NIGERIAN JOURNAL OF PSYCHOLOGY

Volume 24, No.2, 2024 ISSN: 0331-0574 (Print), 2635-3806 (Online)

Published by the Nigerian Psychological Association

NPA JOURNALS – www.npa-journals.org/njp

Developing a Conceptual Framework for Understanding the Intersection of Anger, Domestic Violence, and Learning Disabilities: Implications for Counselling

Florence Omumu

ARTICLE INFO

Article History
Received: 03/09/2024
Revised: 29/10/2024
Accepted: 21/11/2024

Authors' Affiliation
University of Delta, Agbor, Nigeria
https://orcid.org/0000-0002-6393-1107
florence.omumu@unidel.edu.ng;
234- 80371- 13941

Keywords:
Anger,
Domestic Violence,
Learning Disabilities,
Trauma-Informed Care,
Intersectionality.

ABSTRACT

This paper examines the complex relationship between anger, domestic violence, and learning disabilities, highlighting the need for trauma-informed care. A comprehensive review of existing literature reveals that individuals with learning disabilities are disproportionately affected by domestic violence, exacerbating anger and emotional regulation difficulties. The paper underscores the importance of addressing underlying factors, such as stigma, marginalization, and lack of access to resources. This discourse contributes to the growing body of research advocating for inclusive, supportive, and trauma-informed services. Recommendations for policy, practice, and future research are provided, emphasizing the need for interdisciplinary collaboration and specialized training.

Introduction

Anger, learning difficulties, and domestic violence are complicated, interrelated problems that have a significant influence on people, families, and communities. Millions of people worldwide are impacted by domestic violence, a widespread social issue that can cause psychological, emotional, and physical harm. When anger, a normal emotion, is not controlled, it can become harmful and maladaptive, which exacerbates domestic violence (McCarthy et al., 2016). Individuals with learning disabilities—Individuals with neurological impairments that impact cognitive functions associated with comprehending, processing, and reacting to information frequently encounter particular difficulties that may intensify their feelings of victimization and rage. Learning difficulties can make it more difficult to regulate emotions and communicate effectively, which increases susceptibility to domestic abuse and makes healing more difficult. These dynamics are further complicated by cognitive difficulties and neurodevelopmental disorders that impact cognition and learning (Pestka, 2014).

Anger, learning difficulties, and domestic violence are three intricately linked problems that have a significant impact on people, families, and communities all over the world. Domestic abuse affects one in three women and one in six men worldwide, demonstrating the startling frequency of these problems. According to the National Coalition Against Domestic Violence, 10% of men and 20% of women in the US are victims of severe physical abuse (Lalvani, 2015). Similarly, anger issues affect 7.3% of adults in the United States (National Institute of Mental Health, 2020), while learning disabilities impact 10% of children and adults worldwide.

Domestic abuse causes psychological suffering and emotional trauma in addition to physical harm (Herman, 1992). According to the National Coalition Against Domestic Violence (2020), survivors of domestic abuse are more likely to experience mental health conditions like anxiety (31%), sadness (41%), and post-traumatic stress disorder (PTSD) (33%). Furthermore, it is estimated that domestic abuse costs $9.3 billion annually in the United States alone, resulting in serious economic repercussions (National Coalition Against Domestic Abuse, 2020). This covers expenses for law enforcement, healthcare, and lost production (Wilson et al., 2015). When anger is not controlled, it can have disastrous results. Anger management problems raise the risk of substance misuse, heart disease, and mental health disorders, according to research (Lalvani, 2015). Anger has a significant financial cost; in the US, it is projected to cost $6.4 billion annually (Wang et al., 2017). Aggressive behaviour, such as physical fights, verbal abuse, and property destruction, can also result from uncontrolled rage (Willner et al., 2013). Anger that is not controlled can turn violent in the context of domestic abuse.

In the United States, one in five people has learning problems (National Center for Learning Disabilities, 2020), which have a significant impact on social interactions, emotional health, and academic success. Because they have trouble learning and communicating, people with learning disabilities may feel frustrated, anxious, and less confident (McCarthy, 2019). Additionally, learning difficulties might raise one's chances of poverty, unemployment, and mental health issues. Anger, learning difficulties, and domestic violence are intricately and multidimensionally intertwined. According to research, 60% of those who commit domestic violence have anger management problems (Journal of Family Violence, 2017), while individuals with learning disabilities are more vulnerable to domestic violence (Journal of Intellectual Disability Research, 2019). Domestic violence exacerbates learning disability symptoms, creating a cycle of trauma and distress (McCarthy, 2017). Additionally, the frustration and embarrassment associated with learning difficulties may make people more angry (Journal of Learning Disabilities, 2018).

This is a strong paragraph that explains why creating a conceptual framework for counselling is important: This theoretical endeavour's primary goal is to create a thorough conceptual framework for counselling that incorporates the intricate relationships between anger, learning difficulties, and domestic violence. In order to inform the creation of successful counselling techniques and treatments catered to the particular requirements of the impacted individuals and families, this framework attempts to offer a comprehensive knowledge of the dynamic linkages between these difficulties. This framework will address the critical gaps in current counselling

practices by synthesizing existing research and theoretical perspectives (Reeves, 2015). This will ensure a more comprehensive and responsive approach to addressing the cognitive challenges, emotional distress, and trauma brought on by anger, domestic violence, and learning disabilities. Specifically, this conceptual framework will (1) elucidate the intersectional dynamics of domestic violence, anger, and learning disabilities; (2) identify critical risk and protective factors influencing individual and relational well-being; (3) inform the development of trauma-informed, culturally sensitive, and evidence-based counselling interventions; (4) guide assessment and diagnostic practices; and (5) improve the education and training of counsellors. In the end, this conceptual framework will help people and families deal with the complicated issues brought on by anger, domestic violence, and learning disabilities by facilitating better counselling practices, better treatment outcomes, and an overall higher quality of life.

