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Design Considerations for Group Interventions for Adolescent Victims of Interpersonal Violence in Chile

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ABSTRACT

Whilst individual psychotherapy is effective in treating the consequences of interpersonal violence, the demand for care usually exceeds the capacity of healthcare systems. Group interventions allow access for more children and adolescents, but evidence of their effectiveness is still scarce. Our objective was to investigate the opinions of Chilean professionals on what should be considered when designing group psychotherapeutic interventions for adolescent. Participants were 85 psychologists and social workers who work with adolescents exposed to violence. Participants completed an online survey about their opinions regarding the issues that should be addressed in group interventions. Thematic analysis uncovered broad support for this type of group intervention as part of a larger intervention process. Participants suggested that initial phases of the intervention should be carried out in a group format, address general aspects of trauma and intervention, and highlight personal resources and aspects of normal life. The individual trauma narratives should be addressed later, in individual therapy. Participants proposed a balance between psychoeducation and experiential activities. The results support group interventions to allow a better use of professional resources to face high demand for treatment, but it should be part of an intervention in phases, taking care not to retraumatize group participants.

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Interpersonal violence (IPV) refers to any violent event committed by one or more individuals against another individual, resulting in serious psychological consequences for the victim (Mahoney et al., 2019). Forms of IPV against children and adolescents include acts of omission such as neglect and acts of commission such as physical assaults and sexual exploitation. The population prevalence of IPV against children and adolescents has been estimated at more than 70% in different studies across the globe (Finkelhor et al., 2009; Le et al., 2018; Radford et al., 2013). In Chile, Pinto-Cortez et al. (2018) found that

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76.8% of 706 adolescents had suffered at least one IPV event in the last year. Specifically, 39.8% had suffered 1–3 different forms of IPV, 21% had suffered between 4–6 different forms, and 16% had experienced seven or more. The National Poly-victimization Survey, which included 19,684 adolescents from Chile's general population, found that 64.1% had suffered IPV in the community, 43.1% had suffered attacks or threats, 35.9% had suffered abuse or domestic violence, 29.9% had suffered bullying, and 15.4% had suffered sexual victimization or intimate partner violence in the last year (Consejo Nacional de Infancia, 2018).

Systematic reviews and meta-analyses show the negative consequences of childhood IPV for its victims (Fry et al., 2018; Maglione et al., 2018). Internalizing symptoms such as depression, anxiety, post-traumatic stress, and somatic symptoms are common (Álvarez-Lister et al., 2014; Ford & Delker, 2018; Gren-Landell et al., 2011; Játiva & Cerezo, 2014). Externalizing problems, including behavior problems and emotional dysregulation, problems with school adaptation, social interaction, conduct disorder or aggressive behavior are also a frequent outcome (Ford et al., 2011; Jaffee et al., 2007; Norman et al., 2012).

There is evidence of the effectiveness of psychotherapy in helping victims cope with the consequences of childhood IPV, with early intervention showing the best efficacy (Roberts et al., 2019). Meta-analyses and systematic reviews find support for structured models of therapy for children and adolescents such as trauma-focused cognitive behavioral therapy (TF-CBT), or eye movement desensitization and reprocessing (Gillies et al., 2012; Morina et al., 2016).

Given the high prevalence of childhood IPV, some authors propose group psychotherapeutic interventions to allow more efficient use of resources and capitalize on the benefits of peer support (Batkin-Khan & Aronso, 2007; Black et al., 2012). Although there is evidence of the effectiveness of group psychotherapy in treating the consequences of IPV in adults (e.g., Barrera et al., 2013; Classen et al., 2011; Sayin et al., 2013; Schwartze et al., 2019), the evidence for children and adolescents is limited. Pilot studies have shown preliminary support for trauma/grief-focused group psychotherapy (Layne et al., 2001), Structured Psychotherapy for Adolescents (Habib et al., 2013), and Trauma and Grief Component Therapy (Grassetti et al., 2015). The results of these pilot studies are promising in the control of post-traumatic symptoms and promotion of resilience. However, they also caution against disclosure of individual trauma experiences in a group context, to avoid the risk of re-traumatization. Deblinger et al. (2016) found four studies of group TF-CBT with young people, noting that given the particularities of trauma-focused treatment, therapists should take particular care when dealing with personal issues related to each participant's history of victimization. They proposed combining a group modality for the initial phase of psychotherapy with an individual modality to deal with more individual and profound issues related

