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Model of Evidence-Based Family Practice: Female Domestic Violence Victims in Rural Communities

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Abstract

Research has concluded that about 1 in 3 women reported experiencing severe physical violence from an intimate sexual partner during their lifetime (Centers for Disease Control and Prevention, 2022). Women living in rural communities may be more significantly affected due to their geographic isolation. This study examined several theories and models to effectively treat this specific population. The researchers developed a treatment curriculum based on cognitive-behavioral therapy to treat women living in rural communities who have experienced domestic violence. This study determined cognitive-behavioral therapy used in a group therapy setting is effective for increasing a client's self-esteem and decreasing depression rates.

A. Special Family Populations Literature Review

Statistics about the Population

Though men are sometimes victims of domestic violence, women are more likely to be victims of domestic violence or intimate partner violence. According to the Centers for Disease Control and Prevention (2022), about 1 in 3 women reported experiencing severe physical violence from an intimate sexual partner during their lifetime; additionally, 41% of women reported experiencing contact sexual violence by an intimate partner during their lifetime. As listed in the 2019 violent crime statistics in the United States, serious violent crimes (including rape, sexual assault, robbery, and aggravated assault) account for 55.8% of all crimes in rural areas of the United States. In nonmetro counties in 2019 there were roughly 208,400 violent crimes reported ("Violence and Abuse"). According to The American College of Obstetricians and Gynecologists, "Rural America represents 75% of the national landmass and is home to 22.8% of U.S. women aged 18 years and older" ("Health Disparities," 2021, p. 1).

Characteristics and Common Issues

Some of the factors commonly associated with individuals that experience domestic or intimate partner violence include low education levels, abuse during childhood, exposure to violence between parents, and attitudes that accept gender inequality and violence. (Metz et al., 2019). These factors can help to understand this population's involvement with violent male intimate partners, as well as the obstacles they may face when attempting to leave their abuser permanently. Although these characteristics are common when working with survivors of domestic violence, they are not necessarily universal. It is important to note that every survivor's

story is different, and the general characteristics of victims of domestic violence do not always apply to everyone.

A common issue faced by this population is the inability to receive services due to service agencies being short-staffed and lacking adequate funds. Tolle (2014) reports that of 1,746 domestic violence programs surveyed in a study, 77% were experiencing cuts in funding, and stated that assisting survivors is becoming increasingly difficult due to these shortages. One of the biggest immediate needs of victims of domestic violence is emergency shelter, which is crucial for survivors to be able to leave their abuser. Due to funding cuts, this need is not always met.

Risk Factors

Most research surrounding domestic violence victims takes place in urban settings rather than rural communities. However, women living in rural communities actually experience a greater rate of domestic violence compared to their urban setting counterpart (Youngson et al., 2021). This may be due to greater difficulty in accessing resources or being able to receive an appropriate amount of support from professionals. Youngson et al. (2021) emphasizes that geographic location and isolation are among the biggest risk factors for domestic violence victims as they increase one's vulnerability. This is due to "greater distance between homes, being less visible to neighbors or other potential witnesses, and being further away from emergency services" (Youngson et al., 2021, p. 538). Women living in rural areas do not have easy access to healthcare or mental health services, and this is especially prevalent for women experiencing economic difficulty.

There are also several relationship risk factors that play a role. There is an increased risk for domestic violence to occur if a husband has extreme dominance and control of the relationship or if the relationship is defined by intense toxic traits. Toxic traits may include jealousy, possessiveness, tension, hostility, and aggression. Another risk factor is economic stress coupled with increased poverty, unemployment, and crime rates. (Centers for Disease Control and Prevention [CDC], 2021).

Major Concerns or Problems for this Population

Female survivors of domestic violence in rural communities face a number of unique obstacles and challenges. Tolle (2014) explains the complex dynamics of small rural communities, pointing out that in these communities, first responders to domestic violence situations are more likely to be personally involved with the victim or the perpetrator (or both). Some victims may be afraid to report violence because of the increased chance that the person responding to their call would be someone they know. Due to the "everyone knows everyone" atmosphere of small rural towns, victims may also fear that their situation may not stay confidential.

