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Research Paper

Comparing the Effectiveness of Emotion-Focused Therapy and Trauma-Focused Cognitive-Behavioral Therapy on Resilience and Marital Adjustment in Women Experiencing Domestic Violence with Self-Harm Behaviors

Fariba Soltanlo [1], Abbas Abolghasemi [2*] & Leila Moghtader [3]

1. Department of Psychology, Ra.C., Islamic Azad University, Rasht, Iran.
2. Professor, Department of Psychology, Faculty of Literature and Humanities, University of Guilan, Rasht, Iran.
3. Department of Psychology, Ra.C., Islamic Azad University, Rasht, Iran.

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ABSTRACT

Objective: This study aims to compare the effectiveness of emotion-focused therapy (EFT) and trauma-focused cognitive-behavioral therapy (CBT-TF) on psychological resilience and marital adjustment in women who have experienced domestic violence with self-harming behaviors.

Methods: The study used a quasi-experimental pre-test, post-test, and follow-up design with two experimental and control groups. The research was conducted on married women victims of domestic violence who were referred to welfare centers in Tehran City, Iran, during the fall and winter of 2024. A total of 36 participants were selected using a purposeful sampling method and were randomly assigned to three intervention groups: an EFT group, a CBT-TF group, and a control group. Data were collected using the Spouse Abuse Experience Questionnaire (Alipour et al., 2019), the Self-Harm Inventory (Sansone et al., 1998), the Resilience Scale (Wagnild, 2009), and the Marital Adjustment Scale (Spanier, 1976). Data analysis was conducted utilizing Mixed Variance Analysis along with the Bonferroni Test, employing SPSS 27 software.

Results: The results of a repeated measures analysis showed significant differences between the EFT, CBT-TF, and control groups ($P< 0.05$). Specifically, EFT and CBT-TF had significant effect on psychological resilience and marital adjustment ($P< 0.05$). However, the two treatments had no significant difference in increasing resilience and marital adjustment ($P< 0.05$).

Conclusion: Emotion-focused therapy (EFT) and trauma-focused cognitive-behavioral therapy (CBT-TF) have proven effective in enhancing resilience and promoting marital adjustment. Therefore, psychotherapists and counselors are encouraged to incorporate these approaches to strengthen resilience and foster interpersonal skills in women affected by domestic violence.

1. Introduction

Domestic violence is a major women's health problem and an ongoing hidden epidemic (Alesina et al., 2021) that can affect women's quality of life. Intimate partner violence includes acts such as physical violence, sexual coercion, psychological abuse, and controlling behavior. Globally, it is estimated that 37% of women

***Corresponding Author:**
Abbas Abolghasemi
Address: Department of Psychology, Faculty of Literature and Humanities, University of Guilan, Rasht, Iran.
E-mail: abolghasemi1344@guilan.ac.ir

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aged 18 and older have experienced physical, psychological, or sexual violence in their lifetime, and 24% of them have experienced such violence in the past year (White et al., 2024). Violence against women threatens and undermines the quality of life, abilities, independence, and productivity of women and their children (Kandeğer & Nazirglaet, 2021; Thomas et al., 2021), and these women are more likely to experience mental disorders such as depression, anxiety, anger, and aggression (Gulati & Kelly, 2020).

People with low resilience may use maladaptive strategies such as self-harm and other destructive behaviors to cope with stressful situations (Ran et al., 2020). These people want to gain a sense of control over stressful situations through self-harming behaviors (Chapman et al., 2006). The purpose and function of these behaviors are usually to reduce or release negative emotions, punish themselves, or reduce numbness or dissociative experiences (Klonsky & Muehlenkamp, 2007). Self-harm can be associated with problems such as low resilience (Tian, 2018, 2020; Watson & Tatnell, 2022), anxiety symptoms (Townsend, 2019), and suicidal behaviors (Gardner et al., 2020).

