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# Comparative Effectiveness of Acceptance and Commitment Therapy and Emotionally Focused Couple Therapy in Reducing Domestic Violence among Women with Marital Conflict

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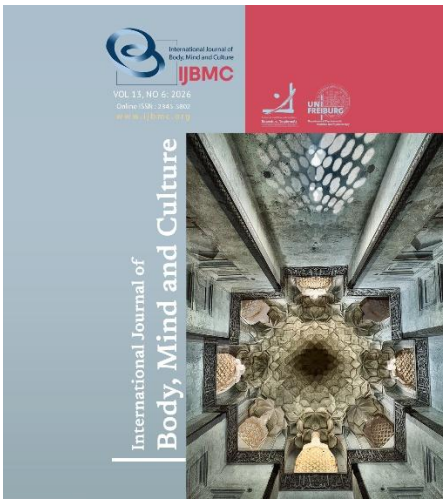


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## ABSTRACT

**Objective:** The present study aimed to compare the effectiveness of Acceptance and Commitment Therapy (ACT) and Emotionally Focused Couple Therapy (EFCT) in reducing domestic violence among married women experiencing marital conflict.

**Methods and Materials:** This study employed a quasi-experimental design with a pretest–posttest control group and a 3-month follow-up. The statistical population consisted of all women with marital conflict who attended family counseling centers affiliated with the Welfare Organization in Tehran during the first six months of 2025. A total of 45 participants were selected through purposive sampling and randomly assigned to two experimental groups and one control group. The instruments included Sanaei's Marital Conflict Questionnaire (MCQ; 2000) and the standardized Domestic Violence Against Women Questionnaire developed by Tabrizi et al. (2012). The ACT and EFCT interventions were delivered in eight 90-minute weekly group sessions for the first and second experimental groups, respectively. Data were analyzed using mixed (split-plot) analysis of variance.

**Findings:** The results of the mixed ANOVA indicated a significant difference in domestic violence scores between the EFCT and ACT groups at posttest and follow-up ($p < .05$). However, overall findings suggested that the effectiveness of EFCT and ACT in reducing domestic violence among married women with marital conflict was approximately equivalent ($p < .05$).

**Conclusion:** It can be concluded that both EFCT and ACT can be used as supportive therapeutic approaches to improve domestic violence outcomes in married women experiencing marital conflict.

**Keywords:** Marital Conflict, Domestic Violence, Acceptance and Commitment Therapy (ACT), Emotionally Focused Couple Therapy (EFCT).

## Introduction

Marriage and the marital relationship are a source of mental health, support, intimacy, and human enjoyment, and they foster cooperation, empathy, unity, affection, and a sense of responsibility toward the family (Lichter et al., 1995). Achieving the goals of marriage after establishing a marital relationship leads to feelings of satisfaction and happiness; conversely, failure to do so results in marital disagreements and, ultimately, dissatisfaction with marriage (Downward et al., 2022). When couples' interactions are maladaptive, marital conflicts emerge—one of the most common challenges faced by couples in today's world—and these conflicts can substantially affect the quality of marital life (Askarshahi et al., 2025; Cirit & Dündar, 2026). Marital conflict can be defined as a state of tension or stress between marital partners (Tasew & Getahun, 2021). Unmet expectations; disagreements over equality of rights and power; the personality characteristics of each spouse and their relatives; finances; sexual relations; kinship relations; friends; children; substance use; leisure-time patterns; religious differences; sexual infidelity; the end of mutual love; emotional problems; financial hardship; physical abuse; communication problems (dialogue); early-age marriage; occupational strains; and similar factors can all contribute to marital conflict (Emamipour, 2022; Razeghi et al., 2020). Such conflicts may weaken marital relationships, undermine children's adjustment, and increase the likelihood of conflict between parents and children as well as among relatives. Overall, marital conflict within the family can generate problems at individual, institutional, and societal levels (Mohammadi et al., 2019).