There are many factors that may make it more difficult for women in rural communities to leave their abuser and find adequate help, compared to urban areas. One of these factors is geographic isolation, as further distance from neighbors, law enforcement, and hospitals complicate the process of seeking help. Another factor involves social isolation, which applies if the victim has few close relationships outside of the small community that she shares with her abuser. Rural areas with low population density are more likely to have fewer resources and accessing social services may be more difficult. Additionally, rural communities may lack adequate local legal aid for these women, and law enforcement may not be well-equipped to

enforce restraining orders. Firearms are generally more available and socially accepted in rural areas, and there may be fewer restrictions on who can legally purchase them. The presence of firearms and lack of regulation can make it easier for an abuser to purchase multiple firearms. (Beyer et al., 2013).

Results from a study done in Iowa showed that many women living in rural areas traveled three times farther to find services than women residing in urban areas. (Roush & Kurth, 2016). Additionally, when rural women finally reach an agency that provides the services they need, they are more likely to be turned away. According to demographic data, women living in rural areas often have lower average income and employment rates, making leaving abusive situations more difficult.

Another obstacle faced by this population in the past few years is increased levels of isolation due to the COVID-19 pandemic. The response to COVID-19 did limit spread of the virus, but it decreased the ability of domestic violence victims to leave abusers and receive services. (Usta, et al., 2021).

Engagement

An engagement issue that may arise when working with this client population is the access to services. Because women experiencing domestic violence in rural areas are geographically isolated, there is a greater chance that they will not be able to receive adequate services or they may be unable to attend consistently. If the clients are not attending consistently, due to isolation, lack of transportation, or other reasons, it will be more challenging to effectively engage with the client.

Another issue that may arise when engaging with this population is when a female victim makes the choice to stay with her abuser (Heron et al., 2022). Social workers have a desire to help their clients and to make sure they are in a safe environment. It would be challenging not knowing how to best help the female client when she makes the decision to remain in the situation with her abuser. It is crucial to understand several reasons as to why women may stay. First, some women may feel they have invested too much into the relationship to simply walk away from it, whether it be marriage, children, or a desire to repair the bond (Heron et al., 2022). Additionally, women may feel as though they are trapped in the relationship and unable to escape. This may be due to poor coping mechanisms, social isolation, or lack of support resources. Finally, the female victim perhaps still loves the abuser and does not want to risk losing that person, no matter how poorly she has been treated (Heron et al., 2022). Whatever the reasons for staying with the abuser, it may be an issue to support a client that chooses to remain with the perpetrator.

Terminology

There are several important terms to be familiar with when working with this population. *Domestic violence*, or DV, is a broad definition including "physical, emotional, psychological, sexual, and financial abuse", and is usually marked by coercive control. (Tolle, 2014). *Coercive control* includes "'Any incident or *pattern of incidents* of controlling, coercive or threatening behavior, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality'" (Stark & Hester, 2019, p. 83). Tolle (2014) went on to explain the term *perpetrator* as the individual inflicting the abuse. Because we are focusing on female survivors of domestic violence in rural settings, we will use this term to refer to males inflicting violence on their female partner.

Another commonly used term is *intimate partner violence*, or IPV, defined as "threatened, attempted or completed physical or sexual violence, and includes violence by a spouse, ex-spouse, current or former boyfriend or girlfriend, dating partner, or date." (Beyer et al., 2013). The most extreme form of intimate partner violence is called *intimate partner femicide*, defined as "the murder of a woman by her intimate partner." (Beyer et al., 2013).

Frameworks

The integrated ecological model can be used to examine the complex issue of violence against women. This model shows that intimate partner violence (IPV) is influenced by many interconnected factors across society, from the individual level to the macro level (Fulu & Miedema, 2015). Globalization continually causes major changes in the way that the world functions and has caused greater interdependence of societies across the globe. Because of this constant change, models that are used to study and understand violence against women must be studied through new lenses. Fulu and Miedema suggest that this integrated ecological model should be studied with globalization in mind to gain more thorough knowledge of how IPV looks in the modern world.

The Coronavirus pandemic and quarantine was a time in life when many women did not feel safe in their environment and experienced difficulty in receiving help. Because everyone was confined to their homes, people's perceived levels of safety either stayed the same or decreased. For most of those that decreased, perceptions of lack of safety were due to violence and abuse within the homes (Wood et al., 2021). Women did not have a sense of security within their environments, but at the same time it was extremely challenging for domestic violence victims to alter their environments in any way due to the pandemic. Females in already isolated environments were experiencing even greater isolation from anybody that could support them

through this situation. Children who are exposed to abuse and violence growing up are also at risk for being victims of domestic violence in adulthood. In rural settings, where there is greater distance between houses and less contact with neighbors, violence and abuse against women and children can occur without anybody even being aware (Anderson & Carroll, 2021).

