Chapter 8: Summary

The aim of the present control-trial study was to evaluate and compare the effectiveness of cognitive behavioral therapy (CBT) and eye movement desensitization and reprocessing (EMDR) in the treatment of child victims of domestic violence (DV) in Iran. The study aimed to find out the effectiveness of each treatment method and whether any difference occurred between CBT and EMDR in the treatment of the psychological sequelae of domestic violence. Psychological sequelae which were studied in this investigation included internalizing (like anxiety, depression, avoidance thought) and externalizing symptoms (like aggression, quick temper) and also psychosomatic symptoms. Classroom problematic behavior and academic performance were also studied in this investigation. Another objective was to find out gender differences regarding the impact of DV and effectiveness of both CBT and EMDR methods after treatment implementation. So gender differences on psychological variables were taken before and after each treatment. As this was a control-trial study, so comparing three treatments condition was another purpose of the analysis. Another aim was to evaluate clinical significant changes. Evaluating the effect size of each treatment, frequency of participants who move from clinical picture to normal situation, and reliable significant changes were other aims of this study.

In this study, 422 students from four primary schools, were screened for victims of domestic violence in a low socio-economic area of Kermanshah city of Iran. Ultimately 102 students (51 girls and 51 boys), aged 8-12 years old, who fulfilled inclusion criteria were randomly assigned to one of the three groups viz. abuse focused CBT (25 subjects), abuse centered EMDR (24 subjects) or waiting list (control; 53
subjects) conditions. Subjects were almost equally distributed regarding gender, age and grade within treating group. Demographic characteristics showed that domestic violence which consisted of both physical abuse and domestic violence was almost equally prevalent in the groups viz. CBT, EMDR and control.

The participant families were contacted personally and the scales were given individually to each of the participants. They were assured that the information they give about themselves would be kept confidential and used for research purposes only. The scales administered to the children and their parents included of Subjective Units of Distress Scale (SUDS) (adapted from Wolpe, c.f Shapiro, 1995), the Farsi version of Rutter Teacher Scale (Yousefi, 1998), the Farsi version of Greenwald’s Child Report of Post Traumatic Symptoms (CROPS; Jabergahadi et al., 2006), the Farsi version of Greenwald’s Parents Report of Post Traumatic Symptoms (PROPS; Jabergahadi et al., 2006) and Farsi version of Life Incidence of Traumatic Events scale (LITES; Greenwald, Rubin, Russell and O’Connor, 2002; Cohen, Deblinger, Mannarino and Steer, 2004).

Statistical analyses included t-test for pair and independent groups and ANOVA to study significance of differences. Cohen’s d, effect size and Reliable Change Index (RCI) were applied to determine clinical significance on the measured variables respectively. Pearson chi-square was used for both purposes.

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 three groups viz. CBT, EMDR and control did not differ significantly on scores on any of the outcome measures viz.
CROPS and PROPS and their factors (except significantly more intrinsic symptoms in CBT group), Rutter and average, dictation and math. Moreover, groups were very similar on these pre-treatment variables.

This was the randomized controlled study for children's domestic violence-related post-traumatic stress symptoms comparing two active treatments among children in school age Iranian populations. Apparently both CBT and EMDR were capable of substantially reducing children's symptoms of post-traumatic stress, anxiety, depression, and behavioral problems presenting in a school mental health setting. CBT and EMDR generated different gender incremental efficacy in treating psychological sequelae of victims of domestic violence. These findings were especially promising considering that the children and parents in the present study received together only three 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 traumatized children worldwide and were consistent with data on adult studies on CBT and EMDR, in that both methods were efficacious and that the effect sizes were substantial (Bisson et al., 2007; Rodenberg, Benjamin, Roos, Meijer and Stams, 2009).

Methodological strengths of this investigation included the inclusion of two active trauma treatments, control group, validated measures with clearly defined target symptoms, multiple sources to detect the impact of treatment on multiple symptom domains, random assignment to treatment condition, the same therapists for both treatment conditions (thus cancelling possible therapist effects), blind evaluation,
detailed manual-guided treatment protocols, expert therapist training and field conditions and inclusion criteria supporting ecological validity.

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.