

Review articles (systematic or scoping)

Psychotherapy for women experiencing intimate partner violence: A systematic review

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Abstract

Intimate partner violence is a public health issue that negatively affects women's mental health. Due to the complexity of this phenomenon, psychological care for survivors must consider the specific demands they face and bring to therapy. In this context, this systematic review aimed to map the existing literature on psychotherapy for women experiencing IPV (intimate partner violence), following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. We searched the literature in Web of Science, PsycINFO, PubMed, LILACS, and SciELO, focusing on articles published over the past five years. We retrieved 133 articles and selected 17 based on inclusion and exclusion criteria. The findings revealed a range of available interventions. Most studies focused on pre- and post-test comparisons; however, few explored the psychotherapy process or the meaningful elements in fostering change. This review contributes to scientific and social awareness regarding the need for psychological support for women experiencing intimate partner violence.

Keywords: psychotherapy, intimate partner violence, systematic review, psychological intervention

PSICOTERAPIA COM MULHERES EM SITUAÇÃO DE VIOLENCIA POR PARCEIRO INTIMO: UMA REVISÃO SISTEMÁTICA

Resumo

A violência por parceiro íntimo é um problema de saúde pública e impacta a saúde mental de mulheres. Devido à complexidade do fenômeno, o atendimento psicológico das vítimas deve considerar as especificidades das demandas apresentadas e experienciadas por elas. Nesse sentido, essa revisão sistemática da literatura teve como objetivo mapear os estudos sobre psicoterapia com mulheres em situação de violência por parceiro íntimo, seguindo o modelo PRISMA. A busca de dados contemplou as bases Web of Science, Psycinfo, Pubmed, Lilacs e Scielo, incluindo artigos dos últimos cinco anos. Foram recuperados 133 artigos e, a partir dos critérios de inclusão e exclusão selecionou-se 17 artigos para análise. Como resultados, encontrou-se uma diversidade de intervenções disponíveis. A maioria dos estudos apresenta foco na comparação pré e pós-teste, mas poucos abordam o processo de psicoterapia e quais os aspectos foram significativos para promover mudanças. Esse estudo contribui com a conscientização social e científica sobre a necessidade de acompanhamento psicológico a mulheres em situação de violência por parceiro íntimo.

Palavras-chave: psicoterapia, violência por parceiro íntimo, revisão sistemática, intervenção psicológica

PSICOTERAPIA CON MUJERES QUE SUFREN VIOLENCIA DE PAREJA INTIMA: UNA REVISIÓN SISTEMÁTICA

Resumen

La violencia de pareja íntima es un problema de salud pública e impacta la salud mental de las mujeres. Debido a la complejidad del fenómeno, la atención psicológica a las víctimas debe considerar las especificidades de las demandas presentadas y vividas por ellas. En este sentido, esta revisión sistemática de la literatura tuvo como objetivo mapear estudios sobre psicoterapia con mujeres que experimentan violencia de pareja íntima, siguiendo el modelo PRISMA. La búsqueda de datos incluyó las bases de datos Web of Science, Psycinfo, Pubmed, Lilacs y Scielo, incluyendo artículos de los últimos cinco años. Se recuperaron 133 artículos y, según los criterios de inclusión y exclusión, se seleccionaron 17 artículos para el análisis. Como resultado, se encontró una diversidad de intervenciones disponibles. La mayoría de los estudios se centran en la comparación previa y posterior a la prueba, pero pocos abordan el proceso de psicoterapia y qué aspectos fueron significativos para promover cambios. Este estudio contribuye a la conciencia social y científica sobre la necesidad de apoyo psicológico a las mujeres en situación de violencia de pareja íntima.