to IPV, which is consistent with the phase-based approach to treat the consequences of IPV (Cloitre et al., 2011). Three phases are articulated in the phase-based approach. The first phase focuses on stabilization, including psychoeducation, training to develop adaptive coping strategies, and emotional awareness and regulation. The second phase works to reprocess traumatic memories, and the third phase focuses on a return to normal pathways of development integrating and learning from the lived experiences (Cloitre et al., 2011; Herman, 1997).

Group psychotherapy may be an acceptable and cost-effective means of addressing the high prevalence of IPV exposure and its deleterious consequences, particularly in the first intervention phases. However, there is a need for more understanding of its effectiveness, its scope and depth, and how to mitigate the risk of re-traumatization. This is particularly relevant in less developed countries where the demand for care exceeds the supply of publicly funded services and there is little research on evidence-based psychotherapy interventions (Guerra & Arredondo, 2017; Morina et al., 2016).

Context and aims of the present study

This study, conducted in Chile, responds to an urgent need to improve the quality, accessibility, and cultural relevance of psychotherapeutic interventions with children and adolescents exposed to IPV. In Chile, children and adolescents affected by more serious IPV receive services from non-governmental organizations that receive a state subsidy through the Childhood National Service: SENAME (SENAME, 2019a). The family courts refer the children to specialist programs. During 2019, 53,193 children and adolescents were admitted to programs for IPV victims in Chile, of which 31.7% of the admissions related to negligence, 22.5% to domestic violence, 17% were victims of crimes and 11.8% were due to child abuse and sexual abuse (SENAME, 2020). In Chile, specialist centers are interdisciplinary, with the intervention led by a "psychosocial duo," made up of a psychologist and a social worker. These professionals oversee the entire treatment process with the child and family, coordinating with other professionals according to the needs of the case (educators, lawyers, psychiatrist, etc.).

The current provision of the Chilean system cannot meet demand. Despite opening new centers every year there are large numbers of children and adolescents waiting for specialist support. This waiting list is sometimes equivalent to the capacity of some centers. In 2018, the waiting list for the entire SENAME system was 13,481 children or adolescents across the whole country (SENAME, 2019b). The best practice treatment guidelines state 12 months for the duration of intervention if there is a caregiver involved in the treatment, and if not, up to 24 months (SENAME, 2015); the waiting time for new cases to access treatment can be equal to that period.

Chile needs effective and efficient intervention models to support a greater number of adolescents, which is why group psychotherapy is a viable alternative. However, the evidence base does not yet exist to inform what these interventions should look like, nor their efficacy. There is also a need to evaluate the cultural applicability of extant interventions (De Arellano et al., 2012; Murray & Skavenski, 2012). In this study, Chilean psychologists and social workers were consulted on what factors should be considered when designing or adapting group psychotherapeutic interventions to treat the consequences of IPV in children and adolescents in the first phase of intervention. The main objective was to map these considerations to guide current and future intervention development and delivery to improve access to high-quality, specialist care.

This research is relevant due to the need to understand the local context before using interventions developed in other settings. Various authors have found cultural differences in understanding, meaning, and coping with interpersonal trauma (Guerra & Arredondo, 2017; Pereda, 2006). For example, the Chilean judicial and protection system has proven to be highly retraumatizing for children and adolescents, in conflict with principles of trauma-informed care (Hanson & Lang, 2016). Two judicial processes (family courts and criminal courts) typically operate in parallel to the therapeutic process. Both processes entail interviewing and questioning victims, which can interfere with the process of psychological care and recovery (Guerra & Bravo, 2014; Orellana et al., 2015). Psychological intervention design needs to be cognizant of this wider system to mitigate the associated risks.