One important issue that can arise in the context of marital conflict is domestic violence. Domestic violence—particularly intimate partner violence—is considered a serious challenge in public health and human rights. In general, domestic violence refers to any violent behavior, abuse, or exertion of power by one family member against others, especially within couple relationships (Mshweshwe, 2020). It may take various forms, including physical, psychological, emotional, sexual, economic, and verbal violence (Organization, 2021). Domestic violence often occurs in relationships characterized by power inequality and can have severe consequences for victims' physical and mental health (Rusbult & Zembrodt, 1983). Moreover, this phenomenon affects not only the victim but also disrupts family dynamics and contributes to broader social harms. Research indicates that nearly one-third of women worldwide experience some form of physical, psychological, or sexual violence from an intimate partner during their lifetime (Rusbult & Zembrodt, 1983). Such violence is associated with an increased risk of depression, anxiety, psychosomatic disorders, and reduced self-esteem, and it may lead to decreased marital satisfaction and impaired sexual functioning in women. In addition, repeated exposure to violence can weaken the family structure and gradually erode partners' commitment, potentially increasing divorce rates and family disintegration.

Given the adverse effects of marital conflict on couples' lives, multiple theoretical perspectives—using different approaches—have sought to explain and resolve these problems. One such intervention is Acceptance and Commitment Therapy (ACT). As a "third-wave" psychological approach, ACT shows strong capacity to help individuals regulate their attitudes and perceptions when facing stressful life events. ACT was introduced by Hayes (1999). The core assumption of this approach is that avoidance and struggling to escape pain create genuine suffering. ACT can effectively address unrealistic expectations and maladaptive perceptions and attitudes toward stressful experiences. It helps clients identify what truly matters to them and then encourages them to use these values to guide behavioral change in their lives (Ma et al., 2023). The rationale for selecting this approach is that, within this therapeutic framework, humans are viewed as having intrinsic motivations to fulfill needs for love and belonging, power, freedom, survival, health, and enjoyment. This theory holds that people can improve their lives by making conscious choices about their emotions and behaviors. Hekmati et al., (2025) found that ACT can be effective in improving marital adjustment and marital commitment among distressed women. Nallepalli & Murugesan (2025) reported significant improvements in psychological flexibility, conflict resolution, and emotional intimacy following ACT, as well as sustained changes in relational functioning at follow-up sessions. Barraca et al., (2025) also showed that ACT was more effective than inactive control conditions in improving marital intimacy and marital satisfaction.

Another effective intervention in this area is Emotionally Focused Couple Therapy (EFT) (Sarabandi et al., 2022). EFT is a relatively brief and effective treatment designed to transform negative interaction cycles and emotional reactions among couples who experience relational difficulties (Şenol et al., 2023). EFT is an attachment-based psychotherapy model that emphasizes (a) processing emotions in the here-and-now within a safe environment, (b) enhanced understanding of patterned interactions between self and others, and (c) a non-pathologizing, growth-oriented approach to couples' problems (Mendelson, 2024). Grounded in attachment theory, EFT posits that secure emotional bonding with a partner is a fundamental need in intimate relationships. Within EFT, couple conflict is conceptualized as a disruption in the attachment bond, a failure in emotion regulation, and a call for the partner's emotional responsiveness (van Diest et al., 2023). The goal of EFT is to help spouses access primary emotions and underlying needs beneath self-protective reactions, thereby restructuring interactions and creating new cycles of relational engagement (Shahmoradi et al., 2021). Timulak et al., (2025) demonstrated that emotion-focused therapy was effective for couples experiencing concurrent relational and mood-related problems. Sunmonu et al., (2025) reported that EFT strengthens emotional intimacy, trust, and empathy; reduces conflicts linked to external family stressors; enhances couple communication; and serves as an adaptive tool for addressing marital rupture. van Diest et al., (2023) found that EFT produced significant positive effects among cancer-survivor couples with marital and sexual difficulties: positive affect increased, negative affect decreased, and partner responsiveness, perceived intimacy, and attachment-based expression of emotional needs improved. Rodríguez-Gonzalez et al., (2022) also indicated that EFT can influence both couple satisfaction as a primary outcome and domestic violence as a clinically meaningful outcome. In addition, Fathi et al., (2023) reported that EFT was effective in improving sexual functioning and reducing marital domestic violence among infertile couples. Hasannejad et al., (2021) found that EFT was effective regarding domestic violence among women affected by spousal infidelity.

