

Counseling Intervention to Reduce Violence and Promote the Psychosocial Well-Being of Women Who Experience Domestic Violence

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Abstract

Introduction: This study aims to review married women with domestic violence and detecting the effectiveness of counseling intervention on the reduction of intimate partner violence (IPV).

Methods: Phase one of this study was a cross-sectional in which 315 married women living in Al-Badrashin, a slum area in Giza-Egypt, were included and invited to participate in the study and screened for IPV, social support, and psychological status; phase two was an interventional phase in which all abused women detected in phase one invited to participate in the interventional counseling program.

Results: The study revealed that the overall prevalence of IPV among the studied group was (37.7%); the highest form (54.0%) was psychological abuse, followed by physical (52%) one then severe combined abuse including sexual abuse items (48.6%). However; less than one fourth (22.2%) were exposed to harassment. Also revealed the presence of high significant p-value (0.000) reductions in all forms of violence following the intervention program.

Conclusions: Counseling intervention had a positive effect on participants, demonstrating a decrease in violence exposure, improvement of social support and psychological status.

Keywords: Intimate partner violence, Effectiveness, Group counseling intervention, Married women victims.

Introduction

IPV is a very serious social phenomenon.¹ It disturbs all aspects of human life. Its occurrence is increasing rapidly around the world. ² Inappropriately, many wives blame themselves for IPV due to the male-dominated culture. ³ IPV **violates human rights and** has always been associated with some physical and mental health problems.⁴

In Egypt IPV is a violation of social and religious values though, fortunately where report on this issue has turned to an issue of community belief instead of being a stigma.⁵

Dealing with the harm imposed by IPV is not an easy task.⁶ Most of the intervention studies on IPV victims were performed in domestic violence shelters.⁷ However, women living in continuous abuse are similarly need receiving support.^{8,9} IPV intervention programs offer counseling which typically includes aiding survivors improve the sense of power and control.¹⁰

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Method

The Study design:

The study had two phases:

1. Cross-sectional descriptive phase in which 315 married women living in a Al-Badrashin (slum area) in Giza were invited to participate in the study and screened for IPV, social support and psychological disorders.

2. Interventional phase in which abused women detected in phase one had involved in the interventional counseling program.

The setting of the study:

This study was conducted in a governmental health center for maternal and child care in a slum area (Al-Badrashin) in Giza-Egypt.

The population of study:

The target populations were any married female, aged above 18 years old, visit Al-Badrashin Health Center for Maternal and Child Care.

Sample size determination:

A number of 315 married women were required to achieve the study objectives (according to the Epi Info 6).

Sampling procedure:

Systematic random sampling technique where every third client aged above 18 years old and met the inclusion criteria of the study were selected and invited to participate in the study.

Inclusion criteria:

- Women aged 18 years or above.
- Married female regardless duration of the marriage.
- Women live with their husbands.

Exclusion criteria:

- A widow or divorced women.
- Women find difficulties in providing informed consent or understanding the content of the study.
- Had experience of trauma unrelated to their

abuse within the last year.

Women with serious mental illness.

participants were identified to be abused by their intimate partner, had a total score of 7 or more of the Composite Abuse Scale (CAS), were invited to participate in a group counseling program for IPV victims. Only 21 women were dropped out all through the sessions; meanwhile, the rest of the participants (98) continued until the end of the last session. They were divided into five groups offering each participant suitable days and group to join and attend. Each group consisted of about 20 participants.

The program was implemented over a period of three months. A total of six counseling education sessions took place at weeks (0, 2, 4, 6, 8, and 10), on a biweekly basis for each group and each session lasted two hours. Group members did actively participated in the sessions with a full chance to speak and present themselves.

The counselor started the first session by introducing herself and the objectives of the sessions. Then the pre-test was distributed among participants. For the following sessions, the counselor start with a summary of what occurred in the previous one, followed by the specific subject of the current session, and, at the end of each session, the participants were asked to discuss about the learned outcomes from the session. These sessions included non-judgmental listening, discussion of needs and providing integrated information on IPV.

The Intervention (counseling program for IPV victims as a part of (Spousal Abuse Counseling Program)¹⁶ was applied for the abused women and aimed to improve the wellbeing of abused women, helping them for rehabilitation and protecting them against continued violence.