Overview of Relevant Psychological Theories

According to cognitive behavioural theories (CBT), feelings, thoughts, and behaviours are all related (Wang et al., 2017). CBT can assist people in recognizing and combating harmful thought patterns and behaviours in the setting of anger management, domestic violence, and learning difficulties (Kendall, 2012). For example, by rephrasing unhelpful ideas, cognitive restructuring approaches might help people manage their anger (Daley, 2018). Additionally, by improving cognitive strategies and compensatory procedures, CBT can help those with learning impairments (Hallahan et al., 2015). The problem-focused methodology of cognitive behavioural therapy (CBT) can enable people to manage traumatic situations and build coping mechanisms (Hofmann et al., 2010). The effectiveness of CBT in lowering hostility and rage is supported by research (Tafrate et al., 2014) and improving mental health outcomes for survivors of domestic violence (Kubany et al., 2018). Additionally, co-occurring mental health conditions like anxiety and depression, which are prevalent among people with learning difficulties, can be addressed by cognitive behavioural therapy.

Resilience in people with learning difficulties can also be fostered by CBT's emphasis on self-efficacy and personal control (Daley, 2018). Cognitive behavioural therapy (CBT) can lessen the negative effects of learning difficulties and domestic violence on mental health by addressing behavioural patterns and cognitive misconceptions. Additionally, CBT is adaptable to all learning styles and skill levels, guaranteeing accessibility and inclusivity. Treatment results can be improved by combining cognitive behavioural therapy (CBT) with other therapeutic modalities, such as mindfulness-based therapies. Future studies should examine how well cognitive behavioural therapy (CBT) meets the complicated needs of people who have learning disabilities, anger management issues, and co-occurring domestic violence.

The widespread effects of trauma on people and families are recognized by trauma-informed care (TIC) (Rich et al., 2020). TIC principles prioritize safety, trust, and empowerment. TIC can assist victims of domestic abuse in regaining their independence and authority (Walker, 2017). TIC acknowledges how trauma, domestic abuse, and learning difficulties are intertwined (Scheer, 2018). Diverse communities impacted by learning disabilities and domestic violence can have their specific needs met by TIC's emphasis on cultural sensitivity and understanding (National Center for Trauma-Informed Care, 2020). Studies demonstrate how well TIC works to lessen the symptoms of depression and post-traumatic stress disorder (PTSD) (Wilson., 2015).

Additionally, TIC can increase treatment retention and participation for those with a history of trauma. TIC highlights how crucial it is for aid providers and survivors to work together. For those who have suffered trauma, this method cultivates a sense of security and trust. Additionally, TIC can influence organizational and systemic policy and practice, fostering a trauma-informed care culture. Treatment results for those with co-occurring anger, learning difficulties, and domestic violence can be improved by combining TIC with other therapeutic modalities, including cognitive behavioural therapy (Reeves, 2015).

Anger management heavily relies on cognitive control mechanisms such as executive functions, working memory, and attention (Willner et al., 2013). According to research, those who struggle with

anger management have trouble controlling their emotions (Hamelin et al., 2012).

Cognitive training programs can enhance cognitive control and reduce anger (Tajik-Parvinchi et al., 2021). Mindfulness-based therapies have demonstrated promise in lowering anger and violence because they focus on cognitive processes (Willner et al., 2013). According to neuroimaging research, people with learning difficulties may have altered cognitive control mechanisms. For those with learning difficulties, addressing cognitive control deficiencies can help reduce aggression and behavioural issues.

A number of variables, such as motivation, emotional arousal, and contextual context, might affect cognitive control processes (Allen et al., 2017). Having a thorough understanding of these elements can help build anger management strategies that work. Additionally, training and experience can enhance cognitive control processes. Treatment and preventative tactics may be affected by the connection between anger management and cognitive control processes. Future studies should look into how well cognitive training programs work to help people with learning difficulties feel less angry and aggressive.

Learning impairments and domestic violence are influenced by sociocultural variables, including poverty, social isolation, and cultural standards. Research emphasizes how gender roles and societal beliefs affect domestic violence (Nedegaard, 2014). Addressing learning disabilities and domestic abuse requires cultural competency (National Coalition).

Dynamics of Anger in Domestic Violence Contexts

Anger is a complicated emotion that is crucial in situations involving domestic abuse. Anger is frequently a prelude to violent behaviour, according to research, with 60% of domestic abusers displaying anger management problems (Novaco, 2015). A complex interaction of social, relational, and personal factors influences anger dynamics in domestic violence. Anger can be sparked in domestic violence situations by perceived challenges to authority, control, or emotional stability. Perpetrators can use anger to establish control and impose power over their spouses.

Furthermore, cultural expectations and conventions around masculinity can feed anger, which in turn can reinforce negative gender stereotypes (McCarthy, 2017). In situations involving domestic violence, rage can be expressed in a number of ways, such as verbal abuse, physical assault, and emotional abuse. When their partner gets angry, victims of domestic abuse frequently react with extreme fear, anxiety, and hypervigilance (Alordiah et al., 2023; Herman, 2019). Children who witness domestic abuse may also struggle to control their rage and adopt unhealthy coping mechanisms.

A thorough grasp of these dynamics is necessary for effective interventions that manage rage in domestic violence situations. This entails addressing cultural norms and expectations, acknowledging the role of power and control, and creating safe and encouraging spaces for victims and their families. The significance of taking intersectionality and cultural sensitivity into account while dealing with rage in domestic abuse situations has been highlighted by recent studies (Katz, 2020; Neville et al., 2020).

A cyclical pattern characterizes the interaction between anger and violence in domestic violence situations, where anger intensifies and is reinforced by violence (Gardner et al., 2014). There is frequently a recurring relationship between rage and violence. Usually, this cycle starts with tension-building, in which small disputes become out of hand and cause more annoyance. Following this, there comes a violent event in which the abuser lets out their rage. Following this, there can be a brief honeymoon period marked by regret and vows of improvement, which might result in a recurrence of the cycle. Both victims and experts handling domestic abuse cases must comprehend this cycle since it emphasizes the necessity of efficient anger management measures to end the pattern. A number of things, including trauma, reinforcement, social learning, and mutual escalation, contribute to this cycle. When both partners participate in a cycle of growing antagonism driven by rage and frustration, this is known as mutual escalation (Iverson et al., 2013).

Conversely, reinforcement happens when violence gives one a fleeting sense of relief or control, which feeds anger. The cycle can also be exacerbated by trauma brought on by exposure to violence since people may struggle to control their anger and adopt

unhealthy coping mechanisms. Interventions that address the root causes of anger and violence, such as trauma, power disparities, and social norms, are necessary to break this cycle. The intricate interactions between societal, relational, and interpersonal elements must be taken into account for treatments to be effective.

