

# The Effectiveness of Cognitive-Behavioral Intervention Based on Psychological Capitals on the Experience Avoidance and Suicidal ideations in Female Victims of Domestic Violence

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## Abstract

**Introduction:** Violence against females is currently one of the most important and specific forms of violence against human rights.

**Objectives:** This study aimed to determine the effectiveness of a cognitive-behavioral intervention (CBI) based on psychological capital on the experience avoidance and suicidal ideation in female victims of domestic violence in Isfahan.

**Materials & Methods:** The research design was quasi-experimental with a pretest-posttest design and a control group. The statistical population (n=30) of the study included all female victims of domestic violence in Isfahan who were referred to a counseling center in Isfahan in 2019 and were selected through purposive sampling technique and randomly assigned to two experimental (n=15) and control (n=15) groups. The research tools included Beck Scale for Suicidal ideations and the Acceptance and Action Questionnaire (AAQ-II). Data were analyzed using SPSS software (version 22) and univariate analysis of covariance.

**Results:** The study findings revealed that CBI based on psychological capital was effective on experience avoidance (P<0.001) and suicidal ideation (P<0.001) in female victims of domestic violence in Isfahan, Iran.

**Conclusion:** According to the results, CBI based on psychological capital is an effective treatment to reduce problems related to experience avoidance and suicidal thoughts of female victims of domestic violence and can be used to improve the psychological problems of these females.

**Keywords:** Cognitive Behavioral Therapy, Domestic Violence, Female, Suicidal Ideation

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## 1. Introduction

Violence against females is currently one of the most important and specific forms of violence against human rights and is associated with negative psychological and physical health outcomes. Moreover, the continuation of violence endangers family cohesion and affects the victim. One of the characteristics of violence against females in all societies includes the protection of females against harmful consequences of widespread violence and the avoidance of violent reactions to it. Domestic violence is referred to as a major female health problem and is considered a hidden epidemic since it is the root cause of many physical injuries, mental illnesses, and adverse outcomes (1). The results of a study on domestic violence conducted in collaboration with the World Health Organization in 2008 showed that the prevalence of domestic violence against females varies from 15% in Japan to 71% in Ethiopia. The prevalence of physical violence the year before that has been between 4% and 54% (2). Domestic violence against females is a phenomenon that happens all around the world and seriously threatens females' health,

well-being, rights, character, families, and communities. Although physical injuries and death are the most obvious and immediate consequences of physical domestic violence against females, a wide range of psychological complications, including chronic physical complaints and risky behaviors, such as alcohol and substance abuse, are also abundant in this phenomenon (3).

In addition, violence against females has been stated as one of the most serious social challenges in the past decade and has gone beyond cultural, social, and regional boundaries (4). The family environment and the network within it are the usual contexts of different forms of violence, including physical, verbal, emotional, and sexual violence. Domestic violence indicated by the adverse family functioning and mental health has devastating effects on the family structure and psychological and emotional wellbeing of family members (5).

Furthermore, psychological and emotional problems caused by domestic violence harms female's social and educational connections. Accordingly, female victims of domestic violence avoid contacting family members and



friends. The occurrence of the avoidance phenomenon and its effects in the short term causes people to avoid internal and external problems (6). Some people avoid their negative emotional and psychological experiences in order to reduce the anxiety caused by traumatic experiences. This means avoiding one's internal experiences, including negative emotions, thoughts, and physical feelings (7). Experience avoidance is a construct used to avoid painful experiences and is defined as the reluctance to contact personal experiences, such as emotions, thoughts, memories, and behavioral backgrounds, and efforts to avoid painful experiences or events that recall those experiences (8).

The incidence of psychological, emotional, and physical injuries in the family, known as domestic violence, increases the risk of suicidal thoughts in victims and results in a higher suicide rate (9). A person with suicidal thoughts or death wish, think about the time and place of committing suicide, how it works, and affects others. Moreover, suicidal thought is a positive answer to the question of whether you are thinking of taking your own life even if you really don't want to (10).

