

Efficacy Of ICT Based Intimate Partner Violence Intervention; A Systematic Review

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Abstract

Objective: Goal of this systematic review is to evaluate efficacy of ICT-based interventions in preventing and addressing intimate partner violence, taking into account the impact on awareness, support services, counseling, and overall outcomes for individuals experiencing or at risk of intimate partner violence.

Methods: The systematic review was taken by screening recent articles of ICT based intervention.

Results: Technology-based therapies show potential in lowering mental health consequences and physical violence victimization among female IPV survivors.

Conclusion: The study demonstrates that technology-based therapies have potential in treating mental health and reducing physical violence among female IPV survivors, highlighting the importance of ongoing research and individualized methods.

Keywords: Intimate partner violence, IPV, domestic violence, mental health, physical violence, technology-based interventions, Information & Communication Technology, ICT, systematic review, efficacy, effectiveness

INTRODUCTION

WHO (2013) defines IPV as (any behaviour within an intimate relationship that causes physical, sexual and psychological harm). While inconsistent, some publications and nations refer to intimate partner violence (IPV) as domestic violence (Ali et al., 2016). Any abuse carried out by a household member in a home setting, including abuse of children, elders, and siblings is referred to as domestic violence (WHO, 2013).

Intimate partner violence ("IPV") is defined as actions by a current or past romantic partner that result in physical, sexual, or psychological injury (World Health Organisation, 2021). It is considered a serious public health emergency (Trabold et al., 2020). Regardless of victim's gender, sexual orientation, position, or culture, IPV victimization is pervasive (Evans et al., 2020), also official statistics continue to show high prevalence rates despite issues with underreporting (Chan, 2012). According to Evans et al. (2020) one in four women and one in ten males experience some sort of IPV victimization.

Victimization of intimate partner violence ("IPV") has major effects on women's health and is global public health concern. There has been some work in tackling ("IPV") also its effects at various care levels through academics researchers, but there is dearth of intervention research in this field. For instance, we don't fully understand which intervention methods are most effective for different ("IPV") Survivor groups.

Prior evaluations have determined that there is not enough data to suggest certain treatment alternatives for victims; however, their coverage of target groups was constrained, also their qualifying criteria were restrictive. Effectiveness of therapies for ("IPV") victims that address their physical and emotional health as well as their re-victimization was investigated in this systematic study (Trabold et al., 2018).

According to estimates, women aged 15 and older experience intimate partner violence ("IPV") at rate of over 30% worldwide. In this study, we define ("IPV"), 'any acts of physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner'. Both men and women are impacted through ("IPV"), any

gender might commit acts of violence or be victim of it. Men are more likely than women to commit violent crimes, nevertheless women are the ones who are most impacted through ("IPV").

Before looking for support from official sources like health institutions also legal officers, survivors of violence are likely to first reveal experiences of intimate partner violence and anticipate informal support from friends, family, neighbours, or other individuals who are part of their social circle. Yet, extent of disclosure varied depending on survivor's age, nature, ethnicity, and gender.

That's would discovered that both men and women who experience intimate partner violence have higher chance of chronic illness, substance abuse, depressed symptoms, poor health, and injuries. It has been discovered that social support has significant role in mediating, mitigating, and enhancing results for victims of violence as well as enhancing mental health outcomes (Ogbe, 2022).

Intimate partner violence ("IPV") is still a major issue for social justice, public health, and human rights. The repercussions of intimate partner violence. ("IPV") on survivors, their families, and communities are well recognised and include physical, social, emotional, and financial harm (Black et al., 2011; Breiding et al., 2014; Nathanson et al., 2012).

On other hand effects of spouse abuse on one's mental health may be the most severe and persistent. Numerous research (Beydoun et al., 2012; Mechanic et al., 2008; Tol et al., 2019) demonstrate moderate to substantial positive connections among suffering intimate partner violence (IPV) and depression and anxiety. Moreover, according to Nathanson et al. (2012), between 30% and 80% of ("IPV") survivors fit the criteria for ("PTSD").

