



Cognitive-behavioral therapy and its practices in the treatment of victims of violence by intimate partners: restructuring traumatic cognitions

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SUMMARY

Violence against women in Brazil is a complex and persistent reality, often reinforced by patriarchal sociocultural structures and marked by gender inequalities. Based on data from official agencies, the study highlighted the dominance of physical aggression, psychological and sexual abuse committed by intimate partners, highlighting the vulnerability of women between 24 and 36 years old. Considering the impacts of this violence, the study aimed to investigate the contributions of Cognitive Behavioral Therapy (CBT) in the cognitive restructuring of women victims of intimate partner aggression, in the private clinical context.

The research, of a bibliographic nature, addressed five works that met the inclusion criteria, addressing the historical development of gender constructions and their implications for dysfunctional beliefs that perpetuate violent relationships. The manifestations of violence, their emotional impacts, such as Post-Traumatic Stress Disorder, depression, and anxiety, and the role of CBT in reframing traumatic experiences in the clinical setting were discussed. The results revealed that CBT techniques

CBT, such as Psychoeducation, Cognitive Restructuring, Socratic Questioning, Gradual Exposure, and Life Project Development, are effective in reducing symptoms, strengthening autonomy, and preventing revictimization. The conclusion is that, although studies have proven effective, the scarcity of studies produced in Brazil highlights the need for studies that delve deeper into the psychotherapeutic process, with the aim of improving care networks through evidence-based practices.

Keywords: Cognitive Restructuring. Cognitive Behavioral Therapy. Intimate Partner Violence.

Abstract

Violence against women in Brazil is a complex and persistent reality, often reinforced by patriarchal sociocultural structures and marked by gender inequalities. Based on official organ data, the study showed the domain of physical, psychological and sexual aggressions committed by intimate partners, highlighting the vulnerability of women between 24 and 36 years.

Considering the impacts of this violence, the study aimed to investigate the contributions of cognitive behavioral therapy (CBT) in the cognitive restructuring of women victims of aggression by intimate partners in the private clinical context. The research, of a bibliographic nature, addressed five works that fit into the inclusion criteria, addressing the historical development of gender constructions and their implications for dysfunctional beliefs that perpetuate violent relations. The manifestations of violence, their emotional impacts, such as post-traumatic stress disorder, depression and anxiety, and TCC's performance in the resignification of traumatic experiences within the clinical office were discussed. As a result it was identified that CBT techniques, such as psychoeducation, cognitive restructuring, socratic questioning, gradual exposure and construction of life projects, are effective in reducing symptoms, strengthening autonomy and preventing revictimizations. It is concluded that, although studies have been effective, the scarcity of works produced in the Brazilian territory points to the need for studies that deepen the psychotherapeutic process, with the purpose of

qualifying care networks through evidence-based practices.

Keywords: cognitive restructuring. Cognitive behavioral therapy. Violence by intimate partners.

1. INTRODUCTION

The informative guide created by the Women's Rights Defense Commission of Chamber of Deputies in 2018 presents, through illustrations, maps and graphs, the data referring to violence against women in Brazil, covering five topics: rape, violence domestic violence, femicide, cyber violence, and sexual harassment. This guide includes information about the occurrence of these crimes in each state, the link between the aggressor and the victim, legal provisions and guidance on seeking appropriate support.

It is worth noting that this classification does not reflect all the cases that occurred, but those that were reported by the media, being 140,191 occurrences throughout the period from January to November 2018. Underreporting of cases should be considered, as well such as those that were not registered at police stations or reported by the press.

The study shows that 83.7% of women subjected to domestic violence are in the age group of 18 to 59 years, with the highest incidence between 24 and 36 years. 58% of aggressors are the victims' intimate partners. Furthermore, the research points out that the largest volume of registered cases is concentrated in São Paulo, which corresponds to 8.5% of the total nationally, however, he emphasizes that one of the indicators of this data is due to the greater volume population of the state. The guide clarifies that no social class, ethnicity or age group is immune to violence, highlighting the lack of prevention and intervention strategies that consider these different realities.

Furthermore, another study carried out by the Ministry of Health's Surveillance Secretariat in Health in 2018 highlighted that, of the 78,393 cases of women who suffered violence by intimate partners, it is observed that the nature of the reported violence has a predominance of physical violence, psychological violence and sexual violence.

In view of this, the following research had as its main theme understanding the contributions of Cognitive-Behavioral Therapy in the psychological treatment of victims of aggression by intimate partners and conducted a review of clinical techniques and their effects on the process of restructuring the traumas experienced.

To situate the study, with sex and gender being elements discussed during the work, it was necessary to define that the conception of sex was adopted as pointed out by Rosa and Sardinha (2022), being a concept that uses the characteristics of biological aspects that are made use of the properties existing at birth, that is, if it is female it has the genitals



female, XX chromosomes and the hormonal composition is composed mostly of estrogens and progesterone. The male, on the other hand, would be the one who has the male sexual organs, XY chromosomes and increased testosterone production. The authors also add that gender is distinct from sex:

Gender can be understood as a social construction of the feminine categories and masculine that organizes relationships between men and women in a given context, structuring unequal power relations. Gender is one of the main social markers that construct subjectivity, and it is culturally shaped by the meanings and representations associated with an individual's anatomical sexual characteristics from birth. (Rosa and Sardinha, 2022, p. 88).

However, it is highlighted, as Saffioti (1992, p.190 *apud* Silva, 2015) points out that both sex and gender are cultural issues, since gender constitutes a way of being of the body, and the body is a situation, that is, a field of cultural possibilities that are received and reinterpreted. Following this line of reasoning, the body of the female figure is central to defining your situation in the world. However, this is not enough to define it as a woman. This definition can only be realized through the actions of this woman in society. This is equivalent to saying that gender is constructed and expressed through social interactions.

The social and psychological construction of gender has become over the years a central element in the constitution of social bonds, which is based on differences perceived between the sexes, as well as functioning in the form of a fundamental structure to assign meanings to power dynamics (Silva, 2015).

Therefore, it is essential to understand the social panorama that has been developing over the years, regarding what it means to be a woman within society, and as this is full of a scenario of gender inequality that is reinforced by patriarchy, because:

Once men's participation in reproduction became known and, later, private property was established, relationships became predominantly monogamous to ensure inheritance for legitimate children. Women's bodies and sexuality came under control, establishing the monogamous family and the sexual and social division of labor between men and women. Thus, patriarchy was established, a new social order centered on patrilineal descent and men's control over women (Koller and Narvaz, 2006, p.50).

