

Efficacy of Solution Focused Therapy Among Women with Post-Traumatic Stress Disorder due to Intimate Partner Violence in Selected Informal Settlements in Nairobi County, Kenya

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Abstract

This study investigated the efficacy of Solution-Focused Therapy (SFT) when employed as a therapeutic intervention to alleviate symptoms associated with Post-Traumatic Stress disorder (PTSD), among women who had experienced intimate partner violence (IPV) in informal settlements in Nairobi County, Kenya. The study used Concurrent Triangulation mixed method design. Participants were women above the age of eighteen years who had been exposed to IPV. Screening for PTSD was done using the PTSD checklist for DSM-5, and the Women Abuse Screening Tool (WAST) to screen for IPV. A total of 116 study participants were selected through Convenience sampling. A baseline assessment was done followed by a 10-week Solution-Focused therapeutic intervention. A midline assessment was done thereafter to assess reduction of symptoms and an endline assessment done 12 weeks after the end of the intervention to assess longevity of the treatment effects. The results showed a notable reduction in the means of PTSD in the experimental group from baseline, midline to endline; PTSD (43.33; 27.02; 27.06). The Wilcoxon signed-rank test demonstrated that there were statistically significant changes in symptomatology noted at baseline to midline ($Z = -4.973, p < 0.001$) and baseline to endline ($Z = -4.940, p < 0.001$), for the participants in the experimental group, whereas for the participants in the control group, there was no statistical significance noted ($Z = -1.048, p = 0.295$) from midline to endline ($Z = -.885, p = 0.376$) and baseline to endline ($Z = -1.560, p = 0.119$). The study established that Solution Focused Therapy was an effective intervention in alleviating the symptoms of PTSD, in women who had experienced IPV in informal settlements in Nairobi County, Kenya. It recommended that more counsellors be trained in SFT as it is both time and cost effective.

Key words: Intimate Partner Violence, Post-Traumatic Stress Disorder, Solution Focused Therapy

Introduction and Background

Intimate Partner Violence (IPV) is considered to have taken place whenever abusive patterns occur in any relationship that is considered intimate. An intimate relationship is one in which the partners share physical and emotional intimacy (Merriam-Webster, 2023). The violence meted out may be sexual, physical, emotional or even economic (Center for Disease Control and Prevention, 2014). This study was conducted in two informal settlements in Nairobi County and the prevalence of IPV was found to be 55.2%

Whenever IPV takes places, the victim undergoes substantial emotional and psychological turmoil. According to Smith and Holmes (2018), 62% of women who have experienced IPV will report at least one symptom of Post-Traumatic Stress Disorder (PTSD). PTSD is a disorder that one may develop due to either having personally experienced, or been a witness to an event that is extremely frightening. This causes a lot of terror in the individual (Stags, 2020). PTSD has various symptoms which are categorized into clusters A-H. For a PTSD diagnosis to be made, a combination of the symptoms needs to have been noted. Some symptoms have to do with re-experiencing the event, avoidance of anything that reminds one of the same, negative cognitions and mood, and arousal (Mind, 2021).

Solution Focused Therapy (SFT) was developed by De Shazer and Berg who observed that in a majority of cases, clients focus more on presenting problems without recognizing that they possess sufficient inner abilities and resources that could help them solve the challenges they were facing (Murray, 2021). SFT purports that, understanding the origin of the problem is not always regarded as needful, what is considered as vital is getting a solution to the issue at hand, by focusing on the future as well as on the individual's strengths that will enable them to attain their desired goals. The client is encouraged to believe that it is possible for the situation to change for the better (Bannink, 2007). SFT is an effective therapy for a wide range of disorders, with 75% of those who have been treated using SFT reporting marked improvements. Additionally, SFT has been proved to employ less time than other forms of therapeutic intervention, yet still produces positive benefits to those treated using it (Gingerich and Peterson, 2013). It has further been shown to reduce symptoms of PTSD (O'Hanlon, 1999). The term "Post Traumatic Stress" was coined by O'Hanlon (1999) who introduced important principles that improve the treatment outcome of individuals with a PTSD diagnosis. To begin with, it is

vital to understand the reason the client is seeking treatment, and how she will know that indeed the treatment has been successful. Secondly, the client's safety needs to be assured. If the client is in a dangerous situation, then this needs to be addressed as a matter of priority. It is important that the therapist does not insist that the client relives the traumatic event. Some may want to do so, and these should be worked through. There are those persons however, who do not feel the need to go back and recount the painful experiences that they underwent. The client's individuality needs to be respected in this regard.