According to several meta-analyses, ("PTSD"), anxiety, & depression symptoms are reported by IPV survivors three to five times more frequently than through non-survivors (Golding, 1999; Lagdon et al., 2014). Untreated mental health problems can also make it more difficult for survivors to receive holistic therapy, reduce their overall quality of life, and encourage culture of co-morbidities and chronic poly-victimization (Johnson et al., 2011; Johnson & Zlotnick, 2009; Nathanson et al., 2012). Thus, goals of contemporary treatments continue to be victimization and mental health outcomes (Ellsberg et al., 2015; Gevers & Dartnall, 2014; Lagdon et al., 2014; Sharhabani-Arzy et al., 2005).

It is now acceptable, practical, and practicable to help ("IPV survivors' health and well-being with technology-based therapies. There are many different types of technology-based therapies, including social media, text message interventions, web-based online support groups, smartphone apps, chatbots or conversational agents, phone & web-based decision aids, text message interventions, & telehealth services (Bloom et al., 2016; Debnam & Kumodzi, 2019; Klevens et al., 2012; Koziol-McLain et al., 2016; May et al., 2003; Young et al., 2018).

Furthermore, digital treatments are affordable, provider-mediating, and scalable deal especially when they complement in-person modalities (such as group counselling, in-person therapy, and psychosocial-behavioral therapies) for supporting survivors of intimate partner violence (Campbell, 2002).

These interventions close coverage gaps brought through issues also injustices in health system especially in places where there is dearth of health providers and a high rate of ("IPV") victimization along with societal determinants of violence. ("e.g., socioeconomic status, rurality, immigration status, strict gender norms, racial & ethnic disparities, and disabilities") (Smith et al., 2013; Moreno et al., 2013). Additionally, such digital interventions play crucial and timely role through providing social and emotional support for individuals who have recently been victim of intimate partner or ex-partner violence ("IPV"), usually at a period of extreme distress and crisis.

eHealth, also known as electronic health, mHealth, & telehealth services are examples of digital & technology-based treatments. eHealth platforms comprise information and communications technology in support of health and health-related fields (WHO, 2019). Comparably, mobile wireless technologies for health are included into health platforms which are subset of eHealth. This branch of eHealth uses mobile devices such as smartphones and tablets to offer or consume health care services share clinical information also gather data.

Contrarily, telehealth platforms cover use of ICT ("information and communication technologies") through medical professionals to deliver healthcare services enable safe exchange of health information and let patients discuss health-related issues like prevention, diagnosis, treatment, remote follow-up while taking into account logistical and geographical issues (WHO, 2019). Research suggests that modern information and communication technology ("ICT") can through variety of means, avoid or lessen older people's social isolation (Chen et al., 2016).

Materials and Methods

Literature Search Strategy

Our methodical review or systematic review was carried out with aid of Google Scholar. Among the most popular search terms were women, violence, intimate relationship & domestic violence, information and communication technology, ICT, technology, email, mobile, phone, digital, eHealth, & online. Only English-language articles were considered.

Search Strategy

Purpose of the systematic review was to look at the efficacy of therapies for victims of Intimate Partner Violence (“IPV”), with particular emphasis on physical and mental health outcomes, as well as victimization. Google Scholar was used to find the study literature and a thorough list of key search keywords was used to capture the many features of IPV and its potential remedies. (Women Violence, Domestic Violence, Intimate Partner Violence, Information, Communication Technology, ICT, Technology, Email, Mobile, Phone, Digital, eHealth, &Web) Only English-language papers were evaluated for inclusion in review.

Inclusion Criteria

The inclusion criteria were developed to guarantee that the selected articles were relevant and reliable. The emphasis was on research that shed light on effectiveness of information and communication technology (ICT) therapies for those infected with (“IPV”). English-language papers that investigated the influence of different technological techniques, like social media, telehealth services, chatbots, text message interventions, web-based online support groups, smartphone applications, and phone and web-based decision aids, were included in the study.

Results

The findings of systematic review of treatments victims of intimate partner violence (“IPV”), give a thorough and nuanced knowledge of the efficacy of various therapy techniques. Notably, technology-based therapies appear as viable options for addressing IPV survivors' mental health and victimization effects. Meta-analyses, like as those done by Emezue et al. (2022), show that technology-based treatment has the potential to reduce depression, anxiety, also physical violence victimization among female IPV survivors. However, findings admit limitations such as biases associated to the omission of non-English research, highlighting the need for further in-depth intervention evaluations.

