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Cognitive Behavioural Group Therapy to reduce depression in survivors of domestic violence

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Abstract
Domestic violence is a national issue that shows an increasing trend in cases from year to year. This study aims to empirically test the effectiveness of Cognitive Behavioural Group Therapy in reducing depression in female survivors of domestic violence. This study used a quasi-experimental design with a pre-test-post-test control group design model. The number of respondents in this study was 16 participants, divided into eight respondents in the experimental group and eight respondents in the control group. The experimental group (n = 8) received Cognitive Behavioural Group Therapy intervention, while the control group (n = 8) was on the intervention waiting list. The level of depression was measured by the Patient Health Questionnaire-9 (PHQ-9) before the intervention, after the intervention, and two weeks after the post-intervention follow-up. The results of the analysis with the independent sample t-test showed a significant difference in the mean depression score between the control and experimental groups in the post-test phase (after being given Cognitive Behavioural Group Therapy), with a p-value of 0.000 (p <0.05). In conclusion, this research proves that Cognitive Behavioural Group Therapy is effective in reducing depression in female survivors of domestic violence. Cognitive Behavioural Group Therapy interventions have an impact on depression levels even after the intervention sessions have ended (as evidenced by the measurement of depression scores in the follow-up sessions).

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INTRODUCTION

Domestic violence (DV) is a national issue that continues to show an increasing trend in cases from year to year. Based on data released by the Online Information System for the Protection of Women and Children of the Ministry of Women's Empowerment and Children of the Republic of Indonesia (SIMFONI-PPA), there was an increase in the number of DV cases from 11,748 cases in 2019 to 18,007 cases at the end of 2023 (Kementerian PPA, 2023). Detailed data can be seen in the following graph:

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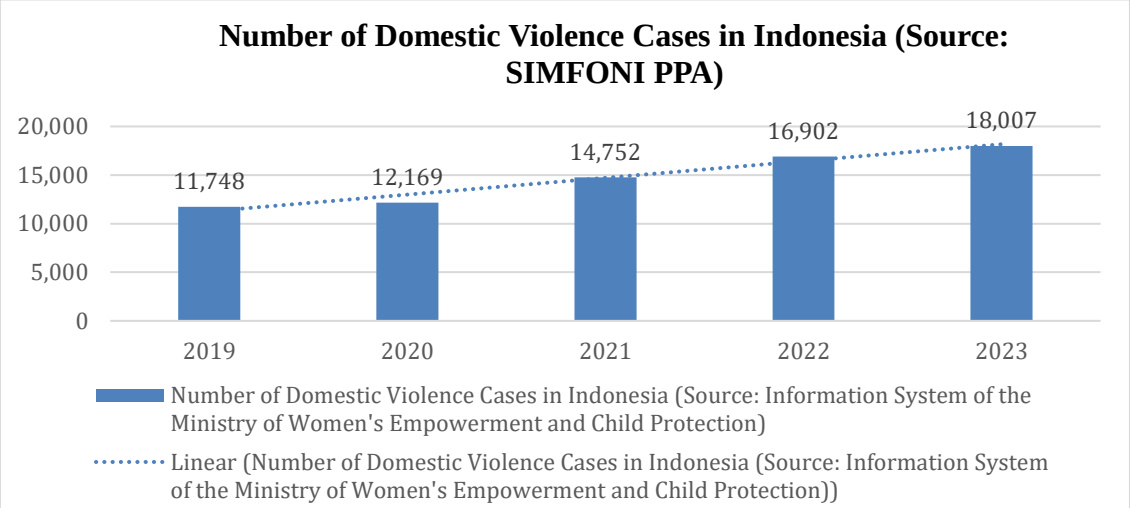

Figure 1. Number of Domestic Violence Cases in Indonesia (Source: SIMFONI PPA)

One of the provinces with the most cases of domestic violence in Indonesia is Central Java, with Semarang City as the region that contributed the largest number of domestic violence cases in 2023 for Central Java (Bidang Data DP3A Kota Semarang, 2023). The bulk of domestic violence instances are committed by males against women, with male offenders accounting for around 89% of all cases (Kementerian PPA, 2023).