The authors above highlight that the belief in male superiority legitimizes control over sexuality, the body and female autonomy. And it brings that patriarchy, as a social structure, it attributes power to the masculine and is based on two principles fundamental: the subordination of women to men and the subordination of men more

young to old. This social organization has generated, over time, multiple manifestations of violence initially ignored by the State, because, as the authors previously, the patriarch exercised absolute control over his wife, children, slaves and vassals, including the authority to decide over their lives and deaths, which contributed to state negligence and a push towards a society unequal.

Curia *et al.* (2020) elucidate that, throughout the 1980s, feminist struggles focused on gender inequality, seeking to guarantee the rights of women, transforming aggression against women into a public issue, demanding greater state intervention. In 1994, during the General Assembly of the Organization of United States Americans, in Belém do Pará, the "Inter-American Convention for Prevent, Punish and Eradicate Violence Against Women". Although Brazil has approved legislation in 1995, it was only implemented in 2001, after pressure from the Commission Inter-American Court of Human Rights due to the State's tolerance of violence suffered by Maria da Penha, ensuring that women under circumstances of violence had the right to the defense and that the attackers were investigated (Bandeira and Almeida, 2015, *apud* Curia *et al.*, 2020).

In light of these events, the World Health Organization (WHO) declares, in 2002, that such aggression must be seen as a serious violation of the Rights Humans. In 2006, Law No. 11,340 was enacted in Brazil, popularly recognized as the Maria da Penha Law. In accordance with this Law, the Courts specialized in Domestic and Family Violence against Women and structured specialized care provided by multidisciplinary teams (Saffioti, 2001 *apud* Curia *et al.*, 2020).

Article 7 of the above law classifies the forms of aggression that can be carried out against the female gender, which are: (1) Physical violence, which includes any act that causes injury to female bodily integrity. (2) Psychological violence is understood as behaviors that cause emotional harm and lower a woman's self-esteem, such as threats, insults, manipulation, humiliation or blackmail. (3) Sexual violence occurs when a woman is forced to witness or engage in sexual activity consented, when their sexual and reproductive rights are limited in some way, such as impediment to the use of contraceptive methods and when it is coerced into marketing your body. (4) Patrimonial violence involves retaining or destroying personal documents, goods, work tools and economic resources of the victim and (5) Moral violence, by

in turn, refers to any attitude that constitutes slander, defamation or insult, damaging the woman's reputation.

A major question raised in these cases is disrespect regarding the permanence of women who are victims of aggression in their relationships, which leads to their revictimization, form, Silva, Neto and Filho (2009) point out that:

Patterns of suffering and domestic violence in families, if not stopped, can continue to be perpetuated across generations. According to the authors, women who suffered or witnessed violence during childhood are more likely to develop psychological problems, which often contributes to the formation of individuals more vulnerable to experiencing aggression from their partners. Thus, because other models of family relationships have not been learned, the history of violence experienced by men and women in childhood or adolescence tends to be reproduced in adulthood. Therefore, even though transgenerational violence is present in everyday family relationships, it has always been socially invisible due to the male authority in the family structure (Silva, Neto and Filho, 2009, p. 63).

Although many advances have been made, women still face a society where the distinction between genders persists, relegating the feminine to a state of subalternity while privileging the masculine. For, just as Machado (2000, p. 3 *apud* Koller and Narvaz, 2006) shows that, over time, patriarchy has been changing and taking on new characteristics, forming a modern patriarchy. The authors highlight that the diversity of women's positions throughout Western history, in contexts of transformations and contradictions, makes it difficult to reduce this reality to a single concept and totalizing. For researchers, the only way to understand it is as a reference to the constant, but never identical, form of male domination present throughout different historical periods.

When working in the private context, the psychologist must understand the historical context and women's social needs to prevent and promote care that aims to, "In addition to reducing symptoms, reduce or prevent future re-victimizations, working on the functioning of the cycle of violence, discussing and clarifying the symptoms and treatment" (Habigzang *et al.*, 2006, *apud* Petersen *et al.*, 2019, p. 151).

Given the above, the main problem of the research arose, which would be: "How do Cognitive Behavioral Therapy (CBT) practices in the private clinical context can contribute to the cognitive restructuring of women victims of intimate partner violence intimate, considering the historical impact of gender inequalities on the formation of dysfunctional beliefs and the need to avoid re-victimization during care?"

This question arose based on the research carried out and the understanding of that women in contexts of violence often resort to assistance policies social to stop the aggression:

Studies show that health services, the police, police stations and courts, and religious leaders are among the social and institutional resources most sought after by women (Schraiber and Castilho, 2010; Silva, Araújo, Valongueiro and Ludemir, 2012, *apud* Rosa and Nascimento, 2018, p.664)

As Oliveira and Cavalcanti (2007 *apud* Rosa and Nascimento) point out, 2018) welfare policies have made several advances since the 1980s to reduce the phenomenon of women in situations of violence, with emphasis on specialized police stations for women, creation of shelters for women in situation of violence, campaigns that aim to progressively discuss the issue and provide health and social assistance programs that seek to support these women, as well as the Maria da Penha law mentioned above.

Petersen *et al.* (2019) points out that the violence experienced can generate several health-related consequences, and women may suffer from the emergence or the worsening of mood disorders, anxiety disorders, related disorders to stress, substance use disorder, obsessive-compulsive spectrum disorders, self-destructive behaviors and thoughts, as well as a state of shock that can last hours or days after the assault. Exposure to violence can impair autonomy and cause feelings of incompetence, insecurity, loss of self-worth and isolation social. In addition to the psychological impacts, violence can also cause physical problems, such as difficulty sleeping, chronic pain, high blood pressure and illnesses sexually transmitted.

Cognitive Behavioral Theory has a set of techniques that come to assist patients seeking your service by encouraging them to question and modify their dysfunctional automatic thoughts, identify and restructure negative core beliefs and develop coping skills to deal with emotions and behaviors problematic (Castro, Silva and Rocha, 2023).

Petersen *et al.* (2019) conducted a literature review study on the treatment of women victims of violence using CBT, where it was demonstrated that she has significant potential for treating these victims, as it uses techniques



aimed at redefining traumatic events and protocols that aim to reduce symptoms such as anxiety, depression and post-traumatic stress disorder (PTSD) (Bermann and Graff, 2015; Habigzang, Hatzenberge, Dala Corte, Stroher, and Koller, 2006; Ortiz *et al.*, 2011, *apud* Petersen *et al.*, 2019). The researchers also report that, in addition to symptom reduction, the techniques focus on reducing and preventing future re-victimizations, working on the functioning of the cycle of violence, discussing and clarifying the symptomatology and treatment (Gomes, 2012; Habigzang *et al.*, 2006, *apud* Petersen *et al.*, 2019).

