

DISCOURSE ANALYSIS ON EFFICACY OF THERAPEUTIC APPROACHES FOR VICTIMS OF DOMESTIC VIOLENCE ASSOCIATED WITH AUSTRALIA'S CALD COMMUNITIES

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Abstract- There is a research gap that exists in the literature pertaining to the understanding of the efficacy of therapeutic approaches used with domestic violence victims belonging to Australia's culturally and linguistically diverse (CALD) communities. A discourse analysis was carried out on the literature available on the subject of therapeutic approaches and their effectiveness in when dealing CALD communities. Relevant articles were selected and analysed by extracting common themes. The main themes that have emerged are that the cultural adaptations of Cognitive Behaviour Therapy (CBT) have been found to be effective with some groups from the CALD communities, but they are not universally successful; culture has an influence on the meanings and the approach the victims of domestic violence choose with regards to therapy; support from the respective communities can enhance uptake and efficacy of therapeutic techniques; the current mental health services in this area are inadequate in terms of representation from CALD communities; there is a need for multicultural competency training of therapists to make therapy more effective. Overall, it would be safe to say that the efficacy of any therapeutic technique used with domestic violence victims from the CALD communities cannot be studied or altered in isolation. The findings from this discourse analysis indicate that the various stakeholders in this space including the therapists, training providers, community organisations, relevant local, state and federal government bodies and academia need to work together towards developing a better understanding and eventually improving the efficacy of therapeutic technique used with domestic violence victims from the CALD communities.

Keywords- CALD Communities, Domestic violence, Cognitive behaviour therapy

I. INTRODUCTION

Domestic violence in the immigrant, refugee and CALD communities in Australia is a cause for concern. Over the world, most research on domestic violence in these communities has so far focused on Latina/Hispanic and Asians. Limited research has focussed on communities such as African, Arab, Caribbean and Europeans. Other methodological limitations with regards to research on domestic violence in these communities includes the exclusion of certain groups due to language limitation on the part of the researcher/interviewer, lack of attention to socio-cultural context, limited comparability due to limitation in sampling criteria, data collection methods and study framework. These factors make it difficult to come to conclusions about the precise nature and extent of domestic violence in CALD communities in Australia.

The complexities normally involved with domestic violence get compounded in case of CALD communities due to diverse cultural values involved, often a lack of English language skills, and the immigration status of the victims. The cultural value of the victims might act as a deterrent in reporting the crimes. Some of the victims are refugees, international students, tourists, or recent immigrant. The immigration status or a lack of understanding of their rights associated with their immigration status also act as a barrier when it comes to reporting domestic violence to authorities. This is consistent with findings that women from CALD backgrounds

are less likely to report domestic violence to police or access mainstream services.

Frontline workers who deal with these domestic violence victims (including psychotherapists) in Australia generally, are faced with the challenge of understanding the different cultural perspectives of such victims from diverse CALD communities. This understanding is important as it allows for better service provision and to be able to reach out more effectively to the victims. Furthermore, more effective service delivery from the from the frontline workers to the victims allows the victims to report abuse to the relevant authorities, seek protection under the Australian law, and seek any additional psychological support and counselling.

In order to find out how effective the therapeutic approaches currently being employed by frontline workers are in dealing with clients from CALD communities in Australia, it is essential to research the efficacy of these approaches when used for these communities. Unfortunately, lack of literature in this regard necessitated the study of the discourse available on the efficacy of the therapeutic approaches used with victims from the CALD communities. Hence, presently available literature on therapeutic approaches and their success with ethnic minority communities was selected to be analysed. An analysis of the selected discourse allowed the researcher not just to study this phenomenon, but also provided a view of the picture beyond the text - into who the target audience was, what were the important

keywords used through the text, and the nature of language used in the discourse. At the end of the discourse analysis, parallels could be drawn with the situation in Australia with respect to the efficacy of therapeutic approaches used for the CALD communities.

II. METHODOLOGY

The aim of the discourse analysis was to study the efficacy of various therapeutic approaches used with domestic violence from Australia's CALD communities.

The primary aim when conducting the analysis was that the selected articles should be able to provide an insight into the kind of research that is available on this subject at present, and if the research provides any guidance about kind of therapy that is the most effective for victims from CALD communities.

The main assumption when conducting this research was that the findings of this discourse analysis would allow the researcher to draw parallels to the situation in Australia with respect to efficacy of therapy and clients belonging to CALD communities.

