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Mental Health Professionals' Perspectives on Group Intervention for Women Survivors of Intimate Partner Violence: A Qualitative Study

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Abstract

Background: To examine the perspectives of mental health professionals on providing group intervention for female spouses of men with alcohol dependence who experienced intimate partner violence (IPV).

Methods: A qualitative research design was used, and a purposive sample technique was used to select the participants. Nine experts with more than five years of experience in handling partner violence cases provided insights through in-depth interviews. The transcripts were carefully examined several times, coded and re-coded. The codes were subsequently organized into thematic categories.

Results: Most of the experts were between the age of 35–45 years (66.7%), females (77.8%) and had more than five years of experience in mental health and IPV (55.6%). Most of the experts (66.7%) were working in teaching institutions related to mental health and IPV. The remaining one-third (33.3%) of the experts were legal and women empowerment practitioners. The thematic analysis generated six main themes and 19 subthemes, with 189 codes. The six main themes were: psychosocial needs and concerns, psychosocial interventions, enhancing psychological well-being, enhancing the social support systems, challenges, and therapeutic strategies.

Conclusion: Experts emphasized the importance of a holistic approach to IPV intervention. Group intervention addresses multiple issues that contribute to violence. Survivors need safe housing, counseling, legal help, and financial assistance.

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Conflicts of interest

There are no conflicts of interest.

Keywords

Mental health professionals; intimate partner violence; group therapy; partner abuse; qualitative study

INTRODUCTION

Intimate partner violence (IPV) is a global public health issue affecting the mental health of women.^[1] The World Health Organization (WHO) defines IPV as physical violence, sexual intimidation, emotional abuse, and controlling behaviors.^[2] IPV and alcohol dependence are ongoing crises for individuals and their families.^[3] Female spouses are extremely affected by IPV and experience physical, verbal, or sexual abuse from their intimate partners.^[4]

Globally, one-third of women report that they have experienced physical and sexual violence from their partner.^[5] Fifty percent of the clinical population has a co-occurrence rate of substance use and IPV.^[6] In India, the prevalence of physical and sexual violence is 29%. Women experience significant physical and mental health consequences due to IPV.^[7] Alcohol consumption is associated with IPV perpetration and victimization.^[8] Women view husbands' alcohol dependence as a significant factor contributing to IPV.^[9] IPV significantly worsens the mental well-being of survivors. Strong associations were found between IPV and depression, posttraumatic stress disorder, and anxiety. The severity and duration of IPV intensify mental health issues, accentuating the significant psychological impact of violence.^[10]

Rationale for the study

Group work plays a vital role in addressing IPV among the women survivors.^[11] Group interventions improve physical health, interpersonal connections, and re-engagement in various aspects of IPV survivors.^[12] Group interventions create a supportive and empowering environment where women can share their experiences,^[13] receive validation, and combat feelings of isolation and shame. Learning from each other's stories and coping strategies, survivors gain insights, practical advice, and emotional support, fostering resilience and a sense of agency.^[14] Group interventions provide insights into IPV dynamics,^[15] and available resources,^[16] empowering women to make informed decisions about their safety and well-being.^[17] Skill-building activities within groups enhance survivors' ability to recognize abusive patterns, set boundaries, and develop problem-solving skills, enabling them to break free from the cycle of violence.^[18] Moreover, group interventions foster social connections and community building, mitigating the social isolation often experienced by IPV survivors. Overall, group interventions provide support, shared experiences, information, skills to handle IPV, and social connection, contributing to the healing and empowerment of survivors.^[19]

Therefore, the study aimed to examine mental health professionals' views on group intervention for women experiencing IPV. The study proposed potential intervention components to improve the program, empowering professionals to aid survivors.

METHODS

Participants

This study used a qualitative research design. The participants having more than 5 years of work experience in the field of IPV were selected using purposive sampling. The sample size was nine; the data reached saturation with nine expert interviews. The interviews with the mental health professionals were conducted at their workplace. The first author collected the data from the participants through face-to-face interview. He is a PhD scholar in Psychiatric Social Work. He underwent training and certification in qualitative research methodology and qualitative data analysis.

Measurements

The researcher prepared an in-depth interview guide [Appendix 1] and validated it with five mental health experts (MHEs). Ethical approval was obtained from the institute. The Institutional Ethics Committee granted ethical approval for the study (Ref No: NIMH/DO/Beh.Sc.Div./2020–2021). Written informed consent was obtained from all the experts before the data were collected.

