



Article

Effects of DARSI Intervention Program on Adolescents' Perceptions of Love, Tolerance toward Abuse and Dating Violence Perpetration

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Abstract: Teen dating violence is a serious problem and intervention programs aimed at reducing this violence and helping adolescents to develop healthier romantic relationships are needed. The objective of this study was to assess the effects of the DARSI program on the development of a more adequate perception of love, the reduction of tolerance toward abuse in romantic relationships, and the reduction of the perpetration of dating violence in adolescents. The sample consisted of 129 adolescents, aged 12 to 17 years ($M = 14.05$, $SD = 1.08$). A repeated measures (pre-test and post-test) quasi-experimental design with an intervention group and a control group was used to assess the effects of the program. The results showed significant decreases in unhealthy perceptions of love (linking love with control and dependence), tolerance toward abuse in romantic relationships, and dating violence perpetration in the intervention group. Healthier perceptions of love (linking love with respect and communication) were observed in the intervention group after the implementation of this program. These findings support the implementation in educational contexts of programs focused on the development of non-violent and healthy romantic relationships in adolescents.

Keywords: prevention; dating violence; adolescents; intervention program; love perception; tolerance toward abuse



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1. Introduction

The first romantic relationships are significant life experiences for adolescents, with a great influence on their psychosocial and affective development [1–4]. Although these relationships are a positive experience for most adolescents, dating violence is present in many adolescent couples [5–7]. Previous studies have observed a high prevalence of violence in these relationships, especially psychological violence [8,9]. In this regard, the percentages of psychological violence perpetration by adolescents in their dating relationships range from 62 to 77% [8,10,11], with some studies indicating even higher percentages [11]. The prevalence of physical dating violence, while lower, remains worrying [11]. In their meta-analytic review, Wincentak et al. [12] analyzed a total of 101 studies that had been conducted with adolescents aged 13–18 years and reported an overall prevalence of physical dating violence perpetration of 20%. This violence can have serious negative consequences for adolescents [6,9,13,14]. Teen dating violence has been related to stress, anxiety, low life satisfaction, poor academic achievement, low self-esteem, and substance abuse in adolescent boys and girls [9,15,16]. In addition, dating violence in adolescence is a strong predictor of subsequent dating violence in youth and adulthood [17–19].

Certainly, the first romantic relationships implicate new challenges for adolescents, who must deal with new emotions and possible unrealistic expectations about love that may generate conflicts and stress [20]. Moreover, many adolescents have internalized

some romantic beliefs that associate control and jealousy with love [21–24]. These beliefs are frequent in songs, movies, TV series and the Internet, and can lead adolescents to consider certain abusive behaviors as a sign of love and normal behaviors in a romantic relationship [25,26]. An idealized unhealthy perception of love can also lead them to tolerate abusive behavior in their dating relationships [20]. The lack of previous experience of adolescents in these relationships and poor abilities to express emotions may increase adolescents' involvement in rude and abrupt forms of courtship [27]. In addition, a large number of adolescents lack the knowledge and skills to properly address conflicts with their partner [13]. Many adolescents need to develop healthier and realistic perceptions of love and to improve their skills to handle their emotions and properly resolve interpersonal conflicts with their partner to enjoy healthy dating relationships [13].

Both unhealthy perceptions of love and attitudes of tolerance toward abusive behaviors in romantic relationships are consolidated during adolescence, developing in their mind certain scripts on how these relationships should be [28–31]. Thus, adolescents' beliefs and attitudes related to romantic relationships play an important role in their expectations as to what is normal or acceptable in a romantic relationship and can involve both acceptance of abusive behaviors and a willingness to continue in toxic relationships [29,32–34]. Therefore, it is essential to implement intervention programs aimed at modifying these perceptions and attitudes in early adolescence [13–35]. The perceptions of a “love ideal” need to be discussed with adolescents in order to change unhealthy perceptions of love such as control, jealousy, and dependency for healthier ones such as tenderness, acceptance, communication, passion and respect. In this regard, adolescent dating violence prevention programs have been developed in recent years [13]; most are delivered in classrooms in middle schools or high schools and are aimed at reducing teen dating violence by targeting unhealthy attitudes and behaviors and promoting the development of healthy relationships and conflict resolution skills [35–37]. A recent systematic review and meta-analysis by Lee and Wong [13] indicated that dating violence prevention programs are effective at improving knowledge, attitudes, and behaviors in adolescents, providing support for the implementation of these programs in adolescent populations.