Philbrick et al. (2022) broaden the scope of study to low and middle-income countries, demonstrating an increasing evidence basis for Information & Communication Technology (ICT) initiatives. Despite the hopeful results, limitations such as limited sample sizes the lack of research on ICT interventions for sexual & gender-based violence against children are highlighted. Cultural concerns, as indicated in Tripathi and Azhar's (2020) comprehensive review, highlight the shortcomings of well evaluated therapies for certain populations, underlining the significance of culturally suitable solutions. Furthermore, research on cognitive-behavioral and advocacy therapies, primary care-based methods, and the influence of digital technology reveals both potential advantages and limits. The findings add to the current discussion about IPV remedies, underlining the need for more study, personalized treatments, and a more nuanced understanding of the issues involved with technology-enabled abuse.

Efficacy of ICT

Information and communication technology (ICT) refers to a wide variety of technologies and instruments that aid in the collection, storage, processing, and transmission of data. In context of treating intimate partner violence (“IPV”), information and communication technology (ICT) plays a critical role in delivering new solutions to help survivors' mental health and lessen victimization impacts.

(“Smartphone applications, web-based decision aids, chatbots, text message interventions, online support groups, social media, and telehealth services”) are examples of technology-based interventions. These digital initiatives not only provide IPV survivors with accessible and easy ways to seek care, but they also contribute to cost reductions, scalability, and bridging gaps in traditional health services. Studies emphasizing the potential for ICT to reduce depression, anxiety, and physical violence victimization, particularly among female survivors, support the usefulness of ICT in IPV therapies. Despite the encouraging results, obstacles like as biases, cultural concerns, and the need for more study on specific groups highlight the significance of ongoing discovery and development of ICT solutions in the complex environment of addressing intimate partner abuse.

