University of Hormozgan

Iranian Journal of Educational Research

Print ISSN: 1735 - 563X Online ISSN: 2980 - 874X

Homepage: http://ijer.hormozgan.ac.ir

Educational and Behavioral Research Center

The Effectiveness of Emotion-Focused Therapy on Psychological Security in Women Involved in Domestic Violence

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Article Info

Article type:

Research Article

Article history:

Received 12 Feb. 2023

Received in revised form 15 Jun. 2023

Accepted 16 Aug. 2023

Published online 01 Mar. 2024

Keywords:

Emotion-focused therapy,
Psychological security,
Domestic violence,
Women

ABSTRACT

Objective: The present investigation aimed to examine the efficacy of emotion-focused therapy in relation to the perception of psychological security and its components in women affected by domestic violence.

Methods: The research employed a quasi-experimental design with a pre-test-post-test arrangement, incorporating a control group. The target population consisted of all women impacted by domestic violence who sought assistance from the forensic medicine department in the city of Kashmar during the first half of 2022. A total of 40 women experiencing domestic violence were selected as the study sample, employing an accessible sampling technique, and were randomly assigned to either the experimental or control group (20 participants in each group). The experimental group received emotion-focused therapy for a duration of 8 sessions, with each session lasting one hour, over a period of 4 weeks. Conversely, the control group did not receive any form of intervention. The research instrument employed was Maslow's (2004) questionnaire on the perception of psychological security, which was completed by the participants during the pre-test and post-test stages. The collected data was analyzed using SPSS-22 software and covariance analysis.

Results: The findings indicated that emotion-focused therapy has a significant impact on the perception of psychological security and its components in women affected by domestic violence.

Conclusions: Consequently, this therapeutic approach can be utilized to enhance the well-being of women experiencing domestic violence and thus have beneficial effects on their children' academic and emotional outcomes.

Cite this article: Yarmohammadi, T., Teymouri, S. & Rajaei, A. (2024). The Effectiveness of emotion-focused therapy on psychological security in women involved in domestic violence. *Iranian Journal of Educational Research*, 3 (1), 195-206.

DOI: https://doi.org/10.22034/3.1.195

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Publisher: University of Hormozgan.

DOI: https://doi.org/10.22034/3.1.195

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[DOI: 10.22034/3.1.195]

Introduction

Women engaged in instances of domestic violence find themselves in an unfavorable predicament concerning their psychological, emotional, marital, and overall life quality. The affliction of violence upon women inflicts anguish and distress upon both the victims and their families, placing a heavy burden on societies worldwide, often manifesting within intimate relationships or among acquaintances. As delineated in a World Bank publication, domestic violence contributes more to the deterioration of health in women aged 15-44 than ailments like breast and uterine cancer. The prevalence of violence against women constitutes a significant social quandary in Iran. Forensic analysis reveals that within the years 1980 to 1982, over half a million individuals out of a total of 2,253,000 women who sought forensic medical assistance had fallen victim to Khan's violent acts. Statistics from the World Health Organization indicate that between 16 to 25 percent of women endure abuse from their partners, with 28 percent of women in developed nations and 18 to 67 percent in developing countries encountering physical abuse at least once (Taherian Fard & Mikaili, 2018). Violence targeting women encompasses any form of gender-based aggression that results in, or is likely to result in, mental, physical suffering, and infringement upon women's autonomy in their public and private spheres (Aghakhani et al., 2013). Prolonged exposure to life-threatening events, including instances of domestic violence, is correlated with the initiation, perpetuation, and recurrence of mental health conditions, with individuals suffering from psychiatric disorders being at a heightened risk of experiencing violence (Trivillionet al., 2012). Given the myriad adverse ramifications of domestic violence, which encompass physical outcomes such as injury, and psychological repercussions like despondency, fear, unease, sexual dysfunctions, and fixations (Bakui et al., 2007), the absence of psychological security emerges as a plausible consequence of violence against women (Kingbury & Kaplan, 2015). Danesh et al. (2016 indicated a correlation between domestic violence and feelings of security was unveiled.