1.1. The DARSÍ Program

The “Developing Healthy and Egalitarian Relationships in Adolescents” program (DARSÍ—*Desarrollando en Adolescentes Relaciones Saludables e Igualitarias*; [38]) is a school-based universal prevention program designed for adolescents aged 12 to 17 years. This program is aimed at reducing interpersonal violence (peer violence and dating violence) and promoting healthier relationships among adolescents. The program consists of 12 one-hour sessions in which role-playing, paper and pencil activities, case studies and guided discussion are carried out. The program is implemented during school hours by trained researchers. In the first four sessions, adolescents are provided with information about the different types of violence in interpersonal relationships and the consequences of this violence are discussed with them. Different stories of adolescents who are involved in some form of violence (physical, verbal, relational or online) in their peer relationships or romantic relationships are described, analyzing with adolescents the feelings and thoughts of the different characters in these stories and the consequences of these violent behaviors for each of them. The program also includes two sessions (sessions 5 and 6) focused on the analysis of gender stereotypes, myths of romantic love, sexist attitudes, and ideals of love. In these sessions, adolescents actively participate in analyzing gender stereotypes and beliefs about dating relationships that are observed in songs and movies, and discuss how some of these beliefs can favor attitudes of tolerance toward abuse. The DARSÍ program includes six sessions (sessions 7 to 12) in which adolescents carry out activities aimed at enhancing their personal and social resources, with special attention to communication skills, assertiveness, and positive resolution of interpersonal conflicts.

In line with other intervention programs such as the Safe Date program [39], Dat-e Adolescence program [40], and the Fourth R [41], the DARSÍ program aims to prevent both

peer violence as well as dating violence. Previous studies have confirmed strong links between both types of violence and the existence of such common risk factors as adolescents' difficulty in expressing emotions, poor communication abilities, and lack of skills for the peaceful resolution of interpersonal conflicts [8,18,42–47]. The effects of the DARSI program in reducing adolescents' romantic myths, sexist attitudes and aggressive behaviors in peer relationships have been previously confirmed [48]. However, it is necessary to assess the effects of this program on other variables strongly linked to healthier romantic relationships in adolescents, such as their perception of ideal love and their attitudes of tolerance toward abusive behaviors in these relationships. The effects of this program in reducing teen dating violence perpetration should be assessed as well.

1.2. The Present Study

Taking into account the importance of implementing intervention programs focused on preventing teen dating violence and helping adolescents build healthy romantic relationships [35], this study aimed to assess the effects of the DARSI program on several variables linked to these purposes. More specifically, the objectives of this study were to assess the effects of the DARSI program in: (1) the reduction of attitudes of tolerance toward abuse in romantic relationships, dating violence perpetration, and unhealthy perceptions of love (linking love with control and dependence) in adolescents; (2) the increase of healthy perceptions of love (linking love with respect and communication) in adolescents.

Regarding these objectives, the following hypotheses were proposed: (1) significant decreases in scores of attitudes of tolerance toward abuse, dating violence perpetration, and unhealthy perceptions of love were expected in adolescents of the intervention group compared to the control group of adolescents not participating in the program; (2) significant increases in scores of healthy perceptions of love (linking love with respect and communication) were expected in adolescents of the intervention group compared to adolescents of control group.

2. Materials and Methods

2.1. Participants

A sample of 129 adolescents (70 girls and 59 boys) aged from 12 to 17 years (M age = 14.05; SD = 1.08) participated in this study. They were studying Compulsory Secondary Education at two schools in the Valencian region (Spain). This sample was obtained by intentional procedure and convenience sampling [49]. Three classrooms (each of them in a different grade of Compulsory Secondary Education: 2nd, 3rd and 4th) of one of these two schools (n = 57) were assigned to the intervention group, and the other three classrooms (each of them in a different grade of Secondary Education: 2nd, 3rd and 4th) of the other school (n = 72) were assigned to the control group. Both secondary schools (intervention and control) were in the same city, and they were similar in the sociodemographic characteristics of their students. Both schools were informed that the classrooms participating in the program as control and intervention groups could not participate in other intervention programs during the implementation of the DARSI program. In addition, possible initial differences between the two groups (intervention and control) in age and gender were analyzed. The results showed no statistically significant differences according to age (t = -1.968 , p = 0.051) or gender (χ^2 = 0.001, p = 0.980) between these two groups.