As the literature available on the topic is limited as of now, these findings and their interpretations with respect to Australia would be an important contribution to the Australia-specific literature on the subject of effective therapeutic approaches for victims from the CALD communities.

For conducting the discourse analysis, the researcher short-listed a range of articles. These articles ranged from studies on the efficacy of Cognitive Behaviour Therapy (CBT) with patients from ethnic minority communities, to developing culturally-sensitive cognitive behaviour therapy, to culture-specific interventions for Intimate Partner Violence (IPV) victims, to multicultural competencies for counselling therapists, to cross-cultural barriers to accessing mental health services.

It should be noted that the shortlisted articles were not restricted to therapies used with domestic violence victims from ethnic minority groups, but included studies on clients from different ethnic minority groups who presented with a variety of different problems such as depression, anxiety disorder, PTSD, Intimate Partner Violence, drug addiction, and/or a combination of any of these. The main target audience of the selected discourses included medical fraternity, academia, and students. The introduction, background, and discussion sections of these articles were selected for the purposes of the analysis. These sections were sifted in order to focus on certain sections - crucial sentences and paragraphs - which talked about therapy and ethnic minority communities. These sections of the

discourse were then compiled in a spreadsheet format. Each of the compiled sections were then coded based on the primary theme/message. The primary themes were identified by studying the common keywords used in the discourse – including terms, and phrases. The themes were later collapsed into fewer categories. A summary of the final set of themes is available in the subsequent section.

III. RESULTS

The discourse analysis which was undertaken identified 5 themes relating to the efficacy of therapeutic approaches that are used with ethnic minority communities. These themes are discussed in the subsections below. The first theme directly relates to the efficacy of a therapeutic approach (i.e. Cognitive Behavioural Therapy or CBT). The other themes are related to the efficacy of therapeutic approaches in general.

Efficacy of Cognitive Behavioural Therapy

The articles selected had diverse views on whether therapeutic approaches such as the CBT are efficacious for clients belonging to ethnic minority communities.

According to Woodcock (2006), the efficacy of CBT in relation to treating patients from visible ethnic minority communities needs to be assessed as it is clear that certain theoretical assumptions and techniques that guide CBT may not be suitable for ethnic minority populations. According to the author, the majority of such efficacy research has not been conducted with clients from ethnic minority communities and hence, possesses limited generalizability. In the article by Warshaw et al. (2013), the authors have reviewed interventions, which focus on trauma treatment, for domestic violence victims. Nine studies were explored and out of these, five studies described modifications of CBT for IPV victims which would make CBT more effective for clients from ethnic minority communities. Another article was of the opinion that traditional therapy approaches may lose their effectiveness if adapted too much to suit the cultural requirements of the clients.

According to Woodcock (2006), the efficacy of CBT was different with different ethnic minority communities with some visible ethnic minority experiencing greater gains from CBT than other visible ethnic groups. These findings support the notion that different cultural groups may have unique reactions to the application of CBT. Hence, the use of CBT as a therapeutic approach for domestic violence victims from CALD communities cannot be rejected on the grounds that it is not effective for all clients belonging to these communities - for some, this approach may bring gains. As an example, Woodcock (2006) says that according to research on several

studies on efficacy of CBT on specific ethnic minority populations, the Hispanic population fared better than other cultural groups when CBT was used as a therapeutic approach. This finding is also consistent with other literature, which “describes Latinos as being more amenable to advice and counsel rather than insight-oriented therapy”. Other ethnic minorities may not benefit so much from the use of CBT as a therapeutic approach; in fact, some may even be harmed by it. For example, according to Woodcock (2006), African-American clients, particularly male clients, may actually be disadvantaged or even harmed by the CBT treatment. It was found that this ethnic minority population actually preferred affective or subjective responses over a closed question format of research.

According to Rathod et al. (2010), in order for CBT to be an effective therapeutic approach for patients from ethnic minority communities, it was essential that culturally-sensitive adaptations be made to CBT. Although individualization of therapy is a generally accepted principle, in reality, therapy is different. For such adaptation of CBT, the patient’s culturally-based health beliefs; his/her views - on psychosis, its origin and management; cultural influences, values and attitudes; and the patient’s perception and response to therapy need to be considered. In one of the interventions that was reviewed by Warshaw et al. (2013), the CBT treatment content was culturally adapted to low income African American and Latina women. Traditional and contemporary African American and Latina references were used throughout the program. Some of the main themes which came out of this particular intervention revolved around portraying ethnic pride, self-worth and risk avoidance. Honouring and preserving one’s culture also featured in the program. These could be important cultural factors which should be factored into future culturally adapted versions of CBT for these groups.