Most of the psychological interventions used in Chile and in Latin America are imported from countries with greater resources and cultural differences (US, Europe), with few efforts on the part of local organizations and institutions to identify and respond to local culture and context (Martínez-Taboas, 2014; Vera-Villarroel & Mustaca, 2006). In addition, Chilean policy regarding the care of child and adolescent victims of IPV is unclear on the application of evidence-based interventions (Capella & Gutiérrez, 2014). An evidence-base for culturally sensitive trauma-focused interventions is needed to rectify this. This is certainly needed in Chile and other countries that "import" interventions, but it is also needed for countries that "export" them since it provides useful information about generalizability and its limitations.

This study aims to contribute to the literature through systematic enquiry of expert opinion on the requirements for a successful group intervention for victims of IPV. The group interventions allow a more efficient use of resources, but at the same time there are special consideration to avoid re-traumatization in a group space.

Method

Participants

Participants were 85 professionals working in support centers for child and adolescent victims of IPV in Chile (75.3% female, 24.7% male). The sample comprised 56 psychologists (65.9%) and 29 (34.1%) social workers. Thirty professionals (35.3%) worked in the Arica and Parinacota Region in the north of the country, 39 (45.9%) in the Central Zone (Regions of Coquimbo and Valparaíso), and 16 (18.8%) in the South Zone (Regions of the Rivers and Lakes). Their ages ranged from 24 to 50 years (M = 36.2, SD = 6.3). Professional experience providing psychosocial support to the child and adolescent victims of IPV was between 1 and 20 years (M = 6.9, SD = 5.0). Participants reported having facilitated between 0 and 50 group interventions in their careers (M = 8.1, SD = 10.9, 50.6% between 0 to 4, 31.7% between 5 to 10, and 17.7% between 11 to 50).

Instruments

Data was collected via an online survey with open questions inviting free-text responses. Professionals were asked for demographic characteristics and professional experience. Following this, eight open questions asked for opinions regarding issues that should be addressed and avoided in group psychotherapeutic interventions with adolescent victims of IPV in the first phase of intervention; recommended activities; and treatment duration (topics to address in a group intervention; suggested activities).

Procedure

The project was approved by the North Central Zone ethics committee of the Universidad Santo Tomás. Collaboration was requested from three non-governmental organizations (NGOs) that, in total, run 44 specialist centers across the country for adolescent victims of IPV (foster care, centers to support victims of sexual abuse and maltreatment, centers to support victims of sexual exploitation or victimized adolescents with behavior problems). The directors of each of these NGOs distributed the information sheet, the consent form, and the survey link to eligible staff. In total, 91 completed surveys were received, but 6 surveys were excluded because they were completed by professionals other than psychologists or social workers who had less experience of delivering psychotherapeutic interventions.

Data analysis

The data from the online survey was anonymized and exported to Dedoose Version 8.0.35 (2018), where it was analyzed. A thematic analysis (Braun & Clarke, 2006) made it possible to identify the most relevant topics that, in the opinion of professionals, should be incorporated into first-phase group interventions. The analysis followed six steps: 1. familiarization with the data set by reading participant responses several times and documenting initial ideas; 2. generation of initial codes which represented the essence of the participants' opinions; 3. collation of codes into potential themes according to our research questions, 4. revision of the themes, checking if the themes were consistent with the entire data set; 5. definition and nomination of the themes, choosing a name that represented the codes included in the theme, and proposing a definition of it; and 6. selection of quotes from the data set that represent each theme. These verbatim quotes, originally in Spanish, were translated into English.[1] To avoid bias, all steps were done independently by three team members, who triangulated their findings. Any divergence was discussed until an agreement was reached. We created a hierarchical thematic map and calculated the proportion of participants (%) who mentioned each theme or sub-theme.

Results

Most participants (98.8%) supported the utility of group-based psychotherapeutic intervention during the first phase of treatment. They highlighted the need for robust planning to take advantage of the group experience of mutual support among adolescents and to avoid re-victimization associated with sharing individual experiences in a group environment where confidentiality is difficult to control. Although participants were aware that avoiding re-victimization is a general requirement of trauma-focused therapies, this concern emerged as a critical point that permeated all the themes found in the analysis. Participants suggested that group-based first-phase interventions should focus on general aspects of trauma and avoid the personal trauma histories of group members. They suggested that the group intervention functioned best as a preliminary or preparatory step before pursuing resolution of trauma experiences in individual therapy. Indeed, 69.9% of the participants suggest that these preliminary group interventions should have a limited number of sessions (between 4 and 10) to later give way to individual intervention.

