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# Comparison of the Effectiveness of an Empowerment-Based Educational Program and Emotion-Focused Therapy on Resilience and Emotion Regulation in Women Experiencing Domestic Violence

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### ABSTRACT

**Purpose:** The aim of the present study was to compare the effectiveness of an empowerment-based educational program and emotion-focused therapy on resilience and emotion regulation in women experiencing domestic violence in Tehran.

**Methods and Materials:** This study employed a quasi-experimental design with a pretest-posttest approach, including an experimental group, a control group, and a follow-up phase. The statistical population consisted of all women who had experienced domestic violence and visited psychological clinics in Tehran during the first half of 2023. Using convenience sampling, participants were voluntarily selected and assigned to two experimental groups (15 participants in each group) and one control group (15 participants). The experimental group receiving the empowerment-based educational program participated in 10 sessions of 90 minutes each, while the group receiving emotion-focused therapy underwent 12 sessions of 90 minutes each. The control group was placed on a waiting list. The measurement tools used in this study included the Connor-Davidson Resilience Scale (Connor & Davidson, 2003) and the Emotion Regulation Questionnaire (Garnefski & Kraaij, 2006). Data obtained from the questionnaires were analyzed using SPSS software (version 23) through descriptive and inferential statistical methods, including multivariate analysis of variance with repeated measures.

**Findings:** The results indicated that the intervention methods (empowerment-based educational program and emotion-focused therapy) had a significant effect on the components of personal competence, tolerance of negative affect, positive acceptance of change, and personal trust compared to the control group ( $p < .05$ ). Furthermore, the extent of change in the empowerment-based educational program group for the components of personal competence, tolerance of negative affect, and positive acceptance of change was greater than that in the emotion-focused therapy group ( $p < .05$ ). Additionally, the findings showed that the intervention methods significantly impacted the components of emotion regulation ( $p < .05$ ). The extent of change in the empowerment-based educational program group for the components of positive refocusing, self-blame, and blaming others was greater than that in the emotion-focused therapy group ( $p < .05$ ).

**Conclusion:** It appears that the empowerment-based educational program is more effective than emotion-focused therapy in improving resilience and emotion regulation in women experiencing domestic violence.

**Keywords:** resilience, emotion regulation, empowerment-based education, emotion-focused therapy, domestic violence

## 1. Introduction

Violence has existed throughout human history, dating back to the earliest days of humanity. To ensure their survival, humans have resorted to acts that, though ensuring self-preservation, often came at the expense of destroying other beings, including fellow humans. Such actions, which initially involved trespassing boundaries and defensive behaviors using primitive tools, evolved alongside civilization. As humans became more strategic and calculating, direct and overt forms of domination shifted to indirect forms, such as instilling specific ideas and beliefs to control minds, a practice referred to as cultural colonization (Karakuş & Göncü-Köse, 2023). Violence within the family is a blatant violation of human rights. This phenomenon is not restricted to specific societies or classes and has become a widespread issue affecting individuals, families, and societies in many cultures globally (Rahmati Far, 2022). Unfortunately, in today's ever-changing world, women—a significant part of humanity—openly or covertly experience major forms of abuse within family dynamics throughout their lives, often in sorrow and silence. This issue is further exacerbated by the lack of accurate statistics, insufficient access to support resources, and the absence of safe shelters for victims, who are predominantly women (Rhodes et al., 2020; Tajeryan et al., 2022).

Among the physical and psychological consequences of violence against women are post-traumatic stress disorder, depression, reduced self-esteem, lower resilience and emotion regulation, increased anxiety, severe behavioral disorders, and emotional and cognitive problems faced by female victims (Brosi et al., 2020; Yoleri, 2020). Violence also negatively impacts the mental health of mothers, their children, families, and society as a whole (Yule et al., 2019). Resilience, a key component of mental health (Afleti, 2019) and a core focus of positive psychology, is defined as the dynamic and ongoing ability to adapt positively to adverse and distressing experiences (Darbani & Parsakia, 2023; Golparvar & Parsakia, 2023; Zhao et al., 2021). It enables individuals to respond or adapt to unfavorable circumstances (John & Zapata Roblyer, 2017). Research shows that higher levels of resilience are associated with lower levels of anxiety and stress, and women experiencing domestic violence generally exhibit lower resilience (Frey et al., 2017; Joyce et al., 2018). Aydoğan and Kizildag (2017), as well as Taghipour and Barzgaran (2019), found that resilience-building programs for these women improved parent-child relationships (Aydoğan & Kizildag, 2017).

Appropriate use of emotions can significantly enhance psychological and physical growth, competence, and individual creativity. However, dysfunctional emotion regulation strategies, which significantly diminish competence, can signal psychological disorders (McRae & Gross, 2020; Ruork et al., 2022). Difficulty in emotion regulation predisposes individuals to interpersonal and intrapersonal challenges, placing them in high-risk situations (Tajeryan et al., 2023). For instance, dysfunctional emotion regulation is associated with internalizing disorders, such as depression and anxiety (Tamir et al., 2020). Blake et al. (2021) showed that women experiencing domestic violence report significantly higher levels of negative emotions, such as sadness, loneliness, anger, and worthlessness, compared to women not exposed to violence (Blake et al., 2021). Similarly, Maloney et al. (2022) found that increased negative emotions can pose a risk factor for psychological disorders and feelings of revenge among abused women (Maloney et al., 2022).