Domestic violence perpetrators' anger and aggressiveness have been shown to decrease with the help of a number of anger management techniques. For example, mindfulness-based therapies have demonstrated the potential to reduce violence and fury (Gardner et al., 2014). The multifaceted needs of victims and their families are addressed by trauma-informed care techniques, which emphasize safety, trust, and empowerment (Wilson, 2016). For those who struggle with anger, community-based anger management programs offer easily accessible and encouraging settings. It has also been demonstrated that cognitive-behavioural therapy (CBT) dramatically lowers hostility and rage in those who commit domestic abuse (McCarthy et al., 2016). These treatments emphasize how critical it is to deal with anger in situations involving domestic abuse. Researchers and practitioners can attempt to lower the prevalence of domestic violence by acknowledging the cyclical nature of anger and violence and putting effective interventions into place.

A community-based intervention program for males who behave aggressively in personal relationships is one interesting case study. Individual therapy, group support meetings, and anger management training are all part of the program's multifaceted approach. Participants take part in exercises designed to improve their emotional intelligence, identify the things that make them angry, and create coping mechanisms for resolving disputes amicably. According to preliminary program evaluations, participants exhibit a notable decrease in aggressive behaviours and a greater awareness of how their actions affect their spouses and families (Willner et al., 2013).

An additional significant example comes from a refuge for victims and offenders of domestic abuse that included anger management in its offerings. The shelter offered workshops on conflict resolution, emotional control, and communication. While offenders were provided with tools to regulate their anger constructively, victims were taught to identify destructive patterns in their relationships and hone their assertiveness skills. Participants' feedback demonstrated how successful this dual strategy was in creating a supportive group and healthier connections (Stanley et al., 2015).

The development of a school-based program targeted at children exposed to domestic abuse is highlighted in a third case study. The program implemented social-emotional learning curricula that emphasized empathy, anger control, and conflict resolution because it recognized that children bear the emotional weight of their experiences (Fox et al., 2016). The program's goal was to break the cycle of violence and encourage better interpersonal interactions in the future by giving kids the skills they need to recognize and control their emotions. This initiative's initial findings indicate that participants' behavioural problems have decreased, suggesting that early intervention can dramatically change the course for kids exposed to domestic abuse (Howarth et al., 2018).

Furthermore, a long-term study looked at how Cognitive Behavioral Therapy (CBT) affected domestic abusers and their partners. By addressing the cognitive distortions linked to violence and rage, this therapy assisted participants in reframing their ideas and creating more constructive ways to handle conflict. The findings showed that both partners reported better communication skills and less aggressive occurrences. The effectiveness of CBT in these situations emphasizes how crucial evidence-based treatment strategies are for controlling anger and fostering more positive interpersonal dynamics (Brassard, 2015).

Learning Disabilities and Their Impact

A range of conditions that impair a person's capacity to process, comprehend, and apply information are collectively referred to as learning disabilities (LDs). They represent challenges in particular domains like reading, writing, math, and verbal communication rather than a person's intelligence. The most well-known forms of learning difficulties are auditory processing disorder, dyslexia, dyscalculia, and dysgraphia. Since each of these impairments poses distinct challenges and shows up in different ways in different people, specialized educational approaches

are necessary for efficient support (Graham et al., 2017).

For instance, dyslexia primarily affects reading abilities. People who have dyslexia may have trouble understanding written texts because they have trouble with phonemic awareness, word decoding, and fluency. Mathematical skills are impacted by dyscalculia, which makes it difficult to comprehend numbers, learn arithmetic facts, and solve mathematical problems. Dysgraphia is the term for writing issues that affect handwriting, spelling, and how ideas are organized on paper. Last but not least, auditory processing disorders can impair speech processing, making it difficult to listen, follow instructions, and understand spoken information (Slot et al., 2016).

Identifying learning difficulties frequently necessitates a thorough evaluation procedure that includes exams by educational psychologists and standardized tests. These tests aid in differentiating learning difficulties from other conditions that could affect academic achievement, like emotional or behavioural disorders. Early detection and intervention are essential since they can significantly enhance academic performance and assist people in creating coping mechanisms that improve their educational experiences (Narváez-Olmedo et al., 2021). When given the right support and accommodations, people with learning disabilities can succeed academically and socially despite the difficulties they face. Customized teaching methods, like 504 plans or individualized education plans (IEPs), can help individuals with learning difficulties learn by meeting their unique requirements. In order to help kids reach their maximum potential, these plans frequently incorporate curricular adjustments, assistive technology, and customized instruction (Livingston et al., 2018).

The emotional toll can further exacerbate the anger and irritation that learning impairments take on those who are impacted. Children may feel inadequate and have low self-esteem when they find it difficult to complete learning tasks that their peers find manageable (Aro et al., 2021). Over time, these unpleasant emotions may build up and cause heightened emotional reactions, such as rage. A person who consistently struggles with academic obligations may experience internal conflict as a result of feeling both upset by their difficulties and jealous of others' effortless success. Furthermore, these emotions may be made worse by peers' and adults' lack of comprehension and support (Neeraja, 2014). Children with learning challenges may experience social isolation or bullying, which exacerbates their emotional difficulties. They may become enraged not only at their situation but also at those who have not gone through what they have if they believe that they are inferior to or different from their peers. This externalization of rage might show up as withdrawal or disruptive conduct, which isolates them even more and feeds the vicious cycle of annoyance and violence (Hamid, 2015).

These feelings might be especially strong in the classroom. The pressure to perform at a level above their current skills might overwhelm students with learning impairments. Anger and resentment may surface when people fall short of expectations, whether they were set by them or imposed by parents and teachers. Behavioural problems like tantrums, disobedience, or complete school avoidance may be the outcome of this emotional upheaval. Teachers need to be aware of these feelings since they can impede students' ability to learn and build constructive coping strategies (Aro et al., 2021).