Study	Design	Setting	Sample size Sample and demographic	Intervention and Modification	Type of Violence	Results	Limitation	Conclusion
<i>("Technology-based and digital interventions for intimate partner violence: A systematic review and meta-analysis")</i> (Emezue et al., 2022)	Meta-analysis and systematic review of randomized controlled trials (RCTs)	Various locations, including the United States, Canada, New Zealand, China (People's Republic of), Kenya, and Australia.	N = 4590 All Female The study comprised 4,590 female survivors of intimate partner abuse from 17 randomized controlled trials, with demographics ranging from 19 to 41.5 years old, including college students, married couples, substance-using women, pregnant women, and non-English speakers.	Technology-based interventions	Physical and Psychological Victimization Reduced, No Significant Impact on Sexual Victimization.	The results demonstrated that technology-based therapies reduced depression, anxiety, and physical violence victimization among female IPV survivors, but had no effect on PTSD or sexual violence victimization.	The analysis was confined to female survivors of intimate partner abuse, with possible biases resulting from eliminating non-English studies, the influence of outlier studies, and a limited assessment of intervention details and variations.	The study finds that technology-based therapies have the potential to reduce depression, anxiety, and physical violence victimization among female IPV survivors, but more research is needed to address constraints and examine intervention details.
<i>("Information and communications technology use to prevent and respond to sexual and gender-based violence in low- and middle-income countries: An evidence and gap map")</i> (Philbrick et al., 2022)	systematic evidence and gap map (EGM)	low- and middle-income countries (LMIC) Cambodia, Kenya, Nepal, Democratic Republic of Congo (DRC), and Lebanon. Top of Form	SGBV (women, children, especially girls) and intermediaries (potential perpetrators, first responders) in low- and middle-income countries.	Safety planning, educational messaging, multimedia radio drama, survivor experience collection, forensic evidence collection.	Sexual and gender-based violence (SGBV) against women and children, with a primary focus on intimate partner violence against women (IPV).	The evidence and gap map (EGM) reveals a small but growing evidence base on ICT interventions for preventing and responding to sexual and gender-based violence (SGBV) in low- and middle-income countries, with a significant gap in studies addressing SGBV against children.	A small sample size, inadequate information on ICT interventions for preventing or reacting to sexual and gender-based violence (SGBV) against children, and a lack of methodologically rigorous research are among the study's weaknesses.	While there is a developing evidence basis for utilizing ICT to prevent and react to SGBV in low- and middle-income countries, the study indicates that further research is needed, particularly to address the scarcity of studies on ICT interventions for SGBV against children.
<i>("A Systematic Review of Intimate Partner Violence Interventions Impacting South Asian Women in the United States")</i> (Tripathi & Azhar, 2020).	systematic review design to synthesize literature	United States.	318 South Asian intimate partner violence (IPV) survivors and 25 organizations in the United States	Not provide specific details	intimate partner violence (IPV)	The study discovered minimal assessed treatments for intimate partner violence (IPV) aimed at South Asian women in the United States, with low efficacy indicated in published outcome assessments, indicating gaps and obstacles in addressing IPV in this group.	a small number of identified research studies (12), a lack of systematic evaluation for many interventions, and a focus on cultural dimensions rather than financial concerns, which may limit the efficacy of interventions for South Asian women experiencing domestic violence in the United States.	The study concludes that there are few systematically evaluated interventions for intimate partner violence among South Asian women in the United States, emphasizing the need for research that addresses intersecting challenges, including financial aspects, to improve the efficacy of interventions in this context.
<i>("Technology 'Feels Less Threatening': The processes by which digital technologies facilitate youths' access to services at intimate partner violence organizations")</i> (Storer et al., 2022).	thematic content analysis	United States	thirty-five Intimate Partner Violence (IPV) service professionals in the United States	does not explicitly mention a specific intervention	Teen Dating Violence (TDV) and Intimate Partner Violence (IPV).	The study highlighted four core theme categories illustrating how technology improves juvenile access to IPV services, including preferences for digital communication, reduced danger perception, greater	Potential researcher bias, a lack of statistical generalizability owing to the qualitative character, and an exclusive focus on organizational representation rather than direct viewpoints of youth	The study suggests that IPV service providers perceive digital technology as useful instruments for improving juvenile access to services, while

						secrecy, and overcoming physical barriers.	survivors are all factors to consider.	noting both advantages and possible limits.
<i>("Digital Interventions to Support and Treat Victims of Intimate Partner Violence")</i> (Oliveira et al., 2023).	Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines	Not Mention	16 studies were selected for the systematic review	safety decision aid	"Intimate Partner Violence (IPV)	Although digital interventions, particularly safety decision aids, show significant improvements in outcomes related to Intimate Partner Violence (IPV), more research is needed for hard-to-reach victims, emphasizing the importance of adapting to their needs as well as addressing security and privacy concerns.	The study's limitations include the possibility of publication bias, the exclusion of certain terms in the search, and the need for future research focused on difficult-to-reach victims or those who have left the abuser.	Subsequently digital treatments, particularly safety decision aids, show promise in terms of reducing outcomes connected to Intimate Partner Violence (IPV). More study is needed, however, particularly for hard-to-reach victims and those who have left the abuser, underlining the significance of tailoring to their requirements while also addressing security and privacy issues.
<i>("The efficacy of cognitive behavioral therapy and advocacy interventions for women who have experienced intimate partner violence: A systematic review and meta-analysis")</i> (Eckhardt et al., 2013).	Systematic review and meta-analysis. Randomized control trials (RCTs)	Not mention	twelve randomized control trials (RCTs) with a total of 2666 participants	Advocacy and Cognitive Behavioral Therapy (CBT)	physical, psychological, sexual, and any form of intimate partner violence (IPV)	Both advocate and cognitive behavioral therapy (CBT) therapies showed substantial decreases in physical and psychological intimate partner violence, but not in sexual or any IPV.	The study's limitations include the small number of included studies and the variety of therapies.	The study shows that both advocacy and cognitive behavioral therapy interventions successfully reduce physical and psychological intimate partner violence, but not sexual or any other type of IPV.
<i>("A Systematic Review of Interventions for Preventing Adolescent Intimate Partner Violence")</i> (De Koker et al., 2014c)	systematic review of randomized controlled trials	Not mention	There is no information on the sample size, specific features, or demographics of participants in the randomized controlled trials on teenage intimate partner violence treatments that have been evaluated.	interventions targeting adolescent intimate partner violence	Physical, sexual, and psychological violence perpetration and victimization among adolescents experiencing intimate partner violence (IPV). Top of Form	The study showed that longer-duration treatments performed in diverse contexts had good impacts on both perpetration and victimization of intimate relationship violence among teenagers, despite quality concerns in all six trials.	Quality concerns in all six trials, as well as a lack of particular information on sample size, features, and demographics, are among the limitations.	The study finds that effective therapies for teenage intimate partner violence, emphasizing multi-setting methods, are available, but that trial quality has to be improved.
<i>("Intimate Partner Violence and Pregnancy: A Systematic Review of Interventions")</i> (Van Parys et al., 2014b).	systematic review of interventions for intimate partner violence (IPV)	not explicitly mention	not include specific details about the sample size, characteristics, or demographics of the participants in the reviewed studies	includes all types of interventions aiming to reduce intimate partner violence (IPV) around the time of pregnancy as a primary outcome	Physical, sexual, and psychological partner violence around the time of pregnancy.	The study discovered a paucity of solid evidence for effective interventions addressing intimate partner abuse during pregnancy, with promising results noted in home visiting programs and specific counseling therapies.	not explicitly state the limitations of the study.	The conclusion underlines the absence of solid evidence for effective therapies for prenatal intimate partner violence, but acknowledges encouraging outcomes in certain