Vos et al. (2021) concluded that most people avoid conflict and harm. Resilience shows that this can be related to positive personality traits such as resilience. Resilience is the ability to withstand stress and regain balance after experiencing stressful situations (Iacoviello & Charney, 2020). Resilience levels are lower in women who are victims of domestic violence than in the general population (Tsirigotis & Luczak, 2018). Research shows that high levels of resilience are associated with lower levels of anxiety and stress, and women who are victims of domestic violence are less resilient (Joyce et al., 2018; Tsirigotis & Łuczak, 2018). Akhavi Samarein et al. (2023) demonstrated in their study that fulfilling basic psychological needs and fostering secure attachment styles can enhance individual resilience (Mikaeili and Salmani, 2021). Women who are exposed to psychological violence experience impaired marital adjustment, which affects their mental and social health (Akbeniz et al., 2023). Marital adjustment refers to the extent of understanding and involvement in activities that contribute to a sense of satisfaction and fulfillment in life (Yalcin, 2007). Couples' adjustment at any moment is influenced by various factors and conditions that shape their relationship, with life stresses often diminishing this adjustment (Hamamci, 2005). The quality of the relationship between partners also significantly influences the level of marital adjustment (Turcotte, 2010). Studies indicate that domestic violence lowers the degree of adjustment among couples (Naeim, 2016) and negatively affects their ability to adapt (Baron, 2007).

Domestic violence between couples is sometimes influenced by uncontrolled emotions and a lack of recognition by the couple, and EFT can be effective (Wiebe & Johnson, 2016). EFT is an empirical approach to couples therapy that was designed by Johnson and Leslie Greenberg in the early 1980s. In this approach, the main goal is to help people clarify their feelings and needs and become more emotionally accepting of them (Koechlin et al., 2018). Researchers have shown that EFT improves relationship satisfaction in couples (Wittenborn et al., 2019). Research evidence suggests that EFT is an effective approach for increasing positive emotional connections between couples (Greenberg & Warwar, 2008). Other research findings indicated the effectiveness of emotion-focused couple therapy in increasing intimacy and expressing attachment-based emotional needs in couples (Van Dist et al., 2023), reducing distress (Leshani, 2023), reducing anxiety and depression (Ganz et al., 2022), and increasing interpersonal adjustment in couples (Wiebe & Johnson, 2016). Rezazadeh et al. (2024) demonstrated through their study that integrating emotion-focused therapy with solution-focused therapy proved to be an effective approach for improving anger management and enhancing marital adjustment among women experiencing marital conflicts.

One of the most important new psychological interventions designed to help women victims of domestic violence is CBT-TF (Ghafari et al., 2021), which was developed by Cohen et al. (2003). This treatment has been effective in three groups of people who have experienced traumatic loss, sexual abuse, and physical violence and have symptoms of post-traumatic stress disorder. CBT-TF increases the skills of women victims of violence to control dysfunctional thoughts and establish intimate and positive communication. Changing people's wrong beliefs, thoughts, and behaviors improves their relationships. This treatment helps to understand the meaning of life, the ability to improve interpersonal relationships, develop flexibility, and an internal locus of control (Zhang et al., 2020). Saeidi et al. (2020) showed in a study that CBT is effective in reducing feelings of loneliness in women on the verge of divorce. CBT-TF has been reported to be effective in improving the quality of life of women affected by domestic violence (Efendi et al., 2020), reducing psychological distress, increasing the quality of life (Kazemi-Khooban et al., 2022), and reducing cognitive distortions (Parvin, 2022). CBT has also been effective in increasing marital adjustment (Durães et al., 2020), improving the mental health of women victims of domestic violence, reducing domestic violence in women (Habigzang et al., 2018), reducing marital problems (Fia, 2020), and improving the well-being of women exposed to domestic violence (Herbert & Daignault, 2015). Overall, couples experiencing

domestic violence have decreased resilience and the quality of their marital relationships, and their rate of self-harming behaviors has increased. Despite empirical evidence of the effectiveness of each of these treatments, no research has yet been conducted to simultaneously compare these two approaches in improving resilience and marital adjustment in women victims of domestic violence with self-harming behaviors. This study aimed to compare the effectiveness of EFT and CBT-TF on the psychological resilience and marital adjustment of women with domestic violence and self-harming behaviors.

