THE IMPACT OF THERAPEUTIC PRACTICES ON HEALING IN DOMESTIC VIOLENCE SURVIVORS

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ABSTRACT:

Domestic violence survivors often endure complex physical and psychological traumas that require multifaceted therapeutic interventions to facilitate healing and recovery. This research delves into the profound impact of therapeutic practices on the healing process of domestic violence survivors. It explores various therapeutic modalities, including individual counseling, group therapy, art therapy, and mindfulness-based interventions, and their effectiveness in addressing the diverse needs of the vulnerable. OBJECTIVE: To understand the impact of therapeutic practices on healing in domestic violence survivors. METHODOLOGICAL PROCEDURES: The study employs a mixed-methods approach, incorporating quantitative data analysis and qualitative narratives from survivors who have engaged in therapeutic interventions. Quantitative assessments evaluate changes in survivors' mental health, self-esteem, and overall well-being and qualitative interviews provide deeper insights into survivors' lived experiences of therapeutic practices. FINDINGS: The findings may reveal that therapeutic practices play a vital role in empowering survivors, promoting resilience, and fostering posttraumatic growth. They underscore the importance of tailoring interventions to individual survivor needs in healing processes. CONCLUSION: This research not only contributes to the growing body of knowledge on domestic violence survivors' healing journeys but also informs the development of more effective therapeutic approaches that are responsive to the unique challenges and strengths of survivors. Ultimately, it advocates for a holistic and survivor-centered approach to healing that combines evidencebased therapeutic interventions with a broader understanding of the social, cultural, and systemic factors that impact survivors' lives.

Keywords: *Domestic Violence, Domestic violence survivors, Healing, Therapeutic Practices, Interventions, Vulnerable.*

INTRODUCTION :

Domestic violence is one of the most heinous crimes that exists in society around the world. India, like many places, grapples with this problem, causing severe physical, sexual, emotional, psychological, and economic harm to women. Domestic violence survivors often endure complex physical and psychological traumas that require multifaceted therapeutic interventions to facilitate healing and recovery. This research delves into the profound impact of therapeutic practices on the healing process of domestic violence survivors. It explores various therapeutic modalities, including counselling therapy, cognitive-behavioural therapy, narrative therapy, support groups, art therapy, family therapy, online therapy and their effectiveness in addressing the diverse needs of the vulnerable. The World Health Organization (WHO) defines domestic violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation." Domestic violence comprises a range of abusive behaviors like, Physical abuse, sexual abuse, economic abuse, verbal abuse and so on. The consequences encompass non-fatal consequences like, physical health issues, mental health problems like depression and PTSD, and, in severe cases, can lead to fatal outcomes such as suicide, homicide, maternal mortality, and an increased risk of

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HIV/AIDS. Therapeutic practices encompass a variety of approaches aimed at aiding individuals in their journey toward emotional healing and personal development. Counselling therapy, conducted by trained therapists, offers a confidential space for clients to explore their emotions and develop coping strategies. Cognitive-behavioural therapy (CBT) focuses on identifying and modifying negative thought patterns and behaviours. Narrative therapy emphasizes the power of storytelling to reframe personal narratives and empower individuals to overcome past traumas. Support groups provide a sense of community and understanding by bringing together individuals with similar experiences. Art therapy employs creative expression as a means of communication and emotional release. Family therapy involves working with families to resolve conflicts. Online therapy provides accessible mental health support through digital platforms. These therapeutic practices cater to diverse needs, promoting healing. India introduced the Domestic Violence Act of 2005, a comprehensive legal framework that prohibits multiple forms of abuse, encompassing physical, sexual, emotional, and financial abuse against women. Importantly, it extends its protective provisions not only to married women but also to those in live-in relationships, and it covers family members as well. Efforts to combat domestic violence from society.