Data collection procedure

All the interviews were audio-recorded and transcribed from the vernacular language into English. The field notes were taken, and the duration of the data collection was 2 months. The duration of the audio recording ranged from 27 to 40 min. The transcribed data were read and re-read multiple times by the researcher, and two other social work doctoral research scholars reviewed the codes. The researcher gained insights from the interviews with subject experts that the IPV survivors need psychosocial interventions related to their safety, and addressing their mental health needs and their children's needs as well.

Data analysis

The Braun and Clarke method was utilized for thematic analysis, incorporating both deductive and inductive approaches.^[20] ATLAS.ti. 9 software was used for qualitative data analysis. The themes were generated iteratively after repeated re-reading of the data, and relevant and appropriate codes were identified.

RESULTS

Table 1 explains the profile of the experts with whom interviews were conducted to develop the intervention module. The majority (66.7%) of the experts with whom interviews were conducted were aged 35–45 years. The majority of the experts (77.8%) were females. More than half (55.6%) of the experts had 5 years of experience in mental health and IPV. Most of the experts (66.7%) were working as professors in teaching institutions related to mental health and IPV. The remaining participants (33.3%) were legal and women empowerment practitioners.

Table 2 explains the experts opinion about the Group Work Intervention components. The total nine experts participated in the study. Based on the thematic analysis, six main themes, 26 subthemes, and 189 codes were generated.

Theme 1: Psychosocial needs

Subtheme 1.1: Identifying and addressing of violence—“As facilitators of group therapy, it is crucial to identify and address the violence and the psychosocial concerns raised by participants. We must acknowledge and validate the presence of violence” (MHE, 2).

Subtheme 1.2: Screening the survivors for mental health issues—“The participants will not report voluntarily. As mental health professionals, we should screen their mental health concerns and psychological distress simultaneously and provide mental health services to those requiring them, ensuring comprehensive psychosocial support” (MHE, 1).

Subtheme 1.3: Safety of the women and children—Whenever the children have safety problems, they can call 1098, and there is Child Welfare Committee (CWC). You should be able to give this resource list to the CWC at the district level, or she can go to the nearby primary healthcare centre, Anganwadi, where people can support her.

She can even go to the police station. Every police station has an Special Juvenile Police Unit; they do not appoint any special persons there. The mother should have access to them if they are concerned about the safety of the children. Childline 1098 is the best where they can get help and safety guidelines (MHE, 1).

Subtheme 1.4: Economic empowerment of the victims—“Survivors usually depend economically on their husbands because many women are not ready for the relationship. Women should learn and have the skills to financially empower themselves with support of the welfare schemes available in the community that information should be discussed through the group work” (MHE, 7).

Subtheme 1.5: Enhancement of survivor knowledge—“We should provide women with opportunities and resources to develop their abilities, including skill training, access to welfare schemes, and education on the alcohol treatment process. This will empower women, reduce violence, promote awareness of women’s rights, and enhance their overall well-being” (MHE, 2).

“We need to empower the women when they are unaware of how to handle violence” (MHE, 3).

Theme 2: Psychosocial interventions

Subtheme 2.1: Mental health literacy—We need to improve their mental health literacy” (MHE, 9).

Subtheme 2.2: Ventilation—“Allow them to talk about the violence” (MHE, 3).

Subtheme 2.3: Understanding intimate partner violence—“We should clearly describe the general context of the violence” (MHE, 1).

Subtheme 2.4: Trauma-focused intervention—“We need to do cognitive restructuring to address trauma related to violence” (MHE, 5).

Subtheme 2.5: Legal literacy—“Legal literacy they truly need because they will feel there is no one to help her to come out from the violence” (MHE, 5).

Subtheme 2.6: Safety assessment for the victims and children—“Make a safety plan for survivors and their children” (MHE, 9).

Theme 3: Enhancing psychological wellbeing

Subtheme 3.1: Sharing experiences—“Group therapy helps them to open up easily; they will share their own experience because they get to speak to other women; it will help them a little better, they would feel more supported” (MHE, 6).

Subtheme 3.2: Relaxation—“Role play, and relaxation techniques is better for them” (MHE, 9).

Subtheme 3.3: Coping with stress—If they are stressed, they need to manage the stress (MHE,6).

Subtheme 3.4: Handling children’s emotions—“If you are making an intervention, I think one component you can think of is dealing with children’s emotions and how they can save and protect the children. I think that also need to be included as one of the components” (MHE, 5).

Theme 4: Enhancing social support systems

Subtheme 4.1: Networking—“What resources are available in the community and how to avail them need to be explained to them?” (MHE, 3).

Subtheme 4.2: Mapping the resources—“I think, first and foremost, is that, and identifying support systems through resource mapping” (MHE, 9).