								programs, emphasizing the need for further high-quality research.
<i>("Primary Care-Based Interventions for Intimate Partner Violence: A Systematic Review") (Merritt et al., 2014b).</i>	systematic review	not explicitly mention	Not mention	interventions tended to be brief, delivered by non-physicians, and focused on empowerment, empathetic listening, discussion of the cycle of violence and safety, and referral to community-based resources	intimate partner violence (IPV)	The majority of studies found patient-level improvements following primary care IPV treatments, with IPV/community referrals being the most often positively influenced outcome.	not explicitly mention	The conclusion underlines the absence of solid evidence for effective therapies for prenatal intimate partner violence, but acknowledges encouraging outcomes in certain programs, emphasizing the need for further high-quality research.
<i>("One Size Does Not Fit All in Treatment of Intimate Partner Violence") (Merritt et al., 2014b).</i>	critical examination and evaluation of the Duluth intervention for male perpetrators of intimate partner violence (IPV)	primarily addresses the intervention's philosophy, treatment outcomes, and calls for alternative evidence-based approaches	included 11 trials with a total sample size of 13,027 participants	screening interventions for intimate partner violence (IPV) within healthcare settings	specific types of violence, such as physical, sexual, or psychological	Screening for intimate partner violence in healthcare settings is likely to enhance detection, but the evidence for successful referrals is mixed, with little support for causing damage or enhancing outcomes.	Uncertainty regarding screening efficacy, poor identification rates, and limited information on damage or improved outcomes are among the limitations.	Due to its questionable effectiveness and limited influence on outcomes, there is insufficient evidence to justify the use of intimate partner violence screening in healthcare settings.
<i>("Effectiveness of a Group Intervention Program for Female Victims of Intimate Partner Violence") (Santos et al., (2016b).</i>	intervention study	Not mention	23 female participants in an 8-week group intervention program for intimate partner violence (IPV)	cognitive-behavioral orientation designed	centered around intimate partner violence (IPV) experienced by female participants	The findings suggest that an 8-week cognitive-behavioral group intervention can reduce re-victimization, change beliefs, and improve psychological well-being in female victims of intimate partner abuse.	There is no information in the study about particular limitations, which might include sample size limits, possible biases, or generalizability difficulties. More information on methodological flaws would improve the interpretation of the findings.	The study finds that the 8-week cognitive-behavioral group intervention assists female victims of intimate partner abuse successfully, resulting in good psychological effects.
<i>("Digital Technologies and Intimate Partner Violence: A Qualitative Analysis with Multiple Stakeholders") (Freed et al., (2017b).</i>	qualitative one, involving semi-structured interviews	New York City	semi-structured interviews with 40 intimate partner violence (IPV) professionals and conducted nine focus groups with 32 survivors of IPV in New York City	underlines the fact that both IPV specialists and survivors believe they lack appropriate knowledge to recognize and cope with technology-enabled IPV, and that there are insufficient best practices to address abuse through technology.	Intimate partner violence (IPV)," encompassing various forms of violence occurring within intimate relationships. Specific types of violence, such as physical, psychological, or technological abuse	The study revealed obstacles in addressing technology-enabled intimate partner abuse in New York City, stressing a lack of knowledge and best practices.	There is a shortage of experience among IPV specialists and survivors in dealing with technology-enabled IPV, as well as a lack of best practices to handle abuse through technology.	The study emphasizes the need of nuanced methods and suggestions in addressing the difficulties of technology-enabled intimate partner abuse in New York City.