Research conducted by Kurniawan and Noviza (2018) regarding interpersonal psychotherapy to reduce symptoms of depression in victims of domestic violence shows that acts of violence can have an impact on the emergence of several psychological problems such as anxiety, sleep problems, the emergence of behavioural issues, tremendous guilt, pessimism about the future, to the emergence of suicidal ideation. In another research, Maisah and Yenti (2016) explain that women who are victims of domestic violence are prone to experiencing various emotional and behavioural problems such as frequent daydreaming, being moody, crying easily, having difficulty on sleeping, having nightmares, losing self-confidence, feeling helpless to act, losing interest in taking care of themselves, irregular lifestyle, decreased concentration, often doing careless things, having low self-esteem and being unsure of their abilities, being quiet, being reluctant to tell stories or chat, frequently locking themselves in their rooms, losing the courage to express opinions and act, always feeling confused and forgetful, often hurting themselves and attempting suicide, behaving excessively and unusually, tending to have difficulty on controlling themselves, being aggressive, becoming a temperamental character and having rough emotions in speaking and acting.

A literature study conducted by Moniy (2023) on domestic violence journals published in the period 2016-2020 shows that the tendency of subjects who become victims of domestic violence is the weaker party in terms of power relations, either physical, psychological, or financial power. Domestic violence victims are predominantly women (in this case, the perpetrator's wife) and children. The forms of domestic violence that occur can be verbal violence, physical violence, psychological violence, sexual violence, and financial violence. One of the most common psychological problems in female victims of domestic violence is depression. Similar results were found in a study conducted by Ferrari, Davies, Bailey, Howard, Howarth, Peters, Sardinha, and Feedes (2019) regarding mental health and domestic violence. The results of Ferrari et

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al.'s research (2019) confirmed that 76 percent of the 260 research respondents who were female victims of domestic violence met the criteria for a diagnosis of depression.

Nurhayati (2019) explained the psychological impact of violence against women in her research that domestic violence against women causes symptoms of severe depression due to the trauma they experience. Similar research is also explained by Tsirigotis and Luczak (2018) that 60 percent of women who experience domestic violence experience severe depression to the point of suicide attempts. Victims of domestic violence generally show inconsistent behaviour because they are confused about how to find a way out of their household problems. On the one hand, victims want to stop being victims of violence by getting a divorce. Still, on the other hand, children and economic issues are a mature consideration, so that victims of violence continue to endure for years. Feelings of depression, fear, and confusion about the future are often complaints of victims. From the above, it can be concluded that the impact of violence on women is very complex, especially psychologically. Some of the symptoms complained of are part of the symptoms of depression, which, if left untreated, will carry significant risks not only for their psychological health but also for the physical health of the victim. If the symptoms of depression experienced by women who are victims of violence are not handled properly, it will cause other problems and can even lead to death or suicide attempts. The World Health Organisation (WHO) has categorised depression as one of the deadliest clinical problems for modern society in the global era (World Federation for Mental Health, 2012).

Based on initial interviews conducted by researchers with the assistance team of the Regional Technical Implementation Unit for the Protection of Women and Children (UPTD PPA) of the Semarang City Women's Empowerment and Child Protection Service on January 17-18, 2023, information was obtained that 95 percent of women experiencing domestic violence experience psychological problems dominated by symptoms of depression such as loss of interest, sleep problems and changes in eating patterns, feelings of helplessness, and suicidal ideation. The majority of victims experience emotional violence for a long time (more than five years), which triggers the emergence of depressive disorders.

Referring to Law Number 23 of 2004 concerning the Elimination of Domestic Violence, victims of domestic violence must be given psychological assistance in the form of counselling to restore mental conditions and improve quality of life (Sekretariat Negara, 2004). In previous research, researchers have tested the effectiveness of interpersonal psychotherapy and group therapy for cases of domestic violence. Interpersonal psychotherapy is effective in reducing symptoms of depression in female victims of domestic violence. However, they do not significantly change the victim's negative perception of the traumatic experiences they have experienced (Kurniawan & Noviza, 2018b). Other research shows that support group therapy can increase resilience in survivors of domestic violence, but support group therapy does not explicitly focus on resolving victims' behavioural problems (Kurniawan & Noviza, 2018a). Support group therapy focuses on the emotional dynamics between group members. In the context of the effectiveness of treatment, psychotherapy can be carried out in groups (given the large number of domestic violence cases that occur) and focuses on changing the victim's cognitive behaviour for the better.