These two approaches rely on different theoretical foundations and mechanisms of change. ACT primarily emphasizes increasing psychological flexibility through acceptance, mindfulness, and committed action aligned with personal values Spengler et al., (2024), whereas EFT focuses on restructuring attachment patterns, enhancing emotional accessibility, and improving interpersonal emotion regulation (Wiebe et al., 2019). Because domestic violence is a multidimensional construct related both to individual cognitive–acceptance processes and to the quality of couples' emotional interactions Barraca et al., (2025), a systematic comparison of the effectiveness of ACT and EFT can clarify which mechanism—acceptance/cognitive flexibility or attachment repair/emotion regulation—more strongly influences particular dimensions of domestic violence among women involved in marital conflict. Such knowledge can guide the selection of interventions tailored to clinical needs and provide a basis for integrating the most effective components of both approaches within couple-based interventions. Overall, given the differences in theoretical underpinnings and change mechanisms between ACT and EFT, the central question is which approach is more efficient in improving domestic violence among women experiencing marital conflict and can therefore be considered the more effective framework for couple interventions.

Domestic violence is a key determinant of mental health and the quality of marital life, and reducing it can help prevent persistent conflict and profound dissatisfaction within couple relationships. Considering the prevalence of marital problems and some couples' difficulties in managing conflict, identifying and applying effective psychotherapeutic interventions to improve domestic violence is essential. As a contemporary approach, ACT—by focusing on acceptance of emotional experiences and strengthening value-based commitment—may reduce resistance and improve marital interactions. In contrast, EFT—by identifying and regulating relational emotions—has the potential to enhance intimacy and reduce domestic violence. Comparing the effectiveness of these two approaches not only advances theoretical knowledge but also offers practical guidance for counselors and therapists. Furthermore, the findings may contribute to developing targeted treatment packages for married women with marital conflict and, at the societal level, help prevent the negative consequences of marital conflict. Therefore, conducting the present study is warranted scientifically,

practically, and clinically. Accordingly, this study aimed to compare the effectiveness of Acceptance and Commitment Therapy and Emotionally Focused Couple Therapy on domestic violence among married women experiencing marital conflict.

## Methods and Materials

*Study Design*

The present study used a quasi-experimental design with a pretest–posttest format, a control group, and a three-month follow-up period. The statistical population comprised women with marital conflict who referred to the family counseling centers of the State Welfare Organization in Tehran during the first six months of 2025. The sample size was determined based on the number of groups and the number of variables examined. Accordingly, 45 participants were selected from the target population after a preliminary interview and based on the study inclusion and exclusion criteria through purposive sampling, and they were randomly assigned to the experimental and control groups (Emotionally Focused Therapy experimental group, 15 participants), (Acceptance and Commitment Therapy experimental group, 15 participants), and (control group, 15 participants). The inclusion criteria were: married women with more than five years of marital history, having a marital conflict case file at the counseling center, obtaining a score higher than 90 on the Marital Conflict Questionnaire, obtaining a domestic violence score higher than 180, not participating concurrently in other psychotherapy programs, not using psychiatric medications for at least one month prior to assessment, and having adequate physical and psychological readiness to respond to the questions. The exclusion criteria were: absence from more than two sessions, unwillingness to continue participation in the study, concurrent participation in other counseling or psychotherapy programs, and failure to cooperate in completing the questionnaires at the three stages of pretest, posttest, and follow-up. This study was initiated after obtaining the required approvals from the Ethics Committee of Islamic Azad University. After obtaining consent from the directors of family counseling centers under the supervision of the State Welfare Organization in Tehran, the clients of these centers were informed about the implementation of the study via telephone calls and notices posted on bulletin boards. Individuals who were willing to participate and met the eligibility criteria were selected and randomly allocated to the three groups. Overall, volunteer participants were purposively recruited into the allocation process and then randomly assigned to the experimental and control groups. After determining the groups, the study questionnaires were administered to all participants. Next, group-based therapeutic interventions were initiated for the two experimental groups. Each treatment session lasted 90 minutes and was held weekly. At the end of the final treatment session, the questionnaires were administered again to collect posttest data. In addition, three months after the end of the interventions, the questionnaires were administered for the third time to collect follow-up data. In this study, the following ethical considerations were observed: 1- before the start of the study, participants were informed about the topic and the procedures of the research, 2- the researcher committed to protecting participants' private information and using the data solely for research purposes, 3- the researcher committed to interpreting the results for participants upon request, 4- if any ambiguity arose, the necessary guidance was provided to participants, 5- participation imposed no financial burden on participants, 6- the study was not inconsistent with the religious and cultural values of the participants and the community. Finally, mixed analysis of variance and SPSS software (version 28) were used for data analysis.

