

Effects of integrative ACT program and narrative therapy on the mental health of couples with history of abuse in childhood

DOI: 10.22098/JPC.2026.4908

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Abstract

Aim: The purpose of the present study was to determine the effects of integrative ACT program and narrative therapy on the mental health of couples with history of abuse in childhood.

Method: The method of study was implemented in a partially experimental fashion with a pretest and post-test model that included a control group. The statistical population of this study were all the couples who, in 1397, attended counseling centers of the city of Rasht, and the clients included the couples that were eligible to enter the study. From among them, using the purposive sampling method, 30 individuals were chosen and randomly put in an experimental (15 individuals) and a control group (15 individuals). Participants of the experimental group received 10 sessions of integrative ACT program and narrative therapy. Goldenberg mental health questionnaires were used, in order to collect the data. The data was analyzed using the covariance statistical analysis method.

Results: The data showed the significance of improvement in mental health of women with history of abuse in childhood in every variable of mental health ($P < 0.01$).

Discussion: The effects of the designed intervention program on the sub-scales of physical dysfunction of mental health, sleep disorder and social functioning in married women with history of abuse in childhood was effective with the effectiveness of 0.66, 0.60 0.71 and in the subscale of depression with the effectiveness of 0.51 ($P < 0.01$).

Conclusion: Therefore, we can conclude that the intervening integrative ACT method and narrative therapy has effects on the improvement of mental health in married women with history of sexual abuse.

Introduction

The Family is the first originator of personality, values and intellectual criteria in children (Komijani & Moyer 2007). The world health organization has also presented family as the initial social agent for improving health and wellbeing (Campbell, 2003). Marital relationship has been described as the most important and essential human relationship; because it provides the construction of the basis of family relationship and the upbringing the offspring (Larson & Holman, 1994). Different studies have also shown the fact that a successful marriage will lead individuals towards happier, healthier and livelier lives (Dannelly, 1993). However, if the relationship between a wife and a husband is damaged, adverse and negative drawbacks could occur in the family and children's mental health. Paying attention to the quality of the marital relationship and the factors affecting it, due to the role it plays in the mental health of couples and children, is undeniable. According to this, experts believe that identifying and treating damaging factors to the marital relationship can have undeniable effect on the preservation and improvement of mental health in couples and family members (Byrne, Carr & Clark, 2004). Mental health consists of the feeling of the individual towards their environment, habitat and associates, especially according to the responsibility they have towards others. How to cope with one's income and one's difference of time and location (Milani Far, 2016). In the constitution of the Health organization, authorized in 2015, it has been mentioned that: "health consists of not only not being sick and disabled, but also complete physical, mental and social wellbeing". One of the topics that can damage the quality of a relationship and, in doing so the mental health of the family and individuals, is the argument related to the initiation of a relationship between couples that have been sexually abused in childhood. History of sexual abuse in childhood is one of the most important and damaging factors to the quality of the relationship in a family, which can have a great effect on the inability to have a healthy relationship and absence of an intimate and supportive connection with their partners in a relationship (Feinauer, Callahan & Hilton 1996). In families with a history of sexual abuse in childhood, high rates of sadness, isolation, rage, despair and communication issues have been the main problems (Raid, Wampler & Taylor, 1996). It is very important for couples to direct the interaction space based on the exact theoretical perception of the possible ways of sexual abuse in childhood towards interpersonal stresses. The results of clinical interviews also suggest that psychological and sexual abuse can increase the danger of suffering from psychosomatic and psychiatric disorders. Child sexual abuse (CSA) has been strongly associated with a range of psychological and physical problems in childhood and adulthood, such as anxiety, post-traumatic stress disorder (PTSD), and infectious diseases (Maalouf, Daigneault, Dargan, McDuff, Frappier, 2020). Feelings of inadequacy and inferiority derived from psychological violence and sexual abuse lead to major depression, anxiety, fear and phobia, mental problems and finally suicide (Homton,