<i>("Information and Communication Technologies in Behavioral Health") (Breslau & Engel, 2016).</i>	literature review conducted by RAND Project AIR FORCE to assess the use of Information and Communication Technologies (ICTs) in behavioral health care	focus of the literature review is on informing the U.S. Air Force in developing a strategy for the use of Information and Communication Technologies (ICTs) in behavioral health care	The RAND Project AIR FORCE research, which investigated ICTs in Air Force behavioral health treatment, included a varied sample of individuals, although the exact sample size and demographic information were not provided.	potential of Information and Communication Technologies (ICTs)	interpersonal violence, substance misuse, and mental health challenges, within the context of U.S. Air Force personnel	The RAND Project AIR FORCE research, which investigated ICTs in Air Force behavioral health treatment, included a varied sample of individuals, although the exact sample size and demographic information were not provided.	One restriction is a lack of scientific data to warrant increased investment in ICT-based psychosocial interventions for specific mental health disorders.	Despite scant data, the study indicates that there is promise in utilizing ICTs for mental health concerns in the United States Air Force, arguing for a cautious deployment strategy.
<i>("The Effect of Information Communication Technology Interventions on Reducing Social Isolation in the Elderly: A Systematic Review") (Santos et al., (2016b).</i>	Systematic Review of ICT Interventions for Elderly Social Isolation	Multicenter, Various Locations	Not mention	focused on Information and Communication Technologies (ICTs) to address elderly social isolation, with potential modifications based on specific dimensions	The study underlines the potential of ICT treatments to reduce social isolation in the elderly, urging personalized methods and greater research into other technology.	ICT treatments were found to have a beneficial influence on social support and connectivity among the elderly in general, but the long-term impacts and efficacy in reducing perceived social isolation require further investigation.	The study's shortcomings include the need for further well-designed, bias-free studies to assess the effectiveness of ICT treatments in reducing social isolation among the elderly.	According to the study, while ICT may be useful in reducing social isolation among the elderly, targeted techniques and further research, particularly on long-term impacts, are required for a thorough understanding of its impact.
<i>("Digital Interventions to Support and Treat Victims of Intimate Partner Violence") (Oliveira et al., 2023c).</i>	systematic review utilized experimental or quasi-experimental designs with quantitative methodologies	EBSCOhost, PubMed, and Web of Science	selected studies on digital interventions for Intimate Partner Violence (IPV)	digital interventions for responding to Intimate Partner Violence (IPV)	Intimate Partner Violence	Digital therapies, particularly safety decision aids, shown substantial gains in addressing IPV exposure, decisional conflict, safety tactics, and mental health issues among victims and survivors.	The study's shortcomings include the possibility of publication bias, the exclusion of certain terms in the search procedure, and the need for more research focusing on difficult-to-reach victims or women who have left the abuser.	Digital interventions show potential in treating Intimate Partner Violence, but more study is needed to adapt and improve efficacy, particularly for hard-to-reach victims, while addressing security and privacy issues.
<i>("A Systematic Review of Intimate Partner Violence Interventions Impacting South Asian Women in the United States") (Tripathi & Azhar, 2020b).</i>	a systematic review design, applying the conceptual framework of intersectionality	United States	sample of 318 South Asian IPV survivors and involved 25 organizations	Details about the specific interventions and modifications in the study are not provided	focused on intimate partner violence (IPV) interventions for South Asian women in the United States	The study highlights a lack of rigorously examined treatments for South Asian women facing intimate partner violence in the United States, with low efficacy evidenced in treating recurring IPV, particularly financial concerns.	The study has several limitations, including a lack of thoroughly reviewed therapies, limited efficacy in treating recurring intimate partner violence, and a lack of precise demographic information on the participants in the abstract.	indicates that there are few systematically tested treatments for South Asian women experiencing IPV in the United States, underlining the need for more effective and culturally relevant methods, particularly in addressing recurring violence and financial worries.