Various interventions have been implemented to address violence against women and its prevention (Chaudhuri & Morash, 2019). Some studies have highlighted the significant effectiveness of psychoeducational programs for men and women in reducing violence against women. Educational, legal, and supportive measures, such as empowering families to develop skills to cope with spousal violence, have been reported as beneficial (Bulte & Lensink, 2019). Strengthening premarital education and reforming laws have also been proposed as measures to prevent physical violence against women. Community awareness and education about addressing these challenges have proven effective in reducing violence (Kim et al., 2019). Empowerment programs for women experiencing domestic violence aim to restore their hope for a happy life for themselves and their children while reducing the impact of traumatic experiences. Empowerment also focuses on strengthening protective aspects of life, such as social support, community resources, and parenting skills (Grogan-Kaylor et al., 2020).

Numerous studies have examined the effectiveness of empowerment programs. For instance, Grogan-Kaylor et al. (2016) demonstrated that participation in empowerment interventions reduced women's use of physical punishment (Grogan-Kaylor et al., 2020). Muzik et al. (2015) highlighted the positive effects of empowerment programs on parenting quality (Muzik et al., 2015). Howell et al. (2015) found that empowerment interventions enhanced positive parenting among women exposed to domestic violence (Howell et al.,

2015). Austin et al. (2020) reported that women experiencing partner violence had higher rates of physical punishment toward their children (Austin et al., 2020). Additionally, Grogan-Kaylor et al. (2019) showed that socioeconomic factors had minimal impact on positive versus negative parenting practices (Grogan-Kaylor et al., 2020).

Given the above, increasing resilience, reducing psychological problems, and improving emotion regulation appear essential for family stability (Watson & Greenberg, 2017). Several approaches have been introduced to improve relationships and family stability. Emotion-focused therapy (EFT) is one such intervention. EFT posits that the ways individuals organize and process emotional experiences, alongside the interactive patterns they create and reinforce, contribute to marital distress (Greenman & Johnson, 2013). By fostering constructive interactions between partners and identifying secure attachment patterns, EFT promotes satisfaction and reduces psychological problems. This approach focuses on altering attachment behaviors to improve distressed relationships (Levitt et al., 2019). Wiesel et al. (2021) found that EFT effectively reduced distress. A review of theoretical and empirical research on this topic underscores the need to focus more on domestic violence against women (Wiesel et al., 2021). However, the multifaceted nature of domestic violence, involving social, emotional, cognitive, and family-related factors, highlights the necessity of designing interventions tailored to the social and cultural context of abused women (Summers, 2022). Despite this, few studies in Iran have seriously addressed this issue. Accordingly, the primary aim of this study is to develop a specialized educational and therapeutic package for women experiencing domestic violence, taking an initial step in this direction. EFT was selected for comparison with this specialized package due to its demonstrated effectiveness in previous studies (Ghafari Shahr et al., 2021; Gol Mohammad et al., 2021; Keivanlu & Mikaili, 2023; Kettrey & Callahan, 2023; Pour Mohammad Qochani et al., 2019; Sayed et al., 2023) and its compatibility with the emotional needs within couple relationships.

Physical abuse and psychological violence against women are phenomena passed down from generation to generation, perpetuating a cycle of violence within communities where all members resort to hostile solutions. Men often inflict physical and psychological harm on women and children, and in some cases, women abuse children (Shamsai et al., 2022). In societies where violence is ignored, victims are often blamed for creating conditions

conducive to violence. Victims are perceived as potential perpetrators, and because men are physically stronger, they typically cause the most harm—often hidden by the affected women, enduring silently or leading to separation (Rokhush, 2022). Evidence suggests that witnessing or being a victim of violence correlates with various abusive behaviors and psychological issues. However, the extent of this relationship is not yet fully understood. The issue is not only individual vulnerability but also the family system, which plays a crucial role in overall adaptation. Even individuals not directly affected by crises are influenced by family responses and their subsequent impacts on other relationships. How a family copes, reorganizes, and continues to function significantly affects immediate and long-term adaptation and the health of all family members. Considering the importance of this issue and its detrimental effects, as well as the numerous studies conducted on men based on reports from abused women, investigating and understanding violence against women is essential. Identifying and addressing the causes of this problem can resolve many family issues. This study seeks to address the following key question: Does the effectiveness of the specialized empowerment package for women experiencing domestic violence differ from emotion-focused therapy in addressing psychological issues?

