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Abstract

The paper has provided an extensive review on the subject matter of the psychological treatments that are commonly used among the victims of Intimate Partner Violence. The individuals in the mentioned population are known to experience IPV in the form of physical, psychological and sexual abuse, mostly. In turn, it affects their mental health, and hence the need for them to receive psychological treatment based on specific symptoms being experienced. The review has given consideration to the psychological treatments that are supported by empirical evidence. The psychological treatments included in this review include Interpersonal Psychotherapy, Cognitive Behavioural Therapy, Meta-cognitive Interpersonal Therapy, Cognitive Processing Therapy, Acceptance and Commitment Therapy, and Eye Movement Desensitization and Reprocessing. In addition, in the review, relevant recommendations have been made to ensure that victims of IPV are able to benefit significantly from the psychological treatments. There is also a need for researchers to come up with other interventions or treatment modalities for other none common adverse effects of IPV.

Keywords: *Intimate Partner Violence, Psychological Treatments, Victims, Sexual Abuse, Psychological Abuse, Physical Abuse, Depressive, Anxiety, Post-Traumatic Symptoms, Post-Traumatic Disorder.*

1.1 Introduction

Intimate Partner Violence has been described as being a behaviour that is present within a form of intimate relationship, and has the ability of causing sexual, psychological and physical harm to any of the individuals that are part of the relationship (Devries et al., 2013). Definitions provided by the Centers for Disease Control and Prevention (2019) are based on the four key types of the IPV, and they include, the stalking, psychological, sexual and physical IPV. In terms of the stalking IPV, it occurs in situations whereby an individual in the intimate relationship experiences unwanted and repeated attention that makes them to fear for others known to them and including themselves. In the psychological IPV, there is the use of non-verbal and verbal communication to cause emotional or mental harm to another person. It also includes the use of excessive control to control a partner's life in terms of the decisions made and behaviours exercised. The sexual IPV is seen in the context it occurs when there is use of threats and degradation that are sexual, false promises on marriage, intimidation of immigration or economic exploitation. Lastly, the physical IPV involves acts such as slapping, showing, choking and hitting.

1.1 Problem Statement

All over the world, the IPV is responsible for causing a disease burden due to the serious consequences that it is associated with (Howarth & Robinson, 2016). In this specific literature review, it will encompass the various forms of IPV that have been mentioned above among those that are in an intimate relationship. It should be known that most research points out that females are the ones that experience the IPV the most compared to their male counterparts, though both genders are at risk of experiencing it. A report by the World Health Organisation (2013) also points out that 30 percent of the women globally between the ages of 15 and 49 years' experience IPV. They are the females that are in intimate relationships, and are also sexually active.

The most occurring IPV cases that are perpetrated against women have been reported to take place among Sub-Saharan nations. Furthermore, the effects that are a consequence of the IPV are witnessed on their reproductive, sexual, mental and physical health. The long-term and short-term effects can even lead to specific issues such as mental health challenges that include depression, anxiety and Post Traumatic Stress Disorder, induced abortions and pregnancies, and even suicide. This may warrant the need for them to receive psychological support and treatment (O'Doherty et al., 2016). It is evident that the consequences are mostly in the form of mental and physical well-being.

The prevalence of the mental health conditions that come about from experiencing IPV need to be addressed to improve the quality of life of well-being of the victims. In situations whereby, those that experience the IPV are working, they often experience economic challenges due to the lost working days, and trying to obtain the needed resources becomes a form of stress for them (Howarth & Robinson, 2016). Based on the presented information, clinicians and researchers have and continue to come up with treatment interventions that can be of benefit to those that experience the IPV irrespective of their gender. The treatment that is provided varies in terms of delivery method, main method, structures and goals as seen in the form of motivational interviewing, mindfulness, family therapy and Cognitive Behavioural Therapy, among others.

1.3 Objective

In this comprehensive literature review, the objective will be to review peer reviewed articles that address the issue of psychological interventions among those that have experienced Intimate Partner Violence.

2.0 Methodology

This particular study took place in the form of review of the current literature on psychological treatments and interventions for those that have experienced Intimate Partner Violence. The studies chosen to be included in the literature review were the ones available online upon using Google as a search engine and the United States International University-Africa's online data base that provided access to some of the journal articles related to this study. In addition, only the studies that were appropriate were included, and some specific terms were used for identification. They included; 'psychological interventions', 'psychological treatments', 'intimate partner violence', 'sexual abuse', 'psychological abuse', 'stalking abuse', 'physical abuse' and 'mental health'. Lastly, all the texts present in the journal articles were analysed severally, and later on were appropriately incorporated into this particular study.