Jekins & Vender, 1999). In addition, the stress connected to it (because of its chronic and covert nature) can cause continuous mental tension that will affect the health of the individual overtime (Tollerstrup, Sklar & Frost, 1999; quoting by Jazayeri & Sharifi, 2011). The degree of the damage, length and the number of times, force, the relationship between the kid and the predator and maternal support can increase the severity of effects. Research determined aspects of the CSA (e.g., duration, severity) and CSA-related factors such as abuse stressors (e.g., coercion, threats), abuse-related events (e.g., familial disruptions, legal system involvement), and maternal emotional support and blame/doubt correspond with children's coping use and perceived effectiveness (Wamser-Nanney, Campbell, , 2019). Some researchers (Davis & Petretic Jackson, 2000; Di Lillo, 2001; Rumstein McKean & Hunsley, 2001) claim that all the survivors of sexual abuse in childhood had more communication problems with people who had not experienced it, and had more chance of encountering divorce or premature marriage. They would decrease the quality of marital relationships by controlling the relationship and increase isolation, and would feel the inability to form intimacy with their partner. A huge part of the studies and treatment methods are focused on the individual therapy of sexual abuse. When in truth, it is very important to pay attention to these people's mutual needs in marital relationships during their treatment. The use of a chosen and effective treatment for sexual abuse in childhood can motivate the partners of these individuals to create a healing path and for them to have an effective role instead of being alone and outside the treatment. In the field of couples' therapy, Valentine and Feinauer (1993), proposed treatments that are based on couples' or individual therapy. Compton and Follette (2002) have also tried to design a software for behavioral marital therapy (BMT) for couples that one of them has been the victim of sexual abuse in childhood. They emphasize on teaching subjects such as detachment, mood adjustment and learning to reduce anxious behavior like drug abuse and self-harm, increase social skills, therapeutic teaching and communicative behavioral skills. Buttenheim and Levendosky (1994) and Maltas (1996) extracted a new concept of sexual abuse therapy from objective relations and the psychoanalytic approach. These writers claimed that trauma in early childhood has damaging effects on intimate relationships in adulthood. This approach suggests teaching and interpretation so that, with its help, couples can leave their old toxic pattern cycles that separated them from the present. Regarding therapeutic intervention for victims of sexual abuse in childhood in a study on Mexican women that were victims of sexual abuse in childhood, narrative therapy has been used to ensure their mental health and to focus on patience in present experiences and to choose a new way of life (Ramirez & Monk, 2017). Based on the increase in women and children smuggling and their sexual abuse, narrative therapy has been used as a way of saving the victims of sexual abuse (Countryman, Roswurm & Di Lillo, 2016). Epston and White (1992) see narrative therapy as a form of psychotherapy that uses the individual's own tales and stories to help them. Some see narrative therapy as a method of understanding the identity of individuals, some see it as a method of understanding the problems and their effects on the individual's life.

Some groups also believe that narrative therapy is just the individual talking about their life and the problems they have experienced (Morgan, 2000). In practice, narrative therapy includes deconstruction and reconstruction for the patient. This method is based on the narration between the therapist and the patient (Morgan, 2000). In 2018, a study was done by Paglisotti, Jones & Miller in which narrative therapy was used on victims of sexual abuse in students of a high school in California. The results of this study have shown that teenage girls are more susceptible to becoming victims of sexual abuse as teenagers. Countryman and Rosewurm (2017) analyzed the effect of narrative therapy on the patience of women and girls with history of sexual abuse. The studies of Wark et al. (2016) were done on the field of sexual abuse in childhood and their effect on relationships in adulthood. According to this, they use narrative therapy as the effective method of treatment and changing toxic patterns in parents with history of sexual abuse in childhood. The evidence shows that using the acceptance and commitment method is effective for the wellbeing and changing the behavior of couples, and it analyzes cognitive flexibility and stress reduction between couples with history of violence and sexual abuse. (Moyer, Page, McMakin, Murrell & Lester, 2018). Acceptance and commitment therapy has a distinguished effect on treating individuals with history of trauma and psychosis, reduction of cognitive anxiety and stubbornness and the ability to adjust emotional reactions (Spidel, Lecomte, Kealy & Daigneault, 2017). The effectiveness of the acceptance and commitment based therapy on the self-pity and emotional adjustment of couples who are suffering from depression has been analyzed (Ghadam Pour, Rashidi, Yusuf Vand, Enayati & Maleki, 1397). In the study done by Spidel et al. (2019), the attention was paid to the effectiveness of acceptance and commitment on patients with trauma and psychosis. The results showed that the therapeutic group of acceptance and commitment, without the consideration of disorder intensity, had reduced intense visual symptoms, mood adjustment and feedback control and clear differences in the form of deniability and attachment. In 2017, Spidel et al. had analyzed the effect of acceptance and commitment therapy on individuals with history of trauma in childhood and had reached similar results. In the meta-analysis that was done by G.L. Tjak et al. (2015), they studied the problems of mental health and physical health. The results of this study showed that acceptance and commitment therapy is far more effective than prevalent methods, and can be an effective treatment for anxiety disorders, depression, addiction and psychosomatic problems. In the study of Hallis et al. (2015), they studied and analyzed the effect of acceptance and commitment on the reduction of depression. They also used a combination of acceptance and commitment method and cognitive therapy to reduce anxiety, significantly. Feedback sessions showed satisfactory results, partly due to the considerable reduction of major depression and the significant increase in the individual's quality of life. In the accomplished studies, the emphasis is mainly put on the characteristics of the individual, the demographic and the individual's family history as effective factors of sexual abuse in childhood. On some of the studies wives and in some others, husbands were questioned. On the other hand, the main goal of these studies was