Palabras-clave: psicoterapia, la violencia de pareja, revisión sistemática, intervención psicológica

Intimate partner violence (IPV) is recognized as a major global public health issue, manifesting in different forms, such as psychological, physical, moral, economic, and sexual violence (Brazil, 2006). According to the World Health Organization (WHO), approximately 35% of women worldwide have experienced at least one form of intimate partner violence during their lifetime (World Health Organization, 2010). Furthermore, a cross-sectional study using a dataset of 454,984 reports of violence against women recorded between 2011 and 2017 in Brazil's Notifiable Health Conditions Information System (SINAN) showed that 62.4% of these reports involved IPV (Brazil, 2016).

IPV causes several physical and emotional health consequences for those who experience it, including a greater likelihood of developing depressive, anxious, and posttraumatic stress symptoms, as well as an increased risk of psychoactive substance use (Wong & Mellor, 2014). Between 2000 and 2003, a WHO-led study conducted in ten countries involved over 24,000 women aged 15 to 49. The findings revealed significant associations between lifetime experiences of IPV and reports of emotional distress, suicidal thoughts, and suicide attempts (Ellsberg et al., 2008).

Considering the various health implications for women experiencing IPV and the complexity of this phenomenon, access to specialized psychological care becomes essential. In recent years, Brazil's Federal Council of Psychology has developed documents to guide and strengthen the delivery of qualified psychological support for women exposed to IPV. In 2013, for example, a technical guideline was published to support psychologists working in primary care settings. Later, in 2018, a memorandum of understanding was developed in partnership with the National Council of Justice to promote integrated, multidisciplinary care for women and their dependents experiencing violence, focusing on legal contexts (CFP, 2013; CFP, 2018).

It is understood that psychological care for women experiencing intimate partner violence must consider the specific demands they face and bring them into therapy. In this regard, the Federal Council of Psychology emphasizes that care for this population should be grounded in qualified listening and a compassionate approach, promoting autonomy, reducing guilt, and strengthening women's social support networks (Conselho Federal de Psicologia, 2013). To achieve this, psychologists must be familiar with the theoretical and technical frameworks that guide psychological care, ensuring ethical, high-quality, and evidence-based practice (Conselho Federal de Psicologia, 2013).

Given these considerations, there remains a need for further research to understand and explore how the psychotherapy process is structured for women in this context (Condino et al., 2016). Therefore, this review aimed to map the existing literature on psychotherapy for women experiencing intimate partner violence.

Method

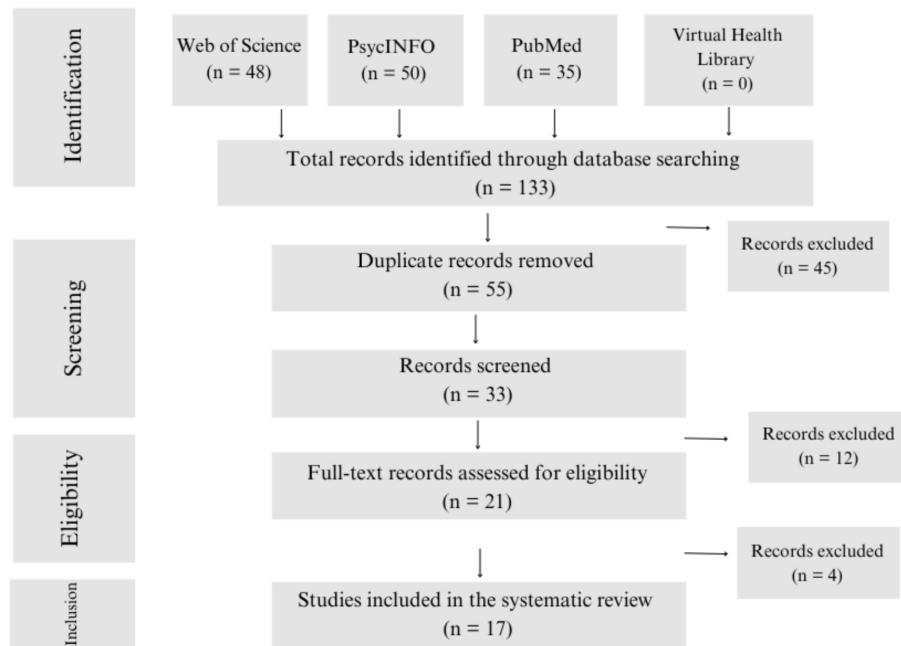
This integrative literature review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Moher, Liberati, Tetzlaff, Altman, & The PRISMA Group, 2009). In May 2023, two independent reviewers searched the literature through the following databases: Web of Science, American Psychological Association Database (PsycINFO), PubMed, LILACS, and SciELO. The search strategy used the following descriptors: (psychotherapy OR therapy OR “psychological counseling”) AND (“intimate partner violence” OR “gender violence” OR “violence against wom*”) NOT couple). Searches were conducted in English.

