

***Effectiveness of Dialectical Behaviour Therapy Intervention Programme for
Female Victims of Spousal Abuse in Bayelsa State, Nigeria***

Bodisere Juliet Teibowei, Ph.D

*Department of Educational Foundations (Guidance and Counselling)
Federal University Otuoke
Bayelsa State, Nigeria
drbodiz2014@gmail.com*

Abstract

The study evaluates the effectiveness of a 12-week Dialectical Behaviour Therapy (DBT) intervention programme for female victims of spousal abuse in Bayelsa State, Nigeria. Three objectives were stated and three hypotheses tested at 0.05 significant level. Sample consisted of 60 female victims of spousal abuse drawn through convenience sampling. Three stages were used in collecting data: pre-treatment, treatment and post-treatment. Experimental design was used for the study. Four instruments were adapted for the study, namely; the Beck Depression Inventory (BDI), Beck Hopelessness Scale (BHS), Social Adjustment Scale (SAS) and the Symptoms Checklist Scale-90-R. Reliability of the instruments was established through test-retest; coefficients obtained were: BDI= 0.79, BHS = 0.78, SAS = 0.84 and Symptoms Checklist-90-R=0.82 indicating the instruments reliability for use in the study. Data were analyzed using Analysis of Variance (ANOVA) and t-test of independent samples. Results obtained revealed that DBT is effective in treatment of female victims of spousal abuse; age and educational status also had significant effect on effectiveness of the programme. Based on the findings of the study, it was recommended that, DBT should be employed for treatment of both perpetrators and victims of domestic abuse and that State counselling centres manned by Professional Counsellors should be established to provide counselling services.

Keywords: Effectiveness, Dialectical behaviour therapy, Intervention Programme, Female Victims, Spousal abuse

Introduction

One major reason for instability and divorce in marriage is the issue of spousal abuse also known as intimate partner violence (World Health Organization, 2017). Spousal abuse is defined as the victimization of an individual resulting from abuse, attacks, or assault undertaken by their respective partners within the realm of a married relationship. Spousal abuse, as a result of the varied kinds of abuse is difficult to address; spousal abuse can be inflicted on the victimized party in a physical, emotional, sexual or psychological fashion (Grasso, 2017).

According to Grasso (2017), the various forms of spousal abuse include:

Physical Spousal Abuse: Physical spousal abuse is defined as damage, harm, or injury inflicted on a husband or a wife by the other individual involved in the marriage. Aggravated physical abuse, which is the more severe form of physical spousal abuse, is defined as the use of a deadly weapon to cause harm, damage, or injury with regard to another individual or entity.

Emotional and Psychological Spousal abuse: Non-violent forms of spousal abuse include the delivery of threats, intimidation, name-calling, perpetual belittlement or any verbal or emotional attacks that aim to take control or instil fear in the victimized partner. Threats are defined as the unlawful, conditional expressions of criminal or negative recourse contingent on the behaviour of the recipient of the threat itself; threats are typically extortive in nature – aggravated threats include threats posed resulting in murder, rape, or maiming. Verbal and psychological abuse is defined as both speech and expressions set forth, typically demeaning, insulting, damaging, or threatening in nature.

Sexually-charged Spousal Abuse: Spousal abuse in a sexual nature refers to the administration of any unwanted or forced sexual acts. Spousal rape, for instance, is the act of forced, non-consensual intercourse enacted by either the husband or wife onto the other partner; regardless of the participation within a romantic relationship. In the United States, the severity of a spousal rape offense is considered to be analogous to a standard rape charge.

Studies investigating the identification of spousal abuse victims cite women as accounting for almost 85% of spousal abuse victims. Furthermore, within that percentage, women between the ages of 20 and 24 are considered to account for the majority of spousal abuse victims (Codes, 2017).