the sexual abuse of children and women, and few studies have analyzed sexual abuse in childhood and its effect on marital relationships, specifically. Therefore, according to the effect of sexual abuse in childhood and its effect on the mental health of couples and family stability, knowing the mental state of couples that were the victim of sexual abuse in childhood can lead to finding practical approaches that improve the relationship of couples.

In the present study, the mental health of couples with history of sexual abuse in childhood has been analyzed. On the other hand, there is not enough evidence regarding the effectiveness of conceptual models or practical marital interventions and generally, history of sexual abuse in non-western cultures does not exist, especially Iran. Whereas according to the specialists, interventions against sexual violence in different societies should be based on cultural approaches and should be sensitive towards historical and contemporary structures, culture and generational concerns. The specialists of couples' therapy have emphasized the necessity of cultural adaption for interventions. According to the reported topics, in the present study with the purpose of effectiveness on mental health, the integrative ACT program and narrative therapy were implemented on couples with history of sexual abuse in childhood.

Methodology

The present study is an applied research, goal wise. The design used in this study is an experimental model with a pretest and posttest and a control and monitoring group; therefore, from the perspective of accomplishment, it was a descriptive and half-experimental study. The statistical population of this research were all the couples that had attended the counseling centers of Rasht in 1397, and the participants were the couples that were eligible to enter the study. In the half-experimental part of the study, the participants were chosen using the purposive sampling method (Teddie & Yu, 2007). According to most researchers, the size of the sample for intervention studies is small, and we can determine the size of the samples based on the variables and almost 10 to 15 subjects are needed for every variable (Jackson, 2003; quoting Habibi, 1391). Hence, the sample size of the study, that is half-experimental, includes 30 individuals, which undergo individual therapy, in two groups of experimental (15 individuals) and control (15 individuals) that are randomly situated and such a sample size is enough (Gall & Borg, 1996, translated by Nasr et al., 2008). At first, in this study, some counseling centers were randomly chosen from among all the counseling centers and psychiatric services of the city of Rasht, and then from the couple clients that were eligible to enter the study and were volunteers, some were purposefully chosen and then randomly situated in two groups of experimental (15 individuals) and control (15 individuals). The experimental group undertook the integrative treatment method (narrative therapy and acceptance and commitment therapy) and the members of the control group received no intervention. The

criterion for entering the sample include: the history of sexual abuse assessment (sex control), the passing of at least two years of the participants' matrimony due to the assertion of Huston et al. (1986) that the length of a marriage is one of the reasons that problems and dissatisfaction occurs in a marital relationship. Having a university degree in both partners, the absence of alcohol abuse addiction and the absence of having received psychiatric drugs, not attending court for divorce during the implementation of the study (they should not be undergoing divorce), not undergoing treatment or therapy at the same time, sexual abuse assessment in childhood in at least one of the partners that one of the centers assessed by their own confession, the absence of identified personality disorders and/or severe clinical disorders that if necessary, will be analyzed using a preliminary interview by the researcher and a half-structured diagnostic interview, and also the leave standard of the study is being absent for more than two sessions.