The article selection process followed predefined inclusion and exclusion criteria. Eligible studies were empirical articles addressing psychotherapy for women experiencing IPV, written in English, Portuguese, or Spanish, and published from 2018 to 2023. Exclusion criteria included book chapters, master's theses or doctoral dissertations, studies unrelated to the research topic—such as psychotherapy for male perpetrators, couples, or family members—and empirical articles focusing on sexually transmitted infections or duplicates found across databases.

Figure 1 shows a flowchart describing the article search and selection process. The initial search retrieved 133 articles: 48 from Web of Science, 50 from PsycINFO, 35 from PubMed, and none from the Regional Portal of the Virtual Health Library or LILACS. Based on the title screening, 55 duplicates and 45 other articles were excluded based on the exclusion criteria, including: treatment focused on men (n = 5), couples or families (n = 6), review articles (n = 3), correlational studies (n = 5), studies addressing diagnosis or medication for sexually transmitted infections (n = 9), research proposals (n = 1), and prevalence studies on violence (n = 15). Next, the abstracts of 33 articles were reviewed, and 12 were excluded for being review articles (n = 2), focused on men (n = 3), book chapters (n = 2), research proposals (n = 1), focused on the psychologist's perspective (n = 1), or graduate theses/dissertations (n = 3). After this step, 21 full-text articles were read, and four were excluded: two for being theoretical papers, one for being a correlational study, and one for addressing a different type of treatment. As a result, 17 articles met all inclusion criteria and were included in this review. The complete search and selection process is illustrated in Figure 1.

Figure 1

Flowchart



Results

The included studies were characterized through a descriptive analysis that identified the year and country of publication, the study objectives, the methodology used, and the participants involved. This information is presented in Table 1.

Table 1*Characteristics of the studies included in the systematic review.*

n	Authors	Year	Country of study	Study objective	Methodology	Results
1	Lakshmin, Slootsky, Polatin, & Griffith	2018	USA	To apply “testimonial therapy” with three immigrant women IPV survivors.	Case studies	All three women found meaning in highlighting a spiritual power, which deepened their faith. They also remained clinically stable after the process.
2	Skop, Darewych, Root & Mason	2022	Canada	To explore the experiences of women IPV survivors through group art therapy.	Qualitative study	Participants reported forming connections in a safe space with therapists. Through artwork, they were able to express personal perspectives, dreams, memories, emotions, beliefs, and past traumatic experiences.
3	Galovski, Werner, Weaver, Morris, Dondanville, Nanney, Wamser-Nanney, McGlinchey, Fortier, & Iverson	2022	USA	To compare individually delivered Cognitive Processing Therapy over five days (mCPT) with standard weekly Cognitive Processing Therapy (sCPT) for women IPV survivors.	Multiple case series	No treatment group effect was found for PTSD severity between mCPT and sCPT under intent-to-treat analysis. Both treatments were associated with improvements in PTSD. The results suggest that mCPT may be effective in reducing psychological symptoms in women IPV survivors.
4	Newlands, & Benuto	2021	USA	To provide an overview and evaluation of the treatment of a woman with intellectual disability who is a victim of IPV, using the Dialectical Behavior Therapy (DBT) approach.	Case study	This study suggests that a modified DBT treatment can be successfully implemented with this population. Handouts and homework assignments should be adapted to enhance comprehension and retention; self-esteem and validation issues should be addressed in every session; and providing extra time to review skills is beneficial.
5	Andersson, Olsson, Ringsgard, Sandgren, Viklund, Andersson, Hesselman, Johansson, Nordgren, & Bohman	2021	Sweden	To explore the feasibility of Internet-delivered cognitive behavioral therapy (ICBT) for women IPV survivors and examine its effects compared to a waitlist control condition.	Randomized clinical trial	Participants were satisfied with the treatment. Preliminary evaluation of treatment effects showed large and statistically significant between-group effects on PTSD and depression measures at post-assessment, favoring the treatment condition.