“I suggest adding another session specifically for wives. We can discuss the available resources to help them in difficult situations. We should also cover where to go in case of domestic violence and inquire about nearby police stations. It is important to explore the resources available in the community, such as hospitals, schools, and non-governmental organizations (NGOs). During the group session, we can emphasize the importance of utilizing these resources, as many women may have access to them but might not realize their potential benefits” (MHE, 8).

Subtheme 4.3: Referral systems—“We can link with few NGOs and give them local resources that will help them” (MHE, 6).

Theme 5: Challenges

Subtheme 5.1: Confidentiality—“Things is like sexual trauma, sexual abuse; these are some of the things that women might not bring up; they might just or even other violence; also, they might feel not to share in the group. Talk about it, they might feel embarrassed about discussing these things” (MHE, 9).

Subtheme 5.2: Disclosing the trauma—“Due to stigma and confidentiality, participants do not disclose the trauma in the group” (MHE, 3).

Theme 6: Therapeutic strategies

Subtheme 6.1: Maintaining confidentiality and building trust—“Second thing would be, I do not think they might come up openly about all the forms of abuse that they are going through. So sometimes, it is about telling them that, you know, keeping things confidential, and just limiting the discussions to the group is very, very important” (MHE, 9).

Subtheme 6.2: Maintaining group feelings—“Sometimes the people used to feel the problems everyone facing it is not only me there is way to come out the from the problems” (MHE, 1).

Subtheme 6.3: Brief sessions—“The sessions will be very short and informative; otherwise, the participants will not continue” (MHE, 5).

Subtheme 6.4: Case scenario—“Sometimes the participants know how to disclose and share. If you make the case scenario or mindful games, it will help them understand” (MHE, 7).

Subtheme 6.5: Female cotherapist—“Best, the female therapist will help them disclose. Other things therapist, it is not about the gender; the therapist should have good empathizing skills; it will help” (MHE, 2).

DISCUSSION

On the basis of our analysis of the key informant’s interviews, we identified four themes contributing to the experts’ opinions on psychosocial concerns and psychosocial intervention for women who experience IPV. The study’s first theme was that identifying women with intimate partner abuse is extremely important, especially for spouses with alcohol dependence syndrome. A similar study also revealed that addressing and understanding the factors influencing IPV is important for helping further research on preventing violence.^[11] The results of the present study showed that survivors need to be screened for mental health care; a similar study revealed that female survivors of IPV are more likely than women not exposed to IPV to report needing mental health services.^[21] A similar study also revealed the need for programming and research to address this connection between alcohol and IPV.^[8] In this study, the experts said that safety strategies are the main concern of survivors in preventing the risk of violence, and many studies have shown that survivors need safety

plans. Similarly, many studies have investigated practitioner intervention, including safety planning for women and children.^[15,17,18,22]

The study showed that economic empowerment helps participants reduce violence. Similarly, other studies have shown that protective aspects of economic empowerment support women in accessing wider social networks, information, and support, resulting in improved confidence and bargaining positions in their relationships.^[23] The study identified several recommended intervention components, including mental health literacy, ventilation, IPV awareness, trauma-focused intervention, law literacy, and safety assessment for survivors and their children. Experts have also emphasized the importance of improving psychological well-being and social support to reduce violence. The study identified several key intervention components: mental health literacy, ventilation, IPV understanding, trauma-focused intervention, law literacy, and safety assessment for survivors and their children. Experts stressed that improving psychological well-being and social support effectively helps survivors handle violence.^[24]

This study revealed that enhancing psychological well-being through sharing experiences, coping skills, relaxing techniques, and handling children's emotions in group sessions was very important for survivors. One study showed that similar interventions help survivors reduce psychological distress; coping is an essential element of IPV intervention, but the mediating effect of coping responses on IPV has not been extensively studied.^[14]

The study showed that enhancing the social support system among survivors through networking, resource mapping, and a referral system are essential components of enhancing the social support system. A previous study revealed that social networks, resource mapping, and referral systems increase women's help-seeking behavior.^[24] While implementing the intervention, the experts mentioned some challenges, such as confidentiality and unwillingness to disclose the trauma during the session. Similarly, another study found that creating trust and confidentiality is crucial in sessions.^[25]

Experts reported that specific therapeutic strategy skills are beneficial for facilitating effective group work. Experts recommended that therapists prioritize maintaining confidentiality, building trust,^[26] and fostering a sense of cohesion within the group.^[27] The session should be short and informative and give some case scenario examples. Therapists should be female when handling women-related trauma. A previous study showed that women survivors prefer female therapists.^[28] The group leader in group therapy sessions is constrained by the laws of secrecy about the participant's histories and other personal information. Therefore, participants' confidentiality can be challenging to maintain, particularly in larger groups, when group leaders have less control over the information disseminated within the group.^[29]

Limitations

The study engaged a limited sample of nine mental health experts. Although the data were saturated with nine subject experts; a larger, more diverse sample could enhance generalizability, encompassing various target participants. The predominant female, 35–45 age group of participants working as professors might limit perspectives. A more balanced

representation of age, gender, and professional backgrounds could have benefitted the study. The variable interview durations (27–40 min) from mental health experts warrant standardization for consistency in data collection. Potential biases of the study could be; out of nine experts, seven were teaching and practicing in the same institute. Most of the mental health experts were the teachers of the first author.