[1]To access the original quotes in Spanish, please request them directly from the contact author.

Aside from this important caveat, participants did not recommend any limits on topics to be addressed in group interventions, as long as personal boundaries were respected, that group members were not forced to participate in activities or explore sensitive topics, and that necessary accompaniment, support, and containment measures were employed: "I think that with adolescents, it is possible to address all the issues they raise, but it is necessary to work out containment strategies in advance to manage potential adolescent dysregulation" (Participant 18, Psychologist, Female). Likewise, participants pointed out the need to carefully define inclusion criteria or group composition, attending to individual characteristics of potential adolescents (e.g., personality characteristics, possible conflicts with the law, coping strategies) in order to design interventions that match the needs of each specific group and therefore increase the likelihood of improved psychosocial outcomes for group members. The following sections address specific suggestions regarding the topics and activities that should be included or avoided in first-phase group interventions.

Topics to be included and avoided in early-group interventions

Thematic analysis yielded four over-arching themes that should be considered in group intervention design and two key issues that should be avoided. Figure 1 shows the themes, subthemes, and the proportion (%) of participants who addressed each one.

Over-arching theme 1: What to include

Under this heading, the first theme covered elements related to "therapeutic intervention." Participants thought it necessary to explain to adolescents the type of intervention and its potential benefits. Two sub-themes were identified: (i) the "therapeutic setting," where it is important to explain the objectives, activities, and foundations of the group intervention, as well as its connection with a subsequent individual intervention: "Characteristics such as process, times and intervention methodologies, basically giving them predictability" (Participant 69, Psychologist, Female); and (ii) the importance of explicitly talking about "the potential of the group space" where group members could learn, in a climate of respect, empathy, care, and trust, with peers who have gone through similar experiences: "sense of community, empathy, and understanding among a group of peers" (Participant 76, Social Worker, Male).

The second theme relates to "interpersonal trauma," referring to the need to contextualize groupwork as facilitating the overcoming of adverse consequences of violence and traumatization. Participants suggested talking about trauma in general terms to allow adolescents to understand the meaning of the intervention, but without going into details about the traumatic experiences of