Psychological capital training is one of the new educational methods that have a synergistic effect through eclectic cognitive-behavioral therapy (CBT). The results of different researches demonstrated the efficiency and impact of this method on improving the psychological components of different people (11). Psychological capital is the individual's positive psychological state in the field of personal growth and development and has at least four identifiable characteristics: self-efficacy (i.e., having confidence in one's self-efficacy and making necessary efforts to achieve challenging goals), hope (i.e., perseverance in achieving one's goals and success), optimism (i.e., positive attitude about success in the present and future), and resilience (being flexible to achieve success and one's goals in times of difficulty) (12). More specifically, self-efficacy is a process in which one thinks s/he is able to organize the phenomena and events in a way to achieve the desired situation through appropriate behavior and actions (13). On the other hand, hope is a cognitive state based on the sense of success caused by different sources and pathways. Hope means believing in a better feeling in the future. Moreover, it stimulates the individuals' activity with a penetrating force so that they can gain new experiences and create new forces to strengthen their human resources in coping with problems (14).

Optimism, as another psychological capital, shapes positive mental expectations in people in the face of problems and leads to the formation of a suitable behavioral pattern in them to overcome the problems (15). Resilience as another variable of psychological capital is defined as maintaining competence in the face of threatening and stressful situations, returning to the original mental state after experiencing a psychological injury, and having appropriate growth despite living in a high-risk situation (16). The previously conducted studies indicated that problems of experiential avoidance and suicidal thoughts in female victims of domestic violence are unmissable.

## 2. Objectives

This study aimed to determine the effectiveness of a cognitive-behavioral intervention based on the concept of psychological capital on experience avoidance and suicidal ideations in female victims of domestic violence in Isfahan.

## 3. Materials and Methods

This quasi-experimental study had a pretest-posttest design and a control group. The statistical population consisted of all female victims of domestic violence in Isfahan, Iran, who were referred to a counseling center in Isfahan, Iran, in 2019. The sample population included 30 people who were selected using the purposive sampling method and randomly assigned to two experimental (n=15) and control (n=15) groups. The study participants were volunteered and were asked to complete the research questionnaires in the pre-test and post-test stages. The required sample size was estimated at 0.40, 0.95, 0.80, and 10% for each group, respectively. Inclusion criteria included referring to counseling centers in the second half of 2019, not receiving psychological treatments from time, lack of acute or chronic medical diseases, lack of severe mental illnesses, such as psychotic disorders, and the avoidance of psychotropic drugs or substance abuse at the time of the study. However, the participant's absence in more than two treatment sessions was considered exclusion criteria.

The participants were informed about the purpose of the study and other conditions prior to the beginning of the study. The participation was based on the individuals' willingness and the lack of participation had no effect on the process of the patient's health care. Moreover, the participants were assured that their information will remain confidential with the researcher. Afterwards, the written consent was obtained from all the participants. Subsequently, the questionnaires were filled out and recorded by them.

### Beck Scale for Suicidal Ideations:

This scale is a 19-item instrument that evaluates the presence and intensity of suicidal thoughts in a week prior to the evaluation (17). The self-reporting edition of the scale was introduced by Beck et al. in 1988 (17). The items are scored from 0 to 2, and the total score ranges from 0 to 38. The participants answer the first five excerpted items. Provided an individual's answer to the fifth item is positive (scores 1 and 2), s/he should answer the rest of the items, otherwise, the questionnaire is regarded as completed. No cut-point was specified to categorize the scores. Cronbach's alpha (internal consistency) and the reliability of this scale were 0.89-0.96 and 0.83, respectively, which had a significant correlation with the results obtained by Beck's Hopelessness Scale (18).

### Acceptance and Action Questionnaire:

This questionnaire measures the structure that refers to variety, acceptance, experiential avoidance, and psychological flexibility (19) and is a 5-point Likert scale that is scored from 1=completely disagree to 5=completely agree. Psychometric properties of the original version including mean alpha, reliability of retest during 3 and

12 months, and Cronbach's alpha were estimated at 0.84, 0.81, 0.79, and 0.86, respectively (20-21).