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A meta-analysis study conducted by Feng et al (2012) on the effects of Cognitive Behavioural Group Therapy on depression in the 2000-2010 study period found that Cognitive Behavioural Group Therapy has a moderate impact on reducing depression levels and reducing the chances of relapse in respondents. Six months after being given Cognitive Behavioural Group Therapy, respondents did not show symptoms of relapse. Meta-analysis and literature studies revealed that the use of Cognitive Behavioural Group Therapy is comparable to the impact of using medical drugs in reducing symptoms of depression. Cognitive Behavioural Group Therapy is effective for clients with episodes of major depression and recurrent depression. In clients with atypical depression, the effectiveness of cognitive-behavioural therapy is comparable to that of monoamine oxidase inhibitors (MAOIs). MAOIs are chemical compounds that inhibit the activity of the monoamine oxidase enzyme and have long been used as antidepressants (Bieling et al., 2022).

Cognitive Behavioural Group Therapy is directed to modify the function of thinking, feeling, and acting by emphasising the role of the brain in analysing, deciding, asking, doing, and deciding something. This idea is due to the belief that humans have the potential to absorb rational and irrational thoughts, where irrational thoughts will cause emotional and behavioural disorders. Respondents are expected to be able to change their negative behaviour to positive by changing the status of their thoughts and feelings (Koffel et al., 2015).

Experts define depression as one of the most disabling clinical diagnoses, ranked fourth in the world based on data from the World Health Organization (Hammen & Watkins, 2018). According to Busch et al (2016), depression is a mental disorder characterised by a depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-esteem, disturbed sleep and eating patterns, and difficulty in concentrating.

Similarly, the National Institute of Mental Health (NIMH) (World Federation for Mental Health, 2012) describes depression as a characteristic combination of symptoms that interfere with a person's ability to work, sleep, study, eat, and enjoy pleasurable activities. Some people may experience only one episode in their lives, but more often, a person may have several episodes. The American Psychological Association (APA) defines depressive disorder as part of a mood disorder that is only at one pole of emotion, namely feelings of gloom and sadness (APA, 2013). APA explains that depressive disorder involves a series of depressive symptoms such as feelings of sadness, hopelessness, feeling down, and loss of interest or pleasure in almost all activities for at least two weeks (Nevid et al., 2018a).

The instrument for detecting and diagnosing depressive disorders used in this study was the Patient Health Questionnaire-9 (PHQ-9). PHQ-9 was first developed by Kroenke et al. (2001) based on the indicators of depressive disorders in the Diagnostic and Statistical Manual of Mental Disorders (DSM) IV. The development of PHQ-9 was tested on 6,000 patients based on standard validity criteria; patients with a PHQ-9 score ≥ 10 had a sensitivity of 88% and conformity with major depressive symptoms (Kroenke et al., 2001). Jaya et al. (2024) used 661 outpatient clinical psychologists in Jakarta, Indonesia, to determine the diagnosis accuracy of PHQ-9 based on the International Classification of Disease-11 (ICD-11) criteria. The PHQ-9 results were compared with clinical psychologists' diagnoses based on ICD-11 criteria, including depressive

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disorder, somatoform disorder, generalised anxiety disorder, panic disorder, bulimia nervosa, obsessive-compulsive disorder, and borderline personality disorder. The PHQ-9 in Indonesia showed good sensitivity but low specificity in identifying somatoform disorders, depression, GAD, and panic disorder based on ICD-11 criteria among Indonesian clinical psychologists' outpatients. In the context of Indonesian outpatient psychiatry, the PHQ-9 is mostly effective as an early detection instrument. Other research conducted by Dian et al. (2022) related to the validity and reliability of the PHQ-9 on 500 medical student respondents obtained an internal consistency reliability coefficient of $\alpha = 0.885$. For this research, researchers conducted a trial on 32 female survivors of domestic violence and obtained a reliability coefficient of $\alpha = 0.842$.

Cognitive Behavioural Group Therapy is a combination of group therapy and cognitive behavioural therapy. Group therapy is an intervention carried out by including several people in a small group, accompanied by one or more therapists who are trained in the group therapy process (Brabender et al., 2014). This therapy design can improve psychological abilities and psychological problems by means of a cognitive and affective approach that is explored from the interaction between group members and therapists (Yalom & Leszcz, 2005). Therapeutic factors are essential elements in group therapy that provide potential benefits for each member of the group. They are expected to make better changes to the problems faced by each member of the group.