Table 1*Characteristics of the studies included in the systematic review.*

n	Authors	Year	Country of study	Study objective	Methodology	Results
6	Naismith, Ripoll, & Pardo	2021	Colombia	To test the feasibility and acceptability of an intervention based on Compassion-Focused Therapy (CFT).	Quasi-experimental study with pre- and post-test and follow-up	The results indicate that compassion-based interventions may benefit this population, as the intervention had very high acceptability and led to reductions in stress, anxiety, and depression symptoms.
7	Jackson, Mantler, Jackson, Walsh, Baer, & Parkinson	2020	England	To explore participants' perceptions of their involvement in a Trauma- and Violence-Informed Cognitive Behavioral Therapy (TVICBT) intervention for pregnant women who have experienced IPV and present with mental health problems.	Multiple case study	Women reported that the intervention during the perinatal period helped reduce anxiety and provided insight into understanding their health challenges and identifying triggers. They also reported that TVICBT offered a space to talk about their experiences and struggles without judgment, contributing to positive parenting.
8	Allard, Norman, Thorp, Browne, & Stein	2018	USA	To investigate the extent to which reductions in trauma-related maladaptive guilt contribute to improvements in PTSD.	Quasi-experimental study with pre- and post-test and follow-up	Clinically significant improvements were observed in PTSD and maladaptive guilt reduction, with large effect sizes at post-treatment. Improvements were maintained at follow-up. Reductions in guilt at pre- and mid-treatment predicted post-treatment PTSD outcomes.
9	Daneshvar, Shafiei, & Basharpour	2022	Iran	To evaluate changes in suicidal ideation and cognitive distortions before and after Compassion-Focused Therapy (CFT), and to compare psychological improvement between the experimental and control groups.	Randomized clinical trial	Women in the experimental group showed greater reductions in post-test scores for suicidal ideation and its subscales—including passive suicidal ideation, suicide planning, and active suicidal ideation—than controls. They also showed greater reductions in cognitive distortions.

Table 1*Characteristics of the studies included in the systematic review.*

n	Authors	Year	Country of study	Study objective	Methodology	Results
10	Orang, Ayoughi, Moran, Ghaffari, Mostafavi, Rasoulian, & Elbert	2018	Germany	To investigate the feasibility and effectiveness of Narrative Exposure Therapy (NET) compared to counseling.	Randomized clinical trial	Participants in the NET group showed significantly greater reductions in PTSD, depression, and perceived stress symptoms than the control group at both follow-ups. However, improvements in daily functioning and reductions in IPV experiences and symptoms were not significantly different between the treatment groups at follow-up.
11	Johnson, Palmieri, Zlotnick, Johnson, Hoffman, Holmes, & Ceroni	2020	USA	To compare HOPE (Helping to Overcome PTSD through Empowerment) with an adapted version of present-centered therapy (PCT+) among residents of domestic violence shelters with PTSD from IPV.	Randomized clinical trial	Both HOPE and PCT+ were associated with significant and large reductions in IPV-related PTSD symptoms, as well as improvements in depression, empowerment, posttraumatic cognitions, and health-related quality of life.
12	Miguel & Pino-Juste	2021	Spain	To assess the effectiveness of a program based on drama therapy, Theatre of the Oppressed, and psychodrama in reducing psychological distress and sexist stereotypes.	Quasi-experimental study with pre- and post-test	Reductions in average levels of depression and stress symptoms, as well as in ambivalent sexism stereotypes.
13	Daneshvar, Shafiei, & Basharpoor	2022	Iran	To investigate the effects of Compassion-Focused Therapy (CFT) on experiential avoidance, meaning in life, and sense of coherence in women IPV survivors with posttraumatic stress disorder (PTSD).	Randomized clinical trial	Participants in the experimental group reported greater reductions in experiential avoidance and increases in meaning in life at post-test. However, no change was observed in sense of coherence levels because of CFT.