2. Materials and Methods

This study was a quasi-experimental study with a pretest - posttest design, including a control group and a 3-month follow-up. The statistical population of this study consisted of all married women victims of domestic violence with self-harming behaviors who sought assistance from welfare services in Tehran in 2024. The research sample included 36 women victims of domestic violence with self-harming behaviors who were purposeful sampeling selected from welfare referrals in Tehran and randomly assigned to two experimental groups and a control group (12 individuals in each group). Thirty-six women, who scored over 70 on the Domestic Violence Questionnaire and over 5 on the Self-Injurious Behaviors Questionnaire, were chosen for the study. They were randomly divided into two experimental groups, one for EFT and one for CBT-TF, as well as a control group, with 12 participants in each group. The inclusion criteria specified participants with an education level from undergraduate to a bachelor's degree, aged between 25 and 45, who have lived with a partner for at least two years, and have experienced domestic violence, along with exhibiting self-harming behaviors as assessed through a questionnaire and clinical interview. The exclusion criteria ruled out individuals with chronic psychological and physical disorders identified in clinical interview, those who missed more than three sessions, showed unwillingness to cooperate, expressed regret about participation, or were involved in other treatment sessions simultaneously.

The study involved obtaining permission from the university and visiting two welfare centers located in the Yaftabad and Shahr-e Ray districts. Women who were victims of domestic violence and exhibited self-harming behaviors were identified through client interviews and the completion of two instruments: the Alipour Domestic Violence Questionnaire (2003) and the Sanson et al. Self-Harming Behaviors Questionnaire (1998). Based on the questionnaire scores, 36 women who scored high on both measures were selected and randomly assigned to one of three groups: two experimental groups—Emotion-Focused Therapy (EFT) and Trauma-Focused Cognitive Behavioral Therapy (CBT-TF)—and a control group, with 12 participants in each group. The study's objectives, procedures, and anticipated outcomes were clearly explained to participants before the intervention, and written consent was obtained. Participants then completed the Wagneld Resilience Scale (1990) and the Spinner Marital Adjustment Scale (1976) as part of the pre-test assessments.

Members of the experimental groups took part in 10 therapy sessions over two and a half months, with each session lasting 90 minutes. These sessions included either Emotion-Focused Therapy (EFT) or Trauma-Focused Cognitive Behavioral Therapy (CBT-TF), delivered by trained therapists. In contrast, the control group did not receive any form of intervention during this period. Following the intervention, post-tests were conducted, and a three-month follow-up was performed. By the end of the treatment phase, 10 participants remained in each experimental group. Data analysis involved mixed variance analysis and Bonferroni post hoc tests, using SPSS 27 software to evaluate the results.

Ethical considerations included obtaining informed consent, respecting participants' rights, maintaining confidentiality, adhering to ethical principles, and providing intensive therapy sessions for the control group after the study.

Instruments

Spouse Abuse Experience Questionnaire (SAEQ): This questionnaire was developed by Alipour et al. (2019) to measure an individual's experiences of abusive behavior in marital relationships. The questionnaire is specifically designed to identify different dimensions of spousal abuse, including light physical abuse, heavy physical abuse, and psychological, sexual, and emotional abuse within a specific period. It consists of 19 questions that are answered on a 5-point scale from very low to very high. The Cronbach's alpha coefficient of the entire questionnaire is 0.86, and the components are reported in the range of 0.80 to 0.84. The study explained a total of 68% of the variance of the construct. The reliability coefficient of the questionnaire was obtained through Cronbach's alpha coefficient of 0.70.

Self-Harm Inventory (SHI): This questionnaire was developed by Sansone et al. (1998) and consists of 22 questions that can be answered with yes or no. Sansone et al. (1998) developed the Self-Injurious Behavior Scale to measure direct and indirect self-harm behaviors in psychiatric and non-psychiatric populations. The psychometric properties of this questionnaire have been evaluated outside Iran and reported to be satisfactory. The internal consistency reliability coefficient of this

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scale was 0.74 with Cronbach's alpha. The convergent validity of this questionnaire with the self-destructive variable was examined, and its correlation coefficient was 0.66 ($P < 0.05$). In the study by Sharifipour Choukami et al. (2022), the correlation coefficient of this questionnaire with the Non-suicidal Self-Injury Questionnaire was 0.27 ($P < 0.05$).