Discussion

The systematic review's discussion section on treatments for survivors of intimate partner violence ("IPV") gives substantial insights into the wide terrain of techniques and their ramifications (Emezue et al., 2021) meta-analysis found that technology-based therapies showed potential in lowering depression, anxiety, also physical violence victimization among female ("IPV") survivors. However, it is critical to recognize the limitations that have been found such as potential biases linked with the exclusion of non-English research. Expansion of investigation to low & middle-income countries through (Philbrick et al., 2020). Broadens evidence base for Information & Communication Technology (ICT) interventions, despite challenges such as small sample sizes also limited research on ICT treatments for sexual & gender-based violence against children.

Cultural concerns, as underlined in Tripathi and Azhar's (2020) assessment of South Asian women in US, highlight the need of developing culturally relevant techniques for engaging certain groups. Eckhardt et al. (2013) assessment of cognitive-behavioral and advocacy therapies sheds light on the efficacy of these methods in decreasing both physical and psychological intimate partner violence. The debate does, however, highlight limitations such as the lack of included research and the different type of medicines used.

Primary care-based treatments such as those investigated by Bair-Merritt et al. (2014) provide insight on the advantages for patients following IPV therapy, underlining the need for more high-quality research in this sector. According to Storer et al. and Oliveira et al., (2023) the influence of digital technology shows greater access to IPV services and the possibility of digital therapies, notably safety decision aids. Nonetheless, both studies admit limitations, such as potential biases and the need for more study on difficult-to-reach victims. The debate on screening for intimate partner violence in healthcare settings offered by Bair-Merritt et al. (2014) highlights concerns regarding the lack of evidence for its efficacy, highlighting the significance of cautious planning in its implementation. Santos et al. (2016) and Freed et al. (2017) address the problems associated with technology-enabled IPV treatments, emphasizing the lack of knowledge and best practices as well as the need for nuanced solutions

Clinical significance of results

The systematic review on therapies for intimate partner violence (IPV) is clinically significant since it examines a wide range of therapy techniques and their consequences for survivors. The findings, notably the efficacy of technology-based therapies in lowering depression, anxiety, and physical violence victimization among female IPV survivors, are important for mental health experts and physicians. Understanding the limits of these treatments, such as biases associated with eliminating non-English research, improves discernment of their potential benefit.

As established by Philbrick et al. (2022) extending research to low- and middle-income countries contributes to therapeutic importance by increasing the evidence base for Information and Communication Technology (ICT) therapies. This information is critical for healthcare practitioners working in a variety of worldwide contexts, since it informs them about the effectiveness and limitations of using ICT in various socioeconomic circumstances.

Cultural concerns mentioned in Tripathi and Azhar's (2020) analysis stress the necessity for culturally appropriate techniques, educating clinicians on the need of adapting therapies to various groups. The consideration of cognitive-behavioral and advocacy therapies, as well as primary care-based methods, emphasizes their therapeutic importance by highlighting possible advantages for survivors following IPV therapy. This information assists healthcare providers in selecting and executing therapy techniques that are tailored to the specific requirements of IPV survivors.

The insights into the influence of digital technologies highlighted by Storer et al. (2022) and Oliveira et al. (2023) have practical implications by implying increased access to IPV services and the potential of digital therapies, particularly safety decision aids. Healthcare providers may use this information to incorporate technology-based treatments into their practice, acknowledging the benefits while also taking into account the observed constraints in addressing particular victim demographics.

