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Original article

Eye movement desensitization and reprocessing (EMDR) therapy in the treatment of victims of domestic violence: A pilot study

Eye movement desensitization and reprocessing *(EMDR)* therapy *dans le traitement des victimes de violences conjugales : étude pilote*

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ABSTRACT

Introduction. – The purpose of this study was to determine the effectiveness of EMDR in reducing PTSD symptoms, anxiety and depression.
Method. – Thirty-six women participated in this study; 12 were treated with EMDR, 12 received eclectic psychotherapy, and 12 were assigned to the control group.
Result. – Women in the EMDR condition showed significantly reduced PTSD and anxiety compared with those in the eclectic psychotherapy condition. The two psychotherapy approaches led to significantly reduced scores (PTSD, depression, anxiety) after treatment compared to the control group. These effects were maintained at the 6-month follow-up. Finally, effect sizes for the IES and STAI scores were greater for the subjects in the EMDR condition.
Conclusion. – This study met our expectations in the sense that our findings confirm the advantages and the potential of EMDR.

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Mots clés :
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RÉSUMÉ

Introduction. – Cette recherche décrit les effets du traitement EMDR sur les victimes de violences conjugales.
Objectif. – Le but de cette étude était de mettre en évidence l'efficacité de l'EMDR dans la réduction des symptômes d'ESPT, d'anxiété et de dépression.
Méthode. – Trente-six femmes ont participé à cette étude, 12 ont été traitées avec l'EMDR, 12 avec une approche de psychothérapie éclectique et 12 ont été assignées au groupe témoin.
Résultat. – Les femmes ayant bénéficiées de la thérapie EMDR ont vu leurs scores aux différentes échelles (ESPT, dépression, anxiété) baisser significativement, comparativement à ceux de la condition psychothérapie éclectique. Les deux approches psychothérapeutiques ont conduit à des scores significativement plus réduits après traitement que ceux obtenus par le groupe témoin. Ces effets se sont maintenus six mois après l'intervention. Enfin, les tailles d'effet pour les scores IES et STAI sont plus élevées pour les sujets traités avec la thérapie EMDR.
Conclusion. – Cette étude a répondu à nos attentes montrant ainsi tout l'intérêt de l'approche EMDR.

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1. Introduction

Domestic or intimate partner violence (IPV) is a major public health problem. IPV, defined as "behavior within an intimate relationship that causes physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviors" (WHO, 2010), is a violation of human rights and a health problem facing women around the world. Although women may be violent with men (Straus, 1999), and IPV occurs in same-sex relationships (Tjaden & Thoennes, 2000), globally the greatest burden of IPV is borne by women at the hands of men (Breiding, Black, & Ryan, 2008; Tjaden & Thoennes, 2000; WHO, 2010). A survey found that 25% of women reported experiencing partner violence during their lifetime (Tjaden & Thoennes, 2000). The term "partner violence" includes violence perpetrated by current or former spouses or partners and includes components of physical violence, sexual violence, the threat of physical or sexual violence, or psychological and emotional abuse. These specific components of partner violence can be considered together or separately. In all cases, this violence is a devastating experience for women and their families. The percentage of women who experience domestic violence in France and in the United States is approximately 30% (Bowman, 2003). Domestic violence takes the form of abuse, which at times may even seem minor, and which is perpetrated by a partner in a context of control and coercion. According to the law, domestic violence constitutes a form of intentional violence, perpetrated by a partner, which is an aggravating circumstance (Hajbi, Weyergans, & Guionnet, 2007).