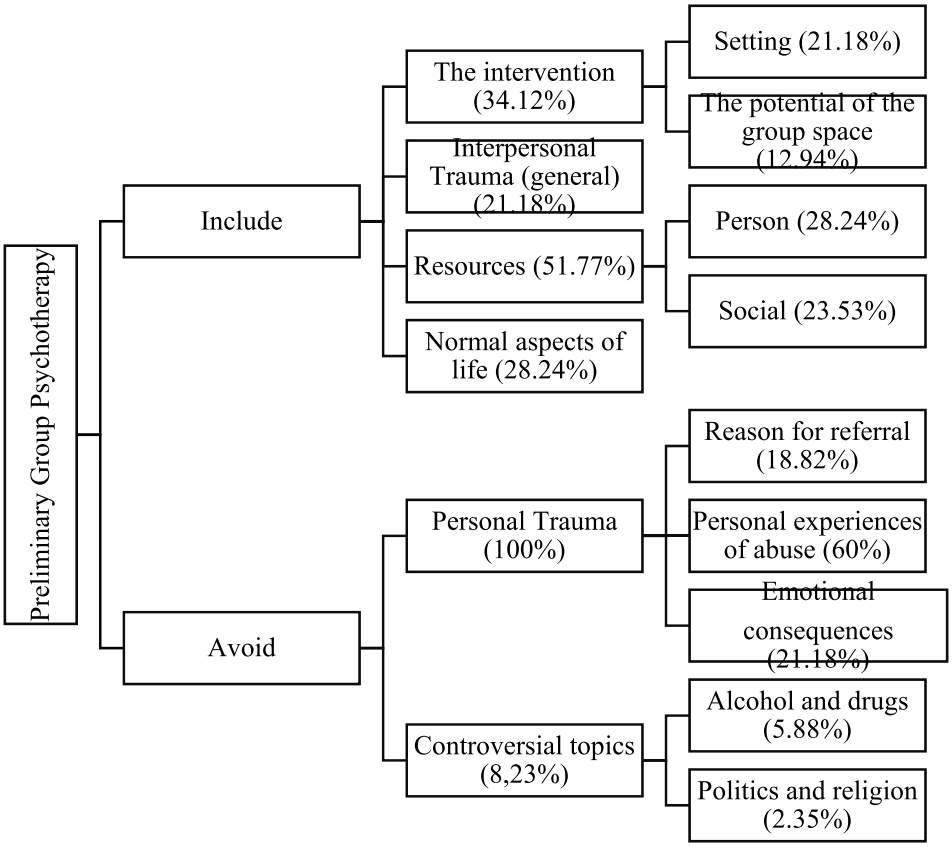

Figure 1. Thematic map for group intervention components.
Note: The % represent the proportion of participants who addressed each theme or subtheme

each group member. They also highlighted the need to address definitions of trauma and victimization to help adolescents identify abusive relationships, their consequences and distinguish them from spaces of protection and care: "identify the abusive situation and the reasons why abuse disclosure has been delayed. Identify safeguarding contexts at the family and community level. Recognize resilience resources" (Participant 6, Psychologist, Female).

The third theme corresponded to "recognition of resources." For the participants, group intervention should allow adolescents to recognize, make visible, and enhance personal and social resources as a relevant aspect. "Personal resources" included important psychological constructs such as self-efficacy, self-esteem or self-image, and reflective capacity. Participants highlighted the relevance of dealing with issues related to skills at a behavioral level: self-care, motivation, adherence to treatment, and social skills to support the development of adaptive interpersonal relationships: " ... I feel that group interventions should be aimed at developing skills. Later on, move to identity work, talking about self-concept and strengths ... " (Participant 59,

Psychologist, Male). "Social resources" included consideration of attachment bonds with protective figures in family and or institutional networks to allow adolescents to identify their support network: "Identify and activate social and peer support networks, and a local protection network for the child or adolescent; create a general safety plan (e.g., police phone number, the emergency number for domestic violence, etc." (Participant 84, Psychologist, Female)

Finally, the need to consider issues not directly related to the trauma was noted. This was described as creating space for adolescents to reflect on "normative aspects of life" related to their lifestage,, their interests, preferences, motivations, dreams, and opinions: "A sense of self and identity, and how to express this, a shared narrative about normal things, and a sense of life beyond trauma (stigmatization reduction)" (Participant 50, Social Worker, Female). "Topics that interest them, from being a teenager, to their hobbies, and what unites this generation" (Participant 27, Psychologist, Female).

Over-arching theme 2: Issues to avoid

All participants emphasized that the intervention should avoid any situation that exposes the adolescent to secondary traumatization. The relevant point here is that adolescents must have the freedom to consent to participate (or not) in any activity and not feel obliged to talk about issues that they do not want to talk about, which is also applicable to individual interventions. Participants were not opposed to addressing trauma in general terms, but a deeper individual exploration of experiences should be conducted later in individual psychotherapy. This over-arching theme contained two themes. Within the "personal trauma" theme participants indicated that it would be inadvisable to explore each group member's "reason for referral," which include any personal information associated with family courts or the justice system, the role of significant adults in that process or the IPV itself (e.g., Who were the perpetrators? What was the role of the family?): "the responsibilities that parents and/or caregivers had in the situation, since it can create resistance to treatment, treatment breaks, and judgment from the other participants" (Participant 30, Social Worker, Female). Nor would it be pertinent to force adolescents to share painful situations that they had experienced in their lives, or "individual experiences of abuse," since this would not be appropriate in a first-phase intervention: "Personal experiences of violation and trauma, focusing on topics of violation and abuse, which may cause them to feel exposed or uncomfortable, withdrawn and inhibited, even drop out of group intervention" (Participant 45, Psychologist, Female). Likewise, as the focus was on the first stage of intervention, participants suggested avoiding exposing the group members to the narrative of the "socio-emotional consequences" that each of them has had to face. Although this can be treated in a generic way, it

would be necessary to establish more protected and confidential spaces to explore individual experiences: "the trauma in depth, inquire about their pain" (Participant 72, Psychologist, Female).