B. Research-Informed Practice

Article Summaries:

Herschel, A.D., Scudder, A.B., Schaffner, K. F., & Slagel, L.A. (2017). Feasibility and effectiveness of parent-child interaction therapy with victims of domestic violence: A pilot study. Journal of Child and Family Studies, 26(1), 271-283. https://doi.org/10.1007/s10826-016-0546-y

Introduction:

In urban domestic violence shelters, clinicians observed many young children with behavioral problems, and continue to seek understanding of how witnessing domestic violence in their homes impacts the behavior of children. In these instances, Parent-Child Interaction Therapy could prove effective with these young children and their caregivers. This study sought to understand the effectiveness and usefulness of Parent-Child Interaction Therapy with victims of domestic violence.

Procedures/Description:

The study involved seven clinicians who implemented Parent-Child Interaction Therapy (PCIT) with parent-child groups; the groups included 21 preschool children (average age 4.57) and the parent at the shelter with them. PCIT includes two treatment phases: child-directed interaction (CDI), and parent-directed interaction (PDI), and treatment is typically conducted in 1-hour sessions per week over 12-20 weeks. Assessments were completed by families before treatment started, mid-treatment, and post-treatment. These assessments sought to measure demographic information, life experiences, treatment effectiveness, child behavior, parenting practices, parental mental health, and engagement in treatment.

Findings:

The results of this study showed that completing PCIT positively impacted child behavior, parenting skills, and parental mental health. However, only 42% of the parent/child dyads that began treatment finished it completely. The findings of this study are promising, but further research is necessary to continue to develop effective ways to practice this intervention with victims of domestic violence.

Conclusions:

Although this study was conducted with a very small group, and additional research must be conducted, the results implied that Parent-Child Interaction Therapy is an effective treatment option when working with a parent and young child that have experienced domestic violence.

Bohall, G., Bautista, M., & Musson, S. (2016). Intimate partner violence and the Duluth Model:

An examination of the model and recommendations for future research and practice. Journal of Family Violence, 31(8), 1029-1033. https://doi.org/10.1007/s10896-016-9888-x

Introduction:

The Duluth Model is commonly used as an intervention when working with perpetrators of domestic violence. Although it is common, it is quite controversial. This article sought to identify what the Duluth Model does and examine what changes should be made in how perpetrators of domestic violence are treated.

Procedures/Description:

The Duluth Model uses a tool called the Power and Control Wheel. This tool explains how men use violence, intimidation, privilege, and various types of abuse to maintain control over women. The Duluth Model emphasizes the importance of empowering survivors of domestic violence and making sure perpetrators are held accountable for their actions.

Findings:

There is some merit to the work that the founders of the Duluth Model have done for survivors of domestic violence. However, domestic violence is not an issue that can be completely explained by male power and control, and the Duluth Model shows inadequate understanding of the complexity of this issue.

Conclusions:

In order to address the issue of domestic violence in a more effective manner, the origins and typologies of intimate partner violence must be combined with an understanding of the

complex variables of this issue to form a thorough theory that is more practical than the models commonly used.

Iverson, K. M., Shenk, C., & Fruzzetti, A. E. (2009). Dialectical behavior therapy for women victims of domestic abuse: A pilot study. *Professional Psychology: Research and Practice*, *40*(3), 242-248. https://doi.org/10.1037/a0013476

Introduction:

Dialectical behavior therapy is a valid intervention for female victims of domestic violence. In an article by Iverson et al. (2009), the researchers noted that invalidation is a core marker of domestic abuse and it takes a toll on the victim's self-worth and emotional capacities. Dialectical behavior therapy was created to resolve issues of emotional dysregulation and it has proven to be a beneficial treatment for domestic violence victims.

Procedures/Description:

Potential participants for this study were referred through various women's shelters, government protection agencies, and local brochures. This study had a total sample size of thirty-one women with an age range of 22-56 years old (Iverson et al., 2009). Of these participants, 51% had reported being in an abusive relationship for 1 to 5 years, 77% had been abused by their current or former husband, and 26% of participants reported still residing in the home of their abuser (Iverson et al., 2009). Participants were given the Beck Depression Inventory, Beck Hopelessness Scale, Social Adjustment Scale – Self-Report, and the Symptom Checklist – 90 – R. Participants were divided into seven groups that met for 2-hour sessions over a 12-week

period. Each session involved learning new skills, analyzing problems in applying skills to daily life (such as targeting, chain analysis, and commitment), developing opportunities for engaging in effective practice behaviors, and support and validation from the group as a whole (Iverson et al., 2009).

