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RESEARCH ARTICLE

EFFECTIVENESS OF COGNITIVE BEHAVIORAL THERAPY IN THE TREATMENT OF CHILD VICTIMS OF DOMESTIC VIOLENCE IN IRAN

***Nasrin Jaber Ghaderi**

Clinical Psychology, Behavioral Research Centre, Kermanshah Medical Science University, Iran

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ABSTRACT

Background: World Health Organization has identified violence against children as a growing public-health issue with a global magnitude. However, control-trial studies on using abuse focused CBT in treating child victims of domestic violence in Iran is lacking.
Method: 99 urban students (aged 8-12 years old) who fulfilled the inclusion criteria, randomly assigned to each CBT or control group. Children and their parents were examined by using a Life Incidence Traumatic Events scale (LITEs), Child Report Of Post traumatic Symptoms (CROPS) and Parents Report Of Post traumatic Symptoms(PROPS) before and after treatment.
Results: The findings suggested a significant between groups differences on the CROPS and PROPS. Using Cohens' d effect size revealed a moderate to high practical significance in CBT group.
Conclusion: CBT can help children to greatly recover from the outcomes of domestic violence and lead to greater improvement than what can be expected from natural recovery in control group. Professionals should use more trauma focused psycho-therapeutic methods like abuse focused CBT in the treatment.

INTRODUCTION

Family violence includes family members' acts of omission or commission resulting in child physical abuse (CPA), sexual abuse, neglect or other forms of maltreatment that hamper individuals' healthy development. (Levesque 2001) In fact, inter parental violence is a worldwide problem, for example, in the United States alone 16% of all children (2-17 years of age) witness partner assault some time in their childhood. (Overbeek *et al.,* 2012) It happens across all countries, cultures, religions and sectors of society. Especially in low- and middle-income countries where 95% of disability and deaths occurs due to child abuse and violence. (WHO and UNICEF 2008) In Afghanistan, two thirds of children reported traumatic experiences, out of which the most common was domestic violence. (Panter-Brick *et al.,* 2009) Indian Ministry of Women and Child Development in a national study (2007) reported that two out of every three children were physically abused in family environment and out of those, 88.6% were physically abused by parents. (http://www.childlineindia.org.in/child-abuse-child-violence-india.htm) The situation in Iran in not better than any other developing or developed country but non availability of the statistics at government level regarding the prevailing situation of domestic violence makes it more crucial. Vinayak and Jaberghaderi (2012) in their research on 507 urban student of Kermanshah city of Iran have suggested that child physical abuse was the most common event in the participants life and many of them were exposed to inter parental violence. (Vinayak and Jaberghaderi 2012) Physical maltreatment and witnessing inter parental violence as a continued traumas can lead to a range of psychological sequelae in children.

There is currently greater support for the efficacy of various forms of cognitive-behavioral therapy (CBT),especially trauma focused- cognitive behavioral therapy (TF-CBT) and children centered therapy (CCT) on traumatized child victims of some kind of child maltreatment, particularly, child sexualabuse. (Deblinger *et al.,* 2006; Cohen *et al.,* 2007; Hetzel-Riggin *et al.,* 2007) However, although considerable progress has been made over the past two decades in applying and evaluating treatments for children, parents and their families involved with child physical abuse. (Kolko and Swenson 2002) Yet, few control trial studies have been conducted for physically abused children or who were exposed to inter parental violence on an outpatient or inpatient basis. Recently, there were few studies which had shown that abuse focused CBT was clinically beneficial in treating physical abuse victims, with medium to large effect size (Swenson *et al.,* 2010; Kolko *et al.,* 2011) and also trauma focused CBT effectively could improve children's inter parental violence - related PTSD and anxiety. (Cohen *et al.,* 2011). Yet, a gap of studies has been found in the existent literature. In other words, there is lacking published control-trial study on the effect of

Corresponding author: Nasrin Jaber Ghaderi
Clinical Psychology, Behavioral Research Centre, Kermanshah Medical Science University, Iran.