Resilience Scale (RS-14): This scale was developed by Wagnild (2009). The original form of this scale, consisting of 25 items, was designed by Wagnild & Young (1993). The short resilience scale comprises 14 items. The items are in the form of 5 options (strongly disagree = 1, disagree = 2, no opinion = 3, agree = 4, and strongly agree = 5) and have three subscales of self-management, self-esteem, and meaning of life. In a study of the reliability of this scale and its components in South Korea, Cronbach's alpha coefficient was reported to be in the range of 0.84 to 0.90. Based on the results of the factor analysis of the three dimensions, it explained 48.257% of the total variance of the scale, indicating the desirable validity of the scale. The correlation coefficients of this scale with the scales of psychological well-being (0.41) and emotions (-0.36) were reported to be significant ($P < 0.01$).

Dyadic Adjustment Scale (DAS): The scale was developed by Spanier (1976) to assess the quality of the marital relationship from the perspective of a husband and wife or two people living together. It consists of 32 items and four subscales. The questions are answered based on a 5-point Likert scale (from never to always). The validity and reliability of this scale have been satisfactory in various studies. The total score of the scale with a Cronbach's alpha coefficient of 0.96 and the subscales, marital satisfaction 94%, marital cohesion 81%, marital agreement 90%, and affection expression 73%, show good internal consistency and correlation with the Locke-Wallace marital satisfaction scale. Isanejad and Alizade (2020) reported an internal consistency reliability coefficient of this scale 0.81 with Cronbach's alpha.

Description of the EFT and CBT-TF: In this study, the EFT (Johnson and Greenman, 2006) and CBT-TF (Kubany, 2002) were implemented in the experimental group once a week for 10 sessions of 90 minutes each. The researchers developed this program under the supervision of professors, utilizing theoretical and research backgrounds, as well as concepts from the emotion-focused model and trauma-focused cognitive-behavioral model (Table 1).

Data were analyzed using repeated measures analysis of variance (ANOVA) and the Bonferroni test with the SPSS 27.

Table 1. The EFT and CBT-TF interventions

Trauma-focused cognitive-behavioral therapy		Emotion-Focused Therapy
session	Content	Content
1	Familiarizing them with the treatment process, establishing a therapeutic relationship, instilling a sense of hope, examining different aspects of the traumatic event, and training in post-traumatic stress disorder	Introduction of members, statement of goals, Introduction of members, statement of goals, frameworks, rules, hours, and days of training. Establishing a therapeutic alliance.
2	Examining the nature of the problem and the relationship, exploring violence and its effects on various psychological and physical dimensions of women.	Assessing the nature of the problem and the relationship, examining violence and its effects on various psychological and physical dimensions of women, familiarizing the group with the principles of emotion-focused therapy and the role of emotions in interpersonal interactions
3	reviewing homework from session 2, focus on confrontation and conflict resolution in life's environment, and practicing relaxation strategies.	Identifying the negative interaction cycle and creating conditions for its manifestation, assessing the relationship and attachment bond, and examining one's interaction cycle are important tasks.
4	Reviewing homework from session 3, focusing on stress management, self-control training, and strategies for addressing low self-esteem	Focusing on emotions, needs, and fears of attachment. Emphasizing secondary emotions in the interaction cycle to uncover underlying and unknown emotions and discussing primary emotions and their processing.
5	Review homework from session 4, stress coping styles, and training on how to reduce stress.	Reframing the problem in terms of underlying feelings and attachment needs, emphasizing the participants' ability to express emotions and demonstrate attachment behaviors towards loved ones.
6	Review homework from session 5, assertiveness training, and practice effective assertiveness.	Identify and address rejected needs and denied aspects, encourage group interaction and reflection on their patterns with respect and empathy, express attachment needs, and promote acceptance of corrective experiences
7	reviewing homework from session 6, anger management training. We also discuss the importance of lifestyle and how a lack of the desired quality of life can lead to individual illnesses.	Making people aware of underlying emotions and revealing the role of others in the relationship, emphasizing acceptance of others' experiences and ways of interacting, identifying known emotions, restating attachment needs, and highlighting that these are healthy and natural.