Findings:

The main hypothesis of this research was that "women who completed the treatment group would demonstrate statistically significant differences on outcome measures at postintervention when compared with their own preintervention scores" (Iverson et al., 2009, p. 246). The positive results of this study support dialectical behavior therapy as a feasible approach to female domestic abuse victims. Participants reported reduced depression symptoms and hopelessness as well as an increase in social adjustment following treatment (Iverson et al., 2009).

Conclusions:

Although this is a preliminary study, the results suggest the DBT is an effective practice intervention for relieving emotional distress that female domestic victims may experience. DBT holds much potential for women as they transition from an unsafe environment to one that is safer and more emotionally stable.

Krieg Mayer, A. G. (2017). Intervening with couples experiencing domestic violence:

Development of a systemic framework. *Australian and New Zealand Journal of Family Therapy, 38,* 244-255. https://doi.org//10.1002anzf./1217

Introduction:

This article written by Krieg Mayer (2017) approaches domestic violence treatment from a systemic perspective. Early systemic therapy only focused on relationships within the family but did not recognize the power dynamics that are at play. Approaching domestic violence from a systemic framework engaging with the family as a whole and deciding the best way to individually intervene with each family member. Systemic frameworks "engage with the couple, provide both partners with the knowledge, skills, challenges and support they need to rebuild a relationship or safely separate" (Krieg Mayer, 2017, p. 249).

Procedures/Description:

This article depicts a case scenario in which a husband and wife received systemic treatment in their relationship. The first phase is intake in which both partners are engaged and assessed for risk as well as safety planning. In the case of domestic violence, both partners are seen but they are never seen at the same time. After each partner has attended therapy individually and completed their specific goals, systemic therapy suggests conjoint couple therapy with both partners to unpack the incidents that led to therapy and explore in depth the dynamics and patterns of the relationship. An ongoing risk assessment and safety planning will be addressed as well as exploration of emotional bonds and interpersonal accountability (Krieg Mayer, 2017).

Findings:

Krieg Mayer (2017) suggests that this is an effective treatment plan for couples who are in the earlier stages of relationship distress. Termination is a legitimate option if the couple feels they are able to move forward and independently work through potential future struggles that

may arise. Systemic therapy allows the couple to identify any difference between intentions and actions, and the ability to manage practical considerations for regulating their relationship in the future.

Conclusions:

Though it may not always be possible, Krieg Mayer (2017) suggests that a "safe systemic framework is possible and includes flexible work with both partners, integrated risk assessment, and individual, couple and group sessions with collaboration between all professionals involved" (p. 254). Further conclusions state that more work is needed to effectively intervene with domestic violence situations.

Echeburúa, E., Sarasua, B., & Zubizarreta, I. (2014). Individual versus individual and group therapy regarding a cognitive-behavioral treatment for battered women in a community setting. *Journal of Interpersonal Violence*, *29*(10), 1783-1801. https://doi.org/10/1177088626051351170 3

Introduction:

The purpose of this study is to determine the effectiveness of cognitive-behavioral therapy (CBT) for female domestic violence victims both individually and in group therapy. One main aim of this article is to address clinical issues for women in community settings and apply individual therapy techniques in conjunction with group therapy. Female victims typically suffer from lower self-esteem and increased anxiety and depression.

Procedures/Description:

This study consisted of 116 female participants ages 18-65 years old who were receiving treatment due to domestic violence, were no longer living with their abuser, and had not been diagnosed with a severe mental disorder (Echeburúa et al., 2014). The researchers conducted several assessments including The Severity Scale of PTSD, the State Anxiety Inventory, Beck Depression Inventory, Rosenberg Self-Esteem Scale, and the Maladjustment Scale. Participants received a 17-session approach "facilitating expression of emotion… re-exposure to the trauma and management of related stress… coping skills just after leaving the abusive relationship… and specific coping skills to deal with the new situation" (Echeburúa et al., 2014, p. 1789). Then participants were involved in a 17-session treatment group following the same intervention steps as the individual sessions.

Findings:

Following treatment, participants generally experienced a decrease in significant emotional discomfort in addition to a significant decrease in PTSD symptoms. Female victims of domestic violence face lower self-confidence and intense concerns about emotional and physical safety. This study determined that cognitive behavioral therapy is a supported intervention for decreasing negative symptoms of domestic violence in female victims. Additionally, individual treatment in conjunction with group therapy proved to have a better outcome than only individual CBT treatment (Echeburúa et al., 2014).

