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Psychological Counselling Interventions for Victims of Domestic Violence: A Systematic Review

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Abstract

Domestic violence is a serious public health problem with significant implications for the mental health and well-being of victims. Therefore, the present critically reviewed research on counselling interventions for victims to identify areas of need for future research. The researcher favoured using reporting items for systematic reviews and meta-analyses protocols to find publications published between 2000 and 2022 that looked at how psychological therapies affected victims' safety and mental health. Participants' demographics, treatment modality, interventions and research outcomes, and study constraints were the four main issues that came to light. Based on mental health issues and the type of violence, the research results are synthesised to aid counsellors in choosing the most suitable interventions for victims. High attrition rates plagued many investigations, and few researchers used randomised controlled trials. Interventions for victims who come with concomitant mental health issues require additional study.

Keywords - counseling, intervention, intimate partner violence, mental health and victim.

Introduction

Domestic violence has been acknowledged as a significant public health issue over the last ten years. No matter their background—economic, educational, social, geographic, or racial—it impacts everyone, leading to severe morbidity and mortality. However, lack of agreement about the basic features of domestic violence makes case identification difficult. In India, domestic abuse is a widespread issue that affects women of all ages, socioeconomic origins, and social strata. The prevalence of domestic violence in India is influenced by numerous factors, one of them is men are considered as superior to women in a patriarchal society. In addition to poverty, alcohol and drug abuse, and a stigma linked to reporting domestic violence, there is a lack of awareness and understanding of gender equality and women's rights. This problem requires a multifaceted approach, involving social awareness campaigns to lessen the stigma associated with domestic abuse, education, economic empowerment of women, legal reforms, and legislative changes.

The fact that domestic violence has been documented in several cultures and societies around the world provides evidence of its pervasiveness. There is a growing understanding that domestic violence is a widespread phenomenon and a significant problem in developing nations as well (Garcia,et.al,2005). In fact, women frequently internalise the abuse by justifying it and accepting it as their fate in order to continue living with it by thinking that the act was initiated by the woman. Domestic violence, which is done by a spouse or partner, is said to have serious consequences for women's physical, mental, and reproductive health as well as a high chance of mortality (NFHS-5).

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However, depending on the local environment, domestic violence exhibits specific forms and patterns and is acknowledged as a significant public health issue. Despite the wide variety of abuse, it is the most frequent reason for non-fatal injuries to women. These victims suffer, place the responsibility on themselves, and decide not to disclose the abuse.

The term "domestic violence" refers to violence that takes place in the context of an intimate relationship, despite the fact that it can be broadly interpreted to include elder and child abuse. Similar words for this issue include wife-beating, domestic violence, and relationship violence. **Domestic violence** (DV), **partner violence**, and **intimate partner violenc**e (IPV) are often used interchangeably to refer to violence and intimidation that occurs by partners and former partners, while the term **family violence** includes adolescent to parent abuse, elder abuse and child abuse and neglect. Family violence may be preferred over domestic violence by Indigenous peoples, due to their wider and more connected kinship relationships (Backhouse & Toivonen, 2018).A victim's current or former intimate partner who repeatedly engages in violent, coercive, or controlling behaviour is said to have engaged in domestic abuse. The violence is a means toward the goal, which is to assert and to maintain power and control over the victim. This behavioural pattern may include sexual assault, economic control, social isolation, humiliation, emotional abuse, and emotional or actual bodily harm. The rule of using female pronouns for victims and male pronouns for offenders will be followed in this chapter because the majority of domestic violence is committed by men in heterosexual relationships. This is not meant to suggest the whole scope of the issue, which also encompasses violence in same-sex partnerships and male victims and female batterers.

NFHS-5 (National Family Health Survey) data on domestic violence-

According to the latest report by a large scale, and multi round survey conducted in Indian households:

- *"29.3% married Indian women between the ages of 18-49 years have faced domestic violence/or sexual violence. 3.1% of pregnant women between the ages of 18-49 have experienced physical violence during any pregnancy."*
- And that's just the number of cases reported by women; there are always a large number of cases that never make it to the police.
- The data reflects the sad reality that domestic violence remains a serious issue in India, even though we have strict laws in place for the protection of women. Internalised patriarchy, misogyny, violence, continue to affect the daily lives of Indian women.
- *According to the latest report domestic violence is highest in Karnataka 44% Bihar 40% Manipur 39% Telangana 36% Tamil Nadu 38%*
- *Domestic violence was least in Lakshadweep 1.3% Goa 8.3% Himachal Pradesh 8.3%*

In India, there are several reasons why domestic violence occurs. The following are some of the *major causes of domestic violence*:

- Patriarchal society: Men are frequently seen as the head of the household in India's patriarchal society, which gives men more sway and control over women. Due to this imbalance of power,

men may feel as though they have a right to dominate and rule over their spouses, which may result in domestic abuse.