*Instruments*

*Marital Conflict Questionnaire (MCQ):* This questionnaire was developed by Sanaei & Barati (2000) to measure marital conflicts. It contains 42 items, and participants' responses are rated on a 5-point Likert scale (from Always = 5 to Never = 1). It assesses seven dimensions of marital conflict (reduced cooperation, reduced sexual relationship, increased emotional reactions, increased seeking the child's support, increased individual relationship with one's own relatives, reduced family relationship with the spouse's relatives and friends, and separation of financial affairs). The total score ranges from 42 to 210. In Sanaei & Barati, study (2000), to establish content and face validity, the scale was administered to a group of 111 individuals

consisting of 53 men and 58 women with marital conflict, and also to a control group of 108 typical couples consisting of 53 men and 55 women. Comparing the mean scores of the compatible and incompatible groups across different dimensions of marital conflict showed significant differences, indicating the test's discriminant power in distinguishing conflicted from non-conflicted couples. Reliability assessed using Cronbach's alpha for the total questionnaire was reported as 0.53 (Sanaei & Barati, 2000). In Parvayi et al. (2023), Cronbach's alpha for the total questionnaire was 0.88. In the present study, the reliability of this questionnaire, calculated using Cronbach's alpha, was 0.79.

*Standard Domestic Violence Against Women Questionnaire:* The Domestic Violence Against Women Questionnaire was developed by Tabrizi et al. (2012). This questionnaire includes 71 items and is designed in two sections. The first section contains 10 initial questions to record demographic information such as age, education, number of children, duration of marriage, and employment status. The second section includes 61 specialized questions regarding types of domestic violence (physical, psychological, economic, sexual, social), patriarchal beliefs, cultural traditions, family parenting patterns, and learning of violent behaviors. These questions are designed to cover different dimensions of spousal abuse from both behavioral and attitudinal perspectives. Scoring is conducted in two ways. For some items assessing the frequency of behaviors, a five-point Likert scale from Never (score 0) to Always (score 4) is used. For other items assessing attitudes or beliefs, the scale ranges from Completely disagree (0) to Completely agree (4). Therefore, the minimum possible score is 0 and the maximum is 300. For score interpretation, based on Tabrizi's analysis table, a score of 0–60 indicates low domestic violence, 61–120 indicates moderate domestic violence, and a score above 120 indicates a high level of domestic violence against women. In developing this instrument, face validity was supported through the use of items from previous credible studies as well as consultation with faculty members and specialists in the social sciences. Items that were confirmed in terms of content and validity were included in the final version of the questionnaire. Regarding reliability, in the initial study by Mohseni Tabrizi et al., Cronbach's alpha for the total questionnaire was reported as 0.83, indicating acceptable reliability. Overall, this questionnaire has sufficient validity and internal consistency for examining the level and dimensions of domestic violence against women (Tabrizi et al., 2012). In the present study, the reliability of this questionnaire, calculated using Cronbach's alpha, was 0.83.

*Emotionally Focused Couple Therapy Protocol (*Johnson, 2012): Emotionally Focused Couple Therapy was implemented in a group format for participants in the experimental group in eight 90-minute sessions, held once per week. The session content and objectives are presented in Table 1.

**Table 1**

*Emotionally Focused Couple Therapy Sessions (Johnson, 2004)*

| Session | Title | Session Summary |
|---|---|---|
| 1 | Assessment and Bonding | Introduction, establishing bonding, reviewing motivation for therapy |
| 2 | Continued Assessment & Negative Cycle Identification | Identifying problematic interactions, assessing attachment barriers, establishing therapeutic agreement |
| 3 | Emotion Analysis and Transformation | Exploring key attachment experiences, accepting core unacknowledged emotions |
| 4 | Emotion Analysis and Transformation | Clarifying key emotional responses, alignment between therapist and clients, accepting the interaction cycle |
| 5 | Deep Emotional Engagement | Emotional expression, identifying attachment needs, acceptance, deepening emotional experience |
| 6 | Deep Emotional Engagement | Enhancing emotional engagement, improving interaction styles, redefining attachment focus on self |
| 7 | Consolidation and Integration | Restructuring interactions, symbolizing suppressed wishes, generating new solutions, secure bonding |
| 8 | Termination | Facilitating closure, linking past and present patterns, realizing autonomy from therapist |

*Acceptance and Commitment Therapy Intervention Sessions:* Acceptance and Commitment Therapy, adapted from Hayes et al. (2016), was delivered in a group format to the experimental group across eight two-hour weekly sessions. A summary of this training package is presented in Table 1.