## 2. Methods and Materials

### 2.1. Study Design and Participants

This study utilized a quasi-experimental design with a pretest, posttest, and follow-up approach, including a control group. The statistical population consisted of women experiencing domestic violence in Tehran who visited psychological clinics during the first half of 2023. Participants were recruited through convenience sampling in September 2023 and voluntarily registered to participate in the study via a public call. A total of 45 women were selected, based on their scores on a domestic violence questionnaire, which were at least one standard deviation above the mean. Participants were randomly assigned to three groups (two experimental groups and one control group), with 15 participants in each group. It is noteworthy that, in semi-experimental or experimental studies, a sample size of 15 participants per group is considered sufficient (Delavar, 2021).

Inclusion criteria included: (a) age between 25 and 45 years, (b) a minimum educational level of high school diploma, (c) at least one year of marital life, (d) willingness

to cooperate in receiving therapeutic interventions, (e) no psychological or pharmacological treatments in the past six months, (f) no substance or alcohol abuse, (g) absence of psychological disorders as determined by an initial diagnostic interview, and (h) being a victim of domestic violence based on referrals to psychological clinics in Tehran.

Exclusion criteria included: (a) missing two or more sessions, (b) incomplete responses to the questionnaire, and (c) participation in other psychotherapy programs.

## 2.2. Measures

### 2.2.1. Domestic Violence

The Domestic Violence Questionnaire was developed by Haj-Yahia (2000), adapted from several earlier scales, including Straus's Conflict Tactics Scale (1980), Tolman's Psychological Maltreatment of Women Inventory (1990), Radinberg and Fantuzzo's Spouse Abuse Assessment Scale (1995), and Hudson and McIntosh's Index of Spouse Abuse (1981). The questionnaire contains 32 items divided into four subscales: psychological violence (items 1–16), physical violence (items 17–27), sexual violence (items 28–30), and economic violence (items 31–32). Responses are scored on a Likert scale ranging from 1 (never) to 4 (more than twice). The questionnaire was translated by Khaghani-Far at Alzahra University, and its face and content validity were confirmed by several experts. Internal consistency reliability was reported with a Cronbach's alpha of .97 based on a sample of 60 participants. In a study of 2,410 Palestinian women, Cronbach's alpha for the four subscales was reported as .71, .86, .92, and .93, respectively. In Jafarian's (2015) research, Cronbach's alpha for the scale was .82, while Latifian et al. (2016) reported an overall reliability of .92 (Keivanlu & Mikaili, 2023).

### 2.2.2. Resilience

This 25-item scale was developed by Connor and Davidson (2003) through a review of resilience research from 1979–1991. Items are scored on a Likert scale from 0 (completely false) to 4 (always true). The scale assesses five factors: personal competence, trust in one's instincts, tolerance of negative affect, positive acceptance of change and secure relationships, and spiritual influences. The authors reported a Cronbach's alpha of .89 and test-retest reliability of .87 over a four-week interval. In Iran, Mohammadi (2005) validated the scale, reporting a

Cronbach's alpha of .89. Factor analysis confirmed the validity of the scale, with each item showing significant correlation with the total score (except item 3). The KMO index was .87, and Bartlett's test of sphericity yielded a chi-square of 28,556, supporting the adequacy of factor analysis. Samani, Jokar, and Sahragard (2006) reported reliability coefficients of .93 for this scale among Iranian students (Hosseini, 2024; Karimi Dastaki & Mahmudi, 2024).

### 2.2.3. Emotion Regulation

The Emotion Regulation Questionnaire by Garnefski and Kraaij (2006) is an 18-item tool measuring cognitive emotion regulation strategies in response to stressful life events. Responses are rated on a five-point Likert scale from 1 (never) to 5 (always) across nine subscales: self-blame (items 1, 2), other-blame (items 17, 18), rumination (items 5, 6), catastrophizing (items 15, 16), positive refocusing (items 7, 8), planning (items 9, 10), positive reappraisal (items 11, 12), putting into perspective (items 13, 14), and acceptance (items 3, 4). Higher scores indicate greater use of a given cognitive strategy. Subscale scores are calculated by summing the responses for the two items within each subscale. Adaptive strategies (positive refocusing, planning, positive reappraisal, putting into perspective, and acceptance) are calculated by dividing the total score by 10, while maladaptive strategies (self-blame, other-blame, rumination, and catastrophizing) are calculated by dividing the total score by 8. Cronbach's alpha for subscales ranged from .71 to .81, with test-retest reliability over 14 days ranging from .48 to .61. In Iran, Cronbach's alpha for subscales ranged from .62 to .91, and test-retest reliability over one week ranged from .75 to .88. Factor analysis revealed a seven-factor structure: positive refocusing/planning, positive reappraisal/perspective, acceptance, other-blame, self-blame, rumination, and catastrophizing. Content validity was confirmed through expert review, with Kendall's coefficient of agreement for subscales ranging from .81 to .92 (Enayati Shabkolai et al., 2023; Roghani et al., 2022).