Conclusions:

Any therapeutic treatment, including CBT, must be adapted to meet the woman's specific, personal needs. Doing this tailors treatment to the victim and provides the victim with whatever physical, emotional, or psychological support she requires. Additionally, treatment

groups may not be effective for every female as some may not feel comfortable being this vulnerable with others in a group setting (Echeburúa et al., 2014).

Article Summaries of Theory:

Lothstein, L. M. (2013). Group therapy for intimate partner violence (IPV). International Journal of Group Psychotherapy, 63(3), 449-452. https://doi.org/10.1521/ijgp.2013.63.3.449

Introduction:

In this study, two brief group Cognitive Behavioral Therapy approaches are examined at several women's centers throughout Spain, where female victims of domestic violence can receive services.

Procedures/Description:

In the study, 53 women (average age 41) were assigned to one of two intervention programs, which both consisted of 8 weekly sessions. Both programs used a CBT treatment approach but were slightly different as one provided exposure therapy and the other provided communication skills training. The groups were assessed for anxiety, depression, self-esteem, anger, and PTSD symptoms pre-intervention, as well as at 1-, 3-, 6-, and 12-months post-intervention.

Findings:

Individuals in both groups exhibited reduced symptoms of PTSD, as well as improvement of depression and anxiety. No significant change was observed in measures of self-esteem and anger.

Conclusions:

Although more research must be done to make sure these interventions are effective, both of the CBT-based approaches seemed promising when working with victims of domestic violence.

Andersson, G., Olsson, E., Ringsgard, E., Sandgren, T., Viklund, I., Andersson, C., Hesselman, Y., Johansson, R., Bergman Nordgren, L., Bohman, B. (2021). Individually tailored internet-delivered cognitive-behavioral therapy for survivors of intimate partner violence: A randomized controlled pilot trial.https://doi.org/10.1016/j.invent.2021.100453

Introduction:

This study aimed to look into the effectiveness of internet-delivered cognitive behavioral therapy for survivors of intimate partner violence, as well as the intervention's short- and long-term effects. Internet-delivered cognitive behavioral therapy may be useful for IPV victims if they experience geographical barriers to receiving services, are concerned for their safety, or feel guilt and shame about their situation.

Procedures/Description:

The treatment delivered in this study was done over the course of 8 weeks. The 64 participants were assessed before and after treatment, as well as at 40 weeks following the end of treatment. The four therapists involved in the study used CBT with the participants, and included psychoeducation, teaching relaxation skills, exposure treatment, cognitive restructuring, strategies to avoid setbacks, and many other skills.

Findings:

The results of the study showed that this treatment approach was useful. The vast majority of participants were satisfied with their treatment and reported that the content of what they learned in treatment was easy to remember, even after treatment was finished.

Conclusions:

The findings of this study are promising and offering more treatment options like internet-delivered cognitive behavioral therapy may be especially useful in low-income areas with fewer resources available.

Habigzang, L. F., Schneider, J. A., Frizzo, R. P., & Pizarro de Freitas, C. P. (2016). Evaluation of the impact of a cognitive-behavioral intervention for women in domestic violence situations in Brazil. *Universitas Psychologica, 17*(3), 1-11.

https://doi.org/10.11144/Javeriana.upsy17-3.eicb

Introduction:

The purpose of this research study was to develop a cognitive-behavioral intervention for women who experienced domestic violence. Women in this study struggled with anxiety, stress, depression, and decreased life satisfaction due to domestic violence victimization. This study raised the question of whether or not CBT is effective in decreasing negative symptoms related to victimization.

Procedures/Description:

This was a quasi-experimental study in which 11 women, chosen from a pool of 120 referrals, participated in the intervention. All participants had a history of domestic violence, were at least 18 years of age (with a mean age of about 43 years old) and did not present with any severe cognitive impairment (Habigzang et al., 2016). Participants engaged in a semi-structured initial interview, and were also assessed using the Beck Anxiety Inventory, Beck Depression Inventory, and the Satisfaction with Life Scale; these were followed with a more structured interview to assess for symptoms of PTSD. Participants engaged in 13 sessions of cognitive-behavioral therapy involving psychoeducation and cognitive restructuring; gradual exposure to the traumatic memories; problem resolution; and recurrence prevention (Habigzang et al., 2016).

Findings:

The results of this study demonstrate a significant decrease in anxiety and depression levels with an increase in life satisfaction post-treatment. Cognitive-behavioral therapy was associated with a decrease in negative symptoms for the 11 female domestic violence victims that received treatment (Habigzang et al., 2016).