Spousal abuse has negative effects on the perpetrator, the victim, family and society. These effects could be physical (bruises, bruises on or around the eyes, red or purple marks at the neck, sprained or broken wrists, chronic fatigue, shortness of breath, muscle tension, involuntary shaking, changes in eating and sleeping patterns, sexual dysfunction, menstrual cycle or fertility issues in women), emotional (hopelessness, feeling unworthy, apprehensive and discouraged about the future, inability to trust, questioning and doubting spiritual faith, unmotivated) or mental (Post-traumatic stress disorder, including flashbacks, nightmare, severe anxiety, and uncontrollable thought, depression, including prolonged sadness, anxiety, low self-esteem and questioning sense of self, suicidal thoughts or attempts, alcohol and drug use) with severe consequences on mental wellbeing of victims. Apart from the victim, it has effect on children too, whether they witness/experience abuse or not; it can take a toll on their development. Children are at an increased risk for emotional behavioural problems regardless if they were directly abused or not. These effects

include anxiety, depression, academic problems, fearfulness, low self-esteem to mention a few.

As seen from the foregoing, the negative effects spousal abuse has on the victim, family and society cannot be overemphasized. Spousal abuse is a significant social problem with significant psychological and medical consequences for its victims, hence the need for intervention or assistance. Spousal abuse intervention programme refers to any helpful and preventative resource made available for victims of spousal abuse which includes research and therapy. Often times, treatment for violence is often not effective due to severe emotion dysregulation displayed by victims, and also because of the hypothesized similarities between the problems of chronically aggressive men and suicidal women (emotion dysregulation). A rationale for applying Dialectical Behaviour Therapy (DBT) to spousal abuse is founded as it can help survivors develop inner strengths and lessen their fear of safety for themselves and their families (Iverson, Cradus, Renct, Suvak & Smith, 2011).

Dialectical Behaviour therapy is a comprehensive cognitive-based treatment, which was originally developed by Marsha Linehan in the 1980's to treat people with Borderline Personality Disorder. It is the teaching of specific behavioural skills aimed at helping individuals with borderline personality disorder to replace maladaptive behaviours with skilful behaviour. It was later extended to treat multi-problem clients with severe and chronic emotion dysregulation. DBT provides clients with new skills to manage painful emotions and decrease conflict in relationships. It specifically focuses on providing therapeutic skills in four key areas which are mindfulness, distress tolerance, emotion regulation and interpersonal effectiveness (Iverson et al., 2011; Ditlevsen & Elklit, 2010).

Mindfulness focuses on improving an individual's ability to accept and be present in the current moment. Distress tolerance is geared towards increasing a person's tolerance of negative emotions, rather than trying to escape from it. Emotion regulation covers strategies to manage and change intense emotions that are causing problems in a person's life. Interpersonal effectiveness is the teaching of specific behavioural skills aimed at helping individuals with borderline personality disorder to replace maladaptive behaviours with skilful behaviour which consists of techniques that allow a person to communicate with others in a way that is assertive, maintains self-respect, and strengthens relationships.

DBT skills are thought to have the capability of helping those who wish to improve their ability to regulate emotions, tolerate negative emotions, be mindful and present in the given moment, and communicate and interact with others (Preiding, Chan & Black, 2014). DBT can be done on individual basis and also as a group. Individual therapy is where the therapist works with the individual to find ways to hold two seemingly opposite perspectives at once, promoting balance. DBT group participants

learn to practice skills alongside others. Members of the group are encouraged to share their experiences and provide mutual support. Groups are led by a trained therapist teaching skills and leading exercises. Group members are then assigned homework, such as practising mindfulness exercises as is the case in the present study (Iverson, Shenk & Fruzzetti, 2016).

Research shows that DBT has been used successfully to treat people experiencing depression, bulimia, binge-eating, bipolar disorder, post-traumatic stress disorder and substance abuse. Empirical review reveals the efficacy of dialectical behaviour therapy in promoting mental wellness of victims of domestic abuse and other forms of traumatic events. Iverson et al. (2011) conducted a research on the effect of dialectical behaviour therapy on victims of domestic abuse and found that DBT has significant effect on wellness and adjustment of female victims. Iverson (2016) determined the effect of DBT in curbing depression among nursing mothers and found that DBT had significant effect on depression. Similarly, Preiding et al. (2014) investigated the influence of DBT on treatment of post traumatic stress disorder among adolescent girls and found significant influence.

Also, Ditlevsen and Elklit (2010) reported that age has significant effect on intervention programme for traumatized individuals. In a similar study, Hamsatu, Mburza and Audu (2017) revealed that age has significant effect on traumatized internally displaced women. However, Moein and Houshyar (2015) revealed that age has no significant effect on traumatized physically disabled people. Also, Audu, Mshella and Maina (2017) examined the effect of age difference on emotional intelligence of internally displaced women and found that age difference has no significant influence on their emotional intelligence. The divergent result may be attributed to the difference in locations where the studies were conducted and also difference in sample size.