A smaller proportion of participants point out that other "controversial topics" should be avoided such as "personal use of alcohol or drugs," and "politics and religion."

Activities and structure

Participants emphasized that group activities should enhance adolescents' own resources such as self-esteem, self-care, acceptance, security, self-protection, ability to connect with oneself, verbal and non-verbal expression. They also suggested structured sessions with a margin of flexibility that would allow adolescents to opt-out of activities. Likewise, time should be allowed and facilitated in which adolescents could spontaneously introduce topics beyond those scheduled (e.g., anecdotes of the week, something that happened at school), but that help adolescents to own the group space: " . . . stories about themselves. Young people in general, in my experience, like to discuss situations that they have experienced themselves" (Participant 25, Social Worker, Female). The role of therapists would be to provide space for these more informal discussions, taking care that adolescents do not expose information about themselves beyond what feels safe and contained. Therapists would need to move fluidly between letting adolescents taking the lead and adopting a more directive approach, depending on the situation and the needs of the group: "Facilitators should give continuity to the group process (stable, supportive, structured)" (Participant 82, Psychologist, Female).

Recommendations for specific activities were grouped into three main themes (see, Figure 2). Participants proposed activities that "enhance overall group climate" including self-knowledge in group members and other topics of interest to adolescents (e.g., music), since this would facilitate a sense of group belonging and could also inform activities in subsequent sessions: "Dynamics of teamwork, which allows for trust and group cohesion" (Participant 65, Psychologist, Female). Participants also emphasized the need to avoid confrontational dynamics, since this would affect the group climate and the emotional wellbeing of participants: "Activities that may generate (unintentionally) some judgment, or which may worsen symptoms or impair early adherence to the intervention should be avoided" (Participant 42, Psychologist, Female).

In addition, participants suggested activities that integrated a "psychoeducational" component with a more "experiential" or participatory component: "Playful and psychoeducational group interventions, self-care workshops" (Participant 15, Psychologist, Female). Although participants recognized the value of the psychoeducational component

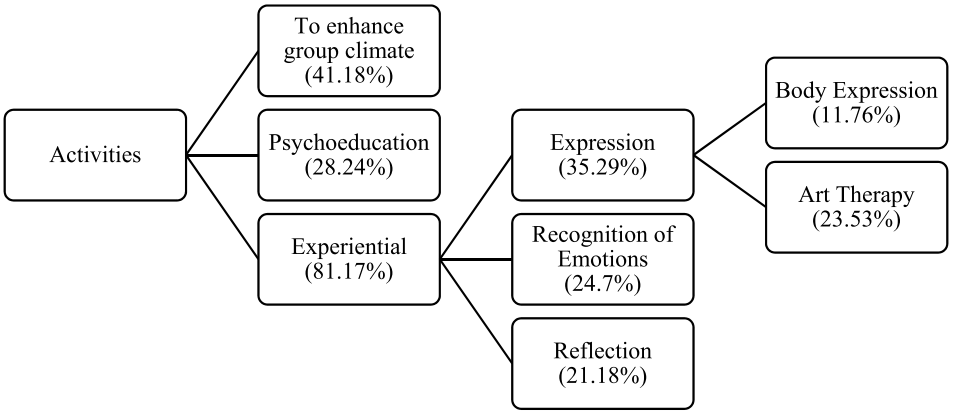

Figure 2. Thematic map for activities.
Note: The % represent the proportion of participants who addressed each theme or subtheme

because it allowed adolescents to be given key tools and concepts for their recovery process, they warned that group intervention should not be limited to this and that participatory components should be included. Specifically, participants suggested avoiding monotonous or boring activities, schooling, rigid protocols, adult-centric approaches, or activities that could inhibit participation, dialogue, and creativity: "highly structured activities that do not promote dialogue or opinion from the adolescents" (Participant 73, Social Worker, Female).