Cognitive Behavioural Group Therapy seeks to help individuals accept themselves as creatures who will always make mistakes but at the same time also grow as people who can learn to live in peace with themselves. Cognitive-behavioural therapy explicitly emphasises that humans can think and act simultaneously (Bieling et al., 2022). In Cognitive Behavioural Group Therapy, the client's cognition is modified in two ways: directly through cognitive interventions and indirectly through visible behavioural interventions. The process of changing our behaviour with the intention of changing what we think is an effective strategy to save time in the process of changing attitudes (Davis et al., 2014). The Cognitive Behavioural Group Therapy approach is a therapeutic approach that modifies the thoughts, assumptions, and attitudes that exist in individuals. Cognitive behavioural therapy basically believes that human thinking is formed through a series of stimuli, cognitive processes, and response processes, interrelated and forming a kind of network in the human brain. The cognitive process will be a determining factor in explaining how humans think, feel, and act (Hope et al., 2010). Based on the previous theories and research results, the hypothesis in this study is that Cognitive Behavioural Group Therapy is effective in reducing depression in female survivors of domestic violence. Based on these problems, the question raised in this research is as follows: Is cognitive Behavioural Group Therapy effective in reducing depression in survivors of domestic violence?

METHOD

This study is a quasi-experimental study with pre-test and post-test control group design as the research design model (Neuman, 2014). This design aims to see the effect of an intervention on the group that is treated compared to the group that is not treated. After giving informed consent, respondents were given a depression scale measurement as a pre-intervention baseline.

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The respondents in this study were divided into an experimental group and a control group, with 8 (eight) participants each. The experimental group will receive treatment in the form of Cognitive Behavioural Group Therapy. The materials and procedures for Cognitive Behavioural Group Therapy have been prepared by researchers in the form of a module based on the concept developed by Yalom and Leszcz (2005) and (Bieling et al. (2022). The control group is treated on a waiting list that will continue to be treated after the entire intervention process ends. A comparison of the average depression scores in the experimental group and the control group between the pretest-posttest phase and the post-test follow-up phase shows proof of the effectiveness of the intervention. The measurement of the depression score in the follow-up phase was carried out approximately 2 (two) weeks after the post-test measurement.

Respondents were determined by purposive non-random sampling (women who had experienced domestic violence). Respondents numbered 16 people (women, age range 26-58 years) and were divided into a control group (n=8) and an experimental group (n=8). Respondents were divided into two groups with random assignment. Based on depression measurements in the baseline phase, fifteen respondents were in the high depression score category, and one respondent was in the moderate depression score category. Before the baseline phase, the research team conducted an intelligence assessment of all respondents. The intelligence assessment used the Standard Progressive Matrice (SPM), and all respondents were in grade III (Intellectually average is intended for respondents who have values between the 25th and 75th percentiles). An intelligence level in the average category is required as a requirement for Cognitive Behavioural Group Therapy intervention.

The Regional Technical Implementation Unit recommended all respondents for the Protection of Women and Children. Group division was carried out randomly based on depression scores in the pre-intervention baseline phase.

Data were obtained using the Patient Health Questionnaire (PHQ) 9 depression scale given to the control group and the experimental group. The depression scale trial involved 32 (thirty-two) respondents who were survivors of domestic violence. The valid Patient Health Questionnaire (PHQ) 9 depression scale will be given to 16 (sixteen) research respondents, divided into 8 (eight) control group participants and 8 (eight) experimental group participants. A trial of the research scale is needed to validate the items before being given to research respondents. The Patient Health Questionnaire (PHQ) 9 depression scale, which was first developed by Kroenke et al. (2001) based on the Diagnostic and Statistical Manual of Mental Disorders (DSM) IV depression indicators, has been tested on 6,000 patients. Based on the validity criteria standards, patients with a PHQ-9 score ≥ 10 have a sensitivity of 88% and conformity with symptoms of major depression (Kroenke et al., 2001). In the context of PHQ-9 validation in Indonesia, a trial conducted by Dian et al (2022) on 500 medical student respondents obtained an internal consistency reliability coefficient of $\alpha = 0.885$. For this research, researchers conducted a trial on 32 female survivors of domestic violence and obtained a reliability coefficient of $\alpha = 0.842$.

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The depression scale will be given simultaneously (pre-test) to the control group and the experimental group to measure the baseline of depressive disorders in participants. The experimental group will be given an intervention in the form of Cognitive Behavioural Group Therapy. After the intervention is carried out, participants in the experimental group will be given a depression scale again (post-test). Along with this, the control group was also given a post-test depression scale and a cognitive behavioural group therapy intervention in the form of a waiting list. The comparison of the average depression scores in the experimental group and the control group between the pre-test and post-test phases and the post-test follow-up phase shows proof of the effectiveness of the intervention. The measurement of the depression score in the follow-up phase was carried out approximately 2 (two) weeks after the post-test measurement.