**Table 2**

*Acceptance and Commitment Therapy Sessions (Hayes et al., 2016)*

| Session | Session Summary |
|---|---|
| 1 | Member introductions; confidentiality discussion; explanation of therapy goals and structure; mind awareness; homework; pretest administration |
| 2 | Review of prior session and homework; identifying avoidance strategies and their ineffectiveness (creative hopelessness) |
| 3 | Introduction of control as the problem; metaphors (e.g., child, polygraph); inner vs. outer world explanation |
| 4 | Acceptance vs. experiential avoidance; clean vs. dirty pain; "two scales" metaphor; willingness assignment |
| 5 | Detachment from internal experiences; metaphors (e.g., chessboard, bus); thoughts and feelings as non-literal realities |
| 6 | Present-moment awareness exercise (observing self); metaphors (e.g., train, guest at the door); moving toward values |
| 7 | Clarification of values; defining goals and committed actions; "tree planting" metaphor to foster committed change |
| 8 | Review of all metaphors and content; group reflection on behavioral change; final goal setting; posttest administration; session termination |

## Findings and Results

The findings regarding demographic information showed that 45 women (15 in the Acceptance and Commitment Therapy group, 15 in the Emotionally Focused Therapy group, and 15 in the control group) participated in the study. The mean and standard deviation of age were 31.51 and 2.29 years, respectively, for the Acceptance and Commitment Therapy group; 30.75 and 2.61 years for the Emotionally Focused Therapy group; and 31.38 and 2.48 years for the control group. The mean duration of marriage was 17.75 years in the Acceptance and Commitment Therapy group, 18.60 years in the Emotionally Focused Couple Therapy group, and 16.41 years in the control group. For descriptive purposes, the mean was used as an index of central tendency and the standard deviation as an index of dispersion.

**Table 3**

*Mean and Standard Deviation of Total Domestic Violence in the Pretest, Posttest, and Follow-up Phases*

| Variable | Time | Acceptance and Commitment Therapy | | Emotionally Focused Couple Therapy | | Control Group | |
|---|---|---|---|---|---|---|---|
| | | Mean | SD | Mean | SD | Mean | SD |
| **Domestic violence (total)** | Pretest | 208.38 | 12.94 | 202.13 | 12.63 | 200.35 | 15.29 |
| | Posttest | 158.50 | 16.54 | 162.67 | 11.91 | 193.71 | 11.22 |
| | Follow-up | 168.75 | 11.78 | 170.60 | 14.38 | 199.47 | 13.26 |

As shown in Table 3, total domestic violence scores for the three groups (control, Acceptance and Commitment Therapy, and Emotionally Focused Couple Therapy) are presented for the three measurement points (pretest, posttest, and follow-up). In the control group, the mean total domestic violence score in the posttest and follow-up phases shows little change compared to the pretest. However, in the Acceptance and Commitment Therapy and Emotionally Focused Couple Therapy groups, a decrease in domestic violence is observed at posttest and follow-up relative to pretest. The significance of these changes was examined using mixed analysis of variance.

Before running the mixed ANOVA, the following assumptions were checked: the Shapiro–Wilk test was used to assess the normality of domestic violence scores across the three measurement points ($p > 0.05$); Levene's test was used to examine homogeneity of variances for domestic violence at pretest ($F = 0.186$, $p = 0.20$), posttest ($F = 1.105$, $p = 0.123$), and follow-up ($F = 1.33$, $p = 0.263$); and Box's M test was used to examine the homogeneity of the variance–covariance matrix for domestic violence (MBOX = 34.06, $F = 2.56$, $p = 0.32$). None of these tests were statistically significant. In addition, Mauchly's test of sphericity indicated that the


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sphericity assumption for domestic violence was violated; therefore, the Greenhouse–Geisser correction was applied for interpreting the results.