4.0 Findings

4.1 General Findings

The focus of this literature review is on the psychological treatment interventions that are given to the individuals that have experienced Intimate Partner Violence. Those that seek the treatment first have to undergo an assessment that is done by the mental health professional providing the services. In conducting an assessment, it becomes possible to obtain information on the psychological state of mind of the IPV victim. The symptoms that are experienced will enable the mental health practitioner to become informed of the specific interventions that will be used in the provision of treatment. It is also important for the professional to have adequate information on matters of IPV together with the consequences it has on the victims. Ultimately, the chosen treatment modality is based upon the diagnosis as this informs some specific information. It includes the characteristics of the experienced IPV, patients' ability to embrace culture and change, abuse trajectory and client specific issues.

It has been identified that those who provide the treatment interventions for those who have experienced IPV focus on psychological symptoms that are being experienced. A key consequence of experiencing the IPV is the development of mental health conditions such as Post-Traumatic Stress Disorder, anxiety, depression and eating disorders. In turn, they have specific symptoms that make those that are victims of the IPV to experience a low quality of life and poor psychological well-being. Interventions can take the form of group or individual therapies.

4.2 Interpersonal Psychotherapy

A psychotherapy that is time limited, the Interpersonal psychotherapy is administered among those that are victims of IPV within a period of 12 sessions taking place on a weekly basis. Myrna Weissman and Gerald Klerman developed it during the 1970's for the treatment of Major Depressive Disorders to specifically address the challenge of interpersonal crises and difficulties. In the study by Susan Meffert et al., (2021), focus was on Kenyan females that were HIV positive and were victims of gender based violence. It was established that The IPT has high levels of

efficacy as seen in terms of bringing about social support, improving social skills, role transition, role dispute, and grief management as they are key characteristics of the interpersonal crises. In addition, the IPT plays a beneficial role in the improvement of social functioning among those that have been affected by IPV.

According to Lakin, Garcia-Moreno and Roesch (2022), In the treatment of the depressive symptoms among the victims of those that have experienced IPV, the IPT is considered as being a benchmark treatment modality. They focused on the women that were in humanitarian settings and had been subjected to IPV. Furthermore, the IPT has some of its origins in the Cognitive Behavioural Therapy that has an incorporation of the psychodynamic and attachment theory. It means that it becomes possible for the mental health profession using the IPT to focus on the relationship of the client and how it influences their overall well-being. In the first stance of using the IPT, four key problems areas are the point of focus since they are known to led to psychological distress. They include the interpersonal sensitivity, loss and grief, role transitions and interpersonal disputes.

The above-mentioned factors are a representation of the triggering points together with the elements that are biopsychosocial in nature as well as being unique to an individual thus resulting in distress. Ultimately, the effectiveness of the IPT among women and men that had experienced the IPV and are receiving care using the mentioned mental health treatment modality has been found to be suitable. It has been linked to improvement of the daily functioning and reduction of depressive symptoms (Lakin, Garcia-Moreno &Roesch, 2022). Therefore, the Interpersonal Psychotherapy should be adapted into the treatment plan for those who have experienced IPV and are having issues relating with others in an appropriate manner.

4.3 Cognitive Behavioural Therapy

The Cognitive Behavioural Therapy commonly referred to as CBT has some key principles that most times are seen in other treatment modalities. In working with those that are victims of IPV, clinician should ensure that they can delineate between the challenging cognitions, feelings and thoughts experienced by the clients. They also have to teach the client behaviour patterns that are healthy as this will lead to proper and effective psychological well-being being experienced (Karakurt et al., 2022). It is important to note that in the provision of CBT as a treatment modality, the specific techniques used should be evidence based.

There is a form of CBT that is non-exposure and serves the purpose of enabling individuals to attain the needed safety. At the same time, it leads to the reduction of PTSD/Trauma symptoms including the misuse of substances. Delivery can be in the form of individual and group formats in adolescents and adults that have experienced the IPV (Tilburg, 2022). In seeking safety, the client is taught how to attain safety, and this is from the diagnosed PTSD and trauma. Seeking Safety has some key principles that need to be known and they include; paying attention to the processes used by the clinician, the contents areas, counteracting the ideals associated with loss, integrated treatment and having an overarching goal of promoting safety.