Security is considered a fundamental human necessity and drive; It plays a crucial role in maintaining human peace, as its scarcity leads to the emergence of confusion, anxiety, and unrest, while the fulfillment of various human needs falls under the realm of security. Abraham Maslow, in line with this perspective, positions the sense of security immediately after the satisfaction of basic needs within the hierarchy of needs. The concept of security is intricate and encompasses multiple dimensions. However, the prevalence of domestic violence remains a harsh reality

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predominantly faced by women, persisting throughout history and contributing to a diminished sense of security among them. Presently, there are more legal safeguards for women in this regard; Nonetheless, domestic violence continues to be widespread. Despite advancements in the legal framework, seeking recourse to the law remains arduous for women experiencing domestic violence, often encountering reluctance from law enforcement to intervene, opting instead to pacify the conflict. Security essentially entails the mitigation of risks, which in turn involves maximizing opportunities. Hence, it can be inferred that security comprises two fundamental facets - the presence of threats and the optimal utilization of opportunities, with the establishment of security representing a balance between threat levels and leveraging opportunities (Danesh et al., 2016). In light of this, the psychological security of women pertains to their mental and emotional well-being concerning their level of resilience against potential dangers and violence within the familial context in their daily lives. Covington and Taylor define psychological security as an emotional reaction to potential violent offenses and physical harm (Mali, 2018).

Due to the escalating prevalence of violence within familial settings and its pervasive impact on various facets of societal functioning, the pivotal role of women across all spheres of existence becomes increasingly apparent. Forensic medical professionals frequently encounter a substantial volume of female victims on a daily basis, enabling an exploration into the origins and manifestations of this phenomenon. The ramifications of violence extend beyond the immediate victim, influencing diverse individuals, entities, and ultimately the entire community. Consequently, the development of novel and tailored therapeutic interventions, such as emotion-focused therapy targeting the psychological well-being of women ensnared in domestic abuse scenarios, becomes imperative (Elliott & McDonald, 2021). Empirical studies have underscored the efficacy of emotion-focused therapy in treating certain conditions by virtue of its comprehensive engagement with the emotional spectrum. Initially formulated by Johnson and Greenberg (1985), emotion-focused therapy represents a concise and structured modality, typically spanning 8 to 20 sessions, within the realms of individual and family counseling, elucidating salient aspects of spousal discord and adult affection (Mousavi et al., 2019). The fundamental tenet of Emotion-Focused Therapy posits that emotions constitute the bedrock and pivotal determinant of self-organization during the nascent stages of self-formation (Greenberg et al., 2010).

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Consequently, the core aim of emotion-focused therapy resides in facilitating partners' comprehension of primary emotions and the underlying requisites of defensive responses within their relational dynamics, thereby fostering the reconstruction of interactions and engendering novel cycles of relational harmony. Studies have affirmed the efficacy of emotion-focused therapeutic strategies in ameliorating conjugal discord (Danglaish et al., 2015). Hence, this study endeavors to address the query regarding the impact of emotion-focused therapy on augmenting the sense of psychological security and its constituents among women entangled in domestic violence scenarios.

Materials and Methods

The research methodology employed was quasi-experimental, utilizing a post-test-pre-test framework with a control group. The statistical population under scrutiny encompassed all married females seeking help from the forensic medicine department of Kashmer city following incidents of domestic violence in the initial six months of 2022. A cohort of 40 domestic violence victims were chosen as the research subjects based on specific criteria and allocated into experimental and control groups through random selection (20 individuals in each group).

Inclusion criteria comprised of willingness to participate, a marital history exceeding 5 years, a minimum education level of fifth grade, absence of severe mental or physical disorders, an age bracket of 20 to 40 years. Exclusion criteria, on the other hand, consisted of absenteeism, attending more than two sessions, acute physical or mental illnesses, reluctance to pursue treatment, concurrent involvement in other educational programs.

Instrument

Psychological Security Questionnaire: The Psychological Security Questionnaire (short form) was developed and validated by Maslow (2004). It comprises 18 items and 4 subscales focusing on self-confidence, feelings of unhappiness, environmental incongruity, and perceptions of others. Shams and Khaljian (2013) confirmed the validity of this questionnaire, reporting a Cronbach's alpha coefficient of 0.89.

The research procedure involved obtaining authorization from the Forensic Medicine Department of Kashmer city. Subsequently, 40 domestic violence survivors from this facility were randomly assigned to experimental and control groups using an available sampling technique. Initially, both

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groups completed the research instruments (pre-test). Following this, the experimental group underwent an 8-session intervention (one hour per session for 4 weeks), while the control group did not receive any treatment. Finally, a post-test assessment was administered to both groups.