## 2.3. Interventions

### 2.3.1. Psychological Empowerment Intervention

This intervention program is designed to enhance the psychological empowerment of women experiencing domestic violence. The sessions provide tools for self-regulation, emotional awareness, cognitive restructuring,



and other vital skills to build resilience and improve mental well-being. Each session introduces a specific theme and is accompanied by practical tasks to reinforce learning. Below is a summary of the sessions (Chaudhuri & Morash, 2019; Grogan-Kaylor et al., 2020; Kim et al., 2019):

#### Session 1: Introduction

This session aims to welcome participants and create a safe and supportive environment. Participants are introduced to one another, and the group's rules, including punctuality, mutual respect, active participation, and confidentiality, are explained. The objectives and importance of the sessions are discussed, emphasizing their application in family and social contexts. The session also includes a preliminary discussion of shared challenges, an overview of the skills to be learned, and the motivation to continue attendance. A pretest is administered to evaluate baseline conditions.

#### Session 2: Self-Regulation

Participants are taught how to identify psychological symptoms and practice various self-regulation techniques, including deep breathing, meditation, progressive muscle relaxation, and yoga. Emotional balance strategies, such as recognizing and accepting emotions and expressing them healthily, are introduced. Other techniques include mindfulness exercises, cognitive reframing, and learning behavioral flexibility. Participants are tasked with practicing self-regulation techniques daily, recording psychological symptoms, and engaging in enjoyable activities.

#### Session 3: Emotional Awareness

Participants learn fundamental concepts of emotional awareness, such as identifying and naming emotions, recognizing their physical manifestations, and understanding their impact on thoughts and behaviors. Techniques include recognizing emotions, observing emotional experiences non-judgmentally, and accepting emotions as part of the human experience. Participants are encouraged to practice emotional awareness daily, document emotional reactions, and engage in enjoyable activities.

#### Session 4: Cognitive Restructuring

This session focuses on identifying and challenging negative thought patterns. Techniques include replacing negative thoughts with constructive ones, practicing cognitive reframing, and fostering positive beliefs. Participants are taught to observe their thoughts without judgment and focus on positive affirmations. Daily exercises involve practicing cognitive restructuring techniques, journaling thoughts and feelings, and participating in supportive activities.

#### Session 5: Personalized Exercises

Participants' individual needs and goals are assessed, and tailored exercises are introduced, including relaxation, meditation, yoga, healthy nutrition, and adequate sleep. Skills-based activities such as problem-solving, communication, time management, and self-care are emphasized. Participants practice these activities daily and document their progress.

#### Session 6: Strengthening Personality Traits

Participants explore their inner strengths and resources, identifying personal competencies and focusing on self-confidence. Techniques include recalling past successes, using positive affirmations, and cultivating optimism through gratitude and forgiveness. Daily tasks involve practicing personality-strengthening techniques and joining supportive groups.

#### Session 7: Addressing Individual Challenges

This session focuses on understanding psychological challenges and personal needs. Techniques include active listening, empathy, assertive communication, problem-solving, and respecting differences. Participants practice coping skills, record their experiences, and participate in supportive activities.

#### Session 8: Problem-Solving Styles

Participants are introduced to analytical, creative, and critical thinking techniques to address challenges. Strategies include identifying problem factors, exploring potential solutions, and evaluating their consequences. Participants are encouraged to think outside the box and develop innovative approaches to challenges. Daily tasks involve practicing problem-solving techniques and engaging in reflective activities.

#### Session 9: Interpreting and Understanding Emotions

This session helps participants develop emotional intelligence by recognizing and understanding their own and others' emotions. Techniques include naming emotions, identifying their causes and consequences, and empathetic communication. Participants practice these skills daily and reflect on their experiences through journaling.

#### Session 10: Conclusion

The final session reviews the learning outcomes of the program with group discussions and participant feedback. Participants reflect on their experiences, clarify doubts, and share their feelings about the program. Emphasis is placed on practicing and applying the learned skills in daily life. The session concludes with appreciation for participants' efforts and the administration of a posttest.

### 2.3.2. *Emotion-Focused Therapy (EFT)*

This protocol is designed to enhance emotional awareness, address attachment needs, and promote positive interactions within marital relationships. The intervention consists of 12 structured sessions, each targeting specific objectives, and includes tasks to reinforce therapeutic progress. Below is a summary of the sessions (Ardakhani & Seadatee Shamir, 2022; Ghafari Shahir et al., 2021; Gol Mohammad et al., 2021; Levitt et al., 2019; Moeeni et al., 2022; Pour Mohammad Qochani et al., 2019; Watson & Greenberg, 2017):

#### Session 1: Introduction to Group Rules

Participants are introduced to one another and the therapist. Group rules, such as respect, confidentiality, and active participation, are discussed. The goals and importance of the therapy sessions are explained, and participants' questions are addressed.

#### Session 2: Understanding Theoretical Models of Marital Relationships

Participants learn about theoretical models related to the psychological aspects of marital life. Discussions focus on personal experiences and how these align with the models presented. Participants are tasked with identifying examples from their marital life that align with the discussed models.

#### Session 3: Assessment and Establishing Rapport

This session focuses on rapport-building, assessing the nature of participants' issues, understanding their expectations, and conceptualizing their problems. The therapy rationale and general principles are explained. Participants complete a pretest and engage in activities to reflect on positive emotional states.