REVIEW OF LITERATURE :

M. Shenoy's (2007)In book "Domestic Violence Issues and Perspectives" delves into domestic violence typically occurring within intimate or family relationships, often involving a sexual relationship between a man and a woman. This pervasive issue spans across cultures, countries, and societal divisions. Shenoy emphasizes that this problem can be disturbing but not inevitable, highlighting the importance of societal influence in shaping and addressing it. However, he points out that the term "domestic" can be misleading, as it obscures the roles of abuser and victim. Domestic violence encompasses not only physical but also sexual and psychological abuse, with threats and emotional cruelty being prevalent forms of control and dominance within such relationships.

Mr. Sanjeev Kumar and Ms. Kalpna Devi (2019) in this journal "Domestic Violence Against Women Indian Perspective" A Creative Connect International Publication shed light on the deeply rooted issue of domestic violence against women in the Indian context. They emphasize the crucial role women play as the foundation of families and society, yet they continue to suffer from various forms of abuse, regardless of age, caste, or socio-economic status. The authors underscore how patriarchy and male domination perpetuate this cycle of violence, leaving many women vulnerable to physical, mental, verbal, and economic abuse within their own homes. The article passionately advocates for gender equality and women's rights, highlighting the urgent need to address domestic violence not only as a grave injustice to women but also as a hindrance to the country's overall progress and development.

NariMuktiSangharshSammelan, Patna (1988) in the book **Resolution** said that women face specific forms of violence: rape and other forms of sexual abuse, female foeticide, witch-killing, sati, dowry murders, and wife-beating. Such violence and the continued sense of insecurity that is instilled in women, as a result, keep them bound to the home, economically exploited, and socially suppressed. In the ongoing struggles against violence in the family, society, and the State, we recognize that the State is one of the main sources of violence and stands behind the violence committed by men against women in the family, the workplace, and the neighbourhood. For these reasons, a mass women's movement should focus on the struggle against them in the home or out of it.

Narayan, L. (2019). "Transforming lives through dance movement therapy" In this research explores the transformative impact of Dance Movement Therapy (DMT) on survivors of violence and trafficking in Kolkata, facilitated by the NGO Kolkata Sanved. Focusing on seven survivors over nine years, the study employs a qualitative approach with 12 months of data collection and case study

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methodology, highlighting the Sampoornata approach's profound influence on physical, emotional, cognitive, and social well-being. While the research illuminates the therapeutic potential of DMT within this specific context, it does not delve into its broader applicability or preventative aspects. Overall, the study offers compelling insights into the healing power of DMT, showcasing remarkable transformations in participants' lives through movement, self-expression, and newfound physical and emotional well-being.

RESEARCH METHODOLOGY:

The study employed a descriptive mixed-methods approach, incorporating quantitative analysis and qualitative narratives from survivors who have engaged in therapeutic interventions. Quantitative assessments using Self-prepared questionnaire evaluated the changes in survivors' mental health, self-esteem, and overall well-being and qualitative interviews using In-depth interview schedules provided deeper insights into survivors' lived experiences of therapeutic practices. The sample size was 35 domestic violence survivors, 30 respondents through a self-prepared questionnaire were used for the quantitative analysis and 5 data from domestic violence survivors collected through in-depth interviews for the Qualitative analysis. Convenience sampling was the method of sampling used for this study. The primary source of data was collected from the respondents using the self-prepared questionnaire and interview schedule. The secondary source of data was collected from the books, Journal and the internet sources.

ANALYSIS AND DISCUSSION :

Data collected through the self-prepared questionnaire for quantitative analysis:

S. No.	Age Group	Frequency	Percentage
1	21 -25	1	3.3
2	26 - 30	2	6.7
3	31 - 35	6	20
4	36 - 40	9	30
5	41 - 45	12	40
	Total	30	100

TABLE 1AGE OF THE RESPONDENTS

The table 1 shows the age of the respondents. 40% of the respondents were between the age group of 41 -45 years, 30% of them were between 36 -40 years, 20% were between 31 -35 years, 6.7% were between 26 -30 years and 3.3% were between 21 -25 years of age. Majority (40%) of the respondents were between the age group of 41-45 years.