Figure 1. The combined protocol of the two approaches of narrative therapy and acceptance and commitment based treatment

Session	Activity title	Activity goal
First	Initiating communication and preparation	Acquaintance with the members of the group, presenting the conventions of the sessions (effort to create a good rapport), enouncing the goals and rules of the sessions, executing the mental health pre-test, patience and family relationship quality, complete analysis of the interpersonal issues in couples, analyzing the controlling methods of clients' thoughts and emotions
Second	Causing creative hopelessness, control is the problem	Mentioning last session's topics, reviewing last session's homework, the members' acquaintance with the methods of control in the outside and inside world, presenting homework
Third	The individuals' acquaintance with desire and using metaphors (the sky, the weather). Expressing clean and toxic pain	Mentioning last session's topics, reviewing last session's homework, the attendees' acquaintance with desire and acceptance of thoughts and emotions, expressing clean and toxic pain and presenting homework
Fourth	The members' acquaintance with values and the affirmation of values, goals and actions, doing mindfulness exercises	Mentioning last session's topics, reviewing last session's homework, introducing values, goals and actions, mentioning inner and outer obstacles, doing mindfulness exercises, presenting homework

Fifth	Self-realization and emphasis on values	Mentioning last session's topics, reviewing last session's homework, self-realization through introducing one's different selves, emphasis on values
Sixth	Emphasis on psychological flexibility through the main processes of treatment	Mentioning last session's topics, reviewing last session's homework, emphasis on the main processes of ACT (acceptance, diffusion, self-as-context, contacting the present moment, values)
Seventh	Value obstacles, analyzing troubling narratives (old narrative), externalizing the issue	Exercising mindfulness, reviewing last session's topics and homework, value obstacles, review on the troubling narrative and externalizing it
Eighth	Searching for exceptions in the attendee's life and emboldening it, damaging the troubling narrative and creating the effective narrative	Reviewing the process and content of previous sessions, exercising mindfulness at the beginning of the session, deepening the new plot, relating the plot to the future and the past, deep brainstorming about unmatched consequences
Ninth	Confirming changes (promising action) in the new narrative	Exercising mindfulness, reviewing previous sessions' topics and exercises, reviewing values, emphasis on individual-family/partnership values, attending to goals, actions and obstacles, suggesting ways of confirming changes and the new narrative
Tenth	Conclusion and implementation of posttest	Reviewing the counseling process from the beginning up to now, reviewing last session's homework, receiving feedback from the attendee about the function and quality of discussions and their conclusions, reversible exercise, implementing the posttest.

Research instruments are followed:

Goldberg's general health questionnaire (GHQ) :

Goldberg first formulated the general health questionnaire (1972, quoting Taghavi). The original questionnaire consisted of 60 questions, but shortened versions of 30 questions, 28 questions and 12 questions have been used in different studies. According to researchers (Mary & Williams, 1985; Shamsunder et al., 1986; quoting Taghavi),