Conclusions:

The psychological evaluation completed in this intervention was valuable as it provided information about the severity of the consequences of abuse. It is clear from this research study the psychological interventions associated with CBT are favorable for reducing symptoms. Further, understanding the cycle of domestic violence provided the opportunity for female victims to give new meaning to their experiences and reduce their feelings of guilt and shame (Habigzang et al., 2016).

C. Family Treatment Curriculum

Treatment Plan and Intervention:

Current Date: December 1, 2022

Identified Client: Margaret Smith **Age: 26**

Address: N/A **Phone: N/A**

Email: Margaret Smith **Clinic Record: N/A**

Number Insurance: N/A **Diagnosis: N/A**

Summary of Patient's Concerns: Client left an abusive relationship two months ago and has been staying at a women's shelter for survivors of domestic violence. The client has a five-year-old son, Leo, who has been living at the shelter with her. Since leaving her relationship, the client has struggled with limited options to provide for herself and her son, as she does not have a high school diploma and has few financial resources. In addition to this, the client shows signs of anxiety, low self-esteem and little confidence in parenting abilities.

Identified Patient Strengths and Resources (to be added to throughout treatment): The client shows a strong desire to be independent and provide a good home for her son. She is good at connecting with others and has formed several strong relationships with other clients during her time at the shelter. The client has connected with a local pastor who does work at the shelter and shows interest in employment opportunities the pastor has connections to.

Interview Progress Narrative

Long-Term Goal: A long-term goal for the client is to develop effective coping strategies to manage anxiety and stress. Another goal is to find employment and financial resources with the

client, and for her to move out of the shelter and into transitional housing within the next two months. The client will also begin attending night classes to complete her GED.

Problem/Concern #1: Depression, Anxiety, and Stress

Objective	**Intervention**	**Progress Towards Goal**
Maggie will develop coping strategies to effectively manage stress and anxiety. <u>Target Date:</u> Client will identify and thoroughly develop three effective coping strategies by January 3. <u>Completion Date:</u>	Maggie will attend a weekly support group with other survivors of domestic violence. In this group, she can develop positive relationships with other mothers with similar experiences, address low self-esteem, and work on parenting skills. Each week, she will discuss two meaningful things learned with the social worker.	So far, the client has identified two different coping mechanisms she likes and feels are effective.

Problem/Concern #2: Unemployment

Objective	**Intervention**	**Progress Towards Goal**

Maggie will examine her strengths and complete job applications. Target Date: Client will complete three job applications by January 5. Completion Date:	Maggie will meet with the social worker weekly to find and discuss job options and applications. When an application for a desired job is found, Maggie will complete it as homework between sessions.	So far, the client has completed one job application.

Problem/Concern #3: Lack of GED

Objective	**Intervention**	**Progress Towards Goal**
Maggie will enroll in a program to complete her GED. Target Date: Client will begin classes to complete her GED on January 5. Completion Date:	Maggie will sign up for classes to work toward completing her GED by the registration deadline, December 15. The program will begin January 5, and Maggie will begin attending at that time.	The client completed registration for the GED program on December 12, and is set to begin on January 5.

Signature: _____ Date:_____

Patient Signature: _____ Date: _____

Family Treatment Plan

This specific therapy plan seeks to empower women in domestic violence shelters to develop the skills and knowledge required to overcome their situation and develop the necessary support system. Women in this group have the opportunity to hear one another's stories and to uplift each other over the course of this six-week treatment group. This treatment group has four main goals. The first goal is to foster an environment in which group members feel safe and comfortable to share openly. Another goal of this treatment is to provide members with education about the effects that domestic violence has in their day-to-day life. Third, members will feel empowered as they develop useful parenting skills amidst the stress and chaos. The final goal is that social workers will walk alongside group members as they confront and rebuild harmful core beliefs that they may have about themselves.

Theoretical Orientation

There has been considerable research conducted surrounding the effectiveness of cognitive-behavioral therapy as a treatment option for female victims of domestic violence. Especially within group settings, cognitive-behavioral therapy has proven to be effective in reducing the victim's depressive symptoms and replacing emotional distress with healthy coping mechanisms (Echeburúa et al., 2014). Studies have shown that cognitive-behavioral therapy administered at a group level in addition to individually is more beneficial than solely at the individual level. When victims meet for sessions, they are empowered to grow in relationship with one another because of the emotionally safe environment. There is a mutual sense of trust

built between group members that is formed during treatment; this allows group members to bond and connect over shared experiences and to support one another through the healing process.