#### Session 4: Identifying Negative Interaction Cycles

The session explores problematic interactions and negative cycles in relationships, assesses barriers to secure attachment, and establishes therapeutic goals. Participants are tasked with identifying patterns of negative interactions in various situations.

#### Session 5: Strengthening Bonds and Analyzing Emotions

Participants are guided to revisit significant attachment-related experiences and identify unacknowledged core emotions. Emotional responses are clarified, and participants work on accepting their interaction cycles. Tasks include recognizing fears, practicing secure attachment behaviors, and expressing pure emotions.

#### Session 6: Deepening Emotional Engagement

This session focuses on expressing and accepting emotions, engaging deeply with emotional experiences, and

enhancing relational interactions. Participants are encouraged to share coping behaviors with their partners and practice emotional and relational engagement at home.

#### Session 7: Addressing Attachment Needs and Enhancing Interaction

Participants learn to rebuild interactions, identify attachment needs, and find new solutions for recurring problems. They are encouraged to dedicate time to share their behaviors, thoughts, and emotions with their partners.

#### Session 8: Creating New Interaction Patterns

Participants work on developing new emotional and relational patterns. This includes accepting new relational dynamics and creating a positive narrative about their relationships. Tasks involve identifying core emotions and documenting how emotions and behaviors influence one another.

#### Session 9: Enhancing Attachment and Emotional Intimacy

Participants focus on recognizing and expressing their attachment needs, including in the context of sexual relationships. Techniques such as reflection and exploring attachment styles are introduced. Participants are encouraged to modify interaction patterns and respond to their partners' needs with greater responsibility.

#### Session 10: Deepening Emotional and Sexual Engagement

The session emphasizes focusing on self-awareness rather than external blame. Participants are guided to explore and meet their own needs while reframing sexual relationships. Tasks include empathetic listening and understanding their partner's underlying emotions.

#### Session 11: Rebuilding Sexual and Non-Sexual Interactions

This session aims to establish new positive interaction cycles, replacing negative ones. Participants are supported in adopting adaptive responses to their partners and encouraged to explore new solutions to long-standing issues.

#### Session 12: Consolidation and Closure

Participants review the content of previous sessions and reflect on their achievements. Discussions focus on fostering intimate, constructive dialogues and consolidating the changes achieved during therapy. The session concludes with a posttest and a review of the strengths and limitations of the therapy process.

## 2.4. Data Analysis

Inferential statistical analysis was conducted using multivariate analysis of variance (MANOVA) with repeated measures to test the hypotheses. Data analysis was performed using SPSS software (version 23).

## 3. Findings and Results

The descriptive statistics (mean and standard deviation) for resilience and emotion regulation scores in the empowerment-based educational program, emotion-focused therapy, and control groups across the pretest, posttest, and follow-up phases are presented below (Table 1).

**Table 1**

*Mean and Standard Deviation of Resilience and Emotion Regulation Strategies by Group and Assessment Phase*

Group	Variable	Index	Pretest	Posttest	Follow-Up
Empowerment Program	Resilience	Mean	45.73	67.20	66.60
		Standard Deviation	5.39	4.71	4.01
		Skewness	0.26	-0.66	-0.17
		Kurtosis	-0.21	1.06	-0.64
Emotion-Focused Therapy	Resilience	Mean	47.33	58.53	57.20
		Standard Deviation	5.54	3.58	3.53
		Skewness	0.80	0.57	0.17
		Kurtosis	0.78	-0.10	-1.08
Control	Resilience	Mean	45.47	44.93	43.13
		Standard Deviation	4.97	5.61	4.81
		Skewness	0.26	0.76	-0.13
		Kurtosis	-1.37	-0.52	-1.01
Empowerment Program	Adaptive Strategies	Mean	29.27	37.47	36.93
		Standard Deviation	4.08	3.14	3.51
		Skewness	0.22	0.29	0.71
		Kurtosis	-1.24	0.01	-0.18
Emotion-Focused Therapy	Adaptive Strategies	Mean	28.00	33.80	34.80
		Standard Deviation	3.32	2.83	2.70
		Skewness	1.06	0.63	0.87
		Kurtosis	1.34	-0.24	0.16
Control	Adaptive Strategies	Mean	28.00	26.40	27.87
		Standard Deviation	3.16	4.50	4.69
		Skewness	1.24	1.07	0.59
		Kurtosis	1.62	0.56	-0.05
Empowerment Program	Maladaptive Strategies	Mean	26.53	19.80	20.53
		Standard Deviation	3.87	2.96	3.42
		Skewness	0.91	-0.10	0.36
		Kurtosis	-0.21	-1.31	0.08
Emotion-Focused Therapy	Maladaptive Strategies	Mean	26.33	23.47	24.00
		Standard Deviation	3.96	4.09	3.02
		Skewness	0.84	0.31	-0.29
		Kurtosis	-0.95	-1.45	-0.67
Control	Maladaptive Strategies	Mean	26.33	26.07	26.00
		Standard Deviation	3.22	3.56	3.72
		Skewness	1.24	0.81	0.71
		Kurtosis	0.63	0.24	-0.62

As observed, the mean scores in the empowerment-based program and emotion-focused therapy groups changed significantly from pretest to posttest. The findings suggest

that both interventions increased resilience and adaptive strategies while reducing maladaptive strategies in women experiencing domestic violence.