According to Lightfoot (2014), seeking for strengths in the client and bringing these to the client's attention is an integral part of the therapeutic process. Focus needs to be on what it was that enabled the client to not only cope, but to survive and function from the time of the experience until the present time. Once this is done, the client needs to be validated and supported as the recounting is done. Another principle is staying focused on the end goal, which is treatment for the client. This needs to be kept in mind, so as not to get lost in the details of the client's traumatic narrative (Caddell, 2021). The client also needs to be assured that the experience has not caused her to be viewed as "damaged goods" that is, no longer having any worth (Britannica, 2023). The client needs to be assured that her future will not be determined by the trauma. Self-blame by the client as well as invalidating statements that the person has received from others all need to be gently challenged (Lightfoot, 2014).

In addition to the above, O'Hanlon (1999) also developed what came to be known as the three C's of spirituality. His view was that these helped one to grow in resilience after going through a traumatic event. These are Connection, Compassion and Contribution (Bannink, 2008). Connection encourages the person to connect with something that is larger than herself, Compassion causes the person to be gentler and softer towards herself and those around her, while Contribution caused her to begin to give of herself and give unselfish service to the world around her. Several techniques are used in Solution Focused Therapy with the exception question being a key ingredient in SFT. This question is asked so that the client can be made aware of times when the problem was not present. If the problem was still present, then the awareness of how she coped in that period is probed. This empowers the client and makes her aware that she is capable of coming up with goals based on this exception to the existing problem (Krause, 2017). The client comes up with solutions based on what she did during the exception period that set it

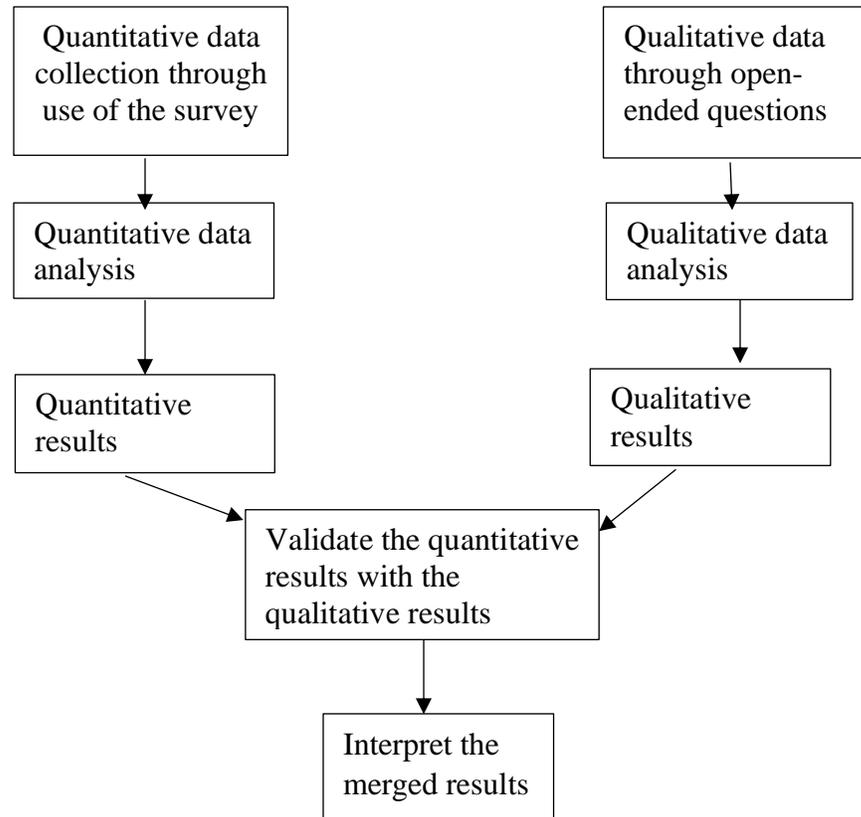
apart from other times when there was no exception. The coping question may be used here as it allows the client to explore what she did during a prior crisis period that enabled her to go through the painful experience (Ackerman, 2017).