2.2. Instruments

Love Perception Scale. To assess the adolescents' perception of love, a list of 12 words was elaborated. In this list, words reflecting two of the main components of love from Sternberg's theory [50,51] were included: component of passion (words included in the list: "passion", "endearment" and "romanticism") and component of intimacy (words included: "share", "respect", "accept the other" and "communication"). Furthermore, considering the important influence that some myths of romantic love that link control and jealousy with love have on adolescents [20,21], the words "dependency", "control", "pressure",

“insults” and “jealousy” were included in the list. Adolescents were asked to indicate the extent to which they considered each of these 12 words to reflect their perception of love using five possible response options from 1 (*strongly disagree*) to 5 (*strongly agree*). The factorial structure of this scale was explored using an exploratory factor analysis in pre-test and post-test. The results of these analyses showed two factors that explained 52.91% of variance in the pre-test (KMO = 0.781; Bartlett’s test of sphericity: $\chi^2 = 588.49$, $df = 66$, $p < 0.001$) and 61.06% of variance in the post-test (KMO = 0.812; Bartlett’s test of sphericity: $\chi^2 = 842.47$, $df = 66$, $p < 0.001$). In pre-test, the first factor, Healthy Perception of Love, explained 33.26% of variance (this factor included the words passion, endearment, romanticism, share, respect, acceptance of the other, and communication), and the second factor, Unhealthy Perception of Love, explained 19.64% of variance (this factor included the words dependency, control, pressure, insults, and jealousy). In post-test, the first factor, Healthy Perception of Love, explained 39.13% of variance and the second factor, Unhealthy Perception of Love, explained 21.93% of variance. The factorial analysis included the same words in each of these two factors in the post-test. The internal consistency (Cronbach’s alpha) of these two factors was 0.86 for Healthy Perception of Love and 0.69 for Unhealthy Perception of Love in pre-test, and 0.91 and 0.79, respectively, in post-test.

Attitudes of Tolerance toward Abuse Scale. Based on the review of previous scales to assess attitudes toward dating violence [52], a short scale of tolerance toward abuse in adolescents’ romantic relationships was elaborated. This scale consisted of 11 items describing different abusive behaviors that could be performed by the partner in a romantic relationship (item 1: control partner’s social networks; item 2: not let partner go out with their friends; item 3: push; item 4: insult; item 5: lie; item 6: be jealous; item 7: tell partner how to dress; item 8: make partner cry; item 9: hit; item 10: speak badly of partner’s friends; item 11: control partner’s WhatsApp). Adolescents were asked to indicate to what degree they could forgive their partner for these behaviors, with four response options: 1 (*never*), 2 (*only one time*), 3 (*sometimes*), 4 (*many times*). The exploratory factor analysis of this scale showed one factor that explained 41.67% of variance in the pre-test (KMO = 0.840; Bartlett’s test of sphericity: $\chi^2 = 568.44$, $df = 55$, $p < 0.001$) and 47.86% of variance in the post-test (KMO = 0.802; Bartlett’s test of sphericity: $\chi^2 = 775.733$, $df = 55$, $p < 0.001$). The internal consistency (Cronbach’s alpha) of this scale was 0.86 in pre-test, and 0.89 in post-test.