different forms of the general health questionnaire have high validity and reliability. The 28-question type of the mental health questionnaire by Goldberg and Hiller (quoting Taghavi; 1979) is made of its longer version using the factor analysis method. The questions in this questionnaire analyze the individual's mental state in the recent month and includes indications of abnormal behavior and emotions, and aspects of behavior that are observable, and it emphasizes the here and now. The 28-question version of the general health questionnaire consists of four mini tests that have seven questions in each. The questions of each mini test are written respectively and consecutively; in a way that question 1 to 7 is related to the mini test of physical symptoms, question 8 to 14 to the mini test of anxiety and insomnia, question 15 to 21 to the mini test of social function disorder and question 22 to 28 to the mini test of depression. All the items of the general health questionnaire have four options, and there are two methods of scoring for these questions. One is the GHQ scoring method in which the items of the test are graded in a (0,0,1,1) way, and as a result, the individual's score will vary from 0 to 28. The second method is the Likert scoring method that according to it, the questions of the test are graded in a (1,2,3,4) way, and as a result, the final score of an individual varies from 0 to 84. In both scoring methods, having a low score means better mental health. Goldberg and Williams (1988) reported the reliability of the split- half method in this questionnaire, which was taken by 853 individuals, to be 95%. After implementing the questionnaire on 72 students in Hong Kong, Chan (1985) reported the internal consistency coefficient of this questionnaire to be 93%, using the Cronbach's alpha. Robinson and Price asked 103 patients, who had experienced a stroke, to complete the general health questionnaire twice with an 8 months interval. The analysis of the result produced 90% reliability coefficient. Taghavi analyzed the reliability of the general health questionnaire based on three methods of test-retest, split-half and Cronbach's alpha in which the reliability coefficients are 0.93, 0.07 and 0.90, respectively. In addition, in this study, methods of concurrent validity and variable analysis have been used to study the validity of the mental health questionnaire. The concurrent validity of the general health questionnaire was reported 0.55 using the concurrent implementation of the Middlesex Hospital Questionnaire (MHQ).

Results

The research question: Is there any effects of integrative ACT program and narrative therapy on the mental health of couples with history of abuse in childhood?

In figure 2. This study's standard deviation variable of mental health is presented.

Figure 2. Descriptive statistics of mental health in couples with history of sexual abuse in childhood

Variable	group	average	standard deviation
Physical function Disorder	control	9.42	0.77
	experiment	15.08	0.77
Anxiety and sleep Disorder	control	9.12	0.78
	experiment	14.13	0.78
Social function Disorder	control	9.57	0.74
	experiment	15.59	0.74
Depression Disorder	control	10.17	0.76
	experiment	14.25	0.76

Based on the data in figure 2. There is a difference between the mental health average of the experimental and control groups of couples with history of sexual abuse in childhood; The MANCOVA test has been used to test the significance of this difference.

Figure 3. The results of the effectiveness of the designed intervention program test that is based on the improvement of mental health in couples

Variables nominal	sum square (Ss)	degrees of freedom (Df)	mean squared error (Ms)	F	P-value	Eta square(P.S.E)
Physical Function	143.16	1	143.16	23.72	0.001	0.66
Error	72.41	12	6.03			
Anxiety & Sleep	111.63	1	111.63	18.04	0.001	0.60
error	72.26	12	6.19			
Social Function	161.54	1	161.54	28.82	0.001	0.71
Error	67.27	12	5.01			
Depression	74.08	1	74.08	12.54	0.001	0.51
Error	70.92	12	5.91			

Based on the results in figure 3, the progress of the designed intervention program has been effective based on the improvement on the subscale of the physical function of mental health in couples with $F(12,1) = 23.72$ with (0.66) effectiveness, on subscale of anxiety and sleep disorder of mental health in couples with $F(12,1) = 18.04$ with (0.60) effectiveness, on the subscale of social function of mental health in couples with $F(12,1) = 28.82$ with (0.71) effectiveness and on the subscale of depression of mental health in couples with $F(12,1) = 12.54$ with (0.51) effectiveness ($P < 0.01$).

Discussion

The present study was performed with the purpose of affecting the mental health of couples with history of sexual abuse in childhood using the integrative ACT program and narrative therapy. According to the results, the effect of the integrative ACT and narrative therapy intervention on the mental health of married women with history of sexual abuse in childhood has been significant in every variable of mental health ($P < 0.01$). The effectiveness of the designed intervening program has been a success on the subscale of physical function of mental health in married women with history of sexual abuse in childhood with (0.66) effectiveness. On the subscale of anxiety and sleep disorder of mental health with (0.60) effectiveness, on the subscale of social function of mental health with (0.71) effectiveness and on the subscale of depression with (0.51) effectiveness ($P < 0.01$). In specifying the present results, it could be said that narrative therapy is reckoned at one of the postmodern methods, and many studies distinguish narrative therapy as a successful treatment in the field of sexual abuse in childhood and reducing its effect on the adult life (Paglisotti, Jones & Miller, 2018; Countryman et al., 2016; Cloitre & Jackson, 2016). Narrative therapy is a strong model in treating adults with history of sexual abuse in childhood due to seeing the issues as separated from the individual (Johnson, Holyoak & Cravens Pikens, 2019; Shachar, 2010; Countryman, Roswurm & Di Lillo). In addition, narrative therapy has shown that in paying attention to unique characteristics that most people with the experience of sexual abuse deal with, has been effective, especially the survivors who have experienced it in close-knit relationships (Blanton & Wonder grief-Every, 2001; Eris, Steelman, Viling, Bera & Leskla, 2014; Hanich & Molding, 2011). In addition, Gomez, Serzo and Ajaya Billiard (2019) also showed the effectiveness of narrative therapy on women with different skin complexions that had experienced sexual abuse in childhood.