Table 1*Characteristics of the studies included in the systematic review.*

n	Authors	Year	Country of study	Study objective	Methodology	Results
14	Garcia & Ferras	2022	Spain	To analyze the effectiveness of text message-based therapies combined with in-person group therapy among women victims of gender-based violence.	Case study	Results show that mobile text-based therapy combined with face-to-face group therapy significantly improved women's health.
15	Vaca-Ferrer, Ferro-Garcia, & Valero-Aguayo	2020	Spain	To evaluate the effectiveness of an intervention program for women victims of gender-based violence.	Quasi-experimental study with pre- and post-test	Statistically significant reductions in distress severity and suicide risk indicators, improvement in problematic behavior inside and outside sessions, and greater openness to others.
16	Gross, Zamora, Ruoso, Ligório, Rodrigues, Freitas, & Habigzang	2023	Brazil	To assess the impact of a cognitive-behavioral psychotherapy protocol for women with a history of IPV.	Quasi-experimental study with pre- and post-test	Increased life satisfaction and reduced anxiety, depression, and trauma-related symptoms.
17	Nikparvar, Sasanian, Spencer & Stith	2023	USA	To examine the effectiveness of Acceptance and Commitment Therapy (ACT) and Schema Therapy on depression, stress, psychological well-being, and resilience among women IPV survivors in Iran.	Randomized clinical trial	In the ACT and Schema Therapy groups, stress decreased and psychological well-being increased. There were no significant changes in depression or resilience.

Considering the last five years, most studies were published in 2021 (n = 4) and 2022 (n = 5). Although studies were conducted in various countries, the United States stood out, and English was the predominant language. Notably, studies were also identified in low-income countries, such as Brazil (Gross et al., 2023) and Colombia (Naismith et al., 2021). Regarding the conceptualization of intimate partner violence, no consensus was found: 10 articles presented differing definitions, and 7 provided no definition at all. In terms of study design, the predominant study design was randomized clinical trials (n = 7), followed by single-case or multiple-case studies (n = 5), quasi-experimental studies (n = 5), quasi-experimental studies with pre- and post-test design (n = 5), and one qualitative study.

Despite the methodological variation, the studies consistently reported a reduction in symptoms assessed after participation in the interventions, as well as high satisfaction with the intervention proposals.

In addition to the description of the studies, and based on their stated objectives, Table 2 was created to present the characteristics of the interventions investigated in the 17 empirical studies. A variety of intervention approaches was observed in terms of both their specific goals and the theoretical frameworks guiding psychological care for women experiencing intimate partner violence. Notably, most interventions were grounded in second- and third-wave cognitive-behavioral theory. Group-based interventions were more common than individual ones, and the number of sessions ranged from 1 to 16.

Table 2

Characteristics of the interventions.

