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	Individual vs. Group	No. Sessions	Treatment Modifications	Treatment Targets	Treatment Dropout
Crespo et al., 2010	Group	Abuse anytime	Focused on (1) education about IPV and its impact on survivors, (2) raising self-esteem and mood, and (3) problem solving skills for independent living. They also added diaphragmatic breathing to their treatment, as a means of reducing hyper-alertness.	PTSD	26% Women more likely to drop out if more victimization, more medical attention, more availability of legal support, more alcohol consumption at pre-
Franzblau et al., 2008	Individual	Abuse within prior 2 years	Compared giving testimony (describing abuse and their responses to it) to yogic breathing, to a combination, with expectation that the combination would be strongest	Depression	0
Gilbert et al., 2006	Group (with one individual session)	Abuse in prior 90 days	Used empowerment and social cognitive theories to promote safety, and did not pressure women to leave the abusive relationship. Treatment content was culturally specific to low income Black and Latina women.	Depression; PTSD; HIV risk; Substance abuse	0 50% of women completed all 12 sessions; 50% completed 9-11
Johnson et al., 2011	Individual	Abuse 1 month prior to entering shelter	Involves 3 stages of recovery: (1) re-establishing safety and self-care; (2) remembering and mourning; (3) reconnection. Focuses heavily on empowerment, and does not include exposure therapy.	PTSD; Depression; Access to resources; Social adjustment	97% attended at least one session, 63% attended 5 or more sessions, 26% attended all 12 sessions No demographic differences in # of sessions attended
Kaslow et al., 2010	Group	Abuse within the past year	Components include helping women (1) build skills and enhance self-efficacy; (2) increase social connectedness; (3) decrease trauma-related distress through gender-focused, Afrocentric empowering practices; and (4) access mental health care.	PTSD; Depression; Suicidal ideation; Psychological Distress	34% Differential attrition not reported
Kim et al., 2001	Group	8; 90-min each	Based on feminist analysis of IPV, focusing on empowerment-based education and skill-building. 7-Stage Crisis Intervention model: (1) assessing the situation – including safety, (2) establishing rapport, (3) examining the dimensions of the problem, (4) exploring feelings, (5) assessing past coping responses, (6) implementing a plan to restore cognitive functioning, and (7) the option of a “booster” session three and/or six months later.	Depression; Anxiety; Self-Esteem	45% Differential attrition not reported
Kubany et al., 2003	Individual	8-11; 90-min each	In addition to typical cognitive therapy, included components to address 4 areas of concern to abused women: 1) trauma-related guilt; 2) histories of other traumatic experiences; 3) likelihood of ongoing stressful contact with the abuser in relation to parenting; and 4) risk for revictimization.	PTSD; Depression; Self-Esteem; Guilt	14% Differential attrition not reported
Kubany et al., 2004	Individual	8-11; 90-min each	See above	PTSD; Depression; Self-Esteem; Guilt	86% attended at least 1 session; 80% completed all  Attrition higher if participants were younger, less educated, more depressed, more shame prone, had lower self-esteem at pre-
Zlotnick et al., 2011	Individual	4; 60-min each, plus 1 “booster” within 2 weeks of delivery	Interpersonal psychotherapy designed to (1) increase knowledge about IPV and its impact; (2) increase knowledge about motherhood, postpartum depression, and pregnancy; (3) enhance stress management skills; and (4) increase social support networks.	Depression; PTSD	



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