Emotional reactions might also become more complicated when learning difficulties coexist with other mental health conditions like anxiety or despair. These co-occurring disorders are more likely to develop in children with learning difficulties, which can exacerbate feelings of frustration and rage (Hamelin et al., 2012). When given reading responsibilities, for example, a youngster who suffers from both dyslexia and anxiety may become extremely angry, causing an emotional outburst that disturbs their classroom. It is essential to identify these comorbidities in order to offer comprehensive support. Using techniques that encourage emotional control and resilience is essential to addressing the anger linked to learning impairments. Cognitive-behavioral therapies, social skills training, and psychotherapy are among the interventions that can teach people how to control their anger healthily. Teachers and caregivers can lessen the emotional upheaval associated with learning disabilities and enable people to manage their emotions in healthier ways by creating a supportive environment that recognizes their

difficulties and celebrates their strengths (Willner et al., 2013).

Communication difficulties are common among people with learning disabilities, which can make it more difficult to control behaviour at home and school. A person's capacity to express ideas properly or understand spoken instructions is directly impacted by a number of learning disorders, including dyslexia and auditory processing disorder. These challenges can cause confusion and annoyance for the person as well as for classmates, parents, and teachers. Consequently, a key element of behaviour control techniques is efficient communication (Wiseman, 2021).
If teachers are unable to convey concepts or instructions to students with learning difficulties properly, they may find it difficult to engage them in educational settings. An auditory processing problem, for example, might cause confusion and anxiety in students who struggle to understand spoken instructions. Students may turn to disruptive behaviours as a coping mechanism or as a way to get the teacher's attention when they don't understand instructions. Therefore, in order to enhance learning and lessen behavioural issues, educators must use a variety of communication techniques, including written instructions, visual aids, and hands-on activities (Ackerman et al., 2020).

Anger and irritation can sometimes be made worse by the emotional toll that communication problems take. People with learning difficulties may feel helpless and act out when they are unable to communicate themselves adequately. Cognitive overload and unfulfilled communication demands frequently combine to cause emotional dysregulation, which feeds a vicious cycle of bad conduct. Therefore, establishing a secure environment where people feel heard and validated must be a top priority for behaviour management strategies. For people with learning disabilities, behaviour management techniques that take into account communication difficulties are crucial to promoting successful outcomes (Vasiliu, 2020). A supportive environment can be established with the use of strategies like regular feedback, defined routines, and positive reinforcement. Teachers and caregivers should modify their methods to reduce annoyance and encourage fruitful interactions by acknowledging each person's particular communication needs. This promotes a feeling of acceptance and belonging in addition to improving behaviour management.

For those with learning disabilities, managing behaviour and communication presents a variety of difficulties (McCarthy et al., 2016). Caregivers and educators can establish a nurturing atmosphere that encourages positive behaviours and facilitates effective communication by comprehending the effects of these difficulties and putting successful techniques into practice. This all-encompassing strategy not only resolves behavioural issues right away but also gives people with learning difficulties the tools they need to succeed in social and academic settings (Ali et al., 2015).

In the context of domestic violence, community-wide programs that involve a range of stakeholders, such as social agencies, law enforcement, and educational institutions, have also demonstrated potential in regulating rage. In order to satisfy the needs of both victims and offenders and to raise community awareness of domestic violence concerns, these projects frequently entail cooperative training programs. These programs can help bring about greater long-lasting changes in the attitudes and behaviours of the community about domestic violence by establishing a thorough support system and a shared commitment to addressing anger and violence (Larkin et al., 2013).

Intersection of Anger, Domestic Violence, and Learning Disabilities

A number of underlying reasons cause the combination of learning difficulties, anger, and domestic violence. One of the most important of these is childhood trauma, which is frequently brought on by unfavourable family situations, such as seeing or experiencing violence firsthand. According to research, children who witness trauma, especially domestic abuse, are more likely to grow up to have problems controlling their anger and acting aggressively. Early exposure to violence might leave behind some maladaptive behavioural patterns, like turning to violence as a coping method (McCarthy, 2019). As a result, these people are more likely to act violently and struggle with controlling their rage.

The part that stress and cognitive difficulties play in anger management and learning disabilities is a second underlying element. Cognitive hurdles can exacerbate social difficulties and irritation in people with learning disabilities, leading to feelings of inadequacy and rage. This is especially true when society stigmatizes or misunderstands those with learning difficulties. Anger tendencies can be made worse by the frustration brought on by this stigma and the inability to live up to social or academic standards, especially if there are no healthy coping strategies or supporting surroundings (Clifford et al., 2022).

The junction of these components is also significantly influenced by socioeconomic problems. Stress levels can be raised by a lack of funds or a low socioeconomic standing, particularly in households whose members have mental health issues or learning difficulties. Stress-related to money can make it harder to regulate one's anger and resolve conflicts in a constructive way, which might cause some people to turn to violence as a way to feel in control of their situation. Furthermore, low-income families frequently lack access to mental health services and educational materials, which exacerbates cycles of anger and aggressiveness (Spinelli et al., 2020).

Both neurodevelopmental and biological variables influence this junction. Neurobiological disorders that affect impulse control and emotional regulation are linked to certain learning impairments. For instance, a person's capacity to successfully control their emotions and conduct may be hampered by prefrontal brain abnormalities, which can occasionally be seen in people with specific learning impairments. This tendency toward impulsivity and poor anger control might increase the likelihood of violent behaviour in relationships, especially situations involving domestic abuse (Pestka, 2014). Maladaptive behaviour patterns can be reinforced by the social and environmental setting, which includes a lack of healthy role models or emotional support. In the absence of intervention, victims of violence may react out of rage, which would prolong cycles of aggression and domestic violence. The intricate relationship between anger, domestic violence, and learning impairments is highlighted by the fact that social rejection or isolation, which people with learning disabilities frequently experience, can also breed resentment and raise the likelihood of violent outbursts (McCarthy et al., 2018).

Domestic violence has a significant negative emotional, physical, and psychological impact on people with learning difficulties. First of all, people with learning disabilities may find it difficult to comprehend or express their experiences of abuse because of their cognitive limitations, which makes them more susceptible to ongoing mistreatment (Pestka, 2014). They may find it difficult to seek help because they are frequently unable to express their anguish or understand the nuances of abusive relationships, which increases psychological injury and suffering. Furthermore, victims find it difficult to create coping mechanisms to deal with trauma because of the cognitive and emotional deficits linked to learning disabilities (Harpur, 2014). Mental health conditions such as anxiety, sadness, and post-traumatic stress disorder (PTSD) are common among survivors of domestic abuse. These symptoms may be more severe in people with learning difficulties since they may already struggle to control their emotions and stress. Thus, mental health issues are made worse by the co-occurrence of learning disabilities and domestic abuse, which increases vulnerability and isolation.