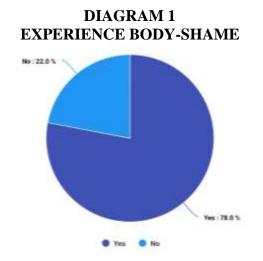
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ABUSE EXPERIENCED			
S. No.	Abuse experienced	Frequency*	Percentage
1	Hitting	4	13.3%
2	Kicking	7	23.3%
3	Hair pulling	2	6.7%
4	Burning	0	0%
5	Punching	2	6.7%
6	Choking	0	0%

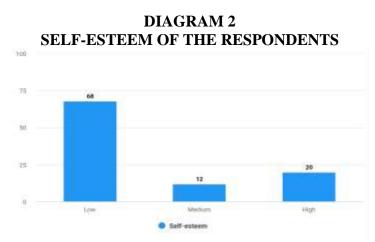
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7	Biting	1	3.3%
8	Others	3	10%
9	None of the above	11	36.7%
	Total	30	100

The above table 2 denotes the abuse experienced by the respondents. 11 out of 30 respondents (36.7%) have encountered none of the physical abuses listed above, 7 out of 30 respondents (23.3%) have encountered kicking, 4 out of 30 respondents (13.3%) have encountered hitting, 11 out of 30 respondents (10%) have encountered other type of physical abuses, 2 out of 30 people (6.7%) also encountered hair pulling and punching, 1 out of 30 (3.3%) have encountered biting. Thus, the majority of the respondents (63.3%) have encountered at least any one of the above-mentioned physical abuses.



The diagram 1 is a pie chart that denotes the respondents who have experienced body Shaming. The data reveals that 78% of the respondents have experienced body shaming and the remaining 22% of the respondents have not experienced body shaming.



The diagram 2 is a bar chart indicating that a significant majority of respondents, specifically 68%, reported having low self-esteem in relation to their experiences with domestic violence. In contrast, a

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smaller proportion of respondents, 12%, reported having a medium level of self-esteem, while 20% reported a high level of self-esteem in the context of domestic violence experiences.

PARTICIPATED IN THE THERAPEUTIC PRACTICES			
S. No.	Participated in therapeutic practices or interventions	Frequency	Percentage
1	Yes	16	53.3%
2	No	14	46.6%
	Total	30	100

TABLE 3

The table 3 represents respondents who have participated in therapeutic practices or interventions. From the table it is seen that 53.3% reported that they have participated in therapeutic practices or interventions related to domestic violence healing, while 46.6% indicated that they have not participated in such practices or interventions.

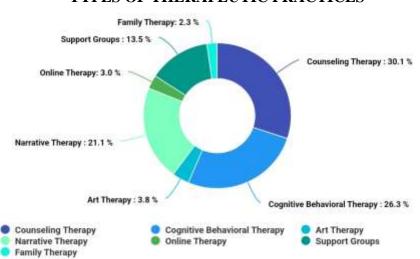


DIAGRAM 3 TYPES OF THERAPEUTIC PRACTICES

The diagram 3 is a pie chart indicating the types of therapies undergone by the respondents, the most commonly reported types of therapy or support received were counseling therapy (30.1%), cognitivebehavioral therapy (26.3%), narrative therapy (21.1%), support groups (13.5%), art therapy (3.8%), family therapy (2.3%), and online therapy (3%).

		TABLE 4		
DO YOU BEL	JEVE THAT THER	APEUTIC INTERV	ENTIONS ARE ESSENT	IAL

S. No.	Do you believe that therapeutic interventions are essential	Frequency	Percentage
1	Yes	17	56.6%
2	No	13	43.3%
	Total	30	100

The table 4 represents respondents who believe that therapeutic interventions are essential. From the table it is seen that the majority of the respondents, 56.6%, believe that therapeutic interventions are essential for domestic violence survivors, while 43.3% do not share this belief.

NEED OF MORE AWARENESS AND EDUCATION				
S. No.	Need of more awareness and education about the benefits of therapeutic practices	Frequency	Percentage	
1	Yes	25	83.3%	
2	No	5	16.6%	
	Total	30	100	

TABLE 5 NEED OF MORE AWARENESS AND EDUCATION

The table 5 represents respondents who say that people need more awareness and education about the benefits of therapeutic practices. From the table it is seen that the majority of respondents, 83.3%, believe that there should be more awareness and education about the benefits of therapeutic practices for survivors of domestic violence, while only 16.6% do not share this opinion.