Dysfunctional beliefs, according to Gomes (2012), can contribute to the outbreak of dysphoric feelings and maladaptive behaviors, which can be configured as facilitator for the advancement of other pathologies. Martins, Nobre and Martins (2021) still reinforce that such violence contributes to these women presenting thoughts negative automatic thoughts about oneself, others and the world, which leads to a low self-esteem, self-deprecation, and lack of belief in future relationships. In addition to leave them vulnerable to the emergence of psychopathologies.

To help these women, it was noted that CBT works according to Beck (2014 *apud* Martins, Nobre and Martins, 2021, p.105) as a “structured, directive psychotherapy, focused on the present moment, aimed at solving current problems and modification of dysfunctional thoughts and behaviors.” Furthermore, scholars reinforce that victims of domestic violence learn to evaluate their thoughts in a more realistic and adaptive way, which helps to improve the emotional state and, consequently, for positive changes in behavior.

In this regard, CBT has techniques to help them, which are highlighted by Hofmann (2014) as well as Conceição and Bueno (2020) such as: Psychoeducation, Cognitive Restructuring, *Mindfulness*, Gradual Exposure to Traumatic Memories, Training in Problem Solving, Emotional Regulation, Questioning Technique Socratic, Downward Arrow, Social Skills Training. These techniques align with the relapse prevention goals, helps women develop greater autonomy, restore your self-esteem, break cycles of violence and give new meaning to your experiences, promoting a safer and healthier subjective reconstruction.

The goal of these methodologies is to recognize, evaluate and adjust beliefs

dysfunctional, in addition to exposing the patient to situations and memories that he avoids because he considers them threatening, although in reality they are not, and to elucidate and familiarize themselves with their disorder. The purpose of this treatment is to develop behaviors adaptive, causing a reduction in the person's suffering, so that they can look for herself and can make her own decisions (Castro, Silva and Rocha, 2023).

In view of the above, it is understood that the general objective of the work is to explore and understand the therapeutic practices of CBT applied in private practices in the face of reports from victims of violence committed by intimate partners and during the research, verify and highlight the contribution of the psychology professional in the procedure Restructuring Cognitions in a healthy way, while recognizing the relevance of socio-historical context of being a woman within society, in order to prevent revictimization.

For this purpose, specific objectives were defined, initially being (1) explored the historical construction of women and (2) the impact of the feminist struggle on transformation of patriarchal perceptions, which, as already mentioned, helps the psychologist to avoid revictimization, and also investigate the impacts of gender disparities on formation of dysfunctional beliefs. (3) address the types of violence in the context of relationships by intimate partner (4) psychological impacts, emphasizing Post-Traumatic Stress Disorder Traumatic, anxiety and depression, but also discuss how these types of violence physical, psychological, sexual, patrimonial and moral contribute to the development of dysfunctional beliefs and (5) present the therapeutic methods of Cognitive Therapy-Behavioral and its impact on the recovery of victims, focusing on interventions that are evident for this treatment.

Therefore, it is concluded that in Brazil, where rates of aggression against women are still high, it becomes essential to continue reproducing debates and professional development, so that it is possible to seek improvement in services assistance in welcoming and promoting the health of women who are victims of aggression with preparation and continuous training of professionals' performance, thus promoting an improvement in the quality and effectiveness of promoting women's rights.

2. LITERATURE REVIEW

In this chapter, we intend to address the concept of violence, its typologies and implications in the relational context. According to data from the World Health Organization (WHO) (2002 *apud* Rezende and Sacramento, 2006) violence is defined as:

The intentional use of force or power in a threatening or actual form, against oneself, another person, group or community, which causes or has a high probability of causing injury, death, psychological harm, developmental changes or deprivation (WHO, 2002 *apud* Rezende and Sacramento, 2006, p.96).

The WHO definition of violence (2002, *apud* Dahlberg and Krug, 2006) characterizes the phenomenon due to the presence of intentionality in carrying out the act, regardless of the final effect produced. Within this concept, the WHO excludes events that do not have intentional nature, such as traffic accidents or burns resulting from fires, classifying them as accidental.

However, it can be understood that violence is a culturally constructed action and from this perspective, the WHO states that violence should be considered:

To the extent that it concerns the health or well-being of individuals. Some behaviors, such as wife-beating, may be viewed by some as acceptable cultural practices, but are considered violent acts with significant effects on the individual's health (Dahlberg and Krug, 2006, p. 1166).

Intimate Partner Violence is deeply related to violence against women, also known as gender-based violence. This phenomenon has gained greater visibility from the 1980s onwards, driven by the feminist movement, which highlighted the frequency and severity of aggressions occurring in the domestic environment. feminist demands highlighted the urgency that crimes committed by partners intimates were treated with the same seriousness as crimes committed by strangers, marking a significant step towards the publicization of issues previously considered exclusively private (Rezende and Sacramento, 2006).

Thus, the concept of IPV, according to D'Oliveira *et al.* (2009), continues to be debated in the scientific corpus, with variations in theoretical and epidemiological models on its determinants. Despite the lack of consensus, it is widely accepted that IPV is



multicausal origin, being influenced by sociocultural norms present in various cultures. The author above also points out that it is often associated with acceptance social violence and hierarchical gender norms, which support the vision of a "right" male about female behaviors and assets. Conflicts generated when the woman challenges this control or as man fails to maintain it are correlated with the occurrence of IPV.

2.1 ANXIETY, DEPRESSION AND POST-TRESS DISORDER

TRAUMATIC (PTSD)

As PTSD, anxiety and depression are the focus of this work, it was established a definition according to the reference manual for diagnostics of mental disorders (DSM-5 TR, 2012) regarding each of the clinical conditions mentioned.

The manual clarifies that the central features of PTSD are found in evolution of symptoms after exposure to one or more traumatic events. The manifestation PTSD clinical presentation can vary between individuals. Some present a predominance of fear-based re-experiencing, accompanied by emotional and behavioral symptoms. In other cases, anhedonic or dysphoric mood states prevail, in addition to cognitions negative. There are also those in which the most striking symptoms involve excitement exacerbated and impulsive external reactions, while for others, dissociative symptoms are predominant. Finally, some individuals may present a combination of these different symptomatic patterns.