Within the experiential components, participants identified "expressive activities" that allow adolescents to express themselves, connect with the here and now, and generate motivation for the intervention. Within these activities, those of "body expression" stood out due to the high acceptability among adolescents: "expressive body activities generally get adolescents moving and motivated" (Participant 60, Psychologist, Male). The only caveat was that expressive body activities were not invasive or involved forced physical contact with other group members (e.g., hugging, massage): "Do not force physical contact with others unless it arises spontaneously" (Participant 28, Psychologist, Female). Likewise, participants highlighted the use of art and "art therapy" as an accessible and meaningful resource for adolescents. Among these, manual activities were emphasized: "Work with strategies that allow the young person to express themselves through drawing, acting, art" (Participant 5, Social Worker, Female), along with the use of technologies that allow audiovisual formats.

Activities were suggested to help adolescents to recognize and modulate emotions, including developing self-knowledge, contact with oneself and learning to relax. Guilt, fear, and insecurity were recognized as specific emotions to be worked on: " Body activation/relaxation . . . Development of an activity that allows emotional connection, for example, painting/writing a story collectively" (Participant 62, Psychologist, Female). "In my opinion,

they could be relaxation techniques, basic concepts to understand their emotions, work through developmental stages with them so that they understand their own changes" (Participant 55, Social Worker, Female). Participants also proposed reflective activities, including games and audiovisual content that would generate conversation about topics of interest to the adolescent as well as to introduce topics related to the intervention: " ... we apply remote activities, zoom and kahoot (we complement them), asking questions, or small quizzes where young people must answer questions about the topics covered" (Participant 21, Social Worker, Female).

Discussion

The main objective of this study was to consult Chilean psychologists and social workers about factors to consider in the design and implementation of group interventions with adolescent victims of IPV. Participants highlighted the potential of the group space as a supportive environment amongst peers that could advance the recovery process. Support for group interventions for adolescents has been reported previously, highlighting the importance of the peer group at this stage of life and its potential as a source of support after suffering IPV (Batkin-Khan & Aronso, 2007; Black et al., 2012; Malekoff, 2014). The findings were consistent regarding the need to include group interventions as part of a more extensive psychotherapy process, in line with what is suggested by the phase-based approach for complex trauma (Cloitre et al., 2011; Herman, 1997). Group interventions have been proposed for the first phase of psychotherapy, focused on psychoeducation, recognition and expression of emotions, and development of adaptive coping strategies, preparing young people for individual therapy to address their personal trauma history (Deblinger et al., 2016). This also appears to have been the focus of extant group interventions for adolescent victims of IPV, which have focused on skills such as emotional expression and coping strategies, rather than exposure (Grassetti et al., 2015; Habib et al., 2013; Layne et al., 2001).

From the participants' perspective, group interventions should be limited to the first phase due to a perception that individual trauma accounts should only be explored within individual treatment, where the therapy can be tailored to meet the individual needs of each adolescent. However, after this individual stage, it may be worth returning to a group intervention aimed at recognizing resources and focusing on the future (Deblinger et al., 2016).

The results of the study also highlight the need to take measures to avoid retraumatizing adolescents. Participants articulated the need for group facilitators to ensure voluntary participation in the group intervention, and each of its activities, taking care that adolescents do not overexpose themselves in describing their own experiences. Although this concern about not retraumatizing is also applicable to individual interventions (Guerra & Barrera, 2017), and is a core

principle of trauma-informed care (Hanson & Lang, 2016), it seems especially pertinent in a group space where confidentiality in the group is something that cannot be fully guaranteed by the therapists. This is particularly relevant in contexts such as Latin America, where the overall intervention model risks retraumatizing IPV victims due to the integration of highly bureaucratic therapeutic, protective, and judicial processes (Mantilla-Ojeda & Arellano-Prieto, 2020; Orellana et al., 2015). It is important to recognize that psychological treatment occurs in a broader intervention context that may have iatrogenic effects. Systematic review findings suggest that in general, trauma-informed care in youth justice systems are poorly defined or operationalized (Branson et al., 2017) and it is plausible that these same systems may poorly serve young people defined as victims.