DATA COLLECTED THROUGH THE IN-DEPTH INTERVIEW SCHEDULE FOR QUALITATIVE ANALYSIS:

Respondent 1 said, "As a domestic violence survivor, I found these therapeutic practices immensely helpful in my healing journey, providing essential support, understanding, and tools for recovery. They gave me a safe space to process trauma and rebuild my life."

Respondent 2 said, "Yes, These counseling and cognitive-behavioral therapy helped me understand and manage my emotions, while support groups allowed me to connect with others who had similar experiences, making me feel less alone. Art therapy allowed me to express myself non-verbally, which was particularly helpful when words failed me."

Respondent 3 said, "Absolutely, these therapeutic practices were instrumental in my healing process. Counseling therapy helped me unpack the emotional scars I carried, while support groups allowed me to connect with others who had similar experiences, reducing my sense of isolation. Art therapy provided a creative outlet to express my emotions, and cognitive-behavioral therapy equipped me with practical coping strategies."

Respondent 4 said,"Participating in support groups provided me with a safe space to share my experiences and connect with others who understood my struggles. Cognitive-behavioral therapy equipped me with practical tools to manage anxiety and rebuild my self-esteem. These therapeutic interventions have been transformative, empowering me to break free from the cycle of abuse and work towards a brighter, more stable future."

Respondent 5 said, "Yes, participating in support groups allowed me to connect with others who faced similar challenges, fostering a sense of belonging and empowerment."

FINDINGS:

The study's findings shed light on various facets of domestic violence and the experiences of diverse respondents. A significant portion of participants fell within the age range of 41-45 years (40%), while a substantial 50% were aged 15-20 years. Physical and verbal abuse affected a significant number of respondents, with 63.3% out of 100% reporting at least one form of physical abuse and 50% out of 100% experiencing verbal abuse. Among the respondents, 53.3% out of 100% had participated in therapeutic practices related to domestic violence healing. Common therapeutic approaches included counselling therapy 30.1% and cognitive-behavioural therapy 26.3%. A majority 56.6% believed in the importance of therapeutic interventions for survivors, and an overwhelming 83.3% called for increased awareness and education about the benefits of such practices for domestic violence survivors.

SUGGESTIONS:

Addressing domestic violence requires a multifaceted approach. Education plays a crucial role in preventing domestic violence by teaching individuals how to recognize and stop domestic violence. Gender equality is essential in combating domestic violence, as gender disparities increase the risk of violence and hinder victims' ability to seek help. Public awareness campaigns through government initiatives, social workers, peers, and families are instrumental in disseminating information about domestic violence laws. One-stop centers offering legal assistance and counseling services should be widely available, and rehabilitation services for survivors and their spouses must be provided. Promising prevention programs should be tested, scaled up, and evaluated for effectiveness, while efforts to help women achieve economic independence, such as through self-help groups (SHGs), should be promoted. Ultimately, domestic violence should be recognized as a global public health concern, to protect women's rights and well-being, addressing the root causes of violence.

CONCLUSION:

Domestic violence against women, deeply rooted in historical perceptions of female vulnerability, continues to afflict society. It thrives in conditions of female illiteracy and limited awareness of legal rights, perpetuating its normalization. Cultural factors, such as male ownership of women, contribute to its acceptance, further fueled by traditional notions of female obedience. To combat this issue, a holistic approach centered on female empowerment, education, and economic independence is crucial. Transforming societal attitudes through education campaigns, fostering gender equality, and supporting organizations can help break the cycle of domestic violence. Additionally, therapeutic interventions are vital for survivors, offering hope and healing in their journey to recovery. Prioritizing and investing in these practices is essential for professionals, organizations, and policymakers to empower survivors and create a brighter future, free from the shadow of domestic violence.

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