Conflict in Adolescent Dating Relationships Inventory—CADRI—[53,54]. This inventory allows for measurement of dating violence perpetration and victimization in adolescent couples. In this study, three dating violence perpetration subscales were considered: relational violence, with three items describing situations in which adolescents have negatively affected the social relationships of their partners (for example, isolating the partner from friends or spreading false rumors, e.g., “I said things about my partner to his/her friends to put them against him/her”); physical violence, comprising four items related to behaviors of physical abuse toward partners such as pushing or hitting (e.g., “I slapped him/her or pulled his/her hair”); and verbal–emotional violence, including ten items describing situations with adolescents perpetrating emotional or psychological abuse toward their partners such as insults, threats, or humiliation (e.g., “I insulted her/him with put-downs”). Adolescents were asked to indicate the frequency with which they perpetrated these abusive behaviors towards their partner in the last month, with four response options: 1 (*never*), 2 (*seldom: 1–2 times*), 3 (*sometimes: 3–5 times*), and 4 (*often: 6 times or more*). The total reliability (Cronbach’s alpha) of these three subscales was 0.81 in pre-test and 0.82 in post-test.

2.3. Procedure

First, we telephoned several secondary schools to offer them the possibility of participating in this study and to request a meeting to explain the objectives of this research in detail. Two schools showed interest in the project. We then met with the teachers to ensure there was a clear understanding of the study, including the characteristics of the intervention program. Both schools agreed to participate in this study, and an informative

letter was given to the families explaining the main objectives of the project and requesting their consent for the participation of their children. After obtaining parental permission and authorization, the researchers assigned these schools to one of the two groups, (1) the intervention group where the DARSI intervention program was implemented and (2) the control group, where the program was not implemented. The implementation of the intervention program lasted five months and was carried out by research staff.

To evaluate the short-term effects of this program, all the adolescents (intervention and control groups) filled out a structured pen-and-paper questionnaire in their classrooms. When the questionnaires were administered, the adolescents were told that their participation would be voluntary and anonymous. Before beginning the implementation of the program in the classrooms of the intervention group, adolescents were informed about the topics that would be treated and they were again told that they could decide not to participate. No adolescent refused to answer the instruments or participate in the intervention program. This study followed the ethical values established in the Declaration of Helsinki and its later amendments, as well as the UNESCO Universal Declaration of Human Rights. After concluding the implementation of the DARSI program, all the adolescents (control and intervention groups) completed all of the instruments again (post-test).

2.4. Data Analyses

Prior to evaluating program effectiveness, possible differences between the control and intervention groups in measured variables were explored using ANOVA with the pretest scores (Time 1). Later, an analysis of repeated measures with an inter-group factor (control group and intervention group) and intra-subject factor (pre-test and post-test: Time 1 and Time 2) was conducted to measure changes in the two groups before and after intervention and evaluate possible differential effects in the intervention group. The interaction term in this analysis describes the effect of the program and is equivalent to t-tests on difference scores (post-test–pre-test). This statistical test is recommended when the selected groups are natural groups [55]; the eta-square (η^2) value is used as an indicator of the size of the effect. Cohen [56] suggests that $\eta^2 \leq 0.06$ can be considered a ‘small’ effect size, $0.07 \leq \eta^2 \leq 0.14$ represents a ‘medium’ effect size, and >0.14 is a ‘large’ effect size. All analyses were performed with the SPSS-26 statistical package (IBM Corp., Armonk, NY, USA). (Please add (Company, City, Country) information of the software.)

3. Results

The results of the variance analysis performed to compare the intervention and control groups in analyzed variables prior to intervention (pre-test) showed no significant differences. There were no significant differences between these two groups in variables of healthy perception of love, $F(1,69) = 0.86$, $p = 0.356$, unhealthy perception of love, $F(1,69) = 0.74$, $p = 0.394$, tolerance toward abuse in romantic relationships, $F(1,69) = 2.63$, $p = 0.110$, and dating violence perpetrated, $F(1,69) = 1.08$, $p = 0.303$.