Data collection tools: Six tools were used:

1. The participant's demographic profile sheet: it was used for collecting participant personal data and medical history.
2. The updated Socio-economic status (SES) scale¹¹
3. Valid Arabic version of the multidimensional scale of perceived social support (MSPSS)¹²
4. The valid Arabic version of The CAS: Women

were asked to rate how often they experienced abuse in the past 12 months. A 29 abusive forms presented in a six-point format.¹³

5. The General Health Questionnaire (GHQ-12)¹⁴ comprises 12 items describing mood.

6. The Arabic version of the Mental Health Checklists of the International Classification of Diseases¹⁰ Primary Care (ICD10 PC) version¹⁵.

Data Analysis

All analyses were conducted using SPSS version 21 and statistical significance was set at p 0.05. Paired sample t-tests were conducted to assess the effect of the overall intervention program.

Results

The mean age of the studied participants was 35.4 ± 9.3 years old; while the mean years of marriage were 13 ± 8.5 years. More than one-third (37%) of the studied women had experienced exposure to IPV according to the composite abuse scale.

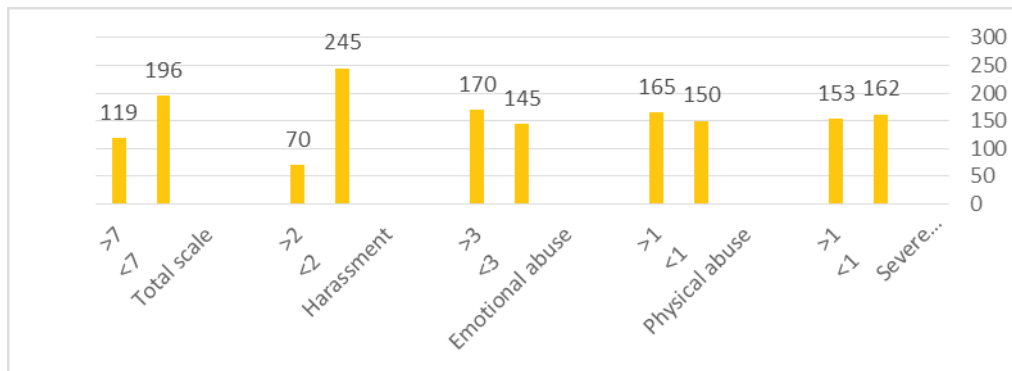


Fig (1): Prevalence of different types of abuse in the studied participants

Figure (1) reveals that 119 (37.7%) of the studied women had experienced exposure to IPV.

Table (1): correlation between Violence exposure among the studied participants and their age groups

Total score of CAS Age groups	N Total (315)	Mean	SD	95% Confidence Interval for Mean		P value
				Lower Bound	Upper Bound	
18-24	35	23.2	22.5	15.5	30.9	0 .007*
25-29	45	15.9	15.9	11.1	20.7	
30-34	79	11.5	17.9	7.5	15.5	
35-39	49	10.8	17.4	5.8	15.8	
40-44	50	12.9	18.8	7.6	18.3	
45-49	25	5.0	8.2	1.6	8.4	
50-55	30	14.4	22.8	5.9	22.9	

As shown in table (1) young women (<25 years) are more exposed to IPV. It also demonstrates that there is a significant statistical difference between different age groups of participants and violence exposure.

Table (2): Pre and post intervention social support of abused women denoting the effectiveness of the intervention on Perception of Social Support

MSPSS SCORES	Pre-intervention Social support of Abused women (98)	Post-intervention Social support of Abused women (98)	t-test	P value
Friends Subscale · Mean · SD	2.8 1.6	5.5 0.70	17.7	0.000*
Significant Other Subscale · Mean · SD	4.6 1.5	5.6 0.70	8.7	0.000*
Total Scale · Mean · SD	3.8 1.2	5.2 0.65	15.9	0.000*

As shown in table (2) Paired samples t-tests conducted on the MSPSS scores for the 98 abused women completing the whole treatment program revealed a highly significant increase in perception of social support following the intervention program (p-value: 0.000).