Trauma-focused cognitive-behavioral therapy		Emotion-Focused Therapy
session	Content	Content
8	Reviewing homework from session 7, exploring feelings of guilt, training in defense attorney techniques, and stress management.	facilitating the expression of needs and desires, creating emotional conflict, developing initial emotional experiences in the attachment field, recognizing internal attachment needs, and creating new attachments with a secure bond with others.
9	Reviewing homework from session 8, training on a security plan for various domestic violence risk situations, and preparing women victims of violence for the end of treatment.	Creating new interactive situations between the group and other individuals and ending old interactive patterns. Remembering attachment needs and improving emotional and sentimental connections.
10	Reviewing homework from session 9, summarizing and reviewing previous sessions, preventing relapse, and concluding treatment	Assessing changes, reinforcing the modifications, highlighting differences in current interactions, and concluding

3. Results

The mean (and standard deviation) age of women with domestic violence and self-harming behaviors in the cognitive-behavioral therapy, emotion-focused therapy, and control groups was 44.39 (3.55), 50.39 (4.34), and 40.01 (4.38), respectively. The results of the univariate analysis of the variance test showed that there was no difference between the mean ages of the experimental and control groups (P>0.95, F=0.04). The results of the chi-square test showed that there were no significant differences between the three groups in terms of demographic variables, including age, years of marriage, and education (P>0.05).

Table 2. Descriptive indices of resilience and marital adjustment

Variable	Time	EFT		CBT TF		C	
		M	SD	M	SD	M	SD
resilience	pre-test	38.12	4.73	39.87	6.60	39.25	4.56
	post-test	48.37	3.70	50.75	3.88	39.01	2.50
	follow-up	48.25	4.92	50.50	4.59	39.36	1.92
Marital adjustment	pre-test	105.63	4.4	104.62	7.10	104.37	8.33
	post-test	112.88	7.22	115.01	9.10	105.62	5.45
	follow-up	110.11	10.34	116.75	8.12	106.12	7.86

The data were evaluated for normality using the Shapiro-Wilk test, and the results showed that in all groups and at all times (pre-test, post-test, and follow-up), the values of the psychological resilience and marital adjustment variables did not deviate significantly from the normal distribution (P>0.05). Also, the homogeneity of variances was examined using the Levine test, and the results showed that the variances between the groups were equal (P > 0.05). In addition, the Mackley sphericity test showed that the sphericity assumption was valid for both dependent variables (psychological resilience ($\chi^2 = 1.85$, P>0.05) and marital adjustment ($\chi^2 = 2.021$, $P > 0.05$). Therefore, performing analysis of variance with repeated measures was considered permissible and appropriate.

Table 3 results indicated a significant interaction effect between time (pretest, posttest, follow-up) and group (EFT, CBT TF, and control) on psychological resilience and marital adjustment scores (P<0.05). This suggests that the pattern of change in psychological resilience and marital adjustment over time differed across the four groups.

Table 3 indicated a significant difference between groups in psychological resilience scores (P<0.05). However, there was no significant difference in marital adjustment between the three groups (P>0.05). Additionally, results indicated a significant within-subjects effect of time (pre-test, post-test, follow-up) on resilience and marital adjustment scores (P<0.05).

Table 3. The results of the repeated measures ANOVA

Variable	Source of changes	SS	Df	MS	F	P	Eta2	OP
Resilience	Group	769.75	2	384.87	13.42	.001	.561	.99
	Time	784.08	2	392.04	10.18	.001	.590	1
	Group*Time	387.67	4	96.92	7.56	.001	.415	.99
Marital adjustment	Group	733.53	2	366.76	1.54	.24	.128	.29
	Time	878.69	2	439.35	7.44	.001	.260	.93
	Group*Time	298.1	4	74.54	1.88	.13	.150	.52

Also, the results of the Bonferroni test show that cognitive-behavioral and emotion-focused therapies were effective in increasing resilience compared to the control group (P<0.01). However, there was no difference between the two treatments in increasing resilience (P>0.05). Additionally, there was no difference between the treatment and control groups in marital adjustment.