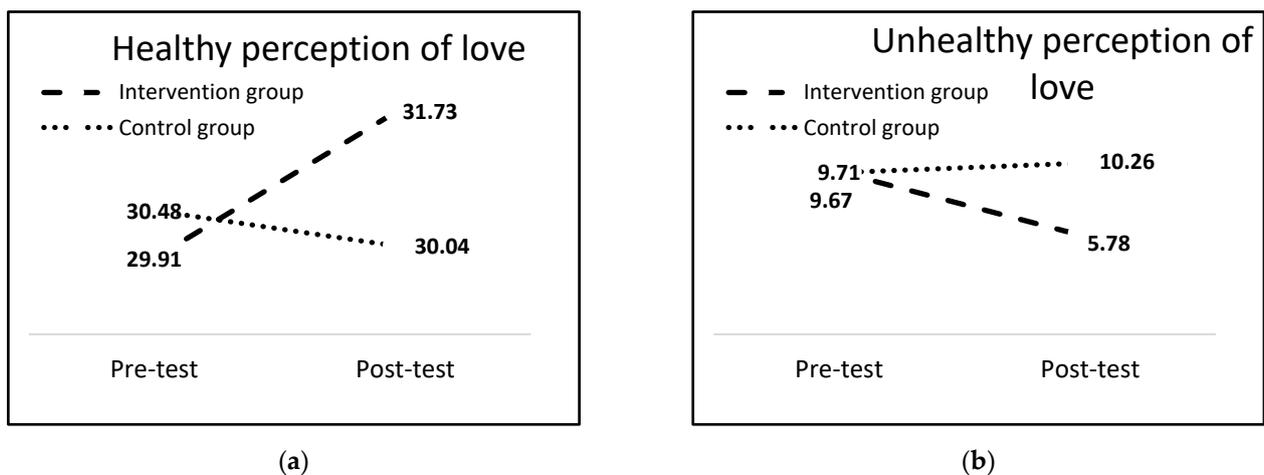
3.1. Effects of DARSI Intervention Program on Adolescents’ Perceptions of Love

Regarding program effectiveness, the results of repeated measures analysis indicated significant interaction effects (Time \times Group) on the variables of healthy perceptions and unhealthy perceptions of love (see Table 1 and Figure 1), which indicates that the time (T1-pretest vs. T2-posttest) had a different influence on these variables depending on the group (intervention vs. control). In Table 1, we note a significant interaction effect on adolescents’ healthy perceptions of love, $F(1,122) = 7.49$, $p = 0.007$, $\eta^2 = 0.058$, with a higher mean score after the intervention in this variable in the intervention group ($M = 31.73$) compared to control group ($M = 30.04$) as well as a significant interaction effect on unhealthy perceptions of love, $F(1,122) = 35.42$, $p < 0.001$, $\eta^2 = 0.225$, with a lower mean score after the intervention in this variable in the intervention group ($M = 5.78$) compared to control group ($M = 10.26$). These interaction effects can be observed in Figure 1.

Table 1. Between-group effects and repeated measures analysis of variance (ANOVA 2 × 2) in adolescents' perceptions of love.

Variables	Group	Pre-Test M (SD)	Post-Test M (SD)	F (Time × Group)	p	η^2
Healthy Perception of Love	Intervention	29.91 (5.59)	31.73 (2.96)	7.49	0.007	0.058
	Control	30.48 (4.64)	30.04 (5.38)			
Unhealthy Perception of Love	Intervention	9.71 (3.91)	5.78 (1.95)	35.42	<0.001	0.225
	Control	9.67 (3.27)	10.26 (3.83)			

Note: η^2 = Eta squared effect size; $\eta^2 \leq 0.06$ = small size.

**Figure 1.** Means obtained by the groups (intervention and control) on healthy perception of love (a) and unhealthy perception of love (b).

3.2. Effects of DARSI Intervention Program on Tolerance toward Abuse and Dating Violence

Table 2 shows the results of repeated measures analysis in relation to the effects of intervention program on the variables of tolerance toward abuse in romantic relationships and dating violence perpetrated. In this table we observe a significant interaction effect of the intervention program in adolescents' tolerance toward abuse, $F(1,120) = 40.58$, $p < 0.001$, $\eta^2 = 0.253$, with a lower mean score after the intervention in this variable in the intervention group ($M = 12.05$) compared to control group ($M = 17.81$). This interaction effect can be observed in Figure 2. Regarding dating violence perpetrated by adolescents, the results showed no significant interaction effects (time × group) on this variable $F(1,50) = 1.86$, $p = 178$, $\eta^2 = 0.036$, although a tendency is observed in Figure 2. In relation to this variable, a subsequent analysis of variance was conducted to examine differences between the intervention and control groups in post-test only and without considering interaction effects. This analysis indicated significant differences ($F(1,58) = 5.45$, $p = 0.023$, $\eta^2 = 0.086$) between these two groups post-test, with adolescents of the intervention group showing a lower mean score in dating violence perpetrated ($M = 18.21$) compared to adolescents of the control group ($M = 20.78$).