Table (3): Pre and post intervention violence experiences of abused women denoting the effectiveness of the intervention on violence exposure

Composite abuse scale	Pre-intervention violence experience of abused women (98)	Post-intervention violence experience of abused women (98)	t-test	P value
Severe combined abuse · Mean · SD	6,7 4,8	3,9 3.5	9.1	0.000*
Emotional abuse · Mean · SD	12.9 8.8	7.6 5.7	10.3	0.000*
Physical abuse · Mean · SD	5.8 4.5	2.1 0.02	10.7	0.000*
Harassment · Mean · SD	2.5 2.8	0.89 1.51	7.6	0.000*
Total scale · Mean · SD · <7 N (%) · >7 N (%)	31.5 20,7 0 (0) 98 (100)	15.3 11.7 30 (30.6) 68 (69.4)	12.6	0.000*

Table (3) reveals the presence of high significant statistical reductions in all forms of violence following the intervention program (p-value: 0.000). The overall percent of abused women decreased to 68% post-intervention.

Discussion

Overall 119 (37.7%) of the studied women had experienced exposure to IPV. The prevalence of violence was less than that of Egypt Demographic Health Survey, 2005 (45.0%),¹⁷ and more than the report of the MOHP/Egypt that stated that 26% of married women aged 15-49 years revealed exposure to IPV at least once in their lifetime; while 14 % of the same age group suffered IPV in the last 12 months.¹⁸

The relationship between educational level and exposure to IPV experience matched the WHO multi-country study on women's health and domestic violence amongst others¹⁹ which stated that achieving a secondary school education or higher protected against IPV experience. It can be explained that educated women are more aware of information needed for healthier marital life compared to women with lower or no educational level.²⁰ Secondary education or higher may help women to have a reasonable decision during selecting her partner or not to continue in a violent relationship, and to marry men with matching their levels of education.²¹ Furthermore, higher educated women are more valued by their partner and have improved partner communication.²²

Moreover, the findings demonstrated that SES level is positively associated with violence. Higher SES is mainly protective, supporting theories stating that poverty impacts negatively on levels of IPV.²³

As regards the psychological status, the results demonstrated that the prevalence of depression in all studied participants was 20%. From the abused women 93% were depressed, Meanwhile; only 7% of the non-abused women were exposed to depression. Also, it presented a significant statistical relationship between depression and exposure to all forms of violence. These findings came consistent with **Fanslow & Robinson 2004** who stated that many women exposed to IPV had depression.²⁴

Regarding anxiety, The results demonstrated that the prevalence of anxiety in all studied participants was about 83%. From the abused women 31% had

anxiety disorder. These results agreed with several studies reporting the presence of an association between exposure to IPV and anxiety.²⁵

The percent of abused women decreased to 68% post-intervention denoting effectiveness of the intervention in the reduction of violence exposure. This echo the finding of McBride 2001 whose study targeted 23 female victims of IPV in Canada and evaluated the effectiveness of an 8-week group intervention program, on their cognitive-behavioral.²⁶

The women in this study reported an increase in levels of perceived social support after receiving the intervention program. These results matched with Iverson et al., 2009, who reported an increase in perception of social support, after receiving the intervention program, especially in the social support perceived from friends.²⁷ The intervention created effective outcomes, as other studies had already reported.²⁷ These findings proof that the intervention met the needs of female victims of IPV, improving their psychosocial well-being.

Conclusion

The overall prevalence of IPV was relatively high, it was more prevalent among the young, non-educated and low socioeconomic status. There is a significant relationship between IPV and partners' levels of education. IPV negatively affects women psychological health. The performed counseling program was found to significantly reduce women exposure to violence, women's psychological symptoms and improved levels of perceived social support throughout the intervention period.

Strengths and limitations of the study

It is the first study conducted in Egypt for assessment of the effectiveness of brief counseling intervention on the reduction of IPV and Promotion of the psychosocial well-being of women who experience IPV. Also, the ability to change the abused women from negative tool to a positive one is a great benefit of the study. However, the *program was too lengthy to be applied completely; so the applicable core contents, which suit our culture, were extracted and applied. Invitation of the husband caused a high percentage of women to drop out during the pilot study; so we applied the victim's group sessions only, ensuring women compliance and safety.*

Recommendations:

· Join the husband to the intervention counseling programs.

· Provide follow-up assessments during a period of 12 months to increase the intervention effectiveness.

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Ethical Considerations: This study was approved from the Scientific Research Ethical Committee of the Faculty of Medicine, Cairo University. The approval number is N-122-2018. Informed consent was obtained from each participant before they were enrolled in the study.

Conflict of Interest: There is no conflict of interest regarding this paper publication.

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