- Lack of Education: A lack of education might result in a lack of knowledge regarding women's rights and gender equality. As a result, women may experience domestic violence and be treated as less valuable.
- Financial dependence: Due to the tension that financial strain can cause inside families, poverty can make domestic violence worse. Due to their possible financial dependence on their abusers, women in low-income households may be especially susceptible to domestic violence.
- Alcohol and Substance misuse: In India, alcohol and drug misuse might be risk factors for domestic violence. Alcoholism can cause people to lose their inhibitions and act violently.
- Social shame: Reporting domestic violence frequently carries a social shame that discourages victims from getting help. Furthermore, a lot of victims could be reluctant to speak up because they feel embarrassed or humiliated about their circumstance.

These are only a small number of the many causes that domestic violence in India is influenced by. A comprehensive strategy that targets the problem's underlying causes will be needed to address this issue. This could entail spreading awareness of gender equality and women's rights, encouraging women's economic empowerment, offering assistance and resources to victims of domestic violence, and upholding laws that defend women's rights.

The Cycle Of Violence- The cycle of violence can happen many times in an abusive relationship. Each stage lasts a different amount of time in the relationship, with the total cycle taking from a few hours to a year or more to complete. Emotional abuse is present in all three stages.

Cycle of Violence

	Abusers may…	**Survivors may…**
Phase 1	• Pick fights • Act jealous & possessive Criticize, threaten • Drink, use drugs • Be moody, unpredictable • Try crazy-making	• Feels like he/she walking on eggshells • Try to reason with the abuser • Try to calm the abuser • Try to appease the abuser • Keep silent • Keep children quiet • Feel afraid and anxious
Phase 2	• Verbal and Emotional Abuse Sexual assault • Physical abuse • Increase control over money Restrain partner	• Experience fear and shock • Protect self and children • Use self-defense • Call for help • Pray for it to stop

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	• Destroy property	• Try to flee, leave • Do what is necessary to survive
Phase 3	• Ask for forgiveness • Promise it won't happen again Stop drinking/ taking drugs • Be affectionate • Initiate intimacy • Minimize or deny abuse	• Forgive • Return to abusive home • Seek counselling • Arrange for counselling • Feel hopeful • Feel manipulated • Blame self • Minimize or deny abuse

(Adapted from L. Walker, The Battered Woman, Harper and Row, New York, 1980)

Different Patterns of Domestic Violence- Johnson (1995) suggested that not all DV is motivated by control, but that there were four different identifiable patterns. The first is **intimate terrorism** (earlier was termed patriarchal terrorism) (Johnson, 1995, 2011). This is where one partner systematically and comprehensively controls the other, irrespective of the other partner's attempts to appease and placate the violent partner. The second is **violent resistance**, whereby the victim of intimate terrorism fights back using violence. It may be defensive, payback, or an attempt to escape (e.g., a type of defensive homicide). The third form of DV is called **situational couple violence** (or **common couple violence**). This type of violence is not indicative of a pattern of control like intimate terrorism. Rather, it is due to situational stressors, varying motivations, and conflict management deficits. It can be used by one or both partners, may be one off or chronic, may be relatively minor or lethal. The fourth is **mutual violent control**. This is the rarest pattern whereby both partners systematically seek to control the other partner.

These four different types of domestic violence are important to understand in assessing risk and considering interventions. Counsellors need to know that intimate terrorists may attempt to manipulate the counsellor to collude with them against the victim. While the dominant understanding defers to believe women and hold suspicion towards males claiming victimisation, counsellors need to be mindful women can also be intimate terrorists (Laroche, 2005). Counsellors also need to determine whether the dynamics are control-based or conflict-based, and whether the power in the relationship is relatively equal or unequal. Clients who use conflict-based, stress triggered DV may benefit from teaching emotion regulation and conflict management strategies to the individual/s perpetrating the abusive reactions. Control-based DV may require more mandated, community, and legal interventions to protect those at risk, and aim to restrain offenders via legal means (e.g., protection orders).

Psychological Counselling Intervention for Domestic Violence Survivors- With a constant stream of news articles detailing the deaths of young women and mothers by partners with whom they were currently or previously in committed relationships, public awareness of domestic and family violence has increased in today's culture. A common belief about domestic violence is a loss of control, and that persons using violence need anger management, or that victims/survivors provoke the aggression. However, it is most commonly understood as exerting power and control (Gottman, 1999).