Techniques and Methods

The technique for this treatment group is based on the goal of fostering an environment that allows women to feel safe and comfortable to be open with others. The social workers will facilitate the group using cognitive-behavioral therapy augmented for group therapy sessions. Each treatment group has a maximum of four participants in order to create and protect the safe environment for each woman. Women will be afforded the opportunity to share their personal stories with the other members and to lean on each other for strength and support during this transition. The social workers will facilitate both individual and group activities in which the group members can learn new skills, challenge their core beliefs, and develop a sense of trust with fellow group members. The social workers will do everything in their power to ensure that the women are receiving treatment in a safe and welcoming environment in which participants can comfortably learn and share.

Family Dynamics

Navigating the family dynamics of domestic violence situations is quite complicated. Providing therapy to the victim and her abuser together in the same session will cause more harm psychologically and physically to the victim. The abuser may take advantage of what is said in a therapy session and use it to manipulate the victim. There is a power dynamic at play between the female and her abusive partner that is controlled by aggression and hostility. Treating the female victim separately from her abuser will help to foster a sense of empowerment and

autonomy in the female's life. Because she is already in a vulnerable state, she will experience greater therapeutic success when surrounded by other female victims rather than her abuser.

When treating female survivors of domestic violence apart from their abusers, it is important to keep in mind the environment they have just come out of. Abusers do not accept responsibility for their behavior and actions, and the victim will often blame themselves for the abuse. When this goes on for so long, it is common for victims to genuinely believe the things their abuser has said to them (that they are worthless, stupid, ugly, helpless, weak, etc.). With this knowledge of relationship and family dynamics, practitioners can create more informed approaches to work with this population.

Roles (Social Worker and Family Member)

This treatment group consists of four adult women between the ages of 26-38 years old. Each group member resides at the domestic violence shelter, has left her abuser, and has been away for a minimum of 40 days. Additionally, each woman in the group has at least one child between the ages of 2-9 years old. Group members will receive cognitive-behavioral therapy within treatment sessions and will be provided with education regarding the effects of domestic violence, addressing core beliefs, and developing effective parenting skills.

The weekly treatment group is facilitated by two female social workers in a domestic violence shelter. The role of the social workers is to promote conversation and lead group activities. Because this is a women and children's shelter, the group will be led by female social workers to foster a sense of security and trust for all group members. Each session will be held in a comfortable and inviting space within the shelter that is private and secure.

Curriculum:

Session	**Overview/Goals**	**Session Details**
Week One	Initial Engagement: Assessment – Creating a safe environment where members of the group can share their stories and form connections with one another.	Session one will include a safe space for group members to introduce themselves to other members. Members have the opportunity to share their reasons for participating in the treatment group. If willing, space will be provided for women to share their personal stories and experiences. The social workers will emphasize the women's right to self-determination by not requiring participants to share personal stories with other group members. **Checklist of Items:**

Week Two	Addressing Issues: Stories and Education – Providing education on the effects that domestic violence has on someone's life, habits, and tendencies	This session will begin with additional space for group members to share their stories and experiences. Week two is partially centered around building trust between members and strengthening participant relationships. Session two will also involve psychoeducation regarding how the women have been impacted physically, emotionally, and mentally because of domestic violence. Experiencing domestic violence for any period of time takes a toll on their daily functioning. Activity – Group members will receive a copy of the Power and Control Wheel

		that describes several types of abuse and ways abusers try to gain control. Using the wheel, group members will learn to understand patterns of abusive behaviors that their abuser has used to control her. **Checklist of Items:** Power and Control Wheel

Week Three	Addressing Issues: Core Beliefs – Using CBT to help group members understand their beliefs about themselves	Group cognitive-behavioral techniques will be introduced, and group members will be challenged to confront negative core beliefs they hold about themselves. Activity – Group members will write down beliefs and views about their appearance, intelligence, autonomy, and value. The group will then discuss these views and beliefs, identify common themes, and work to challenge negative and harmful core beliefs. **Checklist of Items**: pens, notebook paper

Week Four	Addressing Issues: Parent/Child Dynamics and Parenting Skills –	In this session, education about parent/child dynamics and parenting skills will be covered. The group will discuss various skills and ideas for parenting after domestic violence. These skills include family safety planning, self-care, helping children to feel secure, and ideas for fostering calm environments. Additionally, the group will discuss how to talk with their children about the violence that has occurred and take a strengths-based approach with their children. **Checklist of Items:**