Beyond this consideration, the results indicate that there should be no prohibited topics or activities within the group intervention. The participants point out that flexibility is required in the structuring of the group intervention so that adolescents can experience leadership in discussion topics and activities, as well as in the formation of a support group space. The results indicate that group interventions with adolescent victims of IPV should favor the formation of a supportive and containing group space where a variety of issues can be addressed, consistent with the principle of a safe physical space, set out in trauma-informed care models (Hanson & Lang, 2016). The study participants highlighted the importance of group intervention based on flexible dynamics, incorporating psychoeducational, reflective, playful, recreational aspects beyond rigid repetition and schooling of content. Adolescents were described as full of creativity and able to benefit from spaces that empower them in different spheres of their lives beyond the trauma experience. This is coherent with the idea of the group as a space of mutual containment (Pingitore & Ferszt, 2017; Pojman, 2009) that reveals the need to dedicate time to the formation of an adequate group climate (Rutan et al., 2007; Yalom & Leszcz, 2005), the importance of the therapeutic alliance (Murphy & Hutton, 2018), and the relationship between group participants.

Interestingly, professionals who participated in the study did not suggest specific techniques or one model of psychotherapy over another; instead, recommending that activities should be flexible and varied to promote reflection, but also on a more emotional and expressive level. The results give a more dynamic vision of psychoeducation as a therapeutic strategy since participants engage in verbal and non-verbal activities aimed at meaningful learning, including experiential-emotional learning. The group therapist is challenged to design activities with content focused on trauma that at the same time have an appealing format for young people. Some of the participants suggested a collaborative approach to designing group interventions with adolescents, such that adolescents could propose topics and activities: “I think it is important before conducting the group intervention, to do a small

survey of adolescents asking them what topics they would like to address in a group session so that the intervention can be collaborative, integrating their opinions and wishes" (Participant 27, Psychologist, Female).

Limitations

The collaborative approach seems very relevant in the design of group interventions. It highlights a limitation of this study, which has to do with the fact that only professionals participated in the consultation, and the testimony of adolescents – potential beneficiaries of group interventions – was not included. Studies are needed to give voice to adolescent victims of IPV and highlight their opinion regarding how interventions for them are designed. A previous study consulted adolescent participants in group therapy not focused on IPV (Pingitore & Ferszt, 2017), with similar findings regarding the importance of group climate and the generation of a safe space, especially in the first group therapy sessions, where adolescents described feeling very nervous. The authors highlighted the importance of small groups where adolescents would feel supported by each other, and voluntary attendance. Likewise, adolescent participants indicated that the therapist should be active, flexible, non-judgmental and empathetic, while redirecting the activities for the benefit of the group, as indicated by the professionals who participated in the present study.

Another limitation of the study is that the survey did not investigate how parents or responsible adults could participate in group interventions. Family support is a significant resilience factor that could play a part in group interventions (Pereda, 2011; Zajac et al., 2015). Future research could investigate how to include family in group interventions.

The results of this study are encouraging for the development of group interventions in the first phase of intervention with adolescent victims of IPV, suggesting a high level of acceptability amongst clinicians who would be referring clients to and delivering such interventions. Such interventions lay the foundations for later individual therapies aimed at resolving long-standing, complex difficulties, and ensuring the quality, relevance and acceptability is therefore essential (Dorrepaal et al., 2014; Reddemann & Piedfort-Marin, 2017). Group interventions can help address the negative effect of long waiting times in countries like Chile. Although there are already experiences where group interventions have been piloted with adolescent victims of IPV (Grassetti et al., 2015; Habib et al., 2013; Layne et al., 2001), evidence of their effectiveness is still scarce, especially in Latin America and other low-income contexts (Guerra & Arredondo, 2017; Morina et al., 2016). Interventions should be designed with cultural sensitivity to avoid iatrogenic effects (De Arellano et al., 2012; Murray & Skavenski, 2012), especially when working with vulnerable adolescents (American Psychological Association Task Force on Evidence-Based Practice for Children and Adolescents, 2008).

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Ethical Standards and Informed Consent

All procedures followed were in accordance with the ethical standards described in the chilean regulation and with the Helsinki Declaration of 1975, as revised in 2000. Informed consent was obtained from all participants for being included in the study.

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