**Table 4**

*Mixed Analysis of Variance for Within-Group and Between-Group Effects on Total Domestic Violence*

| Variable | Source | Sum of Squares | df | Mean Square | F | p | Partial $\eta^2$ |
|---|---|---|---|---|---|---|---|
| **Domestic violence (total)** | Group | 0.131 | 1 | 0.131 | 0.02 | 0.985 | < 0.001 |
| | Time | 34,518.90 | 2 | 17,259.45 | 190.35 | < 0.001 | 0.868 |
| | Time × Group | 462.39 | 2 | 231.19 | 2.55 | 0.087 | 0.081 |

The results of mixed ANOVA presented in Table 4 showed that the interaction effect of time and group on total domestic violence scores and on each of the five components (physical violence, sexual violence, psychological violence, economic violence, and social violence) was not significant ($p > 0.05$). Based on the repeated-measures analysis of variance, it can be concluded that the effectiveness of the Acceptance and Commitment Therapy intervention and the Emotionally Focused Couple Therapy intervention on domestic violence and its components was similar and did not differ significantly.

Table 5 presents the results of the Bonferroni post hoc test, in which the adjusted mean scores of total domestic violence and its components at posttest (controlling for pretest scores) were compared between the two intervention groups.

**Table 5**

*Bonferroni Post Hoc Test Comparing the Effectiveness of the Interventions on Total Domestic Violence at Posttest*

| Variable | Group | Adjusted Posttest Mean | Standard Error | Mean Difference | p |
|---|---|---|---|---|---|
| **Domestic violence (total)** | Acceptance and Commitment Therapy | 156.91 | 3.32 | 7.44 | 0.136 |
| | Emotionally Focused Couple Therapy | 164.36 | 3.43 | — | — |

The Bonferroni post hoc results in Table 5 indicate that the effectiveness of the Acceptance and Commitment Therapy intervention and the Emotionally Focused Couple Therapy intervention on total domestic violence and each of the five components (physical, sexual, psychological, economic, and social violence) was similar, and there was no statistically significant difference between the two therapies ($p > 0.05$). Table 6 presents the results of pairwise comparisons of mean scores over time within each group.

**Table 6**

*Pairwise Comparisons for Total Domestic Violence Across Time Points within Each Group*

| Variable | Group | Reference Time | Comparison Time | Mean Difference | p |
|---|---|---|---|---|---|
| **Domestic violence (total)** | Acceptance and Commitment Therapy | Pretest | Posttest | 49.88 | < 0.001 |
| | | Pretest | Follow-up | 39.62 | < 0.001 |
| | | Posttest | Follow-up | −10.25 | 0.004 |
| | Emotionally Focused Couple Therapy | Pretest | Posttest | 39.47 | < 0.001 |
| | | Pretest | Follow-up | 31.53 | < 0.001 |
| | | Posttest | Follow-up | −7.93 | 0.018 |

The pairwise comparison results in Table 6 show that the mean total domestic violence score in both the Acceptance and Commitment Therapy group and the Emotionally Focused Couple Therapy group differed significantly at posttest and follow-up compared to pretest. This indicates that both interventions led to improvement and reduction in domestic violence. However, the magnitude of effectiveness of the two interventions was similar, and no significant difference was found between them.

## Discussion and Conclusion

The present study was conducted with the aim of comparing the effectiveness of Acceptance and Commitment Therapy (ACT) and Emotionally Focused Couple Therapy (EFT) on domestic violence among married women experiencing marital conflict. The findings showed that ACT, in comparison with EFT, had an equivalent effect on domestic violence in married women. In other words, both ACT and EFT led to improvement and a reduction in the level of domestic violence, but the magnitude of their effectiveness was similar and did not differ significantly. No previous study was found that directly compared the findings of the present research with those of other studies in terms of a head-to-head comparison of these two interventions on domestic violence. Nevertheless, these results are consistent with the findings of Hekmati et al. (2025), Nallepalli & Murugesan (2025) , Barraca et al. (2025) , as well as those of Timulak et al. (2025) , Sunmonu et al. (2025), van Diest et al. (2023) , Rodríguez-Gonzalez et al. (2022), Fathi et al. (2023) and Hasannejad et al. (2021).