Table 2. Between-group effects and repeated measures analysis of variance (ANOVA 2 × 2) in tolerance toward abuse and dating violence.

Variables	Group	Pre-Test M (SD)	Post-Test M (SD)	F (Time × Group)	p	η ²
Tolerance toward Abuse	Intervention	16.93 (5.06)	12.05 (0.30)	40.58	<0.001	0.253
	Control	16.98 (4.64)	17.81 (4.83)			
Dating Violence	Intervention	20.04 (3.93)	18.21 (3.83)	1.86	0.178	0.036
	Control	20.64 (4.32)	20.78 (4.43)			

Note: η² = Eta squared effect size; η² ≤ 0.06 = small size.

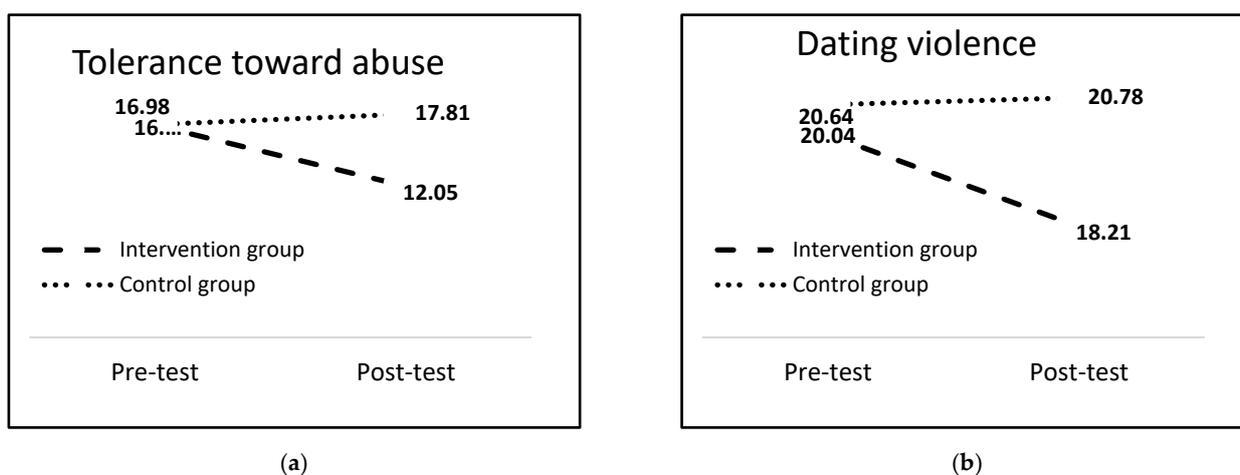


Figure 2. Means obtained by the groups (intervention and control) on tolerance toward abuse in romantic relationships (a) and dating violence perpetration (b).

4. Discussion

The objective of this study was to assess the effectiveness of the DARSI Program in reducing adolescents’ unhealthy perceptions of love, tolerance toward abuse in romantic relationships, and dating violence perpetration, as well as to increase adolescents’ healthy perceptions of love. The obtained results confirmed the proposed hypotheses, as the adolescents participating in the intervention group reported a decrease in unhealthy perceptions of love, attitudes of tolerance toward abuse, and perpetration of dating violence as well as an increase in healthy perceptions of love following program implementation.

The findings of this study are consistent with the meta-analytic review by Lee and Wong [13], which showed the effectiveness of dating violence prevention programs at changing adolescents’ attitudes and reducing behaviors associated with teen dating violence. Some activities of the DARSI program are focused on discussing with the participating adolescents the different forms of dating violence and promoting their critical thinking about the consequences, which could have increased their ability to recognize abusive behaviors in their romantic relationships, reduced perpetration, and decreased tolerance of these behaviors. Furthermore, the activities in this program are aimed at improving adolescents’ personal and social resources, including their communication and conflict resolution skills, which may have further contributed to the results obtained. All the changes observed in the adolescents of the intervention group have clear applied utility. Dating violence is a serious problem for many adolescents [7,9,11,12], and the implementation of prevention programs in educational contexts can reduce the incidence of health problems during adolescence and in adulthood [17–19].