In accordance with the characteristics of the DSM-5 TR (2012, p.306), the diagnosis of this disorder, in women who are in an abusive relational dynamic, can be falls under criterion A4, which includes "repeated or extreme exposure to aversive details of traumatic events".

Depression, according to the DSM-5 TR (2012), is characterized by sadness sufficiently severe or persistent to interfere with functioning and often to decrease interest or pleasure in activities. The exact cause is unknown, but probably involves heredity, changes in neurotransmitter levels, changes in function neuroendocrine and psychosocial factors. Diagnosis is based on history. Treatment usually consists of medication, psychotherapy, or both, and sometimes electroconvulsive therapy (ECT) or rapid transcranial magnetic stimulation (rTMS).

Anxiety disorders, according to the DSM-5 TR (2012), differ from fear and normal developmental anxieties because they are excessive or persist beyond the expected for a certain stage of life. While transient fear and anxiety are usually triggered by stressful factors and disappear spontaneously, anxiety disorders are persistent, usually lasting six months or more. In However, this duration criterion is not rigid and can be adjusted.

Individuals with anxiety disorders tend to overestimate danger in feared or avoided situations, making it essential for the clinician to assess whether the response is excessive or disproportionate, considering contextual and cultural factors.

2.2 Cognitive Behavioral Theory

Cognitive theory was developed by Aaron T. Beck at the University of Pennsylvania, in the early 1960s, as a brief, structured, and guided psychotherapy to the present with a focus on depression (Argimon, Barbosa and Terroso, 2014).

According to Hofmann (2014), during Beck's work with individuals facing depression, it was observed that these subjects often reported a constant flow of negative thoughts, which arose automatically and spontaneously. He called it these cognitions of automatic thoughts, which are capable of being understood as ideas or images that arise spontaneously in a person's mind in response to a specific situation, without her necessarily realizing or reflecting on it. They are quick, brief, often involuntary, and reflect immediate interpretations of events surrounding the subject's life.

These thoughts are based on deeper beliefs, called schemes, which the individual develops about himself, the world and the future. The schemes directly influence the way a person interprets different situations, generating automatic thoughts that consequently contribute to interpretations distorted perceptions of reality and maladaptive emotional responses.

The author also points out that based on this cognitive model, Beck developed a therapeutic approach aimed at assisting patients in identifying and evaluating of these automatic thoughts and underlying core beliefs. The purpose is to help them to realize how these beliefs contribute significantly to the establishment and the continuation of their emotional problems. Through the therapeutic process, the patient is encouraged to recognize the rigidity and irrationality of his thought patterns, being encouraged to adopt more flexible and realistic ways of thinking and acting. This work

promotes cognitive and behavioral changes that contribute to improving well-being psychological state.

The central premise of Cognitive Behavioral Therapy (CBT) is quite straightforward: emotional and behavioral responses are profoundly influenced by cognitions. It is these thoughts that shape the way the subject interprets and gives meaning to situations. Thus, feelings such as anxiety, anger or sadness do not arise simply because of the events themselves, it is understood that there are reasons to react in this way form. In other words, what really determines emotions is not the objective situation, but the the way it is perceived, the existing expectations and the interpretations made, which is called cognitive assessment (Hofmann, 2014).

When identifying these beliefs, CBT offers tools to help them can question them critically, analyzing their origin, veracity and usefulness. This reflective process contributes to the reconstruction of meanings and the replacement of distorted interpretations by more realistic, balanced and functional thoughts. With this, the negative automatic thoughts, which often arise in situations everyday activities reinforcing emotional pain and avoidance or submission behavior, can be reformulated (Hofmann, 2014).

In this way, CBT not only works to reduce psychological symptoms resulting from violence, but also promotes the enhancement of self-esteem, autonomy and decision-making ability, fundamental aspects for breaking the cycle of violence and the construction of new life projects.

According to Hofmann (2014) and Conceição and Bueno (2020), the techniques that help facing these issues include: Cognitive Restructuring which is centered on beliefs main and during the sessions, they will instruct the therapist on cognitive functioning of the individual. The purpose is for the patient to notice these thoughts and begin to analyze them from a distance perspective, so that he can perceive the distortions and be able to change the way you act, promoting control and self-confidence. While Psychoeducation is aimed at elucidating and becoming familiar with your condition, and the implications of this diagnosis, as a means of making it active in your process of seeking improvement.

Mindfulness practices involve diaphragmatic breathing, muscle relaxation progressive and meditation. These techniques are mostly taught to those who have anxiety symptoms. These breathing and relaxation exercises have an effect

calming, promoting oxygenation of the brain and helping in the recovery of a more realistic perception of the situation around you, in addition to contributing to controlling anxiety.

Gradual Exposure to Traumatic Memories is a technique where the victim is repeatedly exposed to aversive stimuli through mental images, with the aim of generating habituation and extinction.

Problem-solving training includes clarifying the current problem situation, defining the desired goal, and finding the means to achieve it. It is a structured action that helps the patient identify, understand and face concrete challenges, whether they are interpersonal, professional, emotional or practical in nature. The idea is that, by learning to deal with problems systematically, the patient reduces the feeling of overload, helplessness and avoid ruminations and impulsive responses.

Emotional Regulation refers to the ability to recognize, understand, express and manage one's own emotions in a healthy and functional way. This involves both the reduction of intense negative emotions, as well as the promotion of emotional states positive, without denying or suppressing feelings, but dealing with them in a adaptive.

Socratic Questioning uses guided questions to help the patient explore the validity, usefulness, and coherence of your automatic thoughts and beliefs. In Instead of the therapist directly saying that the patient's thinking is irrational, he leads the patient to reach their own conclusions, promoting self-knowledge, autonomy and cognitive change.

Descending Arrow is a CBT technique used to access deeper beliefs. deep-seated beliefs, called core beliefs or schemas. This tool helps the therapist and the patient to better understand the emotional root of automatic thoughts and dysfunctional behaviors.

Social Skills Training (SST) is a CBT technique that aims to develop more effective social behaviors, such as initiating conversations, declining requests and dealing with criticism. It works on behavior, thoughts, and emotions. involved in interactions, helping to improve communication, self-esteem and relationships.

These approaches, when integrated, favor the restoration of autonomy, resilience and quality of life for women, enabling a more effective recovery and healthy. Therefore, the application of interventions based on Cognitive-



Behavioral Therapy (CBT) has a positive impact on coping with the effects of violence, contributing to the construction of a more balanced life (Gomes, 2012).