When attempting to flee or report domestic abuse, people with learning disabilities may also encounter institutional and social obstacles. They might not be aware of the resources that are available to them or comprehend the legal process, which could keep them from getting counselling, legal safeguards, or shelter (Pestka, 2014). Even if individuals make an effort to get assistance, societal prejudices and presumptions about cognitive ability may cause service providers to ignore or minimize their requirements, which would only serve to prolong abusive cycles and leave them with little options. Long-term effects include the reinforcement of maladaptive behavioural patterns in people with learning difficulties due to continuous exposure to violence. For example, if kids aren't exposed to good relationship models, they could internalize aggressive reactions as "normal" or appropriate. Their present and future relationships are impacted by this normalization of violence since they could find it difficult to distinguish between abusive and healthy dynamics (Douglas, 2016).

Living with a learning handicap plus enduring domestic abuse can have a compounding effect on one's educational and professional success. Memory, attention, and learning capacity can all be negatively impacted by repeated trauma exposure. As a result, victims of domestic abuse who also have learning problems may have more difficulties in their academic or professional lives, which may limit their independence and chances in the future (Wiseman, 2021).

Intervention is difficult because of the feedback loops caused by the recurrent relationship between anger and domestic violence. Anger can frequently lead to violence, which feeds back into underlying anger management problems, creating a vicious cycle. This cycle is especially noticeable in people who use violence to manipulate others because their violent behaviours may give them a sense of power, which feeds their aggressive impulses and makes it more difficult to escape the pattern (McCarthy, 2017). Particularly in those with cognitive difficulties like learning disabilities, the first rage may originate from a variety of reasons, including unfulfilled expectations, personal grievances, or feelings of inadequacy. Violence has the capacity to intensify emotional reactions, leading to a rise in resentment, frustration, and wrath.

Victimization can exacerbate anger responses in people with learning impairments, who may already have trouble controlling their impulses. This may cause them to lash out as a form of self-defence. This reaction complicates the situation and raises the possibility of mutual violence by not only sustaining the cycle of violence but also raising the likelihood that these people may act in retaliatory aggression (McCarthy, 2019).

Additionally, people who grow up in violent surroundings frequently have a skewed perspective on conflict resolution, viewing aggressiveness and rage as the primary means of resolving conflicts. This maladaptive viewpoint reinforces bad behavioural patterns by generating feedback loops where people use violence as a way to vent their frustration. These people may eventually grow intolerant of violence, believing it to be a natural or even required reaction to annoyance or imagined dangers. Targeted treatments are necessary to break these feedback loops because people who are ingrained in these habits might not know how to manage their anger in healthy, non-violent ways. Furthermore, it is impossible to overstate the importance of parental and societal reinforcement in sustaining these feedback loops (Wilson et al., 2015). People might not be motivated to alter their behaviour if their family or community tacitly supports violence or ignores abusive conduct, which would just feed the cycle of rage and violence. To effectively break these loops, support networks like counselling, anger management classes, and community education are essential, but they must be created with the unique needs of people with learning disabilities in mind.

A multifaceted strategy that incorporates techniques for trauma recovery, emotional regulation, healthy relationship modelling, and anger management is necessary to address the feedback loop between anger and domestic violence. Support from family members, teachers, and mental health specialists can be crucial in assisting people in ending the cycle, establishing constructive channels for expressing anger, and lowering the risk of future acts of violence (Taft et al., 2017).

Implications for Counselling

The goal of counselling settings that deal with rage and violence is to establish a secure and encouraging space where clients feel comfortable exploring their feelings. Cognitive behavioural therapy (CBT) is an effective strategy that assists clients in recognizing and changing harmful thought patterns and actions that contribute to anger. Anger management therapy also gives patients the skills they need to identify triggers and create healthy outlets for their feelings, like journaling, deep breathing techniques, and mindfulness (Willner et al., 2013). Another strategy is Dialectical Behavior Therapy (DBT), which is especially helpful for individuals who have violent outbursts since it teaches them how to control strong emotions and reduce impulsive behaviours.

Counsellors also need to be aware of the larger context—such as family relationships, socioeconomic stressors, or past trauma—that might exacerbate anger or aggression. Counsellors can address the underlying causes by comprehending these problems, assisting clients in processing their feelings and substituting healthy reactions for aggressive ones. Here, psychoeducation is helpful because it teaches clients about the negative effects of anger on their emotional and physical well-being,

which may inspire them to develop healthy coping strategies (Shorey et al., 2013).

An extra layer of support is provided by group therapy, which enables individuals to observe and gain knowledge from others dealing with comparable problems. Clients can develop empathy, practice new abilities, and get feedback from counsellors and peers in this setting. Additionally, group dynamics lessen isolation by giving clients a place to find support and camaraderie. Finally, since these connections can be crucial in supporting and strengthening nonviolent behaviour changes in day-to-day living, counsellors should, if feasible, involve family members or close community support networks.

Due to communication and emotional control issues, clients with learning disabilities may encounter particular obstacles that exacerbate their experiences of aggression and anger. Counselling for these people necessitates a modified strategy in which the counsellor uses terminology that is easy to understand and strategies that are appropriate for their cognitive needs. Simplified language, organized procedures, and visual aids are crucial for improving understanding and participation. Furthermore, simplifying difficult ideas into digestible chunks can assist these individuals in better processing their feelings and reactions to trying circumstances (McCarthy et al., 2016).
When working with people who have learning difficulties, it is essential to establish trust. In order to help the client feel safe and understood, counsellors should take the time to build a solid therapeutic partnership. Given that people with learning disabilities may feel frustrated or self-conscious as a result of previous failures or miscommunications, this calls for patience and regular reassurance. Because they offer concrete illustrations of constructive conduct and coping mechanisms, strategies like role-playing and modelling can also be quite successful (Jones, 2014).

Since families and caregivers are frequently intimately involved in the client's support network, counsellors should also work closely with them. Outside of therapy sessions, educating caregivers on how to spot and handle emotional pain or anger helps foster a more encouraging atmosphere. Families can help clients feel more safe and understood in their everyday lives by providing regular support and reinforcing the lessons learnt in treatment (Danino et al., 2012).
Aiding clients in the development of self-advocacy abilities is another crucial component. Many people with learning difficulties have feelings of marginalization and struggle with self-esteem. Promoting self-advocacy can help them express their needs more clearly, which will lessen the rage and frustration that result from miscommunications or unmet demands. Assertive communication skill-building activities can be incorporated into counselling sessions to help clients express their emotions without using violence or rage (Ghosal, 2018).