Crespo and Arinero (2010) carried out a study on assessment of efficacy of psychological treatment for women victims of violence by their intimate partners and found that educational status has significant effect. Also, Cunha and Conclaves (2015) study on the efficacy of assessment of an intervention program with batterers found significant effect of educational status on effectiveness of the program.

Objectives of the Study

The objectives of this study were to find out the following:

1. Effectiveness of DBT intervention programme on female victims of spousal abuse in Bayelsa State.
2. Effect of age difference on effectiveness of DBT intervention programme on female victims of spousal abuse in Bayelsa State.

3. Effect of educational status on effectiveness of DBT intervention programme on female victims of spousal abuse in Bayelsa State.

Hypotheses

The following null hypotheses were tested in this study:

Ho₁: DBT intervention programme has no significant effect on female victims of spousal abuse in Bayelsa State.

Ho₂: Age difference has no significant effect on effectiveness of DBT intervention programme on female victims of spousal abuse in Bayelsa State.

Ho₃: Educational status has no significant effect on effectiveness of DBT intervention programme on female victims of spousal abuse in Bayelsa State.

Methodology

Experimental design was used for the study. Experimental design is relevant because it is an empirical study used to estimate the causal impact of an intervention on its target population with random assignment. With random assignment, study participants have the same chance of being assigned to the intervention group or the comparison group. As a result, differences between groups on both observed and unobserved characteristics would be due to chance, rather than to a systematic factor related to treatment which is the concern of the present study (Grasso, 2017).

The target population for the study comprised of all traumatized female victims of spousal abuse in Yenagoa metropolis. This population was chosen because women are mostly victims of spousal abuse who go through all forms of abuse by their intimate partners. A sample of 60 females was selected from the population through convenience sampling with age ranging from 20-55 years. Thirty women were assigned to experimental group and the other thirty to control group through randomization using odd and even numbers.

Four instruments were used for the study, namely, the Beck Depression Inventory 11(BDI) developed by Beck, Steer and Brown (1996), Beck Hopelessness Scale (BHS) developed by Beck, Weisman, Lester and Trexter (1994), the Social Adjustment Scale (SAS) developed by Weisman, Prusoff, Thompson, Harding and Myers (1998) and the Symptoms Checklist Scale -90-R developed by Derogatis (1994). The Beck Depression Inventory (BDI) is a self-report instrument consisting of 21 items designed to measure the presence and severity of depression symptoms across several domains of individual functioning. The Beck Hopelessness Scale

(BHS) consisted of 20 items intended to measure the severity of negative attitudes about the future. This scale was used to assess the extent of hopelessness and has been shown to be predictive of suicide risk (Santos, Matos & Machado, 2016). It contains 30 items tapping the appraisal and expression of emotions in self and others, regulation of emotion in self and others, and utilization of emotions in solving problems. The third instrument for the study titled Social Adjustment Scale (SAS) measures an individual's overall social functioning across several domains such as employment, family, social and leisure, marital and parenting relationships while the Symptoms Checklist-90-R is an instrument widely used to assess both domain-specific (for example, anxiety, psychosis) and broad levels of individual distress. The global index of the Symptom Checklist-90-R was selected for analyses so that changes in general levels of distress could be assessed at pre-treatment and post-treatment phases.

Items on the four instruments were presented as statements to which respondents were instructed to indicate their levels of agreement or disagreement on a 4-point scale of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD) weighted 4 points, 3 points, 2 points and 1 point respectively. All the four instruments were adapted for the study. Training focussed on enhancing clients' capabilities by teaching them behavioural skills was carried out within 12 weeks (2 hours weekly) Group therapy as follows:

Week One: General Introduction, Sharing Experiences

Week Two: Mindfulness; 'What' Skills - Observe, Describe, Participate.

Week Three: Mindfulness; 'How' Skills - Non-judgementally, One-mindfully, Effectively.

Week Four: Interpersonal Effectiveness; DEARMAN- .

Week Five: Interpersonal Effectiveness; GIVE and FAST.