3. METHODOLOGY

The documentary review methodology was chosen because it makes it possible to add dimension of time to the understanding of the social, as Cellard points out (2008 *apud* Almeida, Guindani and Sá-Silva, 2009). This approach was relevant to the work, as it allowed observe the transformations that have occurred in society and its patriarchal organization, These transformations are driven by feminist struggles, which need to be referenced. The historical context is important, as it permeates clinical and care practices in psychology, in addition to facilitating the prevention of revictimization.

According to the author, "Document analysis favors the observation of the entire process of maturation or evolution of individuals, groups, concepts, knowledge, behaviors, mentalities, practices, among others" (Cellard, 2008 *apud* Almeida, Guindani and Sá-Silva, 2009, p.2). Based on this framework, the management was analyzed psychological treatment aimed at women who are victims of violence, observing how Therapy Cognitive-Behavioral Therapy can be applied to the treatment of Post-Traumatic Stress Disorder. Traumatic, anxiety and depression, as well as restructuring of thoughts dysfunctional.

The methodology was based on the analysis of academic productions, scientific articles and master's dissertations, which deal with IPV and therapeutic practices used by psychologists to promote the well-being and mental health of women who have experienced circumstances of violence. The literature review included a review of literature and consultation of Scielo, PePSIC, Virtual Health Library (VHL) databases and PUCRS Digital Library of Theses and Dissertations. The books were used to understand the studies, supporting the information found.

For the theoretical survey, authors and publications that deal with psychological intervention in cases of domestic violence, which present approaches to Cognitive-Behavioral Therapy in the context of the mental health with a focus on treatment in private clinics.

The study was developed with a focus on national references that address the entire Brazilian scenario to understand how specific clinical practices impact the process of emotional recovery of victims. Thus, data were analyzed coming from different Brazilian states and locations where support policies

psychological have been implemented.

Only academic materials from 2006 to 2025 were considered, remembering that this year, the date of the enactment of Law No. 11,340, known as the Maria da Penha Law, as it is when one perceives a mobilization on the part of the State in the face of gender violence. Furthermore, materials that deal with other therapeutic approaches not focused on context of gender violence, non-reviewed articles and unsubstantiated publications scientific or ideologically biased.

Based on the assumptions of Bardin (2011 *apud* Camâra, 2013), the analysis was divided into three stages: pre-analysis (organization and reading of materials), where it was carried out a floating reading with the purpose of getting to know the text and checking whether it reaches the demands of research.

Exploration of the material (coding and categorization), in which it was analyzed whether the article fits into the practices of Cognitive Behavioral Theory, if it brings the impacts of intimate partner violence, the historical construction of gender difference, possible challenges encountered during treatment, among others that can be analyzed.

And treatment of the results (interpretation and discussion), in which the contribution of the selected texts to the research objective. Content Analysis made it possible to identify how Cognitive-Behavioral Therapy is applied in treatment of victims of domestic violence and the main challenges and results observed.

The descriptors to carry out the research were: Women, Patriarchy, Disorder Post-traumatic stress disorder, Cognitive Behavioral Therapy, Violence Against Women, Domestic Violence, Revictimization, Intimate Partner Violence, Intervention Psychological, Cognitive Restructuring, Gender Violence, Clinical Care, Feminism, Physical Violence, Psychological Violence, Patrimonial Violence, Violence Morality, Core Beliefs, Dysfunctional Beliefs, Private Practice, Case Studies and Case Studies Clinical.

According to Rios (2006), ethics in research must be taken into account not only just as a set of rules, but as a fundamental principle to ensure the clarity, depth, and reliability of scientific results. Furthermore, research followed the guidelines established by the Brazilian Association of Technical Standards (ABNT), NBR 10520:2023 deals with the correct way to make citations in the body of the text, whether direct or indirect, while NBR 6023:2018 establishes the standards for formatting bibliographical references, ensuring that all sources consulted are identified

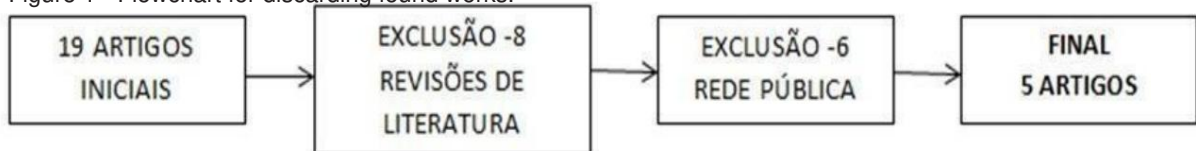
and localizable, thus avoiding plagiarism.

As well as the origin and reliability of the documents were verified used, ensuring that they are legitimate sources and appropriate to the research context. Sensitive or confidential documents were treated with the utmost care, respecting the usage limits established by rights holders or responsible institutions for your protection

Furthermore, the study brings to light the discussion about the importance of the clinical context private as a safe space to welcome these women, and the redefinition of experiences of violence. Highlight how therapeutic practices can help break the cycle of violence in their lives.

Using the descriptors, several materials were found that were discarded by do not meet the objective of this article, as exemplified in the flowchart in figure 1.

Figure 1 - Flowchart for discarding found works.



Source: authors' compilation.

The following materials present the articles and master's dissertations that will be used in this work.

3.1 MATERIALS

Figure 2: Information table of the works found

Works	Authors	Bases of Data	Women Served	Middle Ages
<i>Evaluation of the Impact of a Cognitive-Behavioral Intervention for Women in Domestic Violence Situations in Brazil</i>	(1) Luisa Fernanda Habigzang, (2) Jaluzia Schneider, (3) Rafaela Petrolí Frizzo, (4) Clarissa Pinto Pizarro de Freitas.	http://www.scielo.org.co/scielo.php?pid=S1657-9262018000300052&script=sci_arttext	11	42 to 73

Evaluation of the psychotherapy protocol process for women with a history of domestic violence	Mariana Gomes Ferreira Petersen.	https://tede2.pucrs.br/tede2/handle/tede/7834	3	18 to 60
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Psychoeducation on violence and mindfulness for women with history of violence: a case study	(1) Amanda Soares Dantas, (2) Rafaela Pereira, (3) Julia Floriano Zafalon, (4) Sabrina Mazo D'Affonseca.	https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1353837	1	43
Cycles of change identified in the psychotherapeutic process of women's with history of intimate partner violence	Júlia Carvalho Zamora	https://tede2.pucrs.br/tede2/handle/tede/9156	3	From 18 years old
Therapy Cognitive-Behavioral for Women Who Have Suffered Intimate Partner Violence: Multiple Studies cases	(1) Luisa Fernanda Habigzang, (2) Mariana Gomes Ferreira Petersen, (3) Luisa Zamagna Maciel	http://www.scielo.edu.uy/pdf/cp/v13n2/pt_1688-4221-cp-13-02-249.pdf	4	28 to 55

Source: Authors' compilation

3.2. ANALYSIS PROCEDURE

This research adopts a mixed approach, combining the interpretation of quantitative data which, according to Carvalho, Pedrosa and Amorim (2006), are those in



that the “Quantification of phenomena occurs, transforming chosen qualities into numbers that are supposed to represent these qualities” and qualitative ones that “Emerge as translation of selected aspects of the phenomenon into some form of structured description” (Carvalho, Pedrosa and Amorim, 2006, p. 52).