n	Intervention	Number of sessions	Format	Approach	Topics addressed
1	Testimonial Therapy	1 to 3 sessions	Individual and group	Latin American Catholic belief system	Retelling traumatic experiences to a therapist who documents the narrative
2	Art therapy	12 weeks	Group	Art therapy	Self-discovery, externalization of feelings, creation of art, and representation of sensations through artistic objects
3	Individual Cognitive Processing Therapy (mCPT)	5 days	Individual	Cognitive Processing Therapy	Challenging and changing dysfunctional beliefs, modifying negative emotions and behaviors
	Standard Cognitive Processing Therapy (scPT)	12 weeks	Individual	Cognitive Processing Therapy	Challenging and changing dysfunctional beliefs, and modifying negative emotions and behaviors
4	Dialectical Behavior Therapy (DBT)	12 weeks	Individual	Dialectical Behavior Therapy	Emotion regulation skills, communication techniques, stress tolerance, problem-solving, and mindfulness
5	Internet-delivered Cognitive Behavioral Therapy (iCBT)	8 weeks	Individual	Cognitive-behavioral	Psychoeducation, identification and modification of beliefs, exposure, and behavioral activation
6	Compassion-Focused Therapy (CFT)-based intervention	5 sessions	Group	Compassion-Focused Therapy	Psychoeducation, self-criticism, assertive communication, and self-compassion
7	Trauma- and Violence-Informed Cognitive Behavioral Therapy (TVICBT)	Not specified	Not specified	Cognitive-behavioral	Problem-solving, identifying and changing maladaptive response patterns
8	Cognitive Trauma Therapy (CTT)	12 sessions	Individual	Cognitive therapy	Psychoeducation, relaxation, exposure, assertiveness training, coping strategies, and homework
9	Compassion-Focused Therapy (CFT)	8 sessions	Group	Compassion-Focused Therapy	Psychoeducation, self-compassion, values, self-criticism, and acceptance

Table 2*Characteristics of the interventions.*

n	Intervention	Number of sessions	Format	Approach	Topics addressed
10	Narrative Exposure Therapy (NET)	10 to 12 sessions	Group	Cognitive-behavioral, testimonial therapy, and prolonged exposure therapy	Narrative telling, encouragement, human rights, psychoeducation, timeline, and exposure
11	HOPE (Helping to Overcome PTSD through Empowerment)	16 sessions	Group	Cognitive-behavioral and multicultural feminist theory	HOPE: empowerment, self-care, cognitive restructuring, sleep hygiene, relaxation, assertiveness training, safety planning, and anger management
	Present-Centered Therapy (PCT+)	16 sessions	Group	Present-Centered Therapy	Problem-solving, safety planning. Does not include trauma exposure; focuses on the present
12	Psychodrama-based intervention	20 sessions	Group	Psychodrama	Social skills, body language exercises, voice and breathing exercises
13	Compassion-Focused Therapy (CFT)	8 sessions	Group	Compassion-Focused Therapy	Training in empathy and sympathy, self-compassion, acceptance, tolerance, responsibility and self-esteem, training and forgiveness
14	Text message-based therapies combined with in-person therapy	2 sessions	Individual and group	Not reported	Self-esteem, relaxation, communication skills, reflection, resilience, overcoming shyness, and emotion regulation
15	Intervention based on Functional Analytic Psychotherapy, Acceptance and Commitment Therapy (ACT), and Behavioral Activation (BA)	11 sessions	Group	Principles of Functional Analytic Psychotherapy, ACT, and BA	Violent context, relationships, values, self-esteem, negative thoughts and feelings, anxiety-related issues, and decision-making
16	Cognitive Behavioral Psychotherapy	16 sessions	Group	Cognitive-behavioral	Psychoeducation on violence and cognitive restructuring, exposure, problem-solving, protective strategies, and future planning
17	Acceptance and Commitment Therapy (ACT)	8 weeks	Group	Acceptance and Commitment Therapy (ACT)	Psychological flexibility, meditation, and mindfulness
	Schema Therapy	8 weeks	Group	Schema Therapy	Meditation, coping styles, guided imagery dialogue, and schema identification

Discussion

The topic of intimate partner violence requires constant attention and ongoing updates (Miranda & Preuss, 2020; Oliveira & Silva, 2021; Zanchetta et al., 2020). Recent studies have increasingly focused on the intersection of IPV, psychotherapy, and interventions implemented

within healthcare and support services (Garcia & Silva, 2018; Mascarenhas et al., 2020; Santos & Monteiro, 2018).