Woodcock (2006) says that if CBT is paired with other kinds of intervention, then this particular therapeutic approach may be beneficial to clients from ethnic minority communities. Basically, if the traditional CBT was paired with other interventions that include intensive outreach and encouragement to support the CBT intervention, minority populations may benefit greatly. Woodcock (2006) talks about customization of CBT for the unique cultural needs of the clients - significant number of studies highlight the fact that the inclusion of affect and emotion may increase the benefits of CBT for all cultural groups.

Cultural Influences on Definitions and Meanings

Warshaw et al. (2013), in their article, talk about the cultural influences on the individual’s definitions and meanings - on how individuals define and experience mental health and mental illness, the types of

stressors they encounter, the decisions they make to seek help and also the symptoms and concerns they present to therapists, along with their coping styles and sources of social support. Due to these unique cultural influences, the way any client from ethnic minority communities views his/her own experience, the decisions they make, and the manner in which they define violence are different when compared to clients who belong to English speaking backgrounds. This view is seconded by Leong (2011) who says that culture influences people’s conceptions of the nature, causes and cures of mental illness. According to Warshaw et al. (2013), culture and community that the patient belongs to have a unique impact on what they present to the therapist in terms of their perceptions, and views. Sometimes, it becomes a challenge for primary care physicians to address problems such as stigma, underutilization of therapy and premature termination (Leong, 2011).

The culture and community also impact the client’s responsiveness to interventions as well as their access to services. These also determine the client’s perspectives, especially in relation to their decision to stay on with or leave their abusive partner. According to Chapman et. al. (n.d.), culture influences the perception of people as well - it defines their perception of social self, their expectation of socially appropriate behaviour as well as the perceived social threats. Hence, while dealing with domestic violence victims belonging to CALD communities, therapists and counsellors need to use therapy keeping in mind these influences of culture on the meanings and definitions for the client. Woodcock (2006) says that even though the individualization of therapy is a generally accepted principle, in practice the therapists who deal with patients from ethnic minority communities require an understanding of patient-related factors that are culture bound and may influence the way the patient perceives or responds to therapy.

Community Support

There is evidence to show that ethnic minority communities underutilize mental health services. According to Leong (2011), people from ethnic and racial minority communities face numerous multicultural barriers when it comes to seeking therapeutic help. For example acculturation - the process by which members of a minority community (immigrants or ethnic minorities) change their behaviour and attitude to resemble those of the host or the majority group - is a major factor influencing barriers to seeking help. According to Leong (2011), individuals with lower levels of acculturation may perceive more barriers in seeking help.

The theme of community support showed up in relation to trauma-focused interventions designed specifically for ethnic minority communities.

According to Warshaw et al. (2013), victims of domestic violence belonging to ethnic minority communities should be encouraged to access specific sources of support through their communities. If we draw parallels to the Australian CALD community, similar interventions or initiatives could be designed for domestic violence victims. Such interventions would encourage facilitate the victims' drawing support from relevant groups in their respective communities.

Inadequacies of Current Mental Health Services for Ethnic Minority Groups

One of the main inadequacies of mental health services as pointed out by Patterson (1996) has been the lack of bilingual counsellors or a lack of counsellors who are members of the minority community. Patterson has also listed the counsellor's prejudice and discrimination against ethnic minority communities as one of the inadequacies of mental health services available to clients from these communities. According to Wang & Kim (2010), health delivery which matches both ethnically and linguistically is rare, especially across geographical locations. In the US, according to the American Psychological Association Center for Workforce Studies, 2009, a study quoted by Wang & Kim (2010), 87.5% of psychologists are European Americans - only 3.6% are Hispanic, 2.7% are Black, 1.7% are Asian/Pacific Islander and less than 1.0% are Native American. These statistics are indicative of how rare would be for a person belonging to ethnic minority communities to actually find a therapist belonging to his/her own community. Likewise, even in Australia, these would be some of the inadequacies of mental health services available for patients from CALD communities.