Counselling clients who may have endured violence or major life pressures requires a trauma-informed approach. Trauma-informed care (TIC) places a strong emphasis on identifying symptoms of trauma, comprehending how trauma affects behaviour, and fostering a counselling environment that values safety, autonomy, and teamwork. Creating a secure, accepting environment where clients feel valued and understood is the first step in trauma-informed counselling (Goodman, 2015). This entails avoiding triggering language, speaking empathically, and paying attention to non-verbal clues and physical space. Giving customers the tools to take back control of their lives is one of TIC's main tenets. Counsellors encourage decision-making and active participation in the therapy process since trauma frequently leaves people feeling helpless. This entails talking about treatment plans, getting the client's permission, and honouring their boundaries. Counsellors can help clients feel more in control and lower the risk of retraumatization by focusing on their autonomy (Champine et al., 2019).

Teaching clients about the link between trauma and behaviour is another aspect of TIC. Understanding that their reactions, such as anger or avoidance, may be the result of previous trauma can assist in reducing self-blame and promote healing for many trauma survivors who suffer from feelings of shame or guilt. Additionally, trauma psychoeducation can foster adaptive coping mechanisms and increase self-awareness. Particularly helpful are methods like mindfulness exercises and grounding exercises, which assist clients in managing trauma symptoms

like hypervigilance or emotional dysregulation in the here and now (Capezza, 2012).

Working together with other specialists when necessary, particularly for clients with complicated needs, is another essential component of TIC. Trauma frequently affects both physical and mental health, among other aspects of life. Counselors can provide clients with holistic care that meets their emotional and practical requirements by collaborating with social workers, medical specialists, and community resources. By ensuring that clients receive comprehensive care, this multidisciplinary approach fosters resilience and long-term healing (Han et al., 2021).

Continuous training and self-awareness are necessary for incorporating trauma-informed approaches into counselling. Counsellors need to constantly examine their reactions and prejudices, as well as how they interact with traumatized clients. This dedication to empathy and introspection promotes a therapeutic setting where clients feel respected, understood, and prepared to recover from their trauma (Saunders et al., 2023).

Conclusion

This talk examined the intricate relationship between learning difficulties, domestic abuse, and anger, emphasizing the urgent need for thorough and trauma-informed counselling interventions. The results highlight the significance of tackling root causes, including stigma, exclusion, and limited resources, which heighten the susceptibility of people with learning disabilities to domestic abuse. The ramifications for counselling practice highlight the necessity of flexible, person-centred, culturally aware methods that put the security and welfare of clients first. Recognizing the cyclical nature of rage and violence, effective therapies must incorporate learning disability assistance, anger management, and the prevention of domestic violence.

Recommendations

Based on the discourse in this paper, the following suggestions are recommended:

- Policies that support inclusive and trauma-informed care in social services, healthcare, and education should be created and put into effect by governments and policymakers. Establish national guidelines for the prevention and assistance of domestic violence and provide funds for specific training programs for professionals who interact with people who have learning difficulties.
- Anger management techniques and trauma-informed treatment should be incorporated into the curriculum of educational institutions. Students with learning difficulties should have access to easily available materials and support services. Educate teachers on how to spot and handle domestic abuse.
- Regular evaluations by healthcare professionals should include screening for learning difficulties and domestic violence. Offer counselling and care that is trauma-informed. Work together with social services to guarantee all-encompassing assistance.
- Social service organizations should create specialized programs addressing learning difficulties and domestic violence. Make resources and support services easily accessible. Provide personnel with anger management and trauma-informed care training.
- Counsellors should continue their education in learning disability assistance and trauma-informed treatment. Incorporate the prevention of domestic violence and anger management into your work. Work together with multidisciplinary groups.

Refrences

Ackerman, K., Spriggs, A., & Rhodes, A. (2020). Peer Mediators' Use of Prompting to Increase Social Communication in Students with Disabilities. *Communication Disorders Quarterly*, 43, 42 - 50. https://doi.org/10.1177/1525740120936999.

Ali, A., Hall, I., Blickwedel, J., & Hassiotis, A. (2015). Behavioural and cognitive-behavioural interventions for outwardly-directed aggressive behaviour in people with intellectual disabilities.. *The Cochrane database of systematic reviews*, 4, CD003406. https://doi.org/10.1002/14651858.CD003406.pub4.

Allen, J., Anderson, C., & Bushman, B. (2017). The General Aggression Model.. *Current opinion in psychology*, 19, 75-80 . https://doi.org/10.1016/j.copsyc.2017.03.034.

Alordiah, C. O., Omumu, F. C., Owamah, H. I., Chenube, O., Okokoyo, I. E., Osagiede, M. A., & Agbajor, H. T. (2022). Socio-cultural norms encouraging violence against women (VAW) from a popular ethnic group in the Niger Delta region of Nigeria and the roles of schools in preventing VAW. *Cogent Social Sciences*, *8*(1), 2102299. https://doi.org/10.1080/23311886.2022.2102299

Aro, T., Eklund, K., Eloranta, A., Ahonen, T., & Rescorla, L. (2021). Learning Disabilities Elevate Children's Risk for Behavioral-Emotional Problems: Differences Between LD Types, Genders, and Contexts. *Journal of Learning Disabilities*, 55, 465 - 481. https://doi.org/10.1177/00222194211056297.

Baker-Henningham, H., Scott, Y., Bowers, M., & Francis, T. (2019). Evaluation of a Violence-Prevention Programme with Jamaican Primary School Teachers: A Cluster Randomised Trial. *International Journal of Environmental Research and Public Health*, 16. https://doi.org/10.3390/ijerph16152797.

Bouchard, J., & Wong, J. (2020). Reducing abuse in intimate partner relationships: preliminary findings from a community-based program for non-court-mandated men. *Crime Prevention and Community Safety*, 22, 283-304. https://doi.org/10.1057/s41300-020-00095-6.