In the qualitative study by Ager (2017) that used a sample chosen from the Dutch population, information on the effectiveness of the CBT on individuals that have experienced IPV was established. He further specifically explored issues of conditions associated with IPV, behaviours, cognitions and affect of victims. In term of the effectiveness of the treatment outcomes that come about when using CBT, it is supported by most of the literature that is available. It has the ability of reducing the consequences that the victims experience such as manifested in the form of low-

self-esteem and depression. However, it should be known that the CBT interventions should be short-term as well as being tailored for the specific individual that has experienced the IPV.

Relapse prevention is a technique that is used in CBT that has been found to lead to proper and efficient treatment outcomes in order to treat and understand the IPV. It has its origins from the field of addiction studies, and in relation to IPV the focus is on the situations that are high risk together with the loss of control. In providing treatment to those that have experienced IPV, the relapse prevention has been found to be one of the core interventions (Mason & O'Rinn, 2014). It is attributed to the fact that it leads to the decrease of sexual, psychological and physical violence among the women that are also being treated for substance use. Even further, it usually leads to the reduction of anxiety, depressive and post-traumatic symptoms.

It is also possible to use the CBT within the context of a unilateral treatment form to repair the abusive relationships. Worth noting is that in providing the conjoint treatment, there are some considerations that should be made. In providing treatment to the couple which includes the perpetrator and victim, there is usually the potential that the victim ends up blaming themselves for the IPV that occurred. They may also experience fear of or retaliation from the perpetrator (Tilburg, 2022). An IPV relationship can also be sustained when the counselling of the couples takes place, and this has been described as being pathological, and to some extent dangerous.

It should be known that the instances of IPV can be ameliorated using the communication skills of the couple as they are often quite poor. In providing this form of intervention that is CBT related, the couples learn to deal with conflict and also skills associated with problem solving. There is also usually a wish by the victims to include the partners in learning to deal with the repairing of a relationship. Conjoint CBT therapy is effective with those that have elements of physical aggression and psychological forms of IPV aggression. It is reported that the CBT often prevents the further escalation of the frequent and serious violence (Eckhardt et al., 2013). Based on this, it is important for those such as in the capacity of marriage and family therapists to be well-informed about some of the negative cognitive distortions that are associated with the issues that led the IPV to occur.

Evidently, it cannot be disputed that CBT is considered to be the leading psychological treatment for most mental disorders and thus high in effectiveness and efficiency. To add on, in guidelines present for treating those that have experienced the IPV, it is often the first choice. It might be due to it having its basis on principles associated with modification of cognitive behaviour, observational and vicarious learning, operant conditioning, classical conditioning and the learning theory. An individual that is in the state of behaving in a dysfunctional matter such as after experiencing IPV can end up displaying maladaptive behavioural and emotional manifestation as mentioned by Guillermo-Anasicha et al., (2022).

4.4 Metacognitive Interpersonal Therapy

The Metacognitive Interpersonal Therapy has its origins from a certain formalised procedure that was divided into change promoting and formulation of functioning. In shared formulation, the focus is on the recognition of mental states and elicitation of the autobiographical episodes that are specific. It takes place to be able to gain an understanding of the interpersonal schemas that are interpersonal schemas. Thereafter, the schemas will be reconstructed, and the changes will be beneficial to the clients in key ways (Popol et al., 2018).

In using the MIT approach as seen in the case study approach by Andrea Pasetto et al., (2021), it was confirmed that it helps in the prevention and coping with incidents of IPV. The MIT enables the individual that has experienced the IPV to realise that they have a view with regards to interpersonal relationships. The view is subjective, and most times is not the same as that, which is taking place in reality. Secondly, it makes it possible to access ideas about others and self that are filled with care, acceptance and hopes as well as with benevolence. Thirdly, the clients are able to acquire agency, and this is through having control over their behaviours and mental states as opposed to only reacting to the influence of other individuals.

The final benefit is that the use of the psychological therapy leads to the promotion of self-aspects that are healthy, and this is based upon their wishes that are deeply seated. All the goals of the MIT adopt a known series that has experiential techniques. Examples of techniques that are employed during therapy sessions include bodily interventions, role play, two chairs, re-scripting and guided imagery (Pasetto et al., 2021). Based on the provided insight, with regard to the MIT, there is a need for researchers to conduct more empirical studies on it to be fully informed on the role it plays to promote the psychological well-being of patients that have experienced Intimate Partner Violence.