Week Six: Interpersonal Effectiveness; Problem solving.

Week Seven: Distress Tolerance; Distract with ACCEPTS, Self-soothe.

Week Eight: Distress Tolerance; IMPROVE the Moment, Pros and Cons, Radical acceptance, Turning the Mind.

Week Nine: Distress Tolerance; Willingness versus Wilfulness.

Week Ten: Emotion Regulation; Identify and Label Emotions, Identify obstacles to changing emotions, Reduce vulnerability to emotion mind, Increase positive emotion events.

Week Eleven: Emotion Regulation; Increase mindfulness to current emotions, Take opposite action, Apply distress tolerance.

Week Twelve: Wrap up, review, establish new targets, post-assessment.

Note: DEARMAN= Skills to achieve objectives (Describe, Express, Assert, Reinforce, stay Mindful, Appear confident, Negotiate); GIVE = relationship skills

(be Gentle, Interested, Validate, have an Easy manner); FAST = self-respect skills (be Fair, make no Apologies, [for feelings, objectives, etc], Stick to your values, be Truthful). ‘Skills developed specifically for this modification of dialectic behaviour therapy for women victims of domestic abuse. Traditional dialectic behaviour therapy skills (Linehan, 1993b).

To ascertain validity, a draft of the instruments was given to three (3) Counsellors and Experts in Test Measurement and Evaluation from Niger Delta University, Amassoma and College of Health Technology, Otuogidi, Bayelsa State for vetting. All corrections and modifications made were effected making the instrument valid for the study. The reliability of the four instruments was determined through the test re-test method for a measure of stability of the instruments. Stratified random sampling was used to draw a sample of 20 females from the population not used for the study. Copies of the instruments were administered to the sample. After an interval of three weeks, the same instruments were administered to the same sample. The initial and the re-test scores were correlated using Pearson Product Moment Correlation Coefficient. The reliability of the Beck Depression Inventory was 0.79, Beck Hopelessness Scale was 0.78, Social Adjustment Scale was 0.84 and Symptoms Checklist-90-R 0.82. The data were analyzed using Analysis of Variance (ANOVA) for hypothesis one and t-test of independent samples at the .05 level of significance to test hypotheses two and three.

Presentation of results

Ho₁: DBT intervention programme has no significant effect on female victims of spousal abuse in Bayelsa State.

Table 1: ANOVA of Effect of DBT intervention programme on female victims of spousal abuse

Measure	M	SD	F	d
Beck Depression Inventory-11				
Pre-test	46.8	6.2	14.81***	.77
Post-test	33.4	4.6		
Beck Hopelessness Scale				
Pre-test	19.5	7.2	12.96***	.53
Post-test	9.0	3.8		
Symptom Checklist-90-R				
Pre-test	6.2	3.6	5.92*	.43
Post-test	2.5	1.4		
Social Adjustment Scale				
Pre-test	2.6	0.59	7.66**	.53
Post-test	1.5	0.42		

*P< .05. **P< .01 ***P< .001

Results from table 1 show pre-intervention and post-intervention effects as follows: Beck Depression Inventory-11, F=14.81, p<.001, d=.77; Beck Hopelessness Scale,

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F=12.96, $p < .001$, $d = .53$; Symptoms Checklist-90-R, F=5.92, $p < .05$, $d = .43$; and Social Adjustment Scale, F=7.66, $p < .01$, $d = .53$. Table 1 indicated that effects of intervention was significant at .001, .01 and .05 levels of significance which implies that DBT intervention programme had significant effect on female victims of spousal abuse in Bayelsa State. Therefore hypothesis 1 which states that DBT intervention programme has no significant effect on female victims of spousal abuse in Bayelsa State was rejected.

Ho₂: Age difference has no significant effect on effectiveness of DBT intervention programme on female victims of spousal abuse in Bayelsa State.

Table 2: t-test of independent samples on Effect of Age difference on effectiveness of DBT intervention programme on female victims of spousal abuse in Bayelsa State.

Age group	N	Mean	SD	Df	Sig. (two tailed)	t-value	alpha	remarks
20-35	34	63.10	8.78					
				58	.01	14.82	.05	Sig.
36 and above	26	58.4	18.62					

Table 2 indicated that Sig. (2-tailed) .01 is less than .05 which implies that age difference had significant effect on the effectiveness of DBT intervention programme on female victims of spousal abuse in Bayelsa State. Therefore hypothesis 2 which states that age difference has no significant effect on effectiveness of DBT intervention programme on female victims of spousal abuse in Bayelsa State was rejected.