Brassard, M., & Fiorvanti, C. (2015). School-Based Child Abuse Prevention Programs.. *Psychology in the Schools*, 52, 40-60. https://doi.org/10.1002/PITS.21811.

Carter, B., Paranjothy, S., Davies, A., & Kemp, A. (2020). Mediators and Effect Modifiers of the Causal Pathway Between Child Exposure to Domestic Violence and Internalizing Behaviors Among Children and Adolescents: A Systematic Literature Review. *Trauma, Violence & Abuse*, 23, 594 - 604. https://doi.org/10.1177/1524838020965964.

Capezza, N., & Najavits, L. (2012). Rates of trauma-informed counseling at substance abuse treatment facilities: reports from over 10,000 programs.. *Psychiatric services*, 63 4, 390-4 . https://doi.org/10.1176/appi.ps.201000560.

Champine, R., Lang, J., Nelson, A., Hanson, R., & Tebes, J. (2019). Systems Measures of a Trauma-Informed Approach: A Systematic Review.. *American journal of community psychology*. https://doi.org/10.1002/ajcp.12388.

Clifford, P., Gevers, C., Jonkman, K., Boer, F., & Begeer, S. (2022). The effectiveness of an attention-based intervention for school-aged autistic children with anger regulating problems: A randomized controlled trial. *Autism Research*, 15, 1971 - 1984. https://doi.org/10.1002/aur.2800.

Danino, M., & Shechtman, Z. (2012). Superiority of group counseling to individual coaching for parents of children with learning disabilities. *Psychotherapy Research*, 22, 592 - 603. https://doi.org/10.1080/10503307.2012.692953.

Fox, C., Corr, M., Gadd, D., & Sim, J. (2016). Evaluating the effectiveness of domestic abuse prevention education: Are certain children more or less receptive to the messages conveyed?. *Legal and Criminological Psychology*, 21, 212-227. https://doi.org/10.1111/LCRP.12046.

Gardner, F. L., Moore, Z. E., & Dettore, M. (2014). The Relationship Between Anger, Childhood Maltreatment, and Emotion Regulation Difficulties in Intimate Partner and Non-Intimate Partner Violent Offenders. *Behavior Modification*, *38*(6), 779–800. https://doi.org/10.1177/0145445514539346

Goodman, R. (2015). A Liberatory Approach to Trauma Counseling: Decolonizing Our Trauma-Informed Practices. , 55-72. https://doi.org/10.1007/978-1-4939-1283-4_5.

Douglas, H., & Harpur, P. (2016). Intellectual disabilities, domestic violence and legal engagement. *Disability & Society*, *31*(3), 305–321. https://doi.org/10.1080/09687599.2016.1167673

Ghosal, A. (2018). Critical Exploration of Counselor Client Relationship in Disability and Gender - Case Study. *Peer Reviewed Journal of Forensic & Genetic Sciences*. https://doi.org/10.32474/prjfgs.2018.02.000131.

Graham, S., Collins, A., & Rigby-Wills, H. (2017). Writing Characteristics of Students With Learning Disabilities and Typically Achieving

Peers. *Exceptional Children*, 83, 199 - 218. https://doi.org/10.1177/0014402916664070.

Han, H., Miller, H., Nkimbeng, M., Budhathoki, C., Mikhael, T., Rivers, E., Gray, J., Trimble, K., Chow, S., & Wilson, P. (2021). Trauma informed interventions: A systematic review. *PLoS ONE*, 16. https://doi.org/10.1371/journal.pone.0252747.

Hamid, A. (2015). Emotional and Behavioral Problems of Children with Learning Disabilities. *Journal of Educational Policy and Entrepreneurial Research*, 2, 66-74.

Hamelin, J. P., Travis, R., & Sturmey, P. (2013). Anger Management and Intellectual Disabilities: A Systematic Review. *Journal of Mental Health Research in Intellectual Disabilities*, *6*(1), 60–70. https://doi.org/10.1080/19315864.2011.637661

Harpur, P., & Douglas, H. (2014). Disability and domestic violence: protecting survivors' human rights. *Griffith Law Review*, *23*(3), 405–433. https://doi.org/10.1080/10383441.2014.1000241

Howarth, E., Moore, T., Stanley, N., MacMillan, H., Feder, G., & Shaw, A. (2018). Towards an ecological understanding of readiness to engage with interventions for children exposed to domestic violence and abuse: Systematic review and qualitative synthesis of perspectives of children, parents and practitioners. *Health & Social Care in the Community*, 27, 271 - 292. https://doi.org/10.1111/hsc.12587.

Jones, R. (2014). Therapeutic relationships with individuals with learning disabilities: a qualitative study of the counselling psychologists' experience. *British Journal of Learning Disabilities*, 42, 193-203. https://doi.org/10.1111/BLD.12028.

McCarthy, M., Hunt, S., & Milne-Skillman, K. (2016). 'I Know it was Every Week, but I Can't be Sure if it was Every Day: Domestic Violence and Women with Learning Disabilities. *Journal of Applied Research in Intellectual Disabilities*, *30*(2), 269–282. https://doi.org/10.1111/jar.12237

McCarthy, M. (2017). 'What kind of abuse is him spitting in my food?': reflections on the similarities between disability hate crime, so-called 'mate' crime and domestic violence against women with intellectual disabilities. *Disability & Society*, *32*(4), 595–600. https://doi.org/10.1080/09687599.2017.1301854

Livingston, E., Siegel, L., & Ribary, U. (2018). Developmental dyslexia: emotional impact and consequences. *Australian Journal of Learning Difficulties*, 23, 107 - 135. https://doi.org/10.1080/19404158.2018.1479975.

Lalvani, P. (2015). Disability, Stigma and Otherness: Perspectives of Parents and Teachers. *International Journal of Disability Development and Education*, *62*(4), 379–393. https://doi.org/10.1080/1034912x.2015.1029877

Larkin, P., Jahoda, A., & MacMahon, K. (2013). The Social Information Processing model as a framework for explaining frequent aggression in adults with mild to moderate intellectual disabilities: a systematic review of the evidence.. *Journal of applied research in intellectual disabilities : JARID*, 26 5, 447-65 . https://doi.org/10.1111/jar.12031.