The module used in this research was developed based on the concept of group therapy by Yalom and Leszcz (2005) and cognitive behavioural therapy in groups by Bieling et al (2022). The validity of the intervention module content was measured using Aiken's V Formula through instrument validation by two clinical psychologists who had more than three years of practice experience and had used cognitive behavioural group therapy in their clinical practice. The module validation process was carried out one month before the intervention was given to the research respondents. The aspects assessed were the module display, psychological intervention materials, and module language and communication. Each aspect consisted of five questions with a score range of 1 (minimum) - 5 (maximum). Based on data analysis, Aiken's V content validity coefficient was 0.73 (Aiken's V> 0.5) and was included in the valid category.

Table 1. Content Validity for Research Module

Aspects	V	Result
Module display	0,75	Valid
Psychological intervention materials	0,725	Valid
Module language and communication	0,725	Valid
Aiken's V coefficient	0,73	Valid

Table 2. Overview of Cognitive Behavioural Therapy Module for Depression Cases in Survivors of Domestic Violence

Session	Theme	Objectives
1	Building Rapport and Introductions	Building Rapport with participants can foster motivation, a sense of comfort, mutual trust, and cooperation among participants, practitioners, and other participants.
2	Sharing Problems and Identifying Thoughts	Sharing experiences among participants and fostering mutual trust among participants. Each participant conveys the problem topic they want to discuss. The therapist acts as a facilitator. Participants can recognise the relationship between their thoughts, feelings, and behaviour when facing problems
3	Coping Strategies among Participants	Each participant conveys the coping strategies they use when facing problems. Participants take turns in conveying their psychological issues and can be given feedback by other participants.

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Session	Theme	Objectives
4	Breathing Relaxation	Helping respondents to be more relaxed when facing uncomfortable situations Respondents are more skilled and can practice relaxation techniques, so they can be used when needed at any time Helping or training respondents to control themselves better
5	Psychoeducation and Emotional Expression	Sharing experiences between respondents and fostering mutual trust among participants. Each respondent can convey changes in emotions, thoughts, or behaviour after the first session meeting. The therapist acts as a facilitator.
6	Reality Testing	Respondents may find evidence that does not support their negative thoughts.
7	Understanding the Problem	Knowing the problems faced by respondents and the extent of knowledge respondents have about the issues.
8	Relapse Prevention	Helping respondents to be more independent in solving their problems, Teaching visualisation stabilisation
9	Termination	The intervention session ended, and the respondents were empowered.

The intervention process was carried out by a clinical psychologist who has a Registration Certificate (issued by the Indonesian Health Workforce Council) and a Clinical Psychologist License with registration number KL00001215533044 and 10 (ten) years of clinical practice experience. This research has passed a proposal and ethics review conducted by a professor in psychology and a psychologist in February 2024.

The primary data analysis technique used in this study is a quantitative approach with the analysis of the difference test of the mean scores between two separate independent groups (control and experiment). The assumption test for the difference test uses the normality test and the homogeneity test. The normality test rule used is if $p>0.05$, then the data distribution is normal, but if $p<0.05$, then the data distribution is not normal. The homogeneity test rule used is if $p>0.05$, then the data can be said to be homogeneous, while if $p<0.05$, then it can be concluded that the data distribution is heterogeneous. The parametric analysis of the primary difference test uses the independent sample t-test technique, while the secondary difference test analysis uses the paired sample t-test technique. The paired sample t-test technique is used to determine the difference in the mean scores of variables in two different situations in the same group.