In Table 4, post-hoc Bonferroni tests revealed that in the EFT and CBT-TF groups, mean psychological

resilience and marital adjustment scores were significantly higher in the post-test and follow-up than in the pre-test (P<0.01). However, no significant difference was observed between the post-test and follow-up scores (P>0.05), suggesting that the improved psychological resilience observed after the intervention was maintained at the follow-up assessment.

Additionally, post hoc Bonferroni tests revealed that in the CBT-TF group, mean marital adjustment scores were significantly higher post-test and follow-up than pre-test. However, a significant difference was observed between the pre-test and post-test scores. The lack of significance between pre-test and follow-up in marital adjustment scores indicates that the improvement observed after the intervention was not maintained at follow-up.

Table 4. Pairwise comparison test results based on Bonferroni adjustment of variables in three stages in the groups

Variable	Time		CBT –TF		EFT		C	
			Mean t	*P*	Mean t	*P*	Mean t	*P*
Resilience	pre-test	post-test	-10.88	0.006	-10.25	0.008	0.25	1
	pre-test	follow-up	-10.63	0.001	10.13	0.03	-0.38	1
	post-test	follow-up	0.25	1	0.13	1	-0.63	1
marital adjustment	pre-test	post-test	-10.38	0.05	-9.75	0.05	-1.25	1
	pre-test	follow-up	-12.13	0.04	-9.13	0.20	-1.75	1
	post-test	follow-up	-1.75	0.85	-0.63	1	-0.50	1

4. Discussion and Conclusion

This study explored the comparative effectiveness of emotion-focused therapy (EFT) and trauma-informed cognitive-behavioral therapy (CBT-TF) in enhancing psychological resilience and marital adjustment among women affected by domestic violence who exhibit self-injurious behaviors. The findings indicated that both therapeutic approaches significantly improved resilience, with no notable differences in their effectiveness. These outcomes align with previous studies by Wittenborn et al. (2019) on EFT, as well as research conducted by Zhang et al. (2020) and Hébert & Daignault (2015) regarding CBT-TF.

Additionally, the study demonstrated that both therapies positively impacted marital adjustment, albeit with effects that diminished by the follow-up phase. This incompatibility echoes earlier findings from Wittenborn et al. (2019), who noted the limited influence of EFT on enhancing relationships and marital adjustment. Similarly, research by Tsirigotis and Łuczak (2018) suggested EFT may have a less pronounced effect in this area, despite fostering resilience and emotional improvement in women. These shortcomings could be attributed to the complexities of marital dynamics and the enduring psychological consequences of domestic violence.

The results can be further understood by considering how EFT addresses the emotional repercussions of trauma. By improving emotional cognition and teaching strategies for emotion regulation, EFT empowers women to identify, accept, and effectively manage negative emotions such as anxiety, anger, and fear stemming from traumatic experiences. Jasinska et al. (2012) emphasize that timely recognition and expression of both positive and negative emotions are crucial for mental health promotion.