4.5 Cognitive Processing Therapy

Originally developed for use among survivors of Intimate Partner Violence that had experienced sexual abuse, the Cognitive Processing Therapy is a form of cognitive therapy (Resick & Schnicke, 1992). It played the pivotal role of provision of treatment among the victims of IPV that presented with complex mental health and clinical issues. The efficacy of this psychological treatment is seen in treatment of depression and PTSD among those that have experienced many forms of IPV in the form of adult sexual and physical assault. In addition, the effectiveness comes about in that it leads to a reduction of guilt, shame, dissociation, and anger and other known symptoms among those that have experienced the IPV and are females (Iverson et al., 2011). Based on the presented information regarding the CPT, it is often one of the ideal and leading psychological treatment modalities among those that have been exposed to IPV as seen in terms of outcome that results from treatment.

The victims that have experienced the different forms of Intimate Partner Violence can benefit from Cognitive Processing Therapy. It is usually used in the context whereby the victims of the IPV has been diagnosed as having symptoms that are associated with Post Traumatic Stress (Galovsky et al., 2022). However, it should be known that the CPT has also been found to have efficacy when it comes to the reductions of symptoms that are a consequence of other mental health challenges such as anxiety and depression. Compared to all other treatment modalities that are used to treat those that have experienced IPV and has PTS symptoms, the CPT is the one considered to be most effective even in comparison to medication. To be specific, the context whereby it is effective are within groups and is provided through teletherapy. Most importantly, the CPT mirrors activities that are associated with the appraisal of events that are traumatic in nature as they enable the client to present more healthy narratives.

Post Traumatic and depressive symptoms are known to reduce among those that have experienced the IPV when the CPT is used. It also leads to incidences of IPV reducing since the client is informed about the stigma it is associated with and how to deal with it. A key reason as to why there is usually a symptom reduction is due to the clients receiving the CPT implementing what they have learned during the sessions and have specific knowledge of the CPT. Psychological

distress is also alleviated using CPT as the sessions progress, the clients gain oversight and support thus strengthening their recovery from the adverse effects of the IPV (Galovsky et al., 2022).

Individuals that have survived the Intimate Partner Violence as it has been mentioned severally have experienced PTSD rates that are quite high. According to Galovski et al., (2022), in the study that focused on using CPT as a preferred mode of treatment among the IPV survivors diagnosed as having PTSD, important collaborative information was obtained. In using CPT, as a frontline treatment, there are some limitations that have been associated with it. Almost half of those that are seeking treatment and are receiving the CPT end up dropping out as they are not able to complete the treatment course (Moreira, Moreira, & Rocha, 2022). Based on this, it is possible to bring about improvements in that those who administer it should come up with informed ways of promoting adherence to the treatment.

There is also a reason as to why some of the IPV survivors do not finish the course of treatment and they have the challenge of dealing with stressors that are on-going. Behavioural avoidance is another issue that is attributed to the dropping out from the CPT treatment. It takes place as a result of the gains that have decayed and having to attend sessions on a weekly basis thus leading to suboptimal recovery and drop out. Other related barriers to receiving care include safety concerns, financial instability, housing and childcare. However, in using the CPT in a massed dose format, it has been established as having found to be effective. In using it, it ensures that clients can benefit from an entire treatment dose within a short period of time (Simmons et al., 2015).

4.6 Acceptance and Commitment Therapy

The Acceptance and Commitment Therapy is known to link the elements present in mindfulness related activities and cognitive therapies for the purpose of addressing any existing mental health issues. Using ACT has been found to be efficacious in terms of the treatment of psychological issues that include PTS, anxiety and depression symptoms that are likely to come about when an individual experiences IPV. The nature of the ACT makes it one that is unique since it places emphasize on the cultivation of mindedness that is in the present situation. Specific techniques that are used include those that make the individual to be grounded cognitively and emotionally within the present moment according to Ost (2014). He further goes on to report that in using this psychological treatment, the values of the client are enacted through clarification and identification. The mentioned values are key life components that are selected by the clients that have experienced IPV as they have been established as being reinforces of one's wellbeing and also being rewarding.