In view of this, it can be understood that the qualitative elements were analyzed regarding information from research that presents descriptive reports and researchers' analyses, which explored the perceptions, feelings and experiences of the victims. They include women's accounts of their experiences of violence and the obstacles faced to seek help, as well as the professionals' impressions about the difficulties in care, narratives about the emotional and psychological impacts of violence in the lives of victims. This data set allowed for a better understanding in-depth information about the realities faced by victims and the effectiveness of the support offered.

Quantitative data were expressed in numbers and allow for measurement statistics of the phenomenon. In this context, information such as the total quantity is included of services provided in psychotherapeutic sessions, the frequency of occurrences of various forms of violence (psychological, moral, sexual, patrimonial and physical), the average age of the victims treated, the percentage of recidivism and the socioeconomic profile of the women served. This information provides an objective view of the scope of the issue and assist in the formulation of public policies.

The combination of qualitative and quantitative data allowed for a comprehensive view of the problem, establishing a comparative analysis between data from different studies, allowing to evaluate the coherence of information, identify patterns and understand nuances that could go unnoticed in isolated analyses, integrating different perspectives to support the research conclusions.

4. RESULTS AND DISCUSSION

The aim of this work was to study the treatment practices of CBT applied in private practices in response to reports from victims of violence committed by partners intimate. To achieve this, three articles and two master's dissertations were found in psychology. The data from the five materials found were compared with the presented in the literature that was courted from the bibliographic review, as well as the data brought up in the introduction.

A comparison was also made between the data found in the studies, to

identify patterns and divergences in clinical approaches that serve women in situation of violence. This comparison made it possible to understand which strategies of Cognitive Behavioral Therapy has demonstrated greater efficacy in the treatment of Post-traumatic stress disorder, anxiety and depression, in addition to highlighting interventions that contributed significantly to the restructuring of cognitions dysfunctional. This made it possible to draw a more consistent picture of the practices used and their impacts on the therapeutic process

The research found was carried out from 2017 to 2021. It is worth noting that, analyzing the information reported in each material, it was found that the names in front of the research regarding IPV and the assistance of CBT in the therapeutic process are: Luisa Fernanda Habigzang, who appears in two articles and is also named as a professor of two theses developed by PUC-RS. While Mariana Gomes Ferreira Petersen, developed his master's dissertation in the area and collaborated with Habigzang in one of the research.

Among the material found, it was observed that one to eleven cases were attended to women experiencing violence by their intimate partners. The age of the participants ranged from 18 to 73 years. It is worth noting that the ages highlighted deviate from what was indicated by the House Women's Rights Committee in 2018, as it points out that women in situations of domestic violence are between the ages of 18 and 59. However, reinforces the idea that no age group is immune to violence.

Sessions range from 12 to 16, with an average duration of 50 to 60 minutes. However, the participants in the study by Habigzang, Petersen and Maciel (2019), initially were being treated at a protection agency offered by public services municipalities of Porto Alegre, and were subsequently selected for the study and referred for psychological evaluation and psychotherapy. While participants in Habigzang *et al.* (2018) partnered with the Women's Reference Center of metropolitan region of Porto Alegre, who directed them to psychological care. Already in Petersen (2017) the clinical study took place with participants who were referred by Center for Assistance in Legal Psychology (NAPSIJUR - PUCRS), Center for Studies and Research in Trauma and Stress (NEPTE – PUCRS) and by the Specialized Court in Domestic and Family Violence against Women.

This information reinforces what Rosa and Nascimento (2018) said about the search of women initially occurs through public bodies, as these have been specializing and making several advances to provide support to these women.

The articles analyzed show a predominance of multiple forms of violence suffered by women from their intimate partners (physical abuse, psychological torture, deprivation of resources, sexual and moral violence). However, psychological torture, physical abuse, and sexual violence were present in all five studies, while patrimonial torture was identified in three studies (Dantas *et al.*, 2021; Zamora, 2018; Petersen, 2017), and moral violence was identified in only two (Zamora, 2018; Petersen, 2017). These data are consistent with the 2018 epidemiological bulletin of health surveillance agencies, which showed that reports are largely related to physical abuse, psychological torture, and sexual violence perpetrated by intimate partners.

All five materials present depression and anxiety, and of these, only four (Habigzang *et al.*, 2018; Petersen, 2017; Zamora, 2018; Habigzang; Petersen; Maciel, 2019) talk about post-traumatic stress disorder traumatic. This demonstrates that the data from this study are in line with what was proposed by Petersen *et al* (2019) who propose that work with women within CBT should focus on mostly for investigation and treatment of these disorders.

As for the techniques used, it was observed that all protocols make use of Psychoeducation as an initial element of treatment, four studies (Habigzang *et al.*, 2018; Petersen, 2017; Zamora, 2018; Habigzang, Petersen and Maciel, 2019) make use of Cognitive Restructuring, Gradual Exposure to Traumatic Memories and Training in Problem Solving. Two works (Habigzang *et al.*, 2018; Habigzang, Petersen and Maciel, 2019) present Relapse Prevention that relies on Skills Training Social; Two other works (Petersen, 2017; Zamora, 2018) use Regulation Emotional, Strengthening Protection Actions and Future Planning. A work (Dantas *et al.*, 2021) presents *Mindfulness* techniques while another study (Zamora, 2018) presented the Socratic Questioning and Descending Arrow technique.

This information corroborates what was presented by Hofmann (2014) as well as Conceição and Bueno (2020) in which it is observed that Psychoeducation in this process occurs about the forms of violence, risk assessment, programs that can help them in these moments and, when necessary, the construction of a security plan. The process also included reflections on social gender relations, psychoeducation on violence motivated by gender issues and understanding the emotional and physical impacts of violence. Cognitive Restructuring helps victims of violence for gender reasons, they can identify and modify their dysfunctional beliefs, enabling better control over your cognitions.

