical Subscale	30.06	28.81	-4.17%
Sexual subscale	14.60	14.00	-4.11%
Psychological Subscale	23.20	23.12	-0.34%
Cognitive-physical subscale	5.65	5.02	-11.07%*
Affective-physical subscale	10.02	9.64	-3.86%
Physical Behavioral Subscale	14.38	14.14	-1.67%
Cognitive-sexual subscale	3.73	3.53	-5.36%
Sexual Behavioral Subscale	10.86	10.46	-3.68%
Cognitive Psychological Subscale	9.86	10.26	4.05%
Psychological Behavioral Subscale	13.33	12.85	-3.60%
<b>Cognitive Flexibility</b>	<b>24.10</b>	<b>26.36</b>	<b>9.35%*</b>
<b>Emotions Scale</b>	<b>39.80</b>	<b>40.34</b>	<b>1.37%</b>
F1 IM subscale	14.58	14.84	1.73%
F2 ME subscale	12.02	12.58	4.66%
F3 NA Subscale	6.05	6.10	0.89%
F4 DM Subscale	7.13	6.81	-4.49%
<b>Acceptance and Action</b>	<b>15.74</b>	<b>13.80</b>	<b>-12.38%*</b>
<b>CTS-2</b>	<b>19.38</b>	<b>14.53</b>	<b>-25.06%*</b>
Negotiation subscale	23.68	23.30	-1.58%
Psychological Aggression Subscale	11.54	9.36	-18.94%*
Physical Aggression Subscale	4.85	2.72	-43.95%*
Sexual Coercion Subscale	0.22	0.48	111.45% <sup>21</sup>
Subscale Damages	2.34	1.73	-26.16%*
<b>Risk assessment</b>	<b>26.74</b>	<b>24.45</b>	<b>-8.60%*</b>
Work or Economic Stress Subscale	4.32	3.86	-10.49%
Self-harm thoughts subscale	2.80	2.49	-10.96%*
Subscale: Conflicts with Close Family Members	1.54	1.50	-2.59%
Recent Separation Subscale	3.09	2.92	-5.59%
Subscale Presence of Weapons	2.13	2.17	1.88%
Verbal Conflict Escalation Subscale	4.82	4.12	-14.65%
Substance Use Subscale	3.65	3.60	-1.45%
Subscale: Discomfort with My Partner's Social Interactions	1.73	1.36	-21.52%
Subscale Need for Control	2.64	2.41	-8.60%

**Source:** Prepared by LAB-CO with the results of the questionnaires applied to the participants.

<sup>20</sup>Values marked with a star indicate statistical significance ( $p < 0.05$ ).

<sup>21</sup>The high percentage increase is because the initial value (PRE) is relatively low; therefore, even a small absolute change produces a significant percentage change.