**Table 2**

*Multivariate Analysis of Variance (MANOVA) for Dependent Variables Across Groups and Time*

Effect	Test	Value	F	df (Hypothesis)	df (Error)	p	Eta Squared
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Between-Group	Pillai's Trace	0.77	8.62	6.00	82.00	0.001	0.39
	Wilks' Lambda	0.24	13.70	6.00	80.00	0.001	0.51
	Hotelling's Trace	3.04	19.76	6.00	78.00	0.001	0.60
	Roy's Largest Root	3.02	41.23	3.00	41.00	0.001	0.75
Time	Pillai's Trace	0.93	85.68	6.00	37.00	0.001	0.93
	Wilks' Lambda	0.07	85.68	6.00	37.00	0.001	0.93
	Hotelling's Trace	13.89	85.68	6.00	37.00	0.001	0.93
	Roy's Largest Root	13.89	85.68	6.00	37.00	0.001	0.93
Time*Group Interaction	Pillai's Trace	1.07	7.33	12.00	76.00	0.001	0.54
	Wilks' Lambda	0.07	17.69	12.00	74.00	0.001	0.74
	Hotelling's Trace	11.88	35.62	12.00	72.00	0.001	0.86
	Roy's Largest Root	11.70	74.08	6.00	38.00	0.001	0.92

The MANOVA results in Table 2 reveal significant multivariate effects. Pillai's Trace was deemed most appropriate given the presence of three groups for the independent variable. Significant multivariate effects were

found for the group differences in resilience and emotion regulation (adaptive and maladaptive strategies) ( $p < .05$ ), for time effects within participants ( $p < .05$ ), and for the interaction between group and time ( $p < .05$ ).

**Table 3**

*Bonferroni Post Hoc Test Results for Pairwise Comparison of Mean Scores Over Time*

Variable	Comparison Groups	Mean Difference	Standard Error	Significance Level
Resilience (Empowerment)	Pretest – Posttest	-21.47	1.26	0.001
	Pretest – Follow-Up	-20.87	1.08	0.001
	Posttest – Follow-Up	0.60	1.04	0.99
Adaptive Strategies (Empowerment)	Pretest – Posttest	-8.20	1.37	0.001
	Pretest – Follow-Up	-7.67	1.40	0.001
	Posttest – Follow-Up	0.53	0.40	0.61
Maladaptive Strategies (Empowerment)	Pretest – Posttest	6.73	1.03	0.001
	Pretest – Follow-Up	6.00	1.43	0.001
	Posttest – Follow-Up	-0.73	0.75	0.99
Resilience (Emotion-Focused)	Pretest – Posttest	-11.20	1.14	0.001
	Pretest – Follow-Up	-9.87	1.37	0.001
	Posttest – Follow-Up	1.33	0.64	0.17
Adaptive Strategies (Emotion-Focused)	Pretest – Posttest	-5.80	1.14	0.001
	Pretest – Follow-Up	-6.80	0.94	0.001
	Posttest – Follow-Up	-1.00	0.68	0.48
Maladaptive Strategies (Emotion-Focused)	Pretest – Posttest	2.87	0.48	0.001
	Pretest – Follow-Up	2.33	0.71	0.02
	Posttest – Follow-Up	-0.53	0.65	1.00
Resilience (Control)	Pretest – Posttest	0.53	0.58	0.99
	Pretest – Follow-Up	2.33	0.63	0.11
	Posttest – Follow-Up	1.80	0.66	0.23
Adaptive Strategies (Control)	Pretest – Posttest	1.60	0.41	0.28
	Pretest – Follow-Up	0.13	0.53	0.99
	Posttest – Follow-Up	-1.47	0.32	0.27
Maladaptive Strategies (Control)	Pretest – Posttest	0.27	0.32	0.99
	Pretest – Follow-Up	0.33	0.55	0.99
	Posttest – Follow-Up	0.07	0.57	0.99

The results in Table 3 indicate significant differences in resilience and emotion regulation scores between pretest and posttest, as well as pretest and follow-up, for the experimental groups ( $p < .05$ ). However, no significant

differences were observed between posttest and follow-up scores, suggesting that the improvements in resilience and emotion regulation remained stable during the follow-up phase ( $p > .05$ ).