Through its focus on strengthening secure emotional attachments and rebuilding emotional responses, EFT enhances women's psychological capacity to handle stressors and bolsters resilience (Johnson, 2019; Greenberg, 2019). In cases of domestic violence that often lead to profound psychological challenges such as depression, anxiety, and diminished self-worth, nurturing resilience via emotion regulation and reframing negative thought patterns stands out as a vital strategy for restoring mental health and fostering healthier attitudes and behaviors (Vanderwal, 2018; Tsirigotis & Łuczak, 2018). In contrast, individuals who rely on less effective strategies such as emotional suppression often face diminished cognitive resources, psychological exhaustion, and a reduced ability to cope with challenges. Over time, this can undermine their resilience (Delkhosh & Movahedi, 2021; Guerrieri et al., 2012). Trauma-focused cognitive-behavioral therapy (CBT-TF) plays a pivotal role in fostering resilience by targeting and transforming unhealthy, irrational thought patterns into more constructive and rational ones. Given that experiences of domestic violence are often accompanied by distorted perceptions of oneself, others, and the world, this therapeutic method uses cognitive restructuring to encourage a more positive self-view and equips women victims with adaptive responses to difficult situations (Conway, 2021; Zhang et al., 2020). Furthermore, CBT-TF's effectiveness may stem from its capacity to restore a sense of internal control over thoughts and emotions, thereby lessening the influence of external circumstances on the individual. This approach integrates emotional facilitation, which not only promotes positive behavioral change but also enhances adaptability to stressful environments and stimuli. It further improves one's ability to recognize, predict, and regulate emotions, ultimately leading to the adoption of more effective coping mechanisms (Engelberg & Sjoberg, 2004). The findings of this study

revealed that both emotion-focused therapy (EFT) and trauma-informed cognitive-behavioral therapy (CBT-TF) were effective in improving marital adjustment in women who had experienced domestic violence during the post-test phase. These results align with earlier studies; for instance, Greenberg et al. (2019) highlighted that EFT aids couples in fostering healthier relationships and better communication by addressing negative interaction patterns. Additionally, this therapeutic approach enhances the ability to identify, process, and manage emotions, enabling individuals to respond more adaptively to marital conflicts (Greenberg & Watson, 2022). Similarly, cognitive-behavioral therapy has been shown to enhance interpersonal dynamics and reduce marital tensions by correcting distorted beliefs, advancing communication skills, and teaching coping strategies. Previous research by Kavitha et al. (2014), Naeim (2019), and Durães et al. (2020) has also validated the effectiveness of this approach in increasing marital satisfaction, restructuring cognitive distortions, and adjusting negative relational perspectives.

However, the follow-up phase indicated that the therapeutic impacts of these interventions on marital adjustment were not enduring. This outcome suggests that while short-term therapeutic efforts can improve marital relationships, achieving lasting change requires more comprehensive, multidimensional, and sustained interventions.

One potential explanation for the decline in long-term effectiveness could be the interactive nature of marital adjustment. In this study, the focus was solely on women without involving their partners in the therapeutic process. Improving marital relationships typically hinges on mutual interaction, shared efforts toward change, and acceptance from both partners (Golmohammadi et al., 2000).

Additional factors such as the participants' complex psychological and social circumstances—including the severity and duration of violence experienced, economic constraints, and levels of social support—may have influenced the stability of these interventions. The limited duration of the therapeutic process (10 sessions) could also contribute to the diminished sustainability of the improvements. Prior research highlights that repairing damaged relationships, especially within the context of domestic violence, calls for enduring, multifaceted, and long-term interventions (Wittenborn et al., 2019). Furthermore, the absence of reinforcement sessions following treatment may result in individuals gradually reverting to maladaptive communication patterns over time.

This study has certain limitations, including a small sample size, a short intervention period comprising only 10 sessions, and insufficient control over factors like the severity of violence and the availability of social support. These constraints may have impacted the generalizability and accuracy of the findings. Future research is encouraged to implement interventions over longer durations with larger samples, employing more detailed methodologies such as interviews and structured treatment programs involving spouses. Additionally, efforts should be made to account for variables like social support levels and the intensity of violence experienced. Considering the proven effectiveness of emotion-focused therapy (EFT) and trauma-focused cognitive-behavioral therapy (CBT-TF), it is recommended that these approaches be widely utilized in counseling and treatment centers nationwide. This can contribute to alleviating the impact of domestic violence and enhancing marital adjustment for women at risk.

5. Ethical Considerations

Compliance with ethical guidelines

The Committee for Ethical Considerations in Human Experimentation of Islamic Azad University of Isfahan Rasht Branch, Guilan, approved all procedures (IR.IAU.RASHT.REC.1403.024).

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Authors' contributions

All authors contributed to the design, implementation, and writing of all parts of the article.

Conflicts of interest

The authors declared no conflict of interest.

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