Chapter 4: Relevance and Hypothesis of the Study

Domestic violence is understood as abuse occurring within intimate relationships and encompasses a range of different behaviors, including physical violence, emotional and psychological abuse, sexual abuse and financial abuse (WHO, 2008). Some observers have proposed that violence in the families is more common than love. 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, de Schipper, Lamers-Winkelman and Schuengel, 2012). It happens across all countries, cultures, religions and sectors of society (Hobbs, Hanks and Wynne, 2001; WHO, 2009), especially in low- and middle-income countries where 95% of disability and deaths occurs due to child abuse and violence (WHO, 2008). In Afghanistan, two thirds of children reported traumatic experiences, out of which the most common was domestic violence (Panter-break, Eggerman, Gonzalez, and Safdar, 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. 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. A study in 2002 in Semnan city of Iran showed that 65% of children in the ages 1-18 years had experienced physical punishment (Vameghi, Feizzadeh, Mirabzadeh, and Feizzadeh, 2002). 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.

Physical maltreatment as a continued trauma can lead to a range of sequelae in children, including post-traumatic stress disorder (PTSD), developmental delays, increased anxiety and depressive symptoms, and disruptive, sexually inappropriate, and regressive behaviors (Kendall-Tackett, Williams and Finkelhor, 1993; APA, 1994). On the other hand, sequelae of witnessing inter parental violence are severe; meta-analyses show that children exposed to inter parental violence experience emotional, behavioural and cognitive problems. Children exposed to inter parental violence may show short-term maladjustment as well as develop long-term mental health problems. For example, adults who witnessed inter parental violence as children are two to four times more likely to report problems with alcoholism, drug use and depression. Despite potential severe and lifelong sequelae of witnessing inter parental violence, few carefully designed interventions for children exposed to inter parental violence have been developed, and even fewer of these programs have been thoroughly tested (Overbeek, de Schipper, Lamers-Winkelman and Schuengel, 2012). Meta-analysis of 188 studies on the psychosocial outcomes of child witnesses to domestic violence and child physical abuse, found that although witnesses had more negative outcomes than children who were not exposed or children from verbally aggressive homes, the outcomes did not differ significantly from those of physically abused children (English et al., 2009).

There are also relatively few controlled studies of the efficacy of treatments for the sequela of child maltreatment (Saywitz, Mannarino, Berliner, and Cohen, 2000) and
other childhood trauma (Cohen, Berliner, and March, 2000). 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 child-centered therapy (CCT) on traumatized child victims of some kind of child maltreatment, particularly, child sexual abuse (Deblinger, Mannarino, Cohen and Steer, 2006; Cohen, Mannarino, Perel, and Staron, 2007; Hetzel-Riggin, Brausch, Montgomery, 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 (Kendal 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. Indeed, for school age children few studies included specialized individual therapy which emphasized training in various CBT procedures and skills for these children (Wolfe and Wekerle, 1993; Kolko, 1996). 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, Schaeffer, Henggeler, Faldowski, and Mayhew, 2010; Kolko, Iselin and Gull, 2011) and also trauma focused CBT effectively could improve children's inter parental violence-related PTSD and anxiety (Cohen, Mannarino and Iyengar, 2011).

A newer treatment, eye movement desensitization and reprocessing (EMDR; Shapiro, 1995), has been shown to be efficacious in a number of adult trauma studies, and preliminary findings with traumatized children are also promising. The procedure consists of a structured sequence of treatment components that have been identified as being effective across trauma treatment modalities (Hyer and Brandsma, 1997).
including psycho-education, coping skills training, and exposure (including: emotional processing and cognitive restructuring components). EMDR, in comparison with control group and pre treatment clinical condition, has shown greater improvement in traumatized children (Jaberghaderi et al., 2004; Ahmad, Larsson and Sundelin-Whalsten, 2007; Vander Kolk et al., 2007; Bae, Kim and Park, 2008; Hensel, 2009).