IPV is recognized as a public health issue (World Health Organization [WHO], 2019); therefore, professionals must have access to effective prevention and treatment strategies to support women experiencing it. *Psychotherapy*, as a psychological intervention, is defined by the APA (2021) as a process in which the therapist helps the patient achieve emotional relief, solve specific problems, or modify their way of thinking, feeling, and behaving.

Given the complexity of IPV, it is recommended that psychotherapy be grounded in evidence-based practices, thereby ensuring the application of techniques and procedures scientifically validated for assessment and intervention (Berg, 2019; CFP, 2013). However, an analysis of the studies included in this review shows that, although all of them describe the topics addressed in the interventions, only a few (Andersson et al., 2021; Daneshvar, Shafiei, & Basharpoor, 2022a; Daneshvar, Shafiei, & Basharpoor, 2022b; Naismith, Ripoli, & Pardo, 2021; Newlands & Benuto, 2021; Nikparvar et al., 2023) provide step-by-step descriptions. This lack of detail may hinder professionals' ability to implement scientifically grounded practices, as they may have access to the themes and techniques used but not to the structure of the interventions—thus distancing practice from an evidence-based framework.

Among the psychotherapeutic approaches identified, Cognitive Behavioral Therapy (CBT) and Cognitive Processing Therapy (CPT) stood out as the theoretical foundations for most of the interventions described in the studies (Allard et al., 2018; Andersson et al., 2021; Curia et al., 2023; Galovski et al., 2022; Jackson et al., 2020; Johnson et al., 2020; Orang et al., 2018). One possible explanation for their frequent use is the theoretical emphasis on changing trauma-related cognitions and reducing associated symptoms (Habigzang, Petersen, & Maciel, 2019). Third-wave CBT approaches were also prominent in this review (Daneshvar, Shafiei, & Basharpoor, 2022a; Daneshvar, Shafiei, & Basharpoor, 2022b; Naismith, Ripoli, & Pardo, 2021; Nikparvar et al., 2023; Newlands & Benuto, 2021; Vaca-Ferrer, Ferro-Garcia, & Valero-Aguayo, 2020), including Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT), and Compassion-Focused Therapy (CFT). These approaches may have gained visibility due to their growing application across diverse populations and their emphasis on behavioral function—whether adaptive or maladaptive—in specific contexts. They also share a transdiagnostic perspective that targets core change processes such as emotion regulation, acceptance, and training in present-moment awareness (Hayes, Strosahl, & Wilson, 2021).

This perspective also includes the work of Kelly and Garland (2016), who sought to reduce posttraumatic stress symptoms in women with a history of violence through a mindfulness-based intervention. Although the intervention did not aim to access traumatic memories directly, the authors emphasized the benefits gained through the integration of meditation practices with psychoeducation on trauma and violence, as well as self-regulation skills.

A case study also implemented a mindfulness-based intervention involving present-moment awareness meditations, acceptance of thoughts and emotions, and the regulation of

intense affect. The results indicated reductions in the patient's levels of anxiety and depressive symptoms (Dantas, 2020). Both studies highlight the importance of incorporating psychoeducation on violence into intervention programs, along with mindfulness exercises, acceptance, and a nonjudgmental attitude toward one's experiences (Dantas, 2020; Kelly & Garland, 2016).

Two studies stand out for incorporating religion and art—specifically, testimonial therapy and art therapy (Lakshmin et al., 2018; Skop et al., 2022)—which differ from the more commonly recognized interventions in the IPV context. In the case of testimonial therapy, this raises concerns about integrating psychotherapy and religion, particularly since religion is linked to personal beliefs and, in many cases, supports the preservation of traditional family structures, which may contribute to perpetuating the cycle of violence (Análio, 2021). Notably, Article 2 of Principle V of the Code of Ethics for Psychologists in Brazil stipulates that professionals must not induce religious beliefs, among others, in the course of their work, which warrants special attention (Conselho Federal de Psicologia, 2005).