The data were analyzed in SPSS software (version 22) through multivariate analysis of covariance (MANCOVA). The normality of data was examined using the Kolmogorov-Smirnov test.

#### 4. Results

The mean age $\pm$ SD of the participants in the experimental and control groups was estimated at 16.7 $\pm$ 3.9 and 16.9 $\pm$ 3.5 years, respectively.

According to the results obtained from the Kolmogorov-Smirnov test and with emphasis on z obtained for the number of research variables at the level of 0.05 was not significant. Therefore, the distribution of data related to research hypotheses was normal, and the assumption of normality of data has been approved. The MANCOVA was used to investigate the difference between the scores of experienced avoidance and suicidal thoughts in the experimental and control groups. Before

the repeated measures ANOVA, the results of the Mbox and Levine tests were evaluated in order to approve the assumptions. Since the results of the Mbox test were not significant for any of the research variables (Box's M=20, df=20, p<0.05), the homogeneity of variance-covariance matrices was correctly observed. Moreover, no significant difference was observed among the variables in the Levene test indicating that the condition of parity of inter-group variances was observed, and the variance of dependent variable error was equal in all groups.

As can be seen in Table 2, the significance levels of all tests were estimated at 0.001, indicating that there is a statistically significant difference between the experimental and control groups in terms of experience avoidance and suicidal thoughts. It should be noted that the Wilks lambda test with 0.07 and F=31.77 test values showed a significant difference between the experimental and control groups in terms of experience avoidance and suicidal thoughts (P<0.001).

As demonstrated in Table 3, CBI based on psychological

**Table 1.** Comparison of the mean $\pm$ SD of study variables in pre-test and post-test of the two

| Grou                   |              | Pre-test       | Post-test      | P-Value |
|------------------------|--------------|----------------|----------------|---------|
|                        |              | mean $\pm$ SD  | mean $\pm$ SD  |         |
| Experiential Avoidance | Experimental | 34.8 $\pm$ 7.1 | 26.8 $\pm$ 5.1 | 0.001   |
|                        | Control      | 35.2 $\pm$ 6.8 | 33.9 $\pm$ 6.2 | 0.445   |
| Suicidal Ideations     | Experimental | 10.2 $\pm$ 2.5 | 5.6 $\pm$ 2.1  | 0.001   |
|                        | Control      | 10.6 $\pm$ 2.7 | 11.3 $\pm$ 1.7 | 0.296   |

**Table 2. Results of multivariate analysis of covariance**

| Effect | Tests              | Value | F      | Df Hypothesis | Df Error | P-Value | Eta <sup>2</sup> |
|--------|--------------------|-------|--------|---------------|----------|---------|------------------|
| Group  | Pillai's effect    | 0.92  | 10.90  | 6             | 76       | 0.001   | 0.46             |
|        | Wilkes Lambda      | 0.07  | 31.77  | 6             | 74       | 0.001   | 0.72             |
|        | Hotteling effect   | 11.74 | 70.49  | 6             | 72       | 0.001   | 0.85             |
|        | Roy's largest root | 11.74 | 148.76 | 3             | 38       | 0.001   | 0.92             |

**Table 3.** Multivariate analysis of covariance for pre-test and post-test comparison in experimental and control groups

| Effect Source | Variables              | SS     | Df | MS    | F     | P-Value | Eta <sup>2</sup> |
|---------------|------------------------|--------|----|-------|-------|---------|------------------|
| Group         | Experiential Avoidance | 11.25  | 2  | 5.62  | 8.03  | 0.001   | 0.29             |
|               | Suicidal Ideations     | 148.82 | 2  | 74.41 | 13.85 | 0.001   | 0.41             |

## 5. Discussion

According To the obtained results, CBI based on psychological capital had a positive effect on experience avoidance and suicidal ideations in female victims of domestic violence in Isfahan, Iran. The results were in line with those obtained in the studies conducted by Bourdon et al. (22), Kishita and Laidlaw (23), and Warwick et al. (24).