In interpreting these findings, it can be stated that the results clearly show that two distinct but goal-oriented therapeutic approaches—ACT and EFT—were both effective in reducing domestic violence among married women. Data analysis indicated that, in both treatment groups, the mean score of domestic violence at posttest and follow-up was significantly lower than at pretest. This significant reduction suggests that the interventions implemented in this study were able to bring about stable and meaningful changes in violent behaviors. At the theoretical level, these findings support several psychological perspectives that emphasize that domestic violence is not only the product of behavioral factors, but also reflects deep-seated psychological, emotional, and relational problems within the individual and between partners. ACT, by focusing on the acceptance of unpleasant emotional experiences and commitment to action based on personal values, increases psychological flexibility and enables individuals to reduce experiential avoidance and cope more constructively with psychological stressors, thereby modifying maladaptive and violent behaviors. In contrast, EFT, by focusing on the recognition and transformation of emotional patterns and the improvement of interactional quality between partners, reduces conflict and violent behaviors in marital relationships through the reconstruction of secure attachment bonds and the enhancement of empathy and mutual understanding (Bodenmann et al., 2020).

The presence of comparable effectiveness and the absence of a significant difference in the reduction of domestic violence between the two treatment groups is noteworthy and may reflect several important aspects. First, despite structural and technical differences, both interventions share common elements such as emotion regulation, increased self-awareness, improved communication skills, and the modification of negative cognitive and behavioral patterns. These shared core components may lead both therapies to produce similar outcomes in the reduction of domestic violence in practice. Second, this finding may highlight the importance of multifaceted approaches in the treatment of domestic violence, given that problems related to domestic violence are often complex, multidimensional, and deeply rooted, and therefore require comprehensive and flexible interventions that can address all of these aspects (Najafi et al., 2015). In practice, therapists seeking to improve mental health and reduce domestic violence can draw on both ACT and EFT and, depending on the needs and circumstances of each client, design effective treatment plans based on one or both approaches.

Furthermore, the persistence of treatment effects observed at follow-up suggests that the changes in behavior and in emotional and relational structures extended beyond the relatively short duration of the therapy and may have become consolidated as more stable changes in lifestyle and interpersonal relationships. This underscores the importance of designing and implementing coherent, sufficiently extended treatment programs that include ongoing support. From an applied perspective, these findings provide clinicians and practitioners with a range of effective options when selecting psychological interventions to reduce domestic violence, allowing them to choose the most appropriate approach based on clients' conditions and preferences. The results also emphasize the need to develop preventive and educational programs focused on emotion regulation skills, effective communication, and the strengthening of

emotional bonds in order to prevent the emergence of violence. Ultimately, the results of this study provide evidence for the efficacy of psychological interventions based on acceptance, commitment, and emotion in addressing complex and persistent problems such as domestic violence. These findings can play an important role in mental health policymaking, therapist training, and the design of support services for families, and they may contribute to improving the quality of life of women and their families.

The results of this study also showed that effective interventions for families with marital conflict should make use of approaches that explicitly address the reconstruction of emotional interactions within the relationship (such as EFT). Domestic violence is related not only to intra-individual factors but also to the relational structure and patterns of interaction between spouses. Consequently, interventions that rebuild emotional bonds and strengthen commitment within the relationship may have the greatest impact on reducing marital harm and enhancing the quality of shared life (Fathi et al., 2023). Among the limitations of this study was the use of purposive sampling from married women with marital conflict in a single city (Tehran), which reduces the external validity of the findings. In addition, some psychological variables (such as psychological mindedness, level of insight, client motivation, life events occurring during the study, and concurrent stressors) were not taken into account, which may be considered another limitation that could threaten internal validity. The use of a non-random sampling method and the relatively small sample size also represent additional limitations of the study. It is therefore recommended that future research include larger samples from different cities and populations and employ more rigorous sampling strategies in order to reduce potential bias and control for confounding variables, so that the results can be generalized with greater confidence.

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## Declaration of Interest

The authors of this article declared no conflict of interest.

## Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Ethical considerations in this study were that participation was entirely optional.

## Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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## Authors' Contributions

All authors equally contribute to this study.

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