Moreover, interesting changes were also observed in the adolescents’ perception of their “ideal love”. The adolescents participating in the intervention group reduced their perceptions of love associated with control, dependence, pressure and jealousy (unhealthy

perceptions) and increased their perceptions of love associated with communication, respect, sharing, passion and acceptance (healthier perceptions). These results are relevant because they imply that the DARSI program had effects on reducing dating violence and helped adolescents to develop healthy and positive romantic relationships. The first romantic relationships have a significant impact on the psychosocial and affective development of adolescents [1–4], and it is therefore necessary to help them build healthy relationships. Hielscher et al. [35] define a healthy romantic relationship as one characterized by strong communication and negotiation skills, caregiving behaviors, self-expression, respect, trust, honesty, and fairness. The same authors remark on the need for interventions to promote healthy romantic relationships in adolescents, highlighting how such interventions have the potential to reduce mental and physical health problems during this phase of development. Interventions designed to reduce or prevent teen dating violence while actively promoting healthy romantic relationship knowledge and skills have the potential to substantially improve youth health and wellbeing, securing healthier relationships in the future [35].

In a previous study [48], the effectiveness of the DARSI program in reducing aggressive behaviors among peers was observed, and results of the present study show its effectiveness in reducing dating violence. Thus, these findings confirm the utility of this intervention program for the joint prevention of peer violence and dating violence in adolescents, in line with other intervention programs such as the Safe Date program [39], Dat-e Adolescence program [40], and the Fourth R [41]. Some risk and protective factors common to both types of violence, such as difficulties handling emotions or lack of skills to resolve interpersonal conflicts [8,18,45,47], support this joint prevention. In addition, and in line with other programs with similar objectives [39–41,57], this intervention program is focused on universal prevention and is implemented in educational contexts, and as a result allows access to a greater number of adolescents at risk.

This study presents some limitations that should be considered. First, the sample was small, which limits the generalization of the results. In future studies, sample sizes must be expanded by implementing the program in a greater number of schools. A larger sample is needed in order to analyze possible gender differences in program effectiveness, to explore possible gender differences in the variables measured, and to integrate gender perspectives in analysis of the program's effectiveness. Program implementation in larger samples would allow analysis of the differences in its effectiveness in adolescents with different degrees of involvement in dating violence. In future studies, it would be worthwhile to obtain qualitative information about the effectiveness of the program using in-depth interviews and adolescent focus groups. Another limitation of this study was that the effectiveness of the program was only assessed in the short term. More studies that permit analyzing its effects in the longer term, for example six months after the implementation of the program, remain necessary. In future research it would be interesting to train teachers to implement the DARSI program in their classrooms and assess the effectiveness of this implementation. In this way, the dissemination of the program to a greater number of schools would be possible, as the involvement of teachers in this type of program can be very positive for both students and teachers.

5. Conclusions

The results obtained confirm the effectiveness of the DARSI program in reducing unhealthy perceptions of love, attitudes of tolerance toward abuse in romantic relationships, and dating violence perpetration in adolescents while increasing healthier perceptions of love. The implementation of programs aimed at preventing interpersonal violence and building healthier relationships are necessary in educational contexts. These programs have positive effects on adolescents' health and well-being, aiding in the development of resources that can be useful both in youth and in adulthood.

Author Contributions: All authors collaboratively conceived the present study in the following roles: Conceptualization, M.-J.C. and L.C.; methodology, M.-J.C. and L.C.; writing—original draft preparation: M.-J.C.; writing—review and editing, M.-J.C., L.C. and S.B. All authors developed the structure of the manuscript and read and approved the final version of the article. All authors have read and agreed to the published version of the manuscript.

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Institutional Review Board Statement: The study was conducted according to the guidelines of the Declaration of Helsinki and approved by the Ethics Committee of University of Valencia (Protocol Number: H1456762885511).

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The data presented in this study are available upon request from the Psychosocial Adjustment and Well-being in Adolescents Research Team at the University of Valencia. Data access requests can be made by contacting Maria.J.Cava@uv.es.

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Conflicts of Interest: The authors declare no conflict of interest.

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