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RESULTS AND DISCUSSION

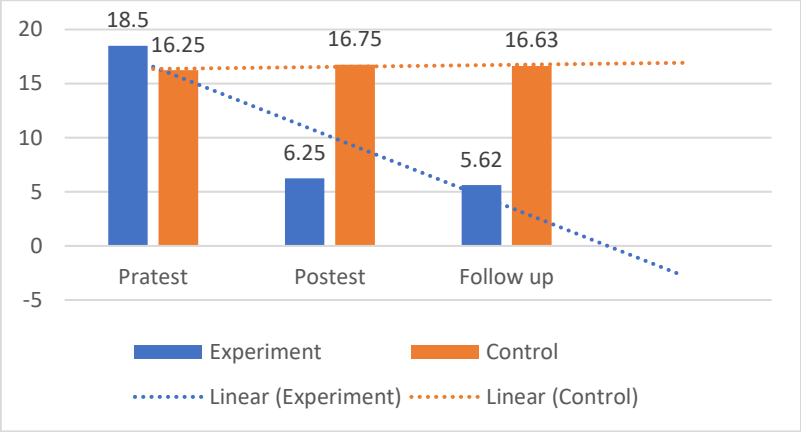

Figure 2. Comparison of Mean Depression Scores Between Control Group and Experimental Group

Based on the comparison of the mean values between the control and experimental phases, there was a decrease in depression scores in the experimental group in the post-test and follow-up phases. Meanwhile, for the control group, the change in the mean value between phases was not significant. The significance of this difference will be proven in the independent sample t-test and paired sample t-test statistical tests. The results of the normality test of the depression pre-test scale obtained a Kolmogorov-Smirnov value = 0.129 and a p-value = 0.200 (p>0.05). Based on the results of the normality test, the researcher found that the distribution of the research data was normal. The results of the homogeneity test of this depression scale obtained a Levene statistic value = 1.037 and a p-value = 0.326 (p>0.05). Based on the results of the homogeneity test, the data from the two groups was found to be homogeneous. Based on the results of the fulfilled assumption test, the hypothesis test can be carried out using the independent sample t-test technique.

Table 3: Hypothesis Test Results

Independent Sample Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Depression. Pre-test	Equal variances assumed	1.037	.326	2.113	14	**.053**	2.250	1.065	-.034	4.534
Depression. Post-test	Equal variances assumed	.576	.460	-5.627	14	**.000**	-10.500	1.866	-14.502	-6.498
Depression. Follow-up	Equal variances assumed	4.004	.065	-7.118	14	**.000**	-11.000	1.545	-14.315	-7.685

The following are the conclusions from the results of the statistical analysis of the difference test between independent groups based on Table 2:

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1. There is no difference in the mean depression score between the control and experimental groups in the pre-test phase (before being given Cognitive Behavioural Group Therapy), with p-value = 0.053 (p>0.05)
2. There is a significant difference in the mean depression score between the control and experimental groups in the post-test phase (after being given Cognitive Behavioural Group Therapy), with p-value = 0.000 (p<0.05)
3. There is a significant difference in the mean depression score between the control and experimental groups in the follow-up phase (two weeks after being given Cognitive Behavioural Group Therapy), with p-value = 0.000 (p<0.05)

Based on the analysis of the results of the hypothesis test, the Cognitive Behavioural Group Therapy intervention can significantly reduce depression scores in survivors of domestic violence in the experimental group. According to O'Donohue, Cognitive Behavioural Group Therapy can effectively help reduce maladaptive symptoms in several disorders that isolate individuals, such as depression and anxiety. Interventions carried out in groups help individuals realise their position in the community and learn other people's strategies for solving relatively similar problems (Brabender et al., 2014).

In this study, sixteen respondents experienced depression as a result of acts of violence committed by their partners. The violence received by the respondents was in the form of verbal abuse, physical violence, and financial neglect. Acts of domestic violence have an impact on changes in the emotions, cognitions, and behaviour of respondents. During the therapy session, all respondents stated that the group meeting gave them a new perspective. Respondents no longer feel alone when facing their problems, respondents can be empowered, and respondents can learn emotional regulation strategies from others. Previous research on the effectiveness of group therapy also confirmed an increase in resilience scores in female respondents who were victims of domestic violence (Kurniawan & Noviza, 2018a).

Yalom and Leszcz (2005)explained nine factors in the group that can provide therapeutic effects on participants. These nine factors are adopted in the Cognitive Behavioural Group Therapy intervention, one of which is in the form of instilling hope (Bieling et al., 2022). In conventional group therapy, the factor of instilling hope is carried out directly by the therapist to the participants. Meanwhile, the Cognitive Behavioural Group Therapy process consistently involves group members to provide positive education to each other and emphasise the possibility of behavioural change for the better (Bieling et al., 2022). This factor of instilling hope is very important because depressive disorders paralyse an individual's ability to carry out their functions and responsibilities in everyday life (Busch et al., 2016). Individuals with depressive disorders can lose interest in almost all of their activities, have difficulty concentrating, and have thoughts of ending their lives (Davey, 2008). These symptoms were experienced by all respondents in the study and made the respondents less than optimal in their daily functioning in the family.