EMDR and trauma-focused CBT are both widely used in the treatment of PTSD within traumatized adults and have been consistently compared. While most studies find them better than other therapies, and equally efficacious; there are studies which suggest superiority of CBT over EMDR. For example Mendes, Mello, Ventura, Passarela Cde and Mari Jde (2008) meta-analytically suggested that specific therapies, such as CBT, exposure therapy and cognitive therapy are equally effective, and more effective than EMDR and supportive techniques in the treatment of PTSD. A systematic review of 38 randomized controlled trials reported that trauma-focused CBT, EMDR, stress management, and group CBT improved PTSD symptoms more than wait-list or usual care. Yet, although, there was no evidence of a difference in efficacy between CBT and EMDR, but there was some evidence that CBT and EMDR were superior to stress management and other therapies. These results concluded that the first-line psychological treatment for PTSD should be CBT or EMDR (Bisson et al., 2007). Some other meta-analyses suggested that CBT and EMDR tend to be equally efficacious, and superiority of one treatment over the other could not be demonstrated (Bisson and Andrew, 2007; Seidler and Wagner, 2006). Among traumatized children, Rodenberg et al. (2009) meta-analytically found that, whilst effect sizes are based on comparisons between EMDR and established (CBT) trauma treatment, then EMDR adds a small but
significant incremental value in treating posttraumatic symptoms of children. 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 EMDR on ameliorating child victims of domestic violence. There is dearth of comparing abuse focused CBT and EMDR on treating child physical abuse or/ and inter parental violence’s child victims.

Though dissemination studies have shown that in Iran about 38% of children are victims of inter parental violence and 60% of child physical abuse (Kermanshahi, Hamidi and Asadollahi, 1997; Stephenson, Sheikhattari, Assasi, Zamani and Eftekhari, 2006; Jaberghaderi et al., 2008) yet, the prevention and treatment strategies remain greatly underutilized. Also, there is a lack of published studies on comparison of EMDR and CBT in case of child victims of domestic violence in Iran. Based on existing literature, apparently, there is a negligible research on the comparison of EMDR and CBT for physically abused and/or witnesses of inter parental violence. There is dearth of research on the effect of EMDR on physically abused and marital conflict involved children. Besides, 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 these two treatments on children who were victims of domestic violence sequelae.

The present study aimed to investigate the psychological impacts of domestic violence on Iranian children and also to compare the efficacy of CBT and EMDR in the treatment of child victims of domestic violence. Psychological sequelae which the study
will be focused on consist of internalizing (like anxiety and depression), externalizing (like aggression) and psychosomatic symptoms. Classroom behavioral problems and academic performance would also get studied. Considering dearth of research on gender differences in child victims of domestic violence on various psychological problems, the gender differences were also the focus of the study. In the present investigation, domestic violence victimization included child maltreatment (physical) or/ and being witness to violence within family (spousal abuse).

Hypotheses

On the basis of review of literature the following hypotheses were formulated:

H1. It was expected that CBT as compared to the pre-treatment condition, would be effective in the treatment of the psychological sequelae of domestic violence.

H2. It was expected that CBT group as compared to the no treatment group (control group) would show improvement in the psychological sequelae of domestic violence.

H3. It was expected that EMDR as compared to the pre-treatment condition, would be effective in the treatment of the psychological sequelae of domestic violence.

H4. It was expected that EMDR as compared to the no treatment group (control group) would show improvement in the psychological sequelae of domestic violence.

H5. CBT and EMDR were expected to show differential effects in the treatment of psychological sequelae of domestic violence in children.

H6. It was expected that there will be gender differences on the psychological sequelae of domestic violence.
Boys and girls were expected to show differences in the efficacy of EMDR and CBT in the treatment of psychological sequelae of domestic violence.

This study also aimed to find whether the remission rate of CROPS, PROPS and Rutter will differ due to the kind of treatment, number of treatment sessions, gender, age, grade and kind of domestic violence.