**Table 4**
*Bonferroni Post Hoc Test Results for Pairwise Comparison of Mean Scores Across Groups*

Variable	Comparison Groups	Mean Difference	Standard Error	Significance Level
Positive Refocusing	Empowerment – Emotion-Focused	1.33	0.58	0.01
	Empowerment – Control	2.40	0.58	0.001
	Emotion-Focused – Control	1.07	0.58	0.02
Planning	Empowerment – Emotion-Focused	0.20	0.45	0.99
	Empowerment – Control	1.40	0.45	0.01
	Emotion-Focused – Control	1.20	0.45	0.03
Positive Reappraisal	Empowerment – Emotion-Focused	0.20	0.62	0.99
	Empowerment – Control	1.53	0.62	0.01
	Emotion-Focused – Control	1.33	0.62	0.02
Perspective Taking	Empowerment – Emotion-Focused	-0.13	0.46	0.99
	Empowerment – Control	1.53	0.46	0.01
	Emotion-Focused – Control	1.67	0.46	0.001
Acceptance	Empowerment – Emotion-Focused	0.53	0.46	0.77
	Empowerment – Control	1.67	0.46	0.001
	Emotion-Focused – Control	1.13	0.46	0.04
Self-Blame	Empowerment – Emotion-Focused	-1.00	0.36	0.02
	Empowerment – Control	-1.27	0.36	0.001
	Emotion-Focused – Control	-0.27	0.36	0.99
Blaming Others	Empowerment – Emotion-Focused	-1.07	0.33	0.01
	Empowerment – Control	-1.80	0.33	0.001
	Emotion-Focused – Control	-1.73	0.33	0.001
Rumination	Empowerment – Emotion-Focused	-0.87	0.48	0.23
	Empowerment – Control	-1.60	0.48	0.01
	Emotion-Focused – Control	-1.07	0.48	0.04
Catastrophizing	Empowerment – Emotion-Focused	-0.93	0.37	0.07
	Empowerment – Control	-1.80	0.37	0.001
	Emotion-Focused – Control	-1.09	0.37	0.03

The results in Table 4 demonstrate that both the empowerment-based educational program and emotion-focused therapy significantly impacted emotion regulation components compared to the control group ( $p < .05$ ).

Additionally, the empowerment-based program showed greater improvements in positive refocusing, self-blame, and blaming others compared to emotion-focused therapy ( $p < .05$ ).

**Table 5**
*Post Hoc Test Results for Pairwise Comparison of Mean Scores Across Time Phases in Three Groups*

Variable	Comparison Groups	Mean Difference	Standard Error	Significance Level
Resilience (Pretest)	Empowerment – Emotion-Focused	-1.60	1.94	0.99

Adaptive Strategies (Pretest)	Empowerment – Control	0.27	1.94	0.99
	Emotion-Focused – Control	1.87	1.94	0.99
	Empowerment – Emotion-Focused	1.27	1.29	0.99
	Empowerment – Control	1.27	1.29	0.99
Maladaptive Strategies (Pretest)	Emotion-Focused – Control	0.00	1.29	0.99
	Empowerment – Emotion-Focused	0.20	1.35	0.99
	Empowerment – Control	0.20	1.35	0.99
	Emotion-Focused – Control	0.00	1.35	0.99
Resilience (Posttest)	Empowerment – Emotion-Focused	8.67	1.72	0.001
	Empowerment – Control	22.27	1.72	0.001
	Emotion-Focused – Control	13.60	1.72	0.001
	Empowerment – Emotion-Focused	3.67	1.30	0.02
Adaptive Strategies (Posttest)	Empowerment – Control	11.07	1.30	0.001
	Emotion-Focused – Control	7.40	1.30	0.001
	Empowerment – Emotion-Focused	-3.67	1.30	0.02
	Empowerment – Control	-6.27	1.30	0.001
Maladaptive Strategies (Posttest)	Emotion-Focused – Control	-2.60	1.30	0.04
	Empowerment – Emotion-Focused	10.40	1.52	0.001
	Empowerment – Control	25.47	1.52	0.001
	Emotion-Focused – Control	15.07	1.52	0.001
Resilience (Follow-Up)	Empowerment – Emotion-Focused	2.13	1.36	0.041
	Empowerment – Control	9.07	1.36	0.001
	Emotion-Focused – Control	6.93	1.36	0.001
	Empowerment – Emotion-Focused	-3.47	1.24	0.02
Adaptive Strategies (Follow-Up)	Empowerment – Control	-5.47	1.24	0.001
	Emotion-Focused – Control	-2.00	1.24	0.046
	Empowerment – Emotion-Focused	-3.47	1.24	0.02
	Empowerment – Control	-5.47	1.24	0.001

The results in Table 5 indicate no significant differences in resilience and emotion regulation strategies across groups during the pretest phase ( $p > .05$ ). However, therapeutic interventions (the empowerment-based educational program and emotion-focused therapy) significantly affected resilience and emotion regulation components compared to the control group in both the posttest and follow-up phases ( $p < .05$ ). Moreover, the empowerment-based program showed greater improvements in resilience and emotion regulation scores during both the posttest and follow-up phases compared to emotion-focused therapy ( $p < .05$ ).