CT on ameliorating child victims of domestic violence. Though dissemination studies have shown that in Iran about 38% [6] of children are victims of inter parental violence and 60% (Kermanshahi *et al.,* 1998; Stephenson *et al.,* 2006; Jaberghaderi *et al.,* 2008) of child physical abuse yet, the prevention and treatment strategies remain greatly underutilized. Based on existing literature, apparently control-trial study on comparing abuse focused CBT in child victims of domestic violence in Iran is lacking. So, by considering this deficit and also considering domestic violence (child physical abuse and inter parental violence) prevalence in Kermanshah, Iran, study was designed to examine this treatment on children who were victims of domestic violence sequelae.

METHODS

Design

Children aged 8-12 years old with a reported history of child physical abuse and/or parents conflicts were randomized to abuse focused CBT or control group. Assessments of post-traumatic symptoms and problem behaviors were completed pre and post treatments.

Scales

1- Farsi version of the Rutter Teacher Scale was developed to assess whether a child had a potential mental disturbance. (Rutter 1967) It contains 26 statements in which teachers rate the extent of problematic behavior exhibited by the child in school. It has good psychometric properties, and has a clinical range of 13 and above. (Yousefi 1998)

2- Farsi version of Child Report of Post Traumatic Symptoms (CROPS; Greenwald, 1997). The questionnaire has 26 items containing child's report of the extent and intensity of traumatic symptoms after experiencing a traumatic incident. It's reliability is 80% and cut off point is 19. It is consisted of 3 factors: factor one is depression and guilty feeling, factor two is psychosomatic symptoms and factor three is avoidance thoughts and behaviors. (Greenwald 1997; Greenwald and Rubin 1997)

3- Farsi version of Parents Report of Post Traumatic Symptoms (PROPS; Greenwald, 1997). This is an equivalent form to CROPS that has 33 items, and contains parents, report of the extent and intensity of post traumatic symptoms. The reliability is reported to 79%. It's cut off point is 16. It is consisted of 3 factors: factor one is intrinsic symptoms, factor two is extrinsic symptoms and factor three is psychosomatic symptoms. (Greenwald 1997; Greenwald and Rubin 1997) The Farsi translation of the above instruments were carried out. The reliability of Farsi version was measured by Cronbach x (alfa) test in 31 person so the result in PROPS obtained 83% and in GROPS 84% . (Vinayak *et al.,* 2010)

4- Farsi version of Life Incidence of Traumatic Events scale (LITEs) (Greenwald *et al.,* 2002; Cohen *et al.,* 2004) containing two forms equivalent to child and parents report. It has 16 items about life incidence of traumatic events that was used here as the primary screening tool to recognize children who were victims of domestic violence.

Participants

A recruitment letter signed by the investigator and the school principal was sent to the parents of 422, third to fifth grade girls and boys (ages 8–12 years) in four primary urban schools in a low middle income area of Kermanshah city, Iran. Volunteers were asked, with their parents' consent, to complete Lifetime Incidence of Traumatic Events (a checklist allowing the respondent to endorse exposure to a variety of adverse event. Of these, 165 endorsed having been victims of domestic violence. Finally 99 students fulfilled the inclusion criteria and randomly assigned to each group. These students and their parents, then participated in a semi-structured interview in respective schools, conducted by the researcher, to determine the quantity and severity of the domestic violence (either physical abuse or/and parents or family members conflicts. All participants were in the same socio-economic status, a de facto condition of attendance at the school where the study took place. In both groups (CBT and control), participants were matched regarding age and gender. The randomization procedure for each subgroup of participants concluded picking their names out of the hat while alternating group assignments.

Procedure

Following recognition of victims of the domestic violence, their parents participated in a meeting in each school which consisted of parents commitment to stop physically abusing the subjects or/and their conflicts during the treatment period. They also had been requested to actively participate in the treatment sessions. The pre-treatment assessment was conducted with the help of two trained psychologists who did not know the children and blinded to the assignment. For each participant, parents completed the PROPS, the child completed the CROPS, and the participant's teacher completed the Rutter. Treatments were conducted at the psychological counseling room of each school. Two weeks after each participant's final session, the post treatment assessment was conducted in the same manner as described above, with the same respondents for a given participant with the help of another two trained psychologists who did not know the children and blinded to the assignment.