## 7. Annex 2 Descriptive statistics of quantitative results

**Table 2. Results of the normality and statistical significance test by the instrument<sup>22</sup>**

Instrument	Standard deviation	P by Shapiro Wilk	Statistical significance	Significance values
<b>Attitude Towards Violence Scale</b>	<b>15.16</b>	<b>0.119</b>	<b>Yeah</b>	<b>Regression R<sup>2</sup> = .166, p &lt; .001</b>
Physical Subscale	9.83	0.098	No	p ≥ .05
Sexual subscale	3.05	0.006	No	p ≥ .05
Psychological Subscale	5.78	0.134	No	p ≥ .05
Cognitive-physical subscale	2.50	< .001	Yeah	Test t t = 1.84, p = .035, d = 0.21
Affective-physical subscale	5.57	< .001	No	p ≥ .05
Physical Behavioral Subscale	5.21	0.128	No	p ≥ .05
Cognitive-sexual subscale	1.46	< .001	No	p ≥ .05
Sexual Behavioral Subscale	2.71	< .001	No	p ≥ .05
Cognitive Psychological Subscale	4.79	< .001	No	p ≥ .05
Psychological Behavioral Subscale	4.42	< .001	No	p ≥ .05
<b>Cognitive Flexibility</b>	<b>7.13</b>	<b>0.009</b>	<b>Yeah</b>	<b>Test t t = -2.92, p = .002, d = 0.34</b>
<b>Emotions Scale</b>	<b>15.77</b>	<b>&lt; .001</b>	<b>No</b>	<b>p ≥ .05</b>
F1 IM subscale	6.57	< .001	No	p ≥ .05
F2 ME subscale	5.33	< .001	No	p ≥ .05
F3 NA Subscale	3.01	< .001	No	p ≥ .05
F4 DM Subscale	2.82	0.008	No	p ≥ .05
<b>Acceptance and Action</b>	<b>8.81</b>	<b>&lt; .001</b>	<b>Yeah</b>	<b>Test t t = 2.56, p = .006, d = 0.30</b>
<b>CTS-2</b>	<b>18.94</b>	<b>&lt; .001</b>	<b>Yeah</b>	<b>Test t t = 2.47, p = .008, d = 0.29</b>
Negotiation subscale	9.13	0.055	No	p ≥ .05
Psychological Aggression Subscale	10.12	< .001	Yeah	Test t t = 2.17, p = .017, d = 0.25
Physical Aggression Subscale	6.67	< .001	Yeah	Test t t = 3.14, p < .001, d = 0.36
Sexual Coercion Subscale	0.99	< .001	No	p ≥ .05
Subscale Damages	3.57	< .001	Yeah	Wilcoxon z = 1.65, p = .049, r = 0.28

**Source:** Prepared by Prosociedad with the results of the questionnaires applied to the participants.

<sup>22</sup>Changes between pre- and post-measurements were analyzed using descriptive statistics and inferential tests, according to the type of variable and the data distribution. Score variability was measured as the standard deviation.

The assumption of normality of the PRE-POST changes was assessed using the Shapiro-Wilk test. p-values ≥ .05 indicated an approximately normal distribution. To assess the changes, parametric or non-parametric tests were used as appropriate. When the data met the assumption of normality, a paired-samples t-test was used, and the t-statistic, p-value, and effect size (Cohen's d) were reported. When the assumption of normality was not met, the Wilcoxon signed-rank test was applied, and the z-statistic, p-value, and effect size (r) were reported. For categorical variables, the chi-square test was used.

Given the empirical evidence on the robustness of the t-test to moderate deviations from normality, it was used in some cases as the primary analysis when the sample size and measurement scale allowed it, complementing the interpretation with effect sizes.

Statistical significance was established with a p-value < .05. When p ≥ .05 is indicated, the observed change did not reach the conventional threshold for statistical significance. In one specific case, a regression model was used, and the coefficient of determination (R<sup>2</sup>) and its corresponding p-value are reported.

Instrument	Standard deviation	P by Shapiro Wilk	Statistical significance	Significance values
<b>Risk assessment</b>	<b>9.08</b>	<b>&lt; .001</b>	<b>Yeah</b>	<b>Wilcoxon z = 2.14, p = .016, r = 0.30</b>
Work or Economic Stress Subscale	2.27	< .001	No	p ≥ .05
Self-harm thoughts subscale	1.94	< .001	Yeah	$\chi^2 = 75.89, p = .006$
Subscale: Conflicts with Close Family Members	1.07	< .001	No	p ≥ .05
Recent Separation Subscale	1.72	< .001	No	p ≥ .05
Subscale Presence of Weapons	0.55	< .001	No	p ≥ .05
Verbal Conflict Escalation Subscale	2.49	< .001	No	p ≥ .05
Substance Use Subscale	1.24	< .001	No	p ≥ .05
Subscale: Discomfort with My Partner's Social Interactions	1.13	< .001	No	p ≥ .05
Subscale Need for Control	1.42	< .001	No	p ≥ .05

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