The second technique is known as the Scaling questions. With these questions, 10 is taken to be the desired outcome. It enables the therapist to explore with the client her goals, and what it would take for her to progress to the desired level on the scale. Together with the therapist, the reasons for coming up with a particular digit on the scale and what it would take for the desired outcome to be achieved on the scale are explored (Krause, 2017). The miracle question is considered to be helpful in causing the client to imagine a future where the present problem no longer exists. It is meant to create hope and motivate the client to begin actively not only imagining, but working towards a future without the problem. The client is asked to imagine what her life would look like without the problem.

SFT helps the client break existing behavior and reaction patterns and instead come up with more effective strategies that produce better results (Ackerman, 2017). The manual is composed of eight steps that the client is guided to work through. If these steps are followed, then the client experiences positive changes in her situation. Intimate Partner Violence has not only a physical effect on the victim, there is also a psychological effect that many times is not effectively addressed. This study demonstrated how SFT may be used as a time and cost-effective therapeutic intervention when a victim of abuse is presenting with PTSD. The escalating rate of intimate partner violence is alarming. Despite the fact that there is greater societal awareness of IPV, no lasting solution has so far been proposed for the victims. This study highlights SFT as an effective intervention that may be put in place for survivors of IPV.

Methodology

This study used the Concurrent Triangulation Design by Cresswell and Clark (2011) as illustrated below:



The Concurrent Triangulation Design incorporated both the quantitative and qualitative data collection methods during the same time frame (Cresswell & Clark, 2011). The information obtained from these two methods was then compared to see if there were similarities in the data. These similarities were regarded as the points of convergence. Differences that arose were also taken into consideration for the overall interpretation of the data (Cresswell, 2009). This mixed method research design was suitable due to the nature of the research topic. Quantitative responses alone would not have been sufficient for this study. The qualitative aspect served as vital component in addressing the research topic and also served to enrich the study findings.

The sites were selected using purposive sampling, whereas the study participants were selected using the convenience sampling method. The participants were 116 women recruited from two informal settlements in Nairobi, Kenya. They were adult women aged 18 years and above, living

in the informal settlements of Gatina and Kibera in Nairobi County. They had experienced one or more forms of intimate partner violence. Those from Gatina formed the experimental group, while those from Kibera formed the control group. The respondents from both the experimental group and the control groups shared similar socio-economic characteristics. They were both located in informal settlements that shared similar demographics and situational characteristics. The women living in these settlements face very similar challenges. Some of the challenges included; low income, limited access to clean water and sanitation facilities and inadequate medical facilities.

Data collection was done through self-report questionnaires. The instruments used to collect data were a Socio-demographic questionnaire, the WAST (Women Abuse Screening Tool) to screen for IPV and the PTSD Checklist for DSM-5 (PCL-5). Ethical considerations were applied, and approval for the study was accorded by the Daystar University Ethics Review Board. The study was also granted a research license by NACOSTI (National Commission for Science, Technology and Innovations). Informed Consent was also sought from each of the study participants. The therapeutic intervention was initiated after the baseline data had been analyzed. The baseline assessment enabled those respondents that meet the criteria for inclusion in the study to be allocated groups for the purpose of beginning the therapy sessions. Solution Focused Therapy focuses more on the individual's strengths, rather than the problems that bring the client to therapy. The therapy focuses on the strengths and used to help with initiating and maintaining a positive change process. (University of Manchester, 2011). The intervention was limited to a maximum of 10 sessions, however individual counselling was recommended for those respondents who were assessed as not being emotionally ready to join a group (Lotz, 2012).