Multicultural Competency During Counselling Training

One of the main themes that appeared frequently was the lacuna that existed in counselling training in relation to developing multicultural competencies. According to Patterson (1996), many therapists are unable to provide culturally responsive forms of treatment to ethnic minority patients, mainly due to unfamiliarity with the client's cultural background and also because they have received training that has been developed primarily for the mainstream population. According to Wang & Kim (2010), the findings of their research promote the teaching of multicultural competent skills in introductory counselling training. This would include teaching how to build working alliances and empathy quickly. It would also include teaching counselling students that within each ethnic group, each client brings his/her own unique and multidimensional cultural identity. As per Wang & Kim (2010), multicultural counselling competencies could represent three characteristics - being aware of assumptions, values

and biases; understanding the worldview of the culturally different client; and developing appropriate intervention strategies and techniques. Building of multicultural competencies during counselling training can go a long way in helping therapists to provide culturally responsive forms of treatment to their patients from CALD communities.

DISCUSSION AND CONCLUSION

The analysis of the relevant discourse has provided insights about some direct and indirect trends in domestic violence research associated with the CALD communities. The direct insights are mostly summarised in the previous section of results. Some of the indirect insights are that there is limited research available in this area; some research has focussed on the efficacy of Cognitive Behaviour Therapy (CBT) when used with domestic victims from the CALD communities but there is little or no research on the efficacy or other kinds of therapeutic techniques (e.g. patient centric therapy or PCT); and most of the research in this space has been done on the minority ethnic communities in North America and there are not many studies from other parts of the world.

The results have indicated that there are diverse set of findings about the efficacy of Cognitive Behaviour Therapy (CBT) when dealing with domestic violent victims from ethnic minority group. The fact that some cultural variations of CBT have translated to better outcomes for some victim groups should be sufficient reasons to invest in more research in this area. In the context of domestic violence victims from Australia's CALD communities, what this means is that more research is required into the efficacy of selected cultural adaptations to CBT on CALD communities in Australia. The findings also point out a need for more research into the efficacy of other kinds of therapeutic techniques (e.g. PCT) which therapists use.

One of the important findings that came through from this analysis was that emphasis needed to be given to generating multicultural competencies in counsellors and therapists in order to bridge the cross-cultural barriers when it came to people from ethnic minority communities accessing mental health services. It was clear that developing of these multicultural competencies needed to be a part of the training process of frontline workers who dealt with ethnic minority communities. This kind of training would ensure that therapists are able to work more successfully with their clients from ethnic minority communities in order to resolve their problems. When parallels are drawn to the conditions in Australia, about therapy and clients from CALD communities, it is easy to see that therapy would benefit the client more if the interventions are

culturally adapted and if the counsellor is trained in multicultural competencies. In Australia, since clients belonging to CALD communities, especially immigrants and refugees presented these frontline workers with uncommon or different culture driven problems, multicultural competency training would ensure that the therapist had an idea about how to approach the problem at hand and build a rapport with the client which is necessary if the problem has to be resolved.

According to Wang & Kim (2010), in order to build a strong therapeutic relationship, it was important to consider the client's cultural values. This would include sensitivity to the client's comfort level or even inexperience with sharing personal problems with a therapist. Another facet to this is that if the therapist discusses sensitive cultural issues such as racism and discrimination, especially earlier on in the relationship, it could potentially lead to a negative appraisal of therapy, which could stump the relationship between the client and the therapist.

Another theme that emerged is that culture has an important role to play in how the victims of domestic violence perceive their situation and choose to handle it. Therefore, the efficacy of any therapeutic technique is reliant on the therapists' understanding of the cultural context. The therapists' understanding of cultural factors can be achieved through the necessary training as mentioned above. However, having said this, it would be practically difficult to factor in a great depth of multicultural training into the training programs for therapists without adding significantly to the cost and time taken for training. There are a few ways of addressing this issue. Two additional themes that have emerged from the discourse analysis is that the support from the community can encourage the uptake of counselling for domestic violence victims from CALD communities and also enhance the efficacy of the therapy; and that there is a possible underrepresentation of therapists from minority communities. Initiatives can be designed which encourage or even incentivise the participation and training of people from ethnic minority communities to work in the field of therapy. This would minimise

the need for training such therapists in multicultural competencies as by virtue of their ethnic background they would most likely come equipped with in-depth cultural understanding about their clients. This would in turn translate to more effective therapies for the victims of domestic violence from the CALD communities.

Overall, it would be safe to say that the efficacy of any therapeutic technique used with domestic violence victims from the CALD communities cannot be studied or altered in isolation. The findings from this discourse analysis indicate that the various stakeholders in this space including the therapists, training providers, community organisations, relevant local, state and federal government bodies and academia need to work together towards developing a better understanding and eventually improving the efficacy of therapeutic technique used with domestic violence victims from the CALD communities.

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