The clinical importance is further highlighted in the discussion on screening for intimate partner violence in healthcare settings, which raises clinician awareness of the lack of evidence for its effectiveness and prompts careful consideration in its implementation.

Finally, the clinical importance of this systematic review is found in its contribution to the knowledge of successful therapy strategies for IPV survivors. This knowledge may be used to inform the practices of mental health experts, physicians, and healthcare practitioners, using culturally sensitive and technologically sophisticated ways to better address the complex and varied issue of intimate partner violence.

Limitations

Despite the useful insights offered by the systematic review on therapies for intimate partner violence (IPV), several limitations should be noted. The omission of non-English research puts a possible bias into the study, reducing the generalizability of the findings. Small sample sizes and a lack of research on ICT treatments for specific populations, such as victims of sexual and gender-based violence against children, emphasize gaps in the available literature. The necessity for more in-depth intervention assessments, as well as the recognition of potential biases, highlight the need of interpreting the results with caution. These limitations highlight the persistent problems in completely reflecting the broad and complex nature of IPV, as well as the need for more study to fill gaps and develop intervention options.

Conclusion

The collection of research on treatments for intimate partner violence (IPV) provides significant insights into various ways to tackling the complicated issue of abuse in relationships. These studies, taken together, highlight the diverse character of IPV

therapies and offer a nuanced understanding of their impact on survivors. When the data are examined, numerous major themes and issues arise.

1. Technology-Based Interventions:

Meta-analysis highlights promise of technology-based therapy in lowering depression, anxiety, and physical violence victimization among female IPV survivors (Emezue et al., 2022). The study does, however, note limitations such as biases caused by the omission of non-English studies and the need for more in-depth intervention assessments. Philbrick et al. (2022) broaden their investigation to low- and middle-income nations, demonstrating a rising evidence base for ICT interventions. While encouraging, the study had some limitations, including a small sample size and a scarcity of studies on ICT treatments for sexual & gender-based violence against children.

2. Cultural Considerations:

Systematic review by Tripathi and Azhar (2020), on South Asian women in the United States throws light on inadequacies in carefully assessed treatments for this specific demography. The study underlines the need of culturally relevant strategies, particularly in dealing with reoccurring violence and financial issues.

3. Cognitive-Behavioral and Advocacy Interventions:

(Eckhardt et al., 2013) conduct a comprehensive review and meta-analysis to demonstrate effectiveness of cognitive-behavioral also advocacy treatments in reducing physical and psychological intimate partner violence. Limited number of included studies & variety of therapy, however, are drawbacks.

4. Primary Care-Based Approaches:

Bair-Merritt et al. (2014) investigate primary care-based therapies, focusing on patient-level benefits after IPV therapy. The conclusion emphasizes the importance of more high-quality research in this area.

5. Digital Technologies' Impact:

Storer et al. (2022) and Oliveira et al. (2023) investigate the benefits of digital technology. (Storer's) thematic analysis highlights better teenage access to IPV services, whereas Oliveira's systematic assessment highlights the promise of digital treatments particularly safety decision aids, in addressing IPV outcomes. Both studies, however, admit limitations, such as possible biases and the need for more study on difficult-to-reach victims.

6. Screening in Healthcare Settings:

The critical study of intimate partner violence screening in healthcare settings by Bair- (Merritt et al., 2014) finds minimal evidence for its usefulness in improving outcomes, underlining the necessity for cautious thought in its implementation.

7. Challenges and Future Directions:

Santos et al. (2016) and Freed et al. (2017) highlight the difficulties involved with technology-enabled ("IPV"). Both studies emphasize the lack of information and best practices, emphasizing the necessity for nuanced methods and recommendations in dealing with this rising issue.

Finally, the research contribute to our knowledge of the complexity of IPV therapies as a whole. While technological techniques have shown promise, cultural factors, cognitive-behavioral tactics, primary care-based efforts, and the problems associated with technology-enabled abuse necessitate continued study and tailored treatments. The limitations noted in these research underline the significance of continuing to explore and enhance IPV intervention options in order to better serve survivors and combat domestic violence.

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