The participants in the control group were selected due to the fact that they shared similarities with the respondents in the experimental group. They too were required to fill in the socio-demographic questionnaires. They underwent the same psychological assessments as the participants in the experimental group. This was done after having obtained their informed consent. The participants in the control group however did not receive any intervention during the actual study process and were allowed to continue on with their pre-existing support patterns. After the research period was over and the data analysis done, group therapy interventions were

organized for those that had experienced intimate partner violence and had met the criteria for PTSD.

During the therapy process, each of the key components of the therapy were addressed with the intention of moving the participants from focusing on their problems and instead, focus on new strategies to improve their lives (Ackerman, 2017). The intervention took place over a period of ten sessions. The baseline assessment assisted in determining which of the women were suitable for immediate group therapy. After the 10-week treatment period, the midline assessment was carried out on the study participants. After this assessment, no further intervention was given for the next three months. The end line assessment was then done at the end of this three-month period.

Results

The following section discusses the results of the study which demonstrates the efficacy of Solution Focused Therapy among women with PTSD due to Intimate Partner Violence in informal settlements in Nairobi County, Kenya. The Kruskal-Wallis and Wilcoxon signed-rank, tests which are both nonparametric tests were utilized in this study, as they do not assume normality in the data (Laerd Statistics, 2018).

Table 1: Comparison of Means for PTSD

Disorder	Phase	Sample								
		Experimental			Control			Total		
		Mean	N	Std. D.	Mean	N	Std. D.	Mean	N	Std. D.
PTSD	Baseline	43.33	81	16.19	45.09	64	12.55	44.11	145	14.67
	Midline	27.02	53	16.94	42.25	57	14.63	34.91	110	17.48
	Endline	27.06	51	16.67	42.43	51	14.90	34.75	102	17.53

The table shows a notable reduction in the means PTSD in the experimental group from baseline to midline to midline to endline; (43.33;27.02;27.06) whereas in the control group, there is no notable change in the means of PTSD from baseline to midline to endline; (45.09;42.25;42.43).

Table 2: Kruskal-Wallis Test for Statistical Differences in PTSD between the Control and the Experimental Groups.

Disorder	Timeline	p-value (difference between control & experimental)
PTSD	Baseline	.288
	Midline	.000
	Endline	.000

The Kruskal-Wallis test was carried out to assess whether there was a statistically significant difference in the means of the disorder in the control and experimental group at the different timelines. The findings are shown in Table 2. The table compares the means of PTSD between the experimental and the control groups at different timelines. It indicates that there was no statistically significant difference in the means between the control and experimental at baseline (PTSD: $p = 0.288$). At midline, the table shows that there was a statistically significant difference between the control and the experimental group (PTSD: $p < 0.001$; Depression: $p < 0.001$; Anxiety: $p < 0.001$). The statistically significant difference was also observed at endline (PTSD: $p < 0.000$; Depression: $p < 0.000$; Anxiety: $p = 0.001$). Thus, the experimental group fared better from baseline to endline.

Table 3: The Wilcoxon Signed Ranks Test for PTSD Timeline Pairs

Disorder	Timeline Pair	Experimental		Control	
		Z	p	Z	p
PTSD	Baseline- Midline	-4.973 ^b	0	-1.048 ^b	0.295
	Midline- Endline	-.294 ^c	0.769	-.885 ^b	0.376
	Baseline- Endline	-4.940 ^b	0	-1.560 ^b	0.119

^b based on positive ranks

^c based on negative ranks

The Wilcoxon signed-rank test showed that there was no statistically significant change in PTSD at baseline to midline ($Z = -1.048, p = 0.295$) midline to endline ($Z = -.885, p = 0.376$) and baseline to endline ($Z = -1.560, p = 0.119$) for the control group. In the experimental group, the

test showed that due to the intervention, there was statistically significant change for PTSD where statistically significant changes in symptomatology were noted at baseline to midline ($Z = -4.973, p < 0.001$) and baseline to endline ($Z = -4.940, p < 0.001$).

It is important to note that no intervention was offered from midline to endline, and that there was a break of three months in between. Hence, this means that the treatment gains made at midline were maintained up to endline by the experimental group as a result of the SFT intervention. The endline assessment was done 3 months after the midline assessment. For the participants who were in the control group however, there was no noticeable change.