Table 1. Summary of emotion-focused therapy sessions

Session	Content
1	Initial interview, taking a pre-test, stating the rules and goals and the number of sessions and concluding a treatment contract, explaining and presenting an emotion-oriented approach, creating a therapeutic relationship and creating a sense of security, support and being understood and accepted by the therapist.
2	Summarizing and reviewing the task of the previous session, discussing and talking about the event that happened, encouraging the injured person to describe the event that happened and express their feelings about this event.
3	Discussing the impact of marital infidelity on secure attachment by the therapist, encouraging the integral and complete expression of injury and damage caused by the person affected by the infidelity.
4	Accessing the emotions of attachment, summarizing the previous session, reframing the problem, increasing familiarity with attachment needs and aspects of self-rejection and denial, examining the factors related to marital relationship in marital infidelity.
5	Increasing the person's acceptance of the incident, promoting the feeling of closeness with rejected emotions.
6	Facilitating the expression of needs and desires, creating connecting events.
7	Creating new solutions to old problems
8	Consolidation of new places and cycles of attachment behavior, checking the person's statements regarding the achievement of the set goals, reviewing the interventions and summarizing and terminating the treatment, providing feedback, conducting the post-test.

Results

Data analysis was done with spss-24 software in two parts: descriptive statistics and inferential statistics (variance analysis). The results of descriptive statistics showed that among the 40 subjects, 6 subjects were between 2 and 25, 14 between 26 and 30, 9 between 31 and 35, 7 between 36 and 40, and 4 between 41 and 45 years old. with the age range between 26 and 30 years with 35% frequency. Also, the duration of marriage of 18 participants was between 5 to 10 years, 8 people were 11 to 15 years, 10 people were 16 to 20 years, 4 people were between 21 to 26 years, and the age range between 41 to 45 years has the lowest frequency with 4%. . The most frequent marriage duration of the participants is 5 to 10 years. Also, the lowest frequency of marriage

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belongs to people between the ages of 21 and 25. The most frequent level of education of the participants is fifth grade. Also, the lowest frequency of education is higher than diploma.

Table No. 1 shows the descriptive indices - pre-test and post-test scores of the psychological security variable and its subscales.

Table 2. Descriptive indicators - pre-test and post-test scores of psychological security and its subscales

Variable	Phase	Experimental		Control	
		Mean	SD	Mean	SD
Confidence in yourself	Pretest	3.36	1.61	3.40	1.59
	Posttest	3.72	1.30	3.37	1.58
Unpleasant feeling	Pretest	1.93	0.70	1.95	0.70
	Posttest	1.45	0.24	1.91	0.77
Environmental incompatibility	Pretest	2.65	1.16	2.67	1.14
	Posttest	2.10	1.41	2.66	1.16
People's view of the individual	Pretest	1.53	1.13	1.57	1.03
	Posttest	0.90	0.50	1.62	1.02
Total	Pretest	9.50	1.72	9.50	1.74
	Posttest	8.17	1.70	9.51	1.73

Table 2 shows that the overall average psychological security score of the experimental group has decreased by 1.33 points in the post-test phase. On the other hand, there was no significant change in the control group. The method of this research was semi-experimental and the design used in it was a pre-test and post-test design; Therefore, covariance analysis was used to test the hypotheses. First and before the implementation of the test, the assumptions for the use of parametric tests were checked. First, the assumption of normality of data distribution in the groups was checked using the Shapiro-Wilk test. The results of the Shapiro-Wilk test showed that the significance levels obtained for the research variables separately between the experimental and control groups are more than 0.05. Therefore, the default is established and the implementation of parametric tests is unimpeded. In the next step, the precondition of equality of variances was checked using Levene's test. The results of Levene's test showed that in the case of research variables, the significance level obtained is greater than 0.05, so the precondition of homogeneity of variances is established. In addition to the assumptions of normality of data distribution and homogeneity of variances, one of the special assumptions for using multivariate covariance analysis is the homogeneity of variance-covariance matrices. This assumption was checked by M-Box test. Based on the results

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of M-Box test, the significance level of M-Box is more than 0.05; Therefore, the covariance matrix is homogeneous; Therefore, Wilks's lambda test is used.

Table 3. Multivariate covariance analysis results

Test	Effect	Value	F	Hypothesis DF	Error DF	P	Effect size
Pillai's trace	Group	0.405	5.267	4	31	0.002	0.405
Wilks' lambda	Group	0.595	5.267	4	31	0.002	0.405
Hotelling's trace	Group	0.680	5.267	4	31	0.002	0.405
Roy's largest root	Group	0.680	5.267	4	31	0.002	0.405

According to Table 3, the significance level of F is less than 0.05, so the obtained F value is significant, which shows the overall effect of the meaning group. Therefore, there is a significant difference between the two experimental and control groups in at least one of the subscales of the sense of psychological security. Next, in order to determine which variables, have this overall effect, multivariate covariance analysis was performed, the results of which are presented in Table 4.

