Chapter 9: Implication and Suggestion for the Future

This study has addressed the phenomenon of child physical abuse and interparental 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 and EMDR on amelioration rate of domestic violence’s child victims. The results provided a unique issue for further research in this area but a lot of research needs to be carried out to further strengthen the results.

Findings suggest that both CBT and EMDR can help children to greatly recover from the outcomes of domestic violence in comparison with control group, and that structured trauma treatments are strongly recommended and can be applied to children. According to Ehler and Clark (2011) treatments should only be recommended if they lead to greater improvement than what can be expected from natural recovery in control group.

Trauma focused treatments like abuse focused CBT and EMDR have in common a focus on the patients’ memories of their traumatic events and the personal meanings of the trauma. Therefore, this study along with current treatment guidelines like APA (2004) recommended trauma-focused psychological treatments as first-line treatments for traumatized children. Thus, professionals should use more trauma focused psycho-therapeutic methods in the treatment.

Some clinicians are reluctant to use trauma-focused treatments because they believe that these treatments may worsen the patient’s symptoms (English et al., 2009). This study’s evidences, however, in overall not support this concern. Care needs to be taken to appropriately titrate patients’ level of engagement with the trauma memory so
that they do not become overwhelmed or lose touch with present reality. Overall, this study supported one of the current challenges in post trauma research which is to maximize the acceptability of trauma-focused treatments for patients and therapists.

This study shows the capability and value of working in schools to identify and treat domestic violence victims of children in Kermanshah. There is, however, limited qualified mental health care practitioners in this city, and has few governmental and more high price of private counseling centers. So psychological interventions, in the form of school-based mental health programmes are more approachable.

This study suggested the vulnerability of boys due to more coercive behavior against them in low socio-economic families. So, any inattention to domestic violence phenomena could jeopardize boys more than girls. The urgent public education and intervention is recommended to seriously deal with this problem.

Generally, because of the lack of psychological services and support and limitation of NGO groups, the affected children have not been treated properly. This may also lead to psychological, affective and behavioral problems in adulthood (APA, 2004). So, it is important to educate the families and the school staff to help children, and to design programs to prevent domestic violence especially in Kermanshah, Iran. Besides, abuse focused treatments and intervention programs ought to be promoted in schools, and with children and their families.

In addition to programs for children exposed to aggression, programs can also be developed that deal directly with couples aimed at reducing marital and family aggression and violence. Treatment programs can be developed in such a way that
clinicians can work directly with children to develop effective and safe coping strategies for children to deal with the stress of exposure to marital aggression.

Hence, these findings have important implications for prevention and early intervention services by child welfare professionals working with at-risk and maltreating families, particularly in families with a great deal of child physical abuse and bilateral aggression/violence.