Gradual Exposure to Traumatic Memories helped these women face traumatic memories in a controlled environment where they have support

to deal with this information, and subsequently promote desensitization to aversive stimulus. Problem-Solving Training helps identify and define the challenges of everyday life, as well as reduce the emotional burden they may encounter within these problems. Emotional Regulation teaches strategies for processing the emotions, helping to understand cognitive distortions, automatic thoughts and also beliefs. *Mindfulness* relies on breathing techniques, which are employed especially in the face of anxiety, to aid recovery and perceptible clarity, the physical and psychological well-being.

Socratic Questioning promotes reflection on automatic thoughts, leading to re-evaluation of beliefs, while the Downward Arrow is used to access these deeper beliefs and reveal the meanings underlying the thoughts dysfunctional, contributing to a broader understanding of cognitive functioning of the patient.

These techniques help to prevent future re-victimization, thus, there is a prevention of relapses as well as the creation of protection strategies and development of future projects during the therapeutic process, appearing in the latest sessions, which include social skills training with the aim of teaching the patient strategies and interpersonal skills that favor both social and individual. Using the timeline, they plan the future and make a self-assessment about themselves. This allows them to develop resources that help them to achieve your goals, preserve your self-esteem and strengthen your autonomy and ability to make decisions.

It was observed that the Beck Depression Inventory – BDII; and Beck Depression Inventory Anxiety – BAI, appear in the studies researched. These scales were applied both in the pre and post protocol to assess anxiety and depression levels. As for PTSD, it was found that to identify it, it was used in three studies (Habigzang, Petersen and Maciel, 2019; Habigzang *et al.*, 2018; Zamora, 2018) structured interview based on DSM-5/ICD. While one study (Petersen, 2017) used *Posttraumatic Symptoms Checklist* (PCL-5; *Weathers et al.*, 2014) which presents a self-report scale which aims to measure the severity of symptoms and provide a diagnosis of PTSD. These scales were also used in both the pre and post test, with the purpose of verify whether the symptoms that indicated PTSD persisted after the application of the protocol.

It is important to apply these inventories, because as mentioned by Peterson *et al.* (2019) gender-based violence against women can worsen both their health status



physical and mental, and may suffer from the development or worsening of disorders such as anxiety, depression and PTSD. These scales are becoming important for identification of disorders in these women, as well as to verify the effectiveness of the improvement of these symptoms.

After the interventions, a significant improvement was observed in the results session of anxiety and depression symptoms in the five studies, but it is worth noting that Petersen (2017) and Zamora (2018), after applying the protocol, had a result with an increase of anxiety from minimal to mild in one of the women. These notes range from in line with what is emphasized by Petersen *et al.* (2019) who identify in their studies that the CBT has significant potential for treating these women, as it uses techniques that aims to reframe traumatic events and reduce symptoms such as anxiety and depression, but the data found regarding a slight increase in anxiety indicate the need for continuous research to improve the protocol.

Regarding PTSD, Habigzang *et al.* (2018) highlight that they did not obtain significant results after the sessions. Petersen (2017) and Zamora (2018) had a of the patients being investigated for this disorder, who after the sessions presented a decrease in symptoms. Habigzang, Petersen and Maciel (2019) had two women in investigation of PTSD, but after the protocol was finalized, no results were found. post-test diagnostic criteria, showing that levels that were clinically significant before the intervention, showed a reduction after the end of the treatment. On the other hand, a woman who was not being investigated for PTSD demonstrated symptoms in the post test, and the article points out that this happened because she recognized experiences and symptoms that before I didn't understand them as being related to violence.

The data found indicate that the applied intervention did not result in changes statistically significant in PTSD symptoms, which disagrees with Petersen *et al.* (2019). This result suggests that the approach used may not have been fully effective in reducing symptoms or that the time and intensity of treatment were not enough to promote noticeable changes.

Therefore, it becomes necessary to evaluate possible adaptations in the approach used, such as reinforcing more specific techniques for PTSD within CBT. Thus, the results point to the need for further studies on the factors that influence absence of significant differences and the need to improve strategies therapies for greater effectiveness in the treatment of PTSD in the case of women victims of

aggression.

Among the studies carried out, it was highlighted that four of the five articles (Habigzang *et al.*, 2018; Petersen, 2017; Zamora, 2018; Habigzang, Petersen and Maciel, 2019), bring participants from Porto Alegre and one did not reveal the location where the samples were collected. These findings contrast with the national statistics presented by the Information Guide of the Chamber of Deputies' Women's Rights Committee (2018), which points to São Paulo as the state with the highest number of gender-based violence against women (8.5% of cases), while Rio Grande do Sul represents only 2% of reported cases.

This discrepancy can be attributed to a greater scientific production on the subject when compared to the volume of registered cases, a fact that may be related to availability of active research groups in the region, to the implementation of public actions specific or greater ease of access for victims to participate in studies scientific, since the authors of the articles found are largely related.

It was identified that four of the five studies indicate that victims of violence by their partners have previously suffered violence from a family member. In Habigzang *et al.* (2018) participants reported a large number of traumatic events throughout life, including situations of physical and psychological violence and sexual in childhood.

Petersen (2017) found that two of the three patients suffered low-level emotional abuse in childhood, and the other moderate-level neglect and emotional abuse. Zamora (2018) points out that the three patients who underwent the protocol had a history of emotional abuse, and one had a history of neglect. Finally, Habigzang, Petersen, and Maciel (2019) stated that three of the four patients had a history of violence, but two of them only became aware of this history during the meetings, when they began reporting situations of mistreatment. Only Dantas *et al.* (2021) do not mention previous cases of family violence, but highlight that the patient was discouraged by her family from ending her relationship after she reported what had been happening to her.

same.

The data collected were in line with what we observed in the analysis by Silva, Neto and Filho (2009), that domestic violence can be perpetuated between generations when not suffers interruption. Women who experienced aggression in childhood have a tendency to present emotional problems and greater vulnerability to abusive relationships in adult life.

All five studies provided information about the schooling of participants, which is worth highlighting that all five studies worked with women who had completed high school. Four (Habigzang *et al.*, 2018; Petersen, 2017; Zamora,

2018; Habigzang, Petersen and Maciel, 2019) presented women with elementary education incomplete, one (Habigzang *et al.*, 2018) with incomplete higher education and two (Petersen, 2017; Zamora, 2018) with women with completed higher education.