Participants who required further treatment (those who failed to meet termination criteria and had given up their treatment and also some of control group) had been sending for referral following the post treatment assessment. CBT module which was cross culturally valid had been used. The CBT procedure was based on Kolko and Swenson (2002). Although the activities were standardized, they were tailored to the needs of individual participants. The design reflected an attempt to balance the interest in both internal and external validity. In the CBT condition, the focus was on skill development (e.g., symptom management) and cognitive, behavioral, social and affect-focused intervention for both children and parents which were mostly abuse - focused. With respect to child and parent's

problems, CBT sessions were varied. For example, anger management was implemented for those children who showed their anger by smacking other kids or depression intervention was done only for depressive parents. Duration of sessions was limited to 45- 60 minutes. There was homework for every session (for both parent and children), such as checklists, drawings, activities and listening to tapes of the exposure narrative. It is estimated that participants in the CBT group completed about 10–15 hours of homework in total, but homework time was not systematically tracked. Termination criteria was treatment specific, but with a maximum of 12 sessions and minimum of 6-session in order to complete certain activities. . CBT treatment terminated prior to 12 sessions if the primary abuse-related anxiety symptoms would be at a severity rating of 25 percent or lower.

RESULTS

The sample consisted of 99 boys (51=51%) and girls (48=49%) aged 8-12 years old, out of whom (40=40%) were assigned to CBT and 59(60%) to the control group.

Pre-treatment

Participants did not differ significantly in pre-treatment condition on gender, age, grade, socio-economic status, type, severity, amount of domestic violence. In fact pre-treatment assessment showed that participants in both groups viz. CBT and control did not differ significantly on scores on any of the outcome measures (except significantly more intrinsic symptoms in CBT group). Moreover, groups were very similar on these pre-treatment variables.

Retention of participants

In CBT group out of 40, eleven subjects had less than 5 treatment sessions (five because of ongoing violence and six due to their parents 's neglect of attendance in the treatment sessions) and four did not come back for post measurement, so fifteen subjects (9 boy and 6 girls) discontinued and 25 continued more than 6 CBT treatment sessions. In control group out of 59, five participants never returned for post-assessment and dropped out. Yet, seventy eight subjects remained in the study and fulfilled the inclusion criteria. So the ultimate sample consisted of 25 (32%) in CBT and 54 (68%) in control groups.

Treatment outcomes

Statistically significance changes

Table 1 displays the mean pretest and posttest scores for each group. On the CROPS, compared to pre-treatment, the CBT group improved significantly ($p < 0.05$& 0.01), but the control group did not .However, the difference in improvement between groups was significant on both the PROPS and the CROPS ($p < 0.05$), but both groups did not improved significantly on the Rutter. Analyses of variance were used to test the significance of between group differences. Paired samples t-tests were used to test the significance of within group pretest to posttest differences.

Table 1. Main pre and post test scores on three outcomes measures

Score	Control		CBT		Between groups t
	Mean	SD	Mean	SD	
CROPS- Pre	20.70	10.23	22.67	10.23	1
CROPS- Post	20.45	9.25	16.21*	5.50	2.71*
PROPS- Pre	22.21	10.71	29.13	11.88	-2.33*
PROPS- Post	22.91	11.49	16.21**	5.50	-2.71*
Rutter- Pre	12.64	8.44	14.52	12.82	.77
Rutter- Post	12.28	11.57	14.08	13.71	.60

Pretest to posttest within CBT group change statistically significant **$p \leq 0.01$ and* $p \leq 0.05$ level

Clinically significance changes

Using Cohens'd effect size revealed a moderate to high practical significance in CBT group in comparison with control group on the CROPS and PROPS. Medium incremental indicator of effect size correlation (between boys and girls) also happened on CROPS , PROPS and Rutter (Table 2). Another way to consider clinical significance is to see how many participants in each group moved from clinical to normal ranges on each of the outcomes. As shown in Table 2, participants who started in the clinical ranges of CROPS mostly moved to normal situation. Using Reliable Change Index (RCI) showed that, in the CBT group, on the PROPS, children mostly had RCs in excess of 1.96.