At a community level, the ACT has been found to be quite beneficial among women that have been victims of Intimate Partner Violence. It is known for reducing or stopping the psychological distress that is present together with acknowledging that it does indeed exist. The individual also learns about the effective ways that are associated with constructively and safely implementing it in their lives. Worth mentioning is that the ACT is transdiagnostic in nature and can be adapted in many other situations such as in clinical settings as this is where most victims that have experienced the IPV often turn to for support. Moreover, there is no specific structure and number of sessions as this is all based on the judgement made by the mental health professional providing the ACT (Stewart et al., 2016).

In a study that served the purpose of evaluating the ACT in relation to incidents of IPV, some important information was obtained. The researchers identified that there was indeed a gap when it came to the presence of empirically supported interventions that are offered to the victims of

IPV (Zarling, Bannon & Berta, 2019). However, they established that the ACT has a substantial amount of impact and thus the reason they recommend for its use among those that have experienced the IPV. The ACT's effectiveness is witnessed when the survivor manages to ensure that they focus on the 'here' and 'now'. In turn, this enables them to focus more on the present whereby there are no acts of IPV being perpetrated against them, and they can realise that it is possible to achieve peace from all that is going on in their lives.

Similar results to that of Zarling, Bannon and Berta (2019), were earlier on confirmed by Burrows (2013). The mentioned researcher mentioned the manner in which earlier studies had established that the issue of experiential avoidance existed in order to mediate relationships between the adverse effects they had in the long-term and sexual assault. Furthermore, Burrows (2013) mentioned that the ACT is a leading psychological treatment that is associated with provision of treatment interventions among those that have been subjected to IPV. A majority of the effectiveness is associated with provision of treatment among the IPV victims that are been diagnosed as having PTSD and also are experiencing trauma symptoms. During the time when the research took place, there was limited data and information on the ACT as an effective treatment modality for adults who have experienced the IPV in different forms.

In using a case study of an adult who had experienced the IPV, and had symptoms of PTSD, Burrows (2013) managed to come up with pivotal information. The ACT plays a significant role in the reduction of the experiential avoidance. It manages to do this through increasing quality of life and valued action, and the suppression of trauma symptomatology as well as thought suppression. Based on the findings of the study, specific techniques present in ACT such as experiential mindfulness, visual metaphors and grounding techniques are beneficial to those who have been victims of IPV in the form of sexual assault (Burrows, 2013).

The study by Hernandez-Chavez (2022) has the main objective of describing the effectiveness of the ACT in provision of psychological care among women who are in households where IPV takes place. In using a theoretical review of academic papers that focused on ACT on various platforms, the researcher obtained a lot of valuable information. Key information derived was that the ACT enables individuals to discover on an individual basis their personal fundamental values. Furthermore, an individual will experience discomforts and problems in their lives based on the life experiences and life history. It is on the basis that they have known how to react based on the existing emotions and thoughts.

According to Luciano (2016), in using the ACT, individuals gain skills that enable them to manifest an avoidance disorder that is experiential. It is often linked to a misconception that some people avoid constant relationships that are associated with bothersome and disagreeable experiences including memories, thoughts and sensations that are negative or problematic. Consequently, it leads towards the adoption of avoidant behaviours that can produce states whereby an IPV victim experiences relief on a short-term basis. However, on the long-term, accumulated losses may pile up leading to personal dissatisfaction because the discomfort is multiplying as opposed to being resolved.

In the studies that were reviewed by Hernandez-Chavez (2022), common issues were identified, and they shall be mentioned. The role of any psychological intervention/treatment is meant to enable the client or patient to improve the clinical situations being faced. Moreover, the ACT was known to achieve the behavioural, emotional-physiological and cognitive objectives. Other than anxiety, depressive and post-traumatic symptoms that have been already identified as being the

major consequences of the IPV among survivors, there are also others. They include the consumption of psychopharmaceuticals, drugs, alcohol, suicidal ideation and low-self-esteem. The ACT helps in decreasing suicide risk indicators, and improvement of avoidance behaviours, anxiety and depression as well as PTSD symptoms. Ultimately, the effectiveness of the ACT lies in the skills held by the psychotherapist, and its combination with other factors that include CBT and mindfulness.

4.7 Eye Movement Desensitization and Reprocessing

The Intimate Partner Violence has been viewed as being an incident or experience that is traumatic in nature. In turn, the Eye Movement Desensitization and Reprocessing is used since it is safe in terms of ensuring that those clients who use it are able to imagine the exposure to the traumatic event of IPV. It is argued that the EMDR as a treatment modality plays the role of getting rid or reducing the existence of negative behaviours, emotions, feelings and thoughts that come about from memories that linger as a result of experiencing traumatic events. In using this approach, the mental health professional leads the client in making eye movements that are side to side. Consequently, this triggers the client to enter into a cognitive state, which is responsible for the facilitation of the information processing. It should also be known that the EMDR is most effective among the victims of IPV that have been diagnosed as having PTS symptoms. According to Cujipers et al. (2020), the EMDR was found not to be effective during the long term among those that had experienced sexual violence.