In this paper, we focus particularly on the psychological consequences of physical violence perpetrated against women by their partners. PTSD is one of the most frequent mental health consequences of IPV, with a mean prevalence of 64% in abused women (Golding, 1999). Cascardi, O'Leary, & Schlee (1999) reviewed a number of studies on abused women and found that the rate of PTSD ranged from 31 to 84%, with modal rates ranging between 45 and 60%. Other studies examining posttraumatic stress disorder in battered women have identified a strong positive correlation between the severity of abuse and the intensity of PTSD symptomatology (Astin, Ogland-Hand, Coleman, & Foy, 1995; Vitanza, Vogel, & Marshall, 1995). Moreover, PTSD symptoms in abused women can last for a long time after the end of the abusive relationship (Woods, 2000). Gabyray-West, Fernandez, Hillard, & Schoof (1990) used a combination of interviews and questionnaires and showed a prevalence of PTSD of 37% among women who had experienced this type of violence. Bargai, Ben-Shakhar, & Shalev (2007) found that this rate can vary between 33 and 83%. Existing evidence indicates a strong and consistent association between psychological distress or depression and domestic violence. For instance, the prevalence of domestic violence among women diagnosed with depression is twice that of the general population (Dienemann et al., 2000). Physical abuse has been identified as one of the most important risk factors for suicide among women. Women reporting domestic violence are two to three times more likely to be depressed than women without a history of domestic violence (Petersen, Gazmararian, & Clark, 2001; Bauer, Rodriguez, & Stable, 2000). Comparative and systematic studies have rarely focused on the treatment of psychological disorders resulting from domestic violence (Johnson & Zlotnick, 2006), even though this issue is of crucial importance for public health. We were challenged by how best to help women who experienced traumatic domestic violence. A psychological trauma treatment approach called Eye Movement Desensitization and Reprocessing (EMDR) was introduced by Shapiro in 1989. We thought that this treatment method might be useful because it is time-efficient, which is significant in the context of domestic violence, since the amount of time available for treatment in health care institutions is often limited. Although controversial from the beginning, the approach has gained wider acceptance and is today recommended in international guidelines for treatments as one of a few evidence-based treatments of choice for trauma victims (APA, 2004; INSERM, 2004). The EMDR psychotherapy approach consists of a structured treatment package (Shapiro, 2001) and integrates techniques from cognitive behavioral, psychodynamic, and body-oriented therapy. EMDR is a complex therapy with many elements (Solomon & Shapiro, 2008). Processes identified in EMDR include mindfulness, somatic awareness, free association, cognitive restructuring, and conditioning. These processes may interact to create the positive effects achieved with EMDR (Gunter & Bodner, 2009; Solomon & Shapiro, 2008). However, the mechanism of change in EMDR that has received the most attention in the scientific literature is eye movements and other bilateral stimulation (i.e., tones and tapping) that are used as a dual-attention task within the procedure. To date, research that has examined the effect of eye movements in EMDR has resulted in mixed and inconsistent findings. It has been demonstrated that a single session of EMDR with eye movements leads to greater reduction in distress compared to EMDR without eye movements (Lee & Drummond, 2008; Wilson, Silver, Covi, & Foster, 1996). However, other researchers have reported that EMDR with or without EMs led to significant positive, but equivalent treatment effects (Pitman et al., 1996; Renfrey & Spates, 1994). One working hypothesis to explain this mechanism concerns the evocation of a rapid-eye-movement-like brain state. Available data support the role of dreaming in the elaboration and processing of daytime experiences. Rapid eye movements seem to cause a relaxation response allowing distressing material to be processed during sleep. This is consistent with Wolpe's reciprocal inhibition theory (Wolpe, 1990; Wolpe & Abrams, 1991), which describes the relaxation response responsible for the reduction in anxiety during systematic desensitization. Shapiro suggested that eye movements inhibit distress in the dream state and that a similar cognitive and emotional process occurs in EMDR therapy. The person processes and integrates information concerning the traumatic event, which is associated in memory with more adaptive positive emotions and cognitions. EMDR appears to enable emotional processing, allowing the individual to move from anger, fear (or shame), to calm and acceptance (or forgiveness) at the end of the therapeutic process. It should be noted that the eye movements used in EMDR have been studied by several researchers (Andrade, Kavanagh, & Baddeley, 1997; Van den Hout, Muris, Salemink, & Kindt, 2001), who have shown their direct effects on emotionality, clarity, cognitive flexibility, and memory associations.

EMDR has been recognized for its effectiveness in the treatment of PTSD in the international literature. Therefore, it may offer an effective and pertinent form of therapy for the treatment of the psychological sequelae of the domestic violence phenomena (Rothbaum, 1997; Rothbaum, Astin, & Marsteller, 2005; Shapiro, 1989). The objective of this paper is to show the healing effects of EMDR in the treatment of women who have experienced domestic violence, particularly regarding the reduction in PTSD, anxiety, and depressive symptoms. The effectiveness was tested by comparing a group of female victims of domestic violence who received EMDR therapy versus eclectic therapy for a period of 6 months to a control group.

2. Method

2.1. Participants

Thirty-six women participated in this study. The participants were either contacted by the psychologists' office directly ($n = 14$)

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