#### 4. Discussion and Conclusion

This study aimed to compare the effectiveness of an empowerment-based educational program and emotion-focused therapy (EFT) on resilience and emotion regulation among women experiencing domestic violence. The findings revealed that both interventions (compared to the control group) significantly impacted individual competence, tolerance of negative emotions, positive acceptance of change, and self-confidence. However, the empowerment program demonstrated a greater improvement in individual competence, tolerance of negative emotions, and positive acceptance of change compared to EFT.

These results align with prior studies, including Eggers Del Campo and Steinert (2022) on the meta-analysis of

empowerment strategies to reduce violence {Eggers Del Campo, 2022 #100889}, Rai and Choi (2022) on resilience and violence {Rai, 2022 #100890}, Heron et al. (2022) on empowerment training {Heron, 2022 #100878}, Moeeni et al. (2022) on violence reduction programs {Moeeni, 2022 #100855}, Tubalawony et al. (2019) on interventions for increasing resilience in women experiencing domestic violence {Tubalawony, 2019 #100868}, and Newman (2019) on domestic violence data banks and empowerment programs {Newman, 2019 #100856}.

The findings suggest that psychological empowerment training effectively enhances resilience and awareness among women and families in preventing violence. Empowerment training equips women experiencing violence to manage their reactions to spousal anger, control reciprocal aggression, and increase resilience, which in turn helps reduce or prevent their spouses' violent behaviors. Techniques such as avoiding retaliation, engaging in post-conflict dialogue, using positive language, seeking family support, and consulting counseling centers are effective coping strategies. Empowering women to increase resilience and manage their spouses' anger strengthens their psychological and social capabilities, enabling them to control their thoughts and emotions. This knowledge also benefits men, helping them learn to control their anger and gain the ability to enjoy and positively evaluate their lives.

Teaching anger management skills, preventive measures, and strategies to cope with violence ultimately reduces domestic violence and enhances resilience.

On the other hand, EFT can significantly reduce mental health symptoms by fostering awareness of positive and negative emotions, acceptance, and timely expression of emotions {Kettrey, 2023 #100894}. EFT employs techniques such as emotional awareness, acceptance, and re-evaluation, which help regulate emotions and foster positive self-perception in women experiencing domestic violence {Wiesel, 2021 #100882}. Previous studies have shown that higher levels of positive emotions and reduced negative emotions play a crucial role in how women experiencing domestic violence judge their spouses {Levitt, 2019 #100871}. Suppressing emotions, however, prevents effective coping and adaptation. Suppression involves constant monitoring of one's behavior to regulate emotional expressions, which can drain cognitive resources.

The findings also showed that both interventions (compared to the control group) significantly influenced emotion regulation components. The empowerment program resulted in greater improvements in positive refocusing, self-blame, and blaming others compared to EFT. These results are consistent with previous findings {Chikhungu, 2021 #100886}{Beasley, 2019 #100880}. Women exposed to direct or indirect violence exhibit more emotional symptoms and inappropriate social behaviors compared to others. Social support has a strong positive correlation with their emotion regulation, surpassing the effects of economic or social factors. Preventive measures to reduce violence are essential for fostering positive attitudes, progress, and a zest for life, which can be achieved by identifying effective strategies for confronting violence. Family-related challenges can lead to failures in life and decreased emotional regulation, leaving women in dysfunctional family environments particularly vulnerable in terms of emotion regulation. Support, education, justice within the family and society, and a safe and supportive family environment are critical factors that help women develop emotional regulation, become socially productive individuals, and adopt desirable social norms.

EFT also plays a vital role in improving the quality of relationships and emotional regulation in women experiencing domestic violence. This therapy helps individuals better recognize their emotions and understand how these emotions influence their behavior. During EFT, clients gain awareness of deeper emotions rooted in vulnerabilities from past relationships and how these

emotions affect their current relationships. Consequently, they identify factors that have damaged their current relationships. Women undergoing EFT actively engage in therapy sessions, reflect on family interactions, and strive to build relationships based on genuine emotions. This therapeutic approach enables them to better address their current challenges and recognize their emotions and feelings more effectively.

In conclusion, this study demonstrates that using a researcher-designed educational package positively impacts reducing violence and increasing resilience and emotional regulation in women experiencing domestic violence. This approach can help address life challenges while fostering resilience and emotional regulation. Domestic violence, as a pervasive social issue among women, necessitates extensive research and systemic interventions. A fundamental shift in attitudes toward violence against women, along with increasing awareness, resilience, emotion regulation, and empowerment, is essential. It is recommended to provide education on domestic violence indicators to women and healthcare professionals to enhance women's empowerment and screening for violence. Proper education and group discussions to clarify and change perspectives can increase resilience and emotional regulation in women exposed to violence. Such strategies contribute to empowering women against domestic violence. Given the high prevalence of violence and its life-altering consequences, it is imperative to examine the impact of raising awareness, changing attitudes, and improving women's behaviors to prevent violence against them.

### Authors' Contributions

All authors significantly contributed to this study.

### Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

### Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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## Declaration of Interest

The authors report no conflict of interest.

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## Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Each participant received an informed consent form to understand the study's objectives.

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