The World Health Organization (2013) has also recommended the use of the EMDR among those that have experienced sexual violence. It has been established by the WHO that the treatment modality is an ideal intervention in addressing mental health challenges that have their origins in IPV. Moreover, it is worth noting that one meta-analysis argued that there is no much treatment efficacy as seen in terms of the effect sizes. It was further argued that there is no reduction among the comorbid disorders that includes substance use, anxiety and depression. In using this approach, the clinician has to be well vast and trained intensively on how to use the EMDR. There is also a great need for them to acquire the services of a clinical supervisor who will be able to monitor the effectiveness of the treatment approach when used among those that have experienced the IPV.

In a study by Jaberghaderi (2019) that took place in Iran, the EMDR was established as being an effective psychological treatment among those that had experienced IPV. It was effective among those that had also been diagnosed as having behavioural issues, depression, anxiety and Post Traumatic Stress Disorder. In both the post and pre-assessment, the use of the EMDR was confirmed as being significant in treating the specific mental health issues that had been measured. Moreover, it was possible to attain treatment gains using few sessions among that have PTSD as a consequence of the IPV. The study by researchers also pointed out just like the other studies EMDR is a leading psychological intervention among the IPV population that have PTS or PTSD. Therefore, the EMDR is effective in treating PTS and PTSD symptoms among those that are victims of Intimate Partner Violence.

5.0 Summary

The presented literature is on effective and suitable psychological treatments for the treatment of Intimate Partner Violence among survivors. Consequently, it becomes evident that it is vital for the survivors to be assisted in order to have a stable mental health conditions that will enable them to lead more fulfilling lives. Evidence-based research has managed to prove that some psychological treatments have the ability to improve the functioning of those that have experienced

the IPV. In this specific literature review, the recommended psychological treatments include Interpersonal Psychotherapy, Cognitive Behavioural Therapy, Meta-cognitive Interpersonal Therapy, Cognitive Processing Therapy, Acceptance and Commitment Therapy, and Eye Movement Desensitization and Reprocessing. They can all be used by skilled clinicians who are well-informed about their use and outcomes among the intended population. Therefore, the literature review adds on as well as confirms similar studies done in the past with regards to the subject matter.

6.0 Conclusion

Women who experience Intimate Partner Violence in the forms of controlling behaviour, sexual, emotional and physical abuse suffer from adverse physical and emotional health related problems. Furthermore, the literature has indeed pointed out that psychological theories play a pivotal role when it comes to improvement of the mental health of those that have been affected by IPV. It also enables them to escape other instances of the IPV, access needed resources and to have safety plans. There is also evidence to confirm that the use of psychological treatments can reduce the anxiety and depression symptoms among those that have experienced the IPV upon being on therapy for a period of between 6 to 12 months. There is also no harm in using the psychological treatments that have been mentioned. Additionally, the treatments to some extent can reduce the exposure to other incidences of IPV, PTSD, encourage safety planning, promote social support, and also improve quality of life, mental health, and self-efficacy.

7.0 Recommendations

In the long run, it is quite necessary for more research to be done on the provided subject matter as new discoveries are being made with regards to the improvement of psychological treatments among those that have experienced IPV. It is also important to note that the psychological treatments to some extent promote recovery and reduce levels of stress among those that have experienced the IPV. Once the mentioned issue occurs, it can ensure that the women who have been subjected to the IPV can take the necessary and needed actions for achieving well-being and safety for those present in their lives such as the children. However, it is worth mentioning that the abuser is the one who has the power most times to end the IPV.

The survivors of IPV who embrace the psychological therapy they are receiving benefit from the trusting and safe relationship they have with the mental health provider. In addition, even the symptoms of trauma can lessen when one receives the appropriate psychological treatment. In the future, researchers in the field of Intimate Partner Violence should look into researching psychological treatment modalities for the other specific negative outcomes that are associated with the IPV as had been mentioned earlier on. Consequently, IPV victims will receive appropriate care that will improve their functioning in the community and family as well as improving their Quality of Life and Psychological Well-being.

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