Discussion

The intervention demonstrated was found to be efficacious in treatment of PTSD since there was a notable reduction in the means of PTSD in the experimental group from baseline to midline to endline. The results of this study confirm findings by Zatloukal and Furman (2022), which indicate that Solution Focused Therapy may be used as a form of therapy for individuals who are exhibiting symptoms of PTSD due to traumatic experiences. This concurs with the earlier findings of Kim and Froerer (2018). SFT does not dwell on the past, it instead enables the victim of IPV to see beyond the desperation of the moment and see a future that is pregnant with possibilities. The carefully constructed questions give the victim an opportunity to look within and discover resources that she was not aware of. All these factors combine together to create hope, and thus enable the victims to work towards their preferred future (Institute for Solution Focused Therapy, 2022).

The study demonstrated that SFT was efficacious in the treatment of PTSD as there was a notable reduction in the means PTSD (43.33; 27.02; 27.06)]. In the control group, there was no notable change in the means of PTSD (45.09; 42.25; 42.43). This study has validated earlier studies carried out which demonstrated the efficacy of SFT for the treatment of PTSD (Banninke, 2008).

This study has demonstrated that Solution Focused Therapy is an effective psychological intervention for survivors of IPV who have symptoms of PTSD in Kenya. It is also cost effective

and hence this study recommends the deliberate training of counsellors in SFT, especially in government hospitals and medical centers which would enable survivors of IPV to get quality psychological assistance in a way that takes less time than other more conventional therapeutic approaches. This is due to the fact that SFT may be conducted within a shorter time period.

The primarily objective of this research was aimed at establishing the efficiency of SFT in alleviating the symptoms of PTSD among women who had experienced IPV in informal settlements, in Nairobi County, Kenya. It therefore recommends that another study be conducted that explores IPV among men. This study primarily focused on IPV among women. It would be eye-opening to understand the IPV experience from the male perspective. This is because even when men are abused, they will hardly talk about it due to the social norms, shame and stigma around the topic.

In this study, SFT was used to treat women who had experienced IPV and were experiencing PTSD, Anxiety and Depression as a result of the abuse endured. A future study may look at other mental disorders that come about due to IPV such as eating disorders and assess the effectiveness of SFT for those disorders. This would give an even broader understanding of the negative psychological effects of IPV, and enable interventions that are more effective to be implemented. It would also enhance a multi-disciplinary approach to be taken when in hospitals when a patient presents with a physiological issue that may have an emotional disturbance as its root cause.

This study was conducted in the aftermath of the Covid-19 pandemic, and it was a confounding variable in the study. It would be enlightening for a future study to be conducted to establish if the absence of this confounder would show a decreased severity of PTSD. The results would help to give vital information on not only the effects of the pandemic, but on the possible impacts of a future health crisis on the mental health of individuals. It would then be possible to put into place measures beforehand that would help to mitigate the devastating effects such as were evidenced during the Covid-19 pandemic. Prevention would be better in the long run, as opposed to treating the negative mental health effects that come about due to one experiencing IPV. This would help to guide the concerned government and civic bodies on how to formulate IPV effective protocols when there is no crisis. The benefit of this would be readiness of all sectors such that even if another global health crisis presents itself in the manner that Covid-19 did, the impact would not be as devastating.

Intimate Partner Violence is an experience that is often shrouded in secrecy due to the shame and pain involved. Often, the victims feel a lot of fear and this may prevent them from fully and freely sharing their deeply personal experiences. By continually assuring them of confidentiality and anonymity, they were eventually able to gain the courage to speak about their experiences.

Conclusion

This study found that SFT was efficacious in reducing the levels of PTSD among the women who had experienced IPV in the informal settlements in Nairobi County, Kenya and was therefore an effective intervention in the management of PTSD. This is due to the fact that in the experimental group, the reduction for all the means was notable. 43.33; 27.02; 27.06. For the participants who were in the control group however, there was no noticeable change in the means PTSD 45.09; 42.25; 42.43. The efficacy of Solution Focused Therapy in reducing the severity of PTSD when one has experienced Intimate Partner Violence renders the application of SFT tremendously valuable in clinical practice.

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