Ho₃: Educational status has no significant effect on effectiveness of DBT intervention programme on female victims of spousal abuse in Bayelsa State.

Table 3: t-test of independent samples of Effect of Educational status on effectiveness of DBT intervention programme on female victims of spousal abuse in Bayelsa State.

Educational Status	N	Mean	SD	Df	Sig. (two tailed)	t-value	alpha	remarks
Undergraduates	32	63.52	8.76					
				58	.01	14.32	.05	Sig.
Graduates/ above	28	57.98	18.64					

Table 3 indicated that Sig. (2-tailed) .01 is less than .05 which implies that educational level had significant effect on effectiveness of DBT intervention programme on female victims of spousal abuse in Bayelsa State. Therefore hypothesis 3 which states that educational level has no significant effect on effectiveness of DBT intervention programme on female victims of spousal abuse in Bayelsa State was rejected.

Discussion

The findings of this study with respect to the first hypothesis, which states that DBT intervention programme has no significant effect on female victims of spousal abuse in Bayelsa State revealed that DBT intervention programme had significant effect on female victims of spousal abuse. Participants reported reduced depressive symptoms, hopelessness, and psychiatric distress and reported increased social adjustment from pre-treatment to post-treatment as changes were confirmed through follow-up after eight weeks suggesting that DBT has significant effect on participants. The finding of the study agrees with Iverson et al. (2011) and Iverson et al. (2016) who conducted a research on the effect of dialectical behaviour therapy on victims of domestic abuse and found that DBT has significant effect on wellness and adjustment of female victims. The outcome of this result may be attributed to effectiveness of therapeutic interventions in matters relating to abuse and also the fact that many victims of spousal and other forms of domestic violence actually yearn for help which they can hardly find or receive.

The findings of this study with respect to the second hypothesis, which states that age difference has no significant effect on effectiveness of DBT intervention programme on female victims of spousal abuse in Bayelsa State revealed that age of victims of spousal abuse had significant effect on effectiveness of the intervention. The finding of this study is in consonance with the findings of Ditlevsen and Elklit (2010) who reported that age has significant effect on traumatized individuals. This result may be attributed the fact that older people may be matured in handling and reacting to issues of stress and other emotional stressors. However, Moein and Houshyar (2015) revealed that age has no significant effect on traumatized physically disabled people.

The last finding of this study with respect to the third hypothesis, which states that educational status has no significant effect on effectiveness of DBT intervention programme on female victims of spousal abuse in Bayelsa State revealed that educational status has significant effect on the effectiveness of the programme. The finding agrees with Crespo and Arinero (2010) who carried out a study on assessment of efficacy of psychological treatment for women victims of violence by their intimate partners and found that educational status has significant effect. Also,

Cunha and Conclaves (2015) study on the efficacy of assessment of an intervention program with batterers found significant effect of educational status on effectiveness of the program. This result may be attributed to the fact that the more educated people are, the better understanding they may have about items on the instruments; they may also receive more exposure, and may acquire more social skills which help them manage and cope with stressors.

Conclusion

Based on the findings of the study, it was concluded that DBT intervention programme is effective in the treatment of female victims of spousal abuse in Bayelsa State. Age difference and educational status also had significant effect on the effectiveness of the programme on female victims of spousal abuse in Bayelsa State.

Recommendations

Based on the findings of the study, the following recommendations were made:

1. DBT is recommended for treatment of both perpetrators and victims of spousal and other forms of domestic abuse.
2. Civil Society Organizations, Non Governmental Organizations and Counselling Association of Nigeria should liaise with Bayelsa State Government to establish State Counselling centres manned by Professional Counsellors in all Local Government Areas to provide counselling services.
3. Civil Society Organizations, Non Governmental Organizations and Counselling Association of Nigeria should liaise with Bayelsa State Ministry of Information and Orientation to, in conjunction with National Orientation Agency, carryout enlightenment programmes on the dangers of spousal abuse and other forms of domestic violence. Additionally, family court should be established to attend speedily to issues of domestic violence.

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