Table 4. Summary of the results of covariance analysis

Variable	Effect	SS	DF	MS	F	P	Effect size
Confidence in yourself	Group	1.22	1	1.22	6.99	0.012	0.171
Unpleasant feeling	Group	1.22	1	1.22	9.84	0.004	0.13
Environmental incompatibility	Group	3.37	1	3.37	2.81	0.103	0.076
People's view of the individual	Group	4.96	1	4.96	11.81	0.002	0.25

According to Table 4, in the variable "self-confidence", after adjusting the effect of pre-tests, the effect of training on post-test scores is significant (P-value < 0.05 and f = (1,34) = 8.872). Its effect is also 0.207. In the "satisfaction" variable, the effect of training on post-exam scores is significant (P-value < 0.05 and f = (34, 1) 24.406) and its effect is 0.418. In the "environmental adaptation" variable, the effect of education on post-test scores is significant (P-value <0.05 and f=(1,34) 11.527) and its effect is 0.253. In the variable "People's view of the individual", the effect of education on post-test scores is significant (P-value <0.05 and f=(1,34) 19.884) and its effect is 0.369.

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Discussion

This study aimed to investigate the efficacy of emotion-focused therapy in enhancing the sense of psychological security and its components among women impacted by domestic violence. The findings from the covariance analysis revealed a significant impact of emotion-focused therapy on self-assurance, contentment, environmental suitability, and perception of the individual by others. These results align with previous studies by Mousavi et al. (2019), Aslani et al. (2018), Taheri Fard and Mikaeli (2018), Danesh et al. (2016), Yekekar et al. (2018), Mohammadi and Mirzaei (2011), Elliott and McDonald (2021), Arora et al. (2019), Lin (2019), Fikado et al. (2018).

Emotion-focused group therapy is a structured, brief intervention aimed at addressing communication discrepancies and disorders, encouraging individuals to openly discuss and explore their emotions. Emotion-focused therapy posits that persistent negative emotions and attachment wounds perpetuate emotional distress. By bolstering self-worth, rectifying communication discrepancies, and fostering personal growth, emotion-focused therapy diminishes emotional distress and promotes the utilization of effective conflict resolution strategies. Additionally, by enhancing emotional connections and resolving conflicts, therapy centered on emotions fosters interpersonal harmony, thereby addressing the lack of psychological security rooted in emotional issues, miscommunication, and insecure attachments within couples through emotion-focused group therapy (Elliott & Macdonald, 2021).

Moreover, this hypothesis elucidates that individuals undergoing emotion-focused therapy acquire the skills to express their emotions, thoughts, and disagreements candidly, respectfully, and with consideration for others' rights, thereby improving marital interactions and reducing anger. Individuals lacking psychological security in their spousal relationships often exhibit negative and fragile communication patterns, leading to diminished empathy during conflict resolution attempts. This detrimental dynamic hinders the implementation of effective problem-solving strategies; thus, emotion-focused therapy addresses emotional challenges, enhancing positive interactions and fostering the use of constructive self-expression methods. Emotion-focused group therapy endeavors to enhance emotional equilibrium and interpersonal relationships, facilitating individuals in adapting to present challenges and acquiring enhanced communication skills (Inovai et al., 2017).

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In the comprehensive exposition of the ongoing study, it is posited that within the emotion-focused therapy group, emotions play a pivotal role in interpersonal dynamics. This particular therapeutic modality encourages individuals to articulate their emotions, engage in discussions pertaining to relevant topics during therapy sessions, and enhance their emotional self-awareness. The underlying principle of this therapeutic approach underscores the reconstruction of emotions through the establishment of secure attachment bonds among individuals. Emotional reactions are instrumental in addressing an individual's needs, thereby, the primary objective of such therapy is to heighten an individual's emotional consciousness. Within the realm of emotion-focused therapy, participants are prompted to recount instances of bullying, express their emotions, and articulate their objections in a rational manner during sessions, consequently leading to a reduction in bullying tendencies, anger expression, and enhanced emotional regulation. Hence, it can be inferred that emotion-focused intervention yields efficacy in fostering psychological security and its constituents among women grappling with domestic violence.

The constraints of the study encompass the absence of a follow-up period, a restricted statistical sample comprising 40 women affected by domestic violence from Kashmer city's forensic medicine department, and reliance on self-reported research instruments. Consequently, it is recommended that forthcoming research endeavors incorporate a follow-up phase and a more expansive sample size. Furthermore, it is advised to leverage the outcomes of this study in counseling and psychotherapy facilities.

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Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by ethics committee of Islamic Azad University.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection and analysis. The author contributed to the article and approved the submitted version.

Funding

The authors did (not) receive support from any organization for the submitted work.

Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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