The other study addressed group art therapy as a therapeutic resource facilitated by a team composed of social workers, community counselors, and a registered art therapist. This approach has been recognized as a complementary and alternative medicine (CAM) practice within Brazil's Unified Health System (SUS) and, therefore, requires further research—such as the study analyzed here—to evaluate its effectiveness across different populations (Paganotto, 2018).

Additionally, group-based interventions were more prevalent in the studies, although individual sessions were also considered. While the included articles primarily focused on intervention outcomes rather than the therapeutic process itself, the potential role of group process variables and technical elements in fostering therapeutic change should be acknowledged. Characteristics inherent to group therapy—such as universality—can contribute to a sense of belonging and emotional relief, given that participants often share common experiences of violence. The concept of *group homogeneity* is also relevant as it relates to group cohesion, interpersonal learning, observational processes, shared dialogue, collective listening, and the opportunity to feel a sense of inclusion (D'Affonseca & Williams, 2017; Matos et al., 2012).

Regarding outcomes, all studies included in this review reported improvements in the variables they assessed. Some studies presented specific measurable outcomes, such as perceived reductions in PTSD symptoms (Allard et al., 2018; Andersson et al., 2021; Curia et al., 2023; Galovski et al., 2022; Johnson et al., 2020; Naismith, Ripoll & Pardo, 2021; Orang et al., 2018), depression (Andersson et al., 2021; Curia et al., 2023; Johnson et al., 2020; Miguel & Pino-Juste, 2021; Naismith, Ripoll, & Pardo, 2021; Orang et al., 2018), anxiety (Curia et al., 2023; Jackson et al., 2020; Naismith, Ripoll, & Pardo, 2021), suicidal ideation (Daneshvar, Shafiei, & Basharpoor, 2023a; Vaca-Ferrer, Ferro-Garcia, & Valero-Aguayo, 2020), and stress (Miguel & Pino-Juste, 2021; Nikparvar et al., 2023; Orang et al., 2018), as well as increased life satisfaction (Curia et al., 2023; Daneshvar, Shafiei, & Basharpoor, 2022b). Other studies emphasized group-related

factors, such as program feasibility and participant satisfaction (Garcia & Ferras, 2022; Newlands & Benuto, 2021).

This study offers important contributions to the field of psychotherapy for women experiencing intimate partner violence while also acknowledging some limitations. The search was limited to five databases, and theses, dissertations, and book chapters were excluded. Only one Brazilian intervention study was identified (Curia et al., 2023), underscoring the scarcity of national research on this topic. This finding highlights both a social and scientific gap, given the alarming rates of violence against women in Brazil (Brasil, 2016) contrasted with the limited number of scientific studies focused on psychological interventions for women experiencing IPV. Finally, no studies were identified that explored the psychotherapy process itself—that is, how the expected changes occur throughout treatment with this population.

Final Considerations

In light of this study's objective to map the literature on psychotherapy for women experiencing intimate partner violence, the findings reveal a wide range of available interventions aimed not only at offering support but also at reducing symptoms associated with this experience. On the one hand, this diversity of treatment options may be beneficial for reaching populations that differ in terms of educational background, contextual factors, access to healthcare services, and intervention preferences. On the other hand, it raises the critical issue that, although most studies report pre- and post-test outcomes, few explore the psychotherapy process itself or identify the elements most relevant to therapeutic change.

We stress that professionals must be adequately trained to meet this population's needs, provide qualified therapeutic support, and offer appropriate treatment for women experiencing IPV. Therefore, we deemed it essential that studies on this topic—as sources of knowledge—provide access not only to outcomes but also to the underlying processes that led to them.

Considering the high prevalence of IPV among women in Brazil, developing national studies is crucial to support evidence-based interventions in this context. We also emphasize the need for future research to go beyond outcome descriptions and include detailed step-by-step accounts of the interventions, ensuring their application is accessible to clinicians, researchers, and other professionals working with this population.

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