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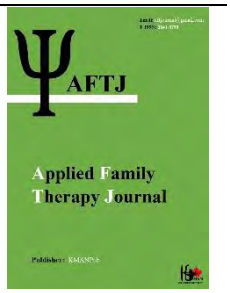

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Comparison of the Effectiveness of Trauma-Focused Cognitive Behavioral Therapy and Acceptance and Commitment Therapy on Self-Efficacy of Adolescents with a History of Domestic Violence

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A B S T R A C T

Objective: The aim of this study was to compare the effectiveness of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Acceptance and Commitment Therapy (ACT) on the self-efficacy of adolescents with a history of domestic violence.

Methods: The research method was a semi-experimental design with a pre-test–post-test structure and a non-equivalent control group. The study population consisted of 69 adolescent girls, aged 14 to 18 years, who had experienced domestic violence and had a case file at the Social Emergency Center of Babol city during the second half of 2023. A total of 45 participants were selected through convenience sampling based on inclusion criteria and were randomly assigned to two experimental groups of 15 participants each and one control group of 15 participants. Data were collected using the Muris Self-Efficacy Questionnaire (2001). A summary of TF-CBT sessions, adapted from Cohen (2001), consisting of 10 sessions of 90 minutes each, and a summary of ACT sessions, adapted from Hayes et al. (2004), consisting of 8 sessions of 90 minutes each, were administered to the experimental groups. No intervention was applied to the control group. Data analysis was performed using repeated measures analysis of variance (ANOVA) with SPSS 18 software.

Findings: The findings indicated that both TF-CBT and ACT had an effect on the self-efficacy of adolescents with a history of domestic violence. However, TF-CBT was more effective than ACT in enhancing self-efficacy.

Conclusion: The results of this study could provide practical implications for therapists and counselors.

Keywords: *self-efficacy, trauma-focused cognitive behavioral therapy, acceptance and commitment therapy.*

1. Introduction

Domestic violence is an unpleasant experience that often leads to cognitive, behavioral, and especially emotional damage (Inman & London, 2022). Cultural acceptance of various forms of domestic violence, such as physical punishment, is one of the factors contributing to the increase in domestic violence (Almış et al., 2020; Devkota Sapkota & Simkhada, 2024). Globally, one in three women will experience physical or sexual violence by a partner, or sexual violence by a perpetrator during their lifetime, with most of this violence being perpetrated by their partners (Kobrlo, 2024; Muchtarom, 2024). Domestic violence causes numerous harms in various domains, with the impact on mental health and behavioral problems being particularly significant (Erez et al., 2024; Kadhim, 2024). Family issues, including parental conflict, divorce, poverty, and addiction, all influence the development of children's personalities (Javed et al., 2019), and it must be noted that children's behavior is essentially a reflection and mirror of the parents' existence and the environment within the family (Pashtutan, 2019). Behavioral problems in children are the most common childhood disorders, and are often not noticeable to parents unless the child exhibits behavior beyond the typical age range (Arzimanoglou et al., 2019). Naturally, behaviors such as mischief, disobedience, and so on are considered normal in children; however, if these behaviors are repeated excessively or their intensity becomes annoyingly high, they are considered behavioral problems (Armaghan & Pourasadi, 2016).

Inhibition and emotional deficiency are associated with feelings of anxiety, worry, and particularly low self-efficacy (Gunther & Pérez-Edgar, 2021; Terp et al., 2019). Individuals may feel competent in one area or a small segment of it (Gallagher et al., 2013). The generalization of self-efficacy is influenced by the similarity of activities, the domain in which they occur, the quality of conditions, and the characteristics of individuals who are affected by that behavior or activity (Miles et al., 2016). The third factor is strength, which leads to efforts to continue a behavior despite obstacles (Tahmasbi Zadeh et al., 2020). Generally, in the presence of various problems, such as violence in the family environment, the self-efficacy of children decreases, which results in a lack of adequate effort to improve performance by these adolescents (Goldin et al., 2012). One of the characteristics of these adolescents is the lack of sufficient energy and effective ability to perform tasks, which stems from their lack of motivation, commonly referred to as low self-efficacy (Terp et al., 2019). Social Cognitive Theory is based on a triadic causal model involving behavior, environment, and individual factors (Swan et al., 2022), and emphasizes the reciprocal relationship between behavior, environmental effects, and individual factors (cognitive, emotional, and biological), which relates to an individual's perception of psychological functions (Steca et al., 2014). Humans possess a self-regulation system and self-regulatory strength (Kim & Jang, 2020), which enables them to control their thoughts, emotions, and behaviors, playing a decisive role in shaping their destiny (Foster et al., 2014). This condition, due to decreased self-efficacy, leads to communication problems and tension within the family environment (Carras et al., 2018).

In this regard, modern and effective approaches to self-efficacy include Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Acceptance and Commitment Therapy (ACT). TF-CBT can reduce the psychological, emotional, and cognitive harms caused by trauma and grief in children and adolescents (Rezai Kongarshahi et al., 2023). According to available evidence, TF-CBT has been effective in helping children, adolescents, and their caregivers cope with trauma-related problems (Alpert et al., 2021). This therapeutic approach aims to reduce maladaptive emotional and behavioral responses following traumatic events, such as child abuse, domestic violence, neglect, and other traumatic incidents