In the explanation of the finding, it should be noted that dysfunctional thoughts are images or cognitions reported by the individual as a result of cognitive schema or fundamental belief that are activated in a particular situation (25). These images and thoughts reflect the meaning that a person assigns to a particular situation and is closely related to the emotional and behavioral response to that situation. Moreover, these images and thoughts can be used as a passageway through which one can get access to the cognitive system. Therefore, they can help to understand the fundamental beliefs that are the basis of several psychological disorders and this way play an important role in the treatment process. Low self-efficacy is due to processing errors. These errors distort the experience's recalling and perceptions (26). In addition, these beliefs, expectations, perceptions, and destructive and irrational thoughts overshadow females' mental health. Cognitive training corrects misconceptions and misrepresentations and reduces resentment and anger. Eventually, attention to positive aspects of life improves experience avoidance and reduces suicidal ideations in female victims of domestic violence.

Therefore, CBI based on the psychological capital of the individuals who often have cognitive errors and irrational and destructive beliefs leads to increased awareness of female domestic victims. In addition, they can correct the wrong beliefs and improve their experience avoidance through attending the training sessions and doing extra-curricular assignments. It should be noted that the modification of beliefs, unreasonable expectations, and false documents of individuals improves experience avoidance and recognition of positive aspects of other people's behavior (27). The CBT based on psychological capital has an emphasis on the importance of skills acquisition and application. Moreover, the individuals learn effective behavioral methods during the training sessions that are valuable resources in life other than working on negative thinking. The trained individuals will have the ability for automatic thinking and emotions (28). Followers of a cognitive-behavioral approach based on psychological capitals believe that common mental errors make it difficult to understand and interpret reality and this, in turn, leads to the appearance of inappropriate spirit and behaviors. Therefore, CBT based on psychological capital plays an important role on the improvement of experience avoidance and reduction of suicidal ideations in female victims of domestic violence and improves their ability to communicate clearly and correctly. Individual's effectiveness depends on their thoughts, feelings, needs, and desires.

The CBT helps people to control and regulate negative emotions. This method of regulation is associated with mental health development and emotion regulation.

In fact, simultaneous CBT is used to correct irrational behaviors and beliefs. Methodological-behavioral negative thoughts, such as self-criticism are challenged and replaced by logical thoughts, including positive reassessment. Individuals in this method are asked to emphasize, practice, and internalize these positive thoughts (26). Moreover, they are asked to identify irrational and inefficient thoughts that cause stress symptoms. Therefore, the individuals will gain insight into the effect of these negative thoughts on their stress and try to replace them by more correct thoughts. Furthermore, people's attitudes about stress and its debilitating effects will be challenged through cognitive therapy which includes correcting negative automatic thoughts and underlying beliefs of the individuals. The CBT has an emphasis on the cognitive and physiological components of stress by the reduction of patients' misinterpretations, diaphragm breathing training, possible cytokine in patients, and relaxation techniques (27).

It is worth mentioning that due to the executive limitations, interviews were not used for the collection of research data in this study, and data collection was conducted using questionnaires. Based on the results, the organization of family workshops is one of the practical measures to raise the awareness level and comprehensive health of the community. Considering the increased rates of suicide in female victims of domestic violence in the community, it is suggested that health institutions use CBI workshops and training courses for people with a history of suicide.

Regarding the limitation of the present study one can refer to the fact that this study has been conducted in Tehran, Iran, and regarding the different environmental conditions and cultural and economic backgrounds of the individuals, it is difficult to generalize the findings to other regions with different cultural and economic backgrounds.

## 6. Conclusion

Based on the obtained results, CBT based on psychological capital can be considered an effective treatment to reduce problems related to the experience avoidance and suicidal thoughts in female victims of domestic violence. Therefore, CBT can be used as an effective approach to improve the psychological wellbeing of these females.

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