CONCLUSION

Experts agree that group interventions are crucial for addressing and reducing this complex issue. Early intervention is essential to prevent the escalation of violence. Collaborative efforts among various stakeholders, such as law enforcement agencies, social services, health-care providers, legal professionals, and community organizations, are key to enhancing the effectiveness of interventions. Long-term support, including ongoing counseling, access to resources, and monitoring the progress are crucial for survivors and perpetrators. Experts advocate for evidence-based programs, emphasizing rigorous research, evaluation, and monitoring to ensure effectiveness. Mental health professionals and organizations specializing in IPV intervention need up-to-date and accurate information.

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Appendix

Appendix 1: Mental health experts – Interview guide^[30]

The expert interview intends to develop the social group work intervention module for wives of persons with Alcohol Dependence Syndrome. Here are some of the concerns related to social group work intervention for IPV to help them improve help-seeking behavior, social support, and psychological well-being and, at the same time, reduce the frequency of IPV. The target group would be wives of persons with alcohol dependence syndrome who experienced IPV

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1. From your experience with IPV, what are the current concerns, psychosocial needs, and problems of wives of persons with alcohol dependence syndrome who experience IPV?
 2. How do you help the victims of IPV, especially wives of persons with alcohol dependence syndrome?
 3. What kinds of problems have you observed among wives of individuals with alcohol dependence syndrome who experience intimate partner violence?
 4. Can you share your experience about social group work with IPV?
 5. How do you try social group work for this population?
 6. How do you help them open up the issue of sexual violence and related problems in this group work?

7. How do we help victims share their trauma in the group?
8. Can you suggest major components to improve the psychological well-being of the victims through group work?
9. How can we help them prevent or reduce IPV through social group work intervention?
10. What are the group intervention components we can include for preventing intimate partner violence among wives of persons with Alcohol Dependence Syndrome?
11. What intervention do you suggest for enhancing social support and help-seeking behavior among the selected population?
12. In your opinion, what components of group work intervention are required to manage IPV better?
13. How do we empower the victims in handling IPV through social group work?
14. What is your opinion about session moderator gender in a given context?
15. How many sessions may be required for conducting this group work?
16. What challenges may the moderator face in conducting group sessions, and how do they manage those?
17. Is there anything else you want to share?

IPV: Intimate partner violence

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Table 1:

Profile of subject experts

Variables	Categories	n (%)
Age	35–45	6 (66.7)
	46–55	3 (33.3)
Gender	Male	2 (22.2)
	Female	7 (77.8)
Years of work experience	<10	5 (55.6)
	>10	4 (44.4)
Designation	Professor	1 (11.1)
	Additional professor	2 (22.2)
	Associate professor	1 (11.1)
	Assistant professor	2 (22.2)
	Practitioner	3 (33.3)
Field (specialization practice area)	IPV and mental health	5 (55.6)
	Addiction	2 (22.2)
	Legal	1 (11.1)
	Women empowerment	1 (11.1)

IPV: Intimate partner violence

Table 2:

Qualitative findings

Themes	Subthemes
Psychosocial needs and concerns	1.1: Identifying and addressing violence
	1.2: Screening the survivors for mental health issues
	1.3: Safety of the women and children
	1.4: Empowerment of the survivors
	1.5: Enhancement of survivor knowledge
	1.6: Social support systems
Psychosocial interventions	2.1: Mental health literacy
	2.2: Ventilation
	2.3: Understanding the IPV
	2.4: Trauma-focused intervention
	2.5: Law literacy
	2.6: Safety assessment for the victims and children
Enhancing psychological well-being	3.1: Sharing their experience
	3.2: Relaxation
	3.3: Coping with stress
	3.4: Handling the children's emotions
Enhancing the social support systems	4.1: Networking
	4.2: Mapping the resources
	4.3: Referral systems
Challenges	5.1: Confidentiality
	5.2: Not ready to share in the group
Therapeutic strategies	6.1: Maintain confidentiality
	6.2: Maintain the group cohesion
	6.3: Brief sessions
	6.4: Case scenario
	6.5: Female cotherapist

IPV: Intimate partner violence