Thus, at the heart of working with both victim-survivors and users of family violence is the ability to develop a positive therapeutic alliance, including a warm and unconditionally accepting bond, and agreement on goals and tasks in the counselling process itself. The therapist needs to model respect and protection of the psychological and physical boundaries of the client and their autonomy. This includes providing information about the service offered, respecting client ambivalence about whether to stay or leave a relationship, and helping support their own processing of their situation, concerns, and goals.

Counsellors may help in the following areas:

- helping clarify what clients want and evaluate options on how to reach goals
- addressing one's own abusive and/or dysfunctional beliefs and behaviour
- assisting the client to reduce risk and enhance psychological and physical safety, while also highlighting that the responsibility for violent behaviour solely rests with the person using violence
- assisting the client to gain information about DV and services that can assist
- assisting the client to develop enhanced assertiveness and emotion regulation
- assisting the client to address parenting and post-separation parenting concerns
- supporting the client through key events (e.g., separation, court proceedings)
- addressing trauma-related symptoms from the relationship abuse and earlier childhood abuse
- addressing grief and loss
- enhancing stress management skills
- addressing self-confidence and self-esteem issues
- addressing relationship and boundary issues
- addressing other areas that warrant attention (e.g. depression, substance abuse, anxiety) (Sanderson, 2008; Taft et al., 2016).

Various forms of Psychological Counselling

There are several modalities that have been adapted for working with victims-survivors and for people who use DV. Some of them are described below.

- **Feminist therapy** emphasises raising consciousness around personal and relational power, and particularly challenging power that is understood as patriarchally-based and oppressive. It has at its core an underlying goal of empowerment, and uses therapy processes to help support greater awareness and empowerment (Brown, 2010). Therapists aim to promote an egalitarian environment with their clients, and also promote egalitarian romantic relationships where people share power (Evans et al., 2011). Male perpetrator treatment is most commonly delivered in group formats, based on a combination of the Duluth model and cognitive behaviour therapy. The Duluth model underpinned by feminism, emphasises male socialisation, entitlement and privilege as primary factors behind men's controlling and abusive behaviour, so the focus is on making the abusive attitudes and behaviours transparent and challenging men to take responsibility for them, and to commit to relinquishing them.

- **Strength-based counselling** aims to avoid pathologizing clients, and to help them recognise their resourcefulness, strengths, resilience and existing solutions that can be further developed. This can be particularly relevant for survivors who struggle with shame and low self-esteem, and users of violence who may also present with shame in addition to defensiveness and mistrust.
- **Motivational interviewing** is a model developed from working with addictions but has also been applied to domestic violence. Motivational interviewing helps enhance motivation to change through processes including helping clients examine the costs and benefits of not changing and of changing, and reducing resistance and ambivalence towards positive behavioural change that aligns with the client's own deeper values. This approach may be particularly helpful in helping victim-survivors who are ambivalent about actions that may help reduce risk, and also assist perpetrators to more fully commit to reducing abuse.
- **Cognitive behavioural therapy (CBT)** assumes that individuals may lack knowledge and skills to stabilise and change their behaviour. For all clients, CBT can help provide psychoeducation in relation to abusive dynamics, trauma, and the impact of beliefs and cognitions on behaviours and emotions. It can offer practical skills in emotional regulation and stabilisation, problem-solving, stress management, assertion and communication skills . For users of violence, CBT can raise awareness of one's ability to control their own behaviour and to identify alternatives to aggressive behaviour.

Conclusion:- Working collaboratively with other systems to create the kind of society that will stop violence against women and prevent its traumatic sequelae is of vital importance for all clinicians. Mental health providers have a significant role to play in voicing concerns about the impact of abuse and violence on the lives of individuals they work with clinically. Working with people who have survived unthinkable trauma teaches us about the complexity and unpredictability of human life; the intersections among individual biology, human development, social and cultural contexts, and larger societal norms; and the importance of caring, respectful human interactions. Offering mental health treatment in the context of domestic violence also raises a number of practice and policy concerns. First is the need to ensure that any mental health treatment incorporates an understanding of the dynamics of domestic violence and the range of issues survivors face related to safety, confidentiality, coercive control, parenting, custody, legal issues, immigration, social support, economic independence, and more, all of which influence how a survivor is affected and what her or his options are. Second is the need to change the way that symptoms and disorders are currently viewed, documented, and reimbursed, and to incorporate recognition of the direct impact of abuser behaviors, as well as the traumatic effects of abuse. Although trauma models focus on the impact of abuse and healing from its traumatic effects, advocacy approaches focus on social context and on changing the conditions that place survivors in jeopardy. Responding to a person who is experiencing the mental health effects of domestic violence and other trauma clearly requires attention to both of these domains. This, in turn, will necessitate changes in practice, mental health state of victims, research and policy.

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