If, according to the statements of some experts, we identify sexual abuse in childhood as a trauma (Kendel-Takit et al., 1993; quoting Tisa et al., 2006) like all the other evidence based approaches, a new verbally precise analysis of trauma and a second evaluation of its meaning will come forth. In this approach, a wide spectrum of damaging memories with emotional traits such as fear, shame and losing the basis of a safe therapeutic and supportive relationship is organized overtime. Relationship-like models that create the present issues are often rooted in traumatic incidents. In narrative therapy, the focus is not just on the traumatic memory, but also on the previous background of what happened during and after the traumatic incident (Ortigo, Bar & Cloitre, 2020).

Another intervening therapeutic approach is based on acceptance and commitment. This therapeutic approach regards cognitive fusion (Heyes et al. 1996) and justification (Towhig et al. 2005) as effective factors in shaping the problem of the client. It has been reported in many studies that people with the experience of sexual abuse in childhood have shown these troubling symptoms from the perspective of ACT. Including Hillman

and McElrath (1996) reporting from their own study the fact of avoiding to live with past experiences in people with experience of sexual abuse in childhood.

Ortigo et al. (2020) also believe that rehashing traumatic memories in people with experience of sexual abuse in childhood is correlated with emotional themes like fear, shame and losing, and this topic coincides with the concept of cognitive fusion as another reason for the pathology of the ACT treatment. With the explanation that the individual pays attention to the contents of thought instead of its process and is inflexible (the opposite of cognitive fusion in this approach) (Heyes & Strosahl, 2010). When the most important symptoms of this group is in correlation with the troubling issues in the approach and every approach continues its treatment based on its own pathology, then we can expect the maximum result from implementing the treatment on the client.

Acceptance is another concept that is noteworthy in the therapeutic approach based on acceptance and commitment. Meaning that the individual should be ready to deal with the reality of life and should stop trying to change them. This concept does not mean that the individual should cherish the reality of life the way it is, but to realize that thoughts, emotions and feelings that are manifested due to an incident will also ebb away. Therefore, judging, struggling and/or avoiding them is pointless (Romero, Sarah, Wilston & Orsilo, 2013), and the individual experiences better mental health.

Conclusion

The results of the study have shown that a combination of the two approaches of ACT and narrative therapy, in a regulated protocol presented in this study, has a wide spectrum of ideal effectiveness and mental health stability in married women with history of sexual abuse in childhood. Therefore, using this approach for treating women with history of sexual abuse in childhood is recommended in clinical situation. The significant limit and challenge that was baffling throughout this project was convincing couples to take part in preliminary interview session; this task seemed very challenging without enough incentive. Another limit to this study was the sample being intervened with that was only from one city. In addition, another limit to this study was the study sample that limits the extensive spectrum of data, is controlling other possible effective factors on the result of the treatment that was mentioned on the entrance and exit (such as mental and personality disorders). Therefore, adding a pursuit phase in the future studies for six months, a year and even executing long-term studies is recommended. The evaluation of the effectiveness of this therapeutic approach in sample groups in different cities of Iran is also recommended. It is also recommended that to control the evaluative variable and the analysis in future studies, in addition to the questionnaire, some other evaluation methods (such as behavioral observation, physical evaluation, etc) are used to analyze mental health.

Disclosure Statements

The authors of this study declared no conflicts of interest

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