This data reinforces the information in the Information Guide of the Commission on Human Rights of the Women of the Chamber (2018) which emphasizes that gender-based violence can affect people of all social strata, ethnicities and age groups, demonstrating that this phenomenon is not It is restricted to a group, but manifests itself in a broad and complex structural way.

This data highlights the demand for preventive strategies and intervention that consider the multiple realities experienced by victims, considering factors such as context socioeconomic, access to support networks, cultural barriers and structural inequalities.

Furthermore, it was analyzed that four (Petersen 2017; Dantas *et al.* 2021; Zamora, 2018; Habigzang, Petersen and Maciel, 2019) of the five materials present data on time that women remain in abusive relationships, which can occur for years. In which they were highlighted as causes insecurity, other people's opinions about the situation, lack of self-esteem, feeling of deserving what is happening, not perceiving some abusive behavior, low perception of one's own autonomy, feeling of inadequacy, perception of lack of social support, lack of resources, misconceptions about violence and feelings of guilt over the attacks.

5. FINAL CONSIDERATIONS

During the course of the work, the general objective was kept in mind, which was "Explore and understand the therapeutic practices of CBT applied in private practices in light of reports from victims of violence committed by intimate partners and throughout the process, verify and highlight the contribution of the psychology professional in the development of restructuring of Cognitions in a healthy way, while recognizing the relevance of the socio-historical context of the female condition within society, in order to prevent revictimization."

Upon completing the work, it was found that the objective was achieved, as the research allowed us to identify the main strategies used by professionals to deal with these issues. In the study carried out, Psychoeducation stood out most frequently, Cognitive Restructuring, Gradual Exposure to Traumatic Memories and Training in Problem Solving, as they are widely used to help these women in the redefinition of their experiences and in the strengthening of healthier beliefs about of their own identity and their interpersonal relationships.

Furthermore, the study highlighted that the psychologist's support led to a reconstruction of the self-esteem of victims, in the growth of coping strategies and in the prevention of revictimization. The analysis also highlighted the relevance of the socio-historical context in the experience of violence, highlighting how cultural and structural factors influence the permanence of women subjected to abusive dynamics and the meanings they construct from these experiences.

The specific objectives were defined as five, namely: (1) Understanding the sociocultural construction of women throughout history and (2) the effects of the movement feminist in changing patriarchal views. These had as an auxiliary foundation the psychologist to avoid revictimization, and also, investigate the consequences of disparities between genders in the formation of dysfunctional beliefs. It is clear that these objectives directed the organization of this work, since it provided a theoretical basis for understanding women's vulnerability to violence and the difficulties they face on the path of cognitive restructuring.

Research into the historical construction of female identity made it possible understand how gender roles have been shaped over time, directly impacting the way female victims interpret their experiences, seek support, avoid certain situations, or provide help in others. It is worth noting that a large part of the studies could only be carried out thanks to collaboration with public institutions that welcome this audience.

During the study, it became evident that understanding the socio-cultural context history is important to avoid revictimization, ensuring that psychological care not only treat the symptoms of violence, but also promote autonomy, self-esteem and coping method that empowers victims.

The specific objective (3) addressed the different forms of violence in the context of intimate partner relationships, which were observed through the reports of participants in the study that exposed the type of violence they suffered, being physical, psychological and sexual the most present among the reports.

Specific objective (4) analyzed the psychological impacts of violence, with highlighting Post-Traumatic Stress Disorder, anxiety and depression. In addition, Furthermore, it was analyzed how the different expressions of violence — physical, psychological, sexual, patrimonial and moral — contribute to the development of dysfunctional beliefs. The results indicate that anxiety, depression and PTSD are among the most common symptoms persistent. Anxiety and depression were reported in all studies, while



PTSD was identified in four of the five studies reviewed.

Furthermore, it was found that dysfunctional beliefs appear in the face of doubt how much and when to report, concern about what others will think, deservingness of situation, are dysfunctional thoughts that were evaluated and treated during the sessions.

The specific objective (5) addressed the therapeutic methods of Cognitive Therapy. Behavioral Therapy (CBT) and its contribution to the recovery of victims, focusing on interventions highlighted for this treatment.

Given this information, it is concluded that the hypothesis is confirmed, since the CBT has been shown to be effective in assisting women who are victims of intimate partner violence in private spaces. A significant reduction in anxiety symptoms was observed and depression, highlighting the positive impact of applied therapeutic practices. However, regarding PTSD, further studies are still needed to reach definitive conclusions. Despite this, the materials analyzed indicate an improvement in the quality of life of patients after the application of therapeutic protocols, reinforcing that the techniques used in CBT are appropriate and effective for this audience.

During the research, some difficulties were encountered that influenced the information collection process, the main limitation being related the scarcity of published works, as well as the lack of in-depth analysis of the application of Cognitive-Behavioral Therapy in women victims of intimate partner violence intimate in the Brazilian context. Many studies are conducted outside the country, others are, largely bibliographic reviews, or use the public context to carry out interventions, while in the private sector there is a perceived shortfall. Furthermore, methodological limitations were observed in several articles analyzed, such as samples reduced number of participants to carry out the research. These factors made it difficult to generalization of information and the construction of more robust conclusions, and point out that more research on the topic is essential.

It is important to highlight the need for further investigation into the impact of violence in different age groups and social classes, considering the diversity of experiences that women go through. The significant disparity between the data statisticians and the regions that concentrate the largest academic production on the subject, such as Rio Grande do Sul, strongly reinforces the urgency of implementing policies effective public policies that ensure victims have broad access to support networks and services essential psychological factors. However, as the names at the forefront of the research are repeated, it is



possible that there will be a focus on this research topic in Rio Grande do Sul. Furthermore, identification of participants' history of family violence reinforces the idea that domestic violence has deep and complex roots, requiring interventions that consider the intergenerational cycle of violence.

The contribution of this study to psychology is evident, as it highlights the importance of therapeutic approaches such as CBT in treating women who have experienced violence contributes to understanding the psychological impact of domestic violence and the role of psychotherapy in the recovery of these victims. The study also highlights the need to improve treatment protocols and develop more effective strategies, especially in the treatment of PTSD, which requires more specific and in-depth interventions.

Finally, this study has direct application in society, by highlighting the relevance cognitive-behavioral therapy to restore the mental health of victims, in addition to reinforce the notability of the training and qualification of professionals for the service psychological. The impact of domestic violence is a challenge that demands ongoing action and integrated among psychology professionals, together with society, to ensure the protection and recovery of victims.

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