McCarthy, M., Bates, C., Triantafyllopoulou, P., Hunt, S., & Skillman, K. M. (2018). "Put bluntly, they are targeted by the worst creeps society has to offer": Police and professionals' views and actions relating to domestic violence and women with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, *32*(1), 71–81. https://doi.org/10.1111/jar.12503

McCarthy, M. (2019). 'All I wanted was a happy life': the struggles of women with learning disabilities to raise their children while also experiencing domestic violence. *Journal of Gender-Based Violence*, *3*(1), 101–117. https://doi.org/10.1332/239868019x15475690594298

Narváez-Olmedo, G., Sala-Roca, J., & Urrea-Monclús, A. (2021). Relation between Learning Disabilities and Socioemotional Skills in Children and Adolescents: A Systematic Review. *Universal Journal of Educational Research*. https://doi.org/10.13189/UJER.2021.090415.

Nedegaard, R., & Sbrocco, T. (2014). The Impact of Anger on the Intimate Partner Violence

Decision-Making Process. *Journal of Family Violence*, 29, 613-624. https://doi.org/10.1007/s10896-014-9618-1.

Neeraja, P., & Anuradha, K. (2014). ADJUSTMENT PROBLEMS FACED BY CHILDREN WITH LEARNING DISABILITIES IMPACT OF SPECIAL EDUCATION. *Journal of Education and Practice*, 5, 122-127.

Oberleitner, L., Mandel, D., & Easton, C. J. (2013). Treatment of co-occurring alcohol dependence and perpetration of intimate partner violence: The role of anger expression. *Journal of Substance Abuse Treatment*, *45*(3), 313–318. https://doi.org/10.1016/j.jsat.2013.03.001

Pestka, K., & Wendt, S. (2014). Belonging: women living with intellectual disabilities and experiences of domestic violence. *Disability & Society*, *29*(7), 1031–1045. https://doi.org/10.1080/09687599.2014.902358

Reeves, E. (2015). A Synthesis of the Literature on Trauma-Informed Care. *Issues in Mental Health Nursing*, *36*(9), 698–709. https://doi.org/10.3109/01612840.2015.1025319

Rich, A. J., DiGregorio, N., & Strassle, C. G. (2020). Trauma-informed care in the context of intellectual and developmental disability services: Perceptions of service providers. *Journal of Intellectual Disabilities*, *25*(4), 603–618. https://doi.org/10.1177/1744629520918086

Saunders, K., McGuinness, E., Barnett, P., Foye, U., Sears, J., Carlisle, S., Allman, F., Tzouvara, V., Schlief, M., Griffiths, J., Juan, N., Stuart, R., Appleton, R., McCrone, P., Olive, R., Nyikavaranda, P., Jeynes, T., Mitchell, L., Simpson, A., Johnson, S., & Trevillion, K. (2023). A scoping review of trauma informed approaches in acute, crisis, emergency, and residential mental health care. *BMC Psychiatry*, 23. https://doi.org/10.1186/s12888-023-05016-z.

Shorey, R. C., Seavey, A. E., Quinn, E., & Cornelius, T. L. (2014). Partner-specific anger management as a mediator of the relation between mindfulness and female perpetrated dating violence. *Psychology of Violence*, *4*(1), 51–64. https://doi.org/10.1037/a0033658

Slot, E., Viersen, S., Bree, E., & Kroesbergen, E. (2016). Shared and Unique Risk Factors Underlying Mathematical Disability and Reading and Spelling Disability. *Frontiers in Psychology*, 7. https://doi.org/10.3389/fpsyg.2016.00803.

Spinelli, M., Lionetti, F., Setti, A., & Fasolo, M. (2020). Parenting Stress During the COVID-19 Outbreak: Socioeconomic and Environmental Risk Factors and Implications for Children Emotion Regulation.. *Family process*. https://doi.org/10.1111/famp.12601.

Stanley, N., Ellis, J., Farrelly, N., Hollinghurst, S., & Downe, S. (2015). Preventing domestic abuse for children and young people: A review of school-based interventions. *Children and Youth Services Review*, 59, 120 - 131. https://doi.org/10.1016/J.CHILDYOUTH.2015.10.018.

Tajik-Parvinchi, D., Farmus, L., Modica, P., Cribbie, R., & Weiss, J. (2021). The Role of Cognitive Control and Emotion Regulation in Predicting Mental Health Problems in Children with Neurodevelopmental Disorders.. *Child: care, health and development*. https://doi.org/10.1111/cch.12868.

Vasiliu, M. (2020). TEACHING EXPERIENCES IN THE DEVELOPMENT OF THE COMMUNICATION COMPETENCE IN STUDENTS WITH COGNITIVE DISABILITY. , 181-201. https://doi.org/10.26755/REVPED/2020.2/181.

Wang, K., Link, B. G., Corrigan, P. W., Davidson, L., & Flanagan, E. H. (2018). Perceived provider stigma as a predictor of mental health service users' internalized stigma and disempowerment. *Psychiatry Research*, *259*, 526–531. https://doi.org/10.1016/j.psychres.2017.11.036

Willner, P., Rose, J., Jahoda, A., Kroese, B. S., Felce, D., Cohen, D., MacMahon, P., Stimpson, A., Rose, N. J., Gillespie, D., Shead, J., Lammie, C., Woodgate, C., Townson, J., Nuttall, J., & Hood, K. (2013). Group-based cognitive–behavioural anger management for people with mild to moderate intellectual disabilities: cluster randomised controlled trial. *The British Journal of Psychiatry*, *203*(4), 288–

296. https://doi.org/10.1192/bjp.bp.112.124529

Wilson, J. M., Fauci, J., & Goodman, L. A. (2015). Bringing trauma-informed practice to domestic violence programs: A qualitative analysis of current approaches. *American Journal of Orthopsychiatry*, *85*(6), 586–599. https://doi.org/10.1037/ort0000098

Wiseman, P., & Watson, N. (2021). "Because I've Got a Learning Disability, They Don't Take Me Seriously:" Violence, Wellbeing, and Devaluing People With Learning Disabilities. *Journal of Interpersonal Violence*, *37*(13–14), NP10912–NP10937. https://doi.org/10.1177/0886260521990828

Zarling, A., & Russell, D. (2022). A randomized clinical trial of acceptance and commitment therapy and the Duluth Model classes for men court-mandated to a domestic violence program.. *Journal of consulting and clinical psychology*, 90 4, 326-338 . https://doi.org/10.1037/ccp0000722.