Week Five	Evaluation: Closure –	Part of the evaluation will be assessed using the Personal Growth Initiative Scale. This measure will show any progress made in group members' feelings of empowerment and capability to make decisions. The other scale used is the Multidimensional Scale of Perceived Social Support. This questionnaire helps to clarify how group members perceive their own social support system. **Checklist of Items**: Personal Growth Initiative Scale, Multidimensional Scale of Perceived Social Support, pens

Week Six	Wrap Up –	During this final session, facilitators will reinforce the progress made throughout the group's time together. Group members will discuss how they feel about how the group went, what they learned, the issues they anticipate in the future, and how they could possibly address these issues. Facilitators will also process through group members' feelings about the group ending with them. Group members will also be provided with additional resources they may use in the future for support and assistance.

Transitions/Endings

Clients may have mixed feelings about the termination of group therapy. In many situations, therapy groups provide support and understanding that clients desire. When clients are

aware that termination is approaching, some negative feelings may come up. Facilitators of this CBT group should anticipate these negative feelings and help group members process through them. When ending the group's time together, facilitators should lead discussions about what the clients learned in these sessions and emphasize the progress that was made. In addition to this, the group should have a conversation about possible issues that may arise in the future, and how group members can take initiative to handle these issues. Group members should also be educated about all the resources that will be available to them after the group is finished. This way, they will not feel like they are unable to seek help once they are no longer receiving treatment and services from the shelter that they are currently in.

Methods for assessing outcomes and evaluation of practice

There are many scales that could be used in a group such as this. The two scales that were used with this group are the Personal Growth Initiative Scale, and the Multidimensional Scale of Perceived Social Support. By administering these two tests pre-treatment and post-treatment, these measures can show personal development and how group members perceive their social support systems.

Personal Growth Initiative Scale (PGIS)

By Christine Robitschek, Ph.D.

Using the scale below, circle the number which best describes the extent to which you agree or disagree with each statement.

1 = Definitely disagree

2 = Mostly disagree

3 = Somewhat disagree

4 = Somewhat agree

5 = Mostly agree

6 = Definitely agree

1. I know how to change specific things that I want to change in my life. 1 2 3 4 5 6
2. I have a good sense of where I am headed in my life. 1 2 3 4 5 6
3. If I want to change something in my life, I initiate the transition process. 1 2 3 4 5 6
4. I can choose the role that I want to have in a group. 1 2 3 4 5 6
5. I know what I need to do to get started toward reaching my goals. 1 2 3 4 5 6
6. I have a specific action plan to help me reach my goals. 1 2 3 4 5 6
7. I take charge of my life. 1 2 3 4 5 6
8. I know what my unique contribution to the world might be. 1 2 3 4 5 6
9. I have a plan for making my life more balanced. 1 2 3 4 5 6

Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet & Farley, 1988)

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the “1” if you Very Strongly Disagree

Circle the “2” if you Strongly Disagree

Circle the “3” if you Mildly Disagree

Circle the “4” if you are Neutral

Circle the “5” if you Mildly Agree

Circle the “6” if you Strongly Agree

Circle the “7” if you Very Strongly Agree

1. There is a special person who is around when I am in need. 1 2 3 4 5 6 7 SO
2. There is a special person with whom I can share my joys and sorrows. 1 2 3 4 5 6 7 SO
3. My family really tries to help me. 1 2 3 4 5 6 7 Fam
4. I get the emotional help and support I need from my family. 1 2 3 4 5 6 7 Fam
5. I have a special person who is a real source of comfort to me. 1 2 3 4 5 6 7 SO
6. My friends really try to help me. 1 2 3 4 5 6 7 Fri
7. I can count on my friends when things go wrong. 1 2 3 4 5 6 7 Fri
8. I can talk about my problems with my family. 1 2 3 4 5 6 7 Fam
9. I have friends with whom I can share my joys and sorrows. 1 2 3 4 5 6 7 Fri
10. There is a special person in my life who cares about my feelings. 1 2 3 4 5 6 7 SO
11. My family is willing to help me make decisions. 1 2 3 4 5 6 7 Fam

12. I can talk about my problems with my friends. 1 2 3 4 5 6 7 Fri

The items tended to be divided into factor groups relating to the source of the social support, namely family (Fam), friends (Fri) or significant other (SO).

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Appendix A

DOMESTIC ABUSE INTERVENTION PROGRAMS
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