In women who are victims of domestic violence, depressive symptoms are characterised by excessive guilt and a cycle of anger and forgiveness towards their partner (Koirala & Chuemchit, 2020). The attitude of

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the abusive partner tends to be manipulative and makes the victim feel even more tremendous guilt. A systematic review conducted by Koirala and Chuemchit (2020) on 38 studies related to intimate partner violence against postpartum women showed that violence could increase suicidal ideation and aggressive behaviour. Cases of suicidal ideation occurred in two respondents in the study who admitted to having cut their hands several times with a knife that was not too sharp. When their hands were injured, the respondents immediately realised that their actions were wrong. One respondent once threw her six-month-old baby onto the bed because she was angry with her husband's attitude toward gambling and his never being involved in domestic household affairs.

Research conducted by Yuan and Hesketh (2021) on 2,987 women in China who had experienced domestic violence found that the prevalence of depression due to psychological violence was 65.8%, the prevalence of depression due to physical violence was 69.5%, and the prevalence of depression due to sexual violence was 75.8%. Domestic sexual violence is an interesting case because sexual relations in marriage should be something recreational and strengthen emotional relationships between partners. However, in some cases, sexual relations are accompanied by sexual violence and physical violence, so that women feel forced and cannot enjoy sexual relations as a form of affection between partners.

Depression as a result of domestic violence by a partner and occurring for years reduces the quality of life and can trigger the emergence of a cognitive triangle of depression (Durand & Barlow, 2012). The cognitive triangle of depression is a way of thinking that is biased and negatively distorted due to unpleasant experiences that occur continuously. This cognitive triangle includes negative views of oneself ("I am useless"), the environment ("this house is like hell"), and the future ("I have no hope"). Three research respondents showed this cognitive triangle of depression thinking. They showed very negative feelings, even though, on the other hand, the respondents understood that they were victims of their partner's actions (Nevid et al., 2018b).

In this research, the application of Cognitive Behavioural Group Therapy appeared in the techniques of thought-catching and testing reality. This technique is carried out individually and combined with discussion sessions in groups with fellow survivors of domestic violence. Another technique used is behavioural activation because behavioural reductions often occur in respondents with depression. The principle of behavioural activation is to seek positive reinforcement for behaviour that is reduced or not done at all during the depressive phase (O'Donohue & Fisher, 2017). One respondent left the cake-making course during the depressive phase. The respondent stopped because she felt that her problems with her partner were too severe, and the respondent was worried that others would know about her family's problems. After behavioural activation and reinforcement from fellow survivors in the experimental group, respondents were willing to re-engage in the baking course and meet some of their old friends.

Cognitive Behavioural Group Therapy is effective in reducing the likelihood of relapse and reconstructing adaptive thought patterns in individuals with depressive disorders (Feng et al., 2012). The purpose of Cognitive Behavioural Group Therapy is the use of cognitive and behavioural techniques to change maladaptive thinking and behavioural errors as a result of depressive disorders (Koffel et al., 2015). A

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preliminary study conducted by Rosselló and Jiménez-Chafey (2006) in adult diabetic patients with depression proved that Cognitive Behavioural Group Therapy can reduce depressive symptoms and increase patient self-confidence. The consistency of the decrease in the average depression score in the experimental group of this research proves that Cognitive Behavioural Group Therapy can help survivors of domestic violence to recover and return to their activities.

CONCLUSION

Cognitive Behavioural Group Therapy intervention has been empirically proven effective in reducing depression levels in female survivors of domestic violence. This research hypothesis is proven by both independent group differences (experimental and control) and intergroup differences within the same group. Cognitive and behavioural changes and internalisation of communication in the group are the main factors that have an impact on reducing depression levels in respondents. In general, the Cognitive Behavioural Group Therapy intervention continues to affect reducing depression levels even though the intervention session has ended (as evidenced by the measurement of depression scores in the follow-up session).

Future researchers can complement the Cognitive Behavioural Group Therapy intervention session with more complex cognitive behavioural techniques. The application of other techniques needs to be considered in relation to the willingness of respondents to be involved in more intervention sessions. A common obstacle in interventions involving many respondents is the availability of the same time so that future researchers can consider intervention techniques and duration that can accommodate the interests of all respondents.

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