DISCUSSION

This study has addressed the phenomenon of child physical abuse and inter parental violence in common families in Iranian context while targeting the sequelae of domestic violence on most neglected and least heard population and focusing on the effect of CBT on amelioration rate of domestic violence's child victims. Apparently children who were assigned to CBT treatment improved considerably. Parents and children's reports of post traumatic symptoms showed that CBT effectively reduced children's psychological symptoms viz. psychosomatic, avoidance thoughts, intrinsic and extrinsic symptoms significantly. Depression and guilt feeling improved significantly and CBT group mostly moved to normal situation. These findings were especially promising considering that the children and parents in the present study received together only six to thirteen sessions of 60 minute each, indicating that brief treatment in this context can be highly beneficial. The results presented well in the light of the large treatment needs among domestically violated children worldwide and were consistent with data on adult studies (Swenson *et al.,* 2010; Kolko *et al.,* 2011; Cohen *et al.,* 2011; Gillies *et al.,* 2012; Kolko 1996b; Nemeroff 2013) on CBT. Also in line with studies in that CBT was efficacious and that the effect sizes was substantial, (Stein *et al.,* 2003; Silverman *et al.,* 2008; Carrion and Hull 2009; Hetzel-Riggin *et al.,* 2007; James *et al.,* 2005; Kar 2011; Jansen *et al.,* 2012; Kowalik *et al.,* 2011; Smith *et al.,* 2013; Sterne *et al.,* 2010)

Table 2. Indicators of clinically significant changes on three outcomes measures

Cohens'' d indicator of effect size				
	CBT and control		Girls and Boys	
CROPS	.59		.62	
PROPS	.74		.58	
Rutter	.14		.56	
Number of participants in clinical and normal range				
	CBT		Control	
	Clinical	Normal	Clinical	Normal
CROPS-Pre	16	9	21	32
CROPS- Post	10*	15	24	29
PROPS- Pre	22	3	39	14
PROPS-Post	17	8	41	12
Rutter- Pre	8	17	23	30
Rutter-Post	10	15	21	32
Number of participants with significant reliable changes				
	CBT		Control	
CROPS	6		4	
PROPS	11*		1	
Rutter	6		5	

statistically significant * p≤0.05 level

A significant moderate to high incremental effect was found for gender. Although before treatment, boys' parents significantly reported further psychosomatic symptoms, however interestingly after implementing CBT, there was non significant trend of girls' improvement as compared to boys on measured variables. Children's class room behavior did not improved after implementing CBT. In fact, teachers reports of problematic behavior in classroom and academic performance did not show effect of CBT in comparison with control group and had low practical significance. This result could be associated to teachers' deficit observation of children due to summer holidays in the middle of treatment phases. Another reason might be related to the nature of population who had higher than control group scores which adversely effected the treatment results. However, this result is comparable with Stein *et al.* (2003), in which subjects did not show significant differences for teacher-reported classroom problems (includes learning problems, acting out behaviors and shyness/anxious). Besides, as CBT group had more victims of CPA than control, so another explanation may associate with these children general behavior. In accordance to finding of Sterne *et al.* (2010), teachers often remark how difficult it is to identify any particular trigger to a behavior outburst of these children; an innocuous comment may touch a raw nerve; a seemingly minor incident may provoke stress or panic. For example, a child might not have heard the teacher's instructions so cannot start his/her work; might be stuck; over- react to a negative comment from a peer; or be thrown by a change of routine. Some children may respond to threatening or stressful situations by going into 'fight' mode and become aggressive and hostile; others may take flight and run out of a lesson or out of school. These children may be particularly sensitive to shouting, angry adult interactions and to physical contact. They are more likely than other children to interpret their teachers and peers as having hostile intent.

Conclusion

Abuse focused CBT is strongly recommended and can be applied to children because it lead to greater improvement than what can be expected from natural recovery in control group. Therefore, this study along with current treatment guidelines like APA (2004) recommended trauma-focused psychological treatments as first-line treatments for traumatized children.

Limitation

The present study had a number of limitations. Firstly, the relatively small number of participants and high dropped out rate may have resulted in a lack of sufficient power and sensitivity to detect between groups differences. Secondly, the study lacked follow-up assessments. Thirdly, overall parents' attitude was not completely collaborative, so it might have caused more dropping out in both groups. School holidays started in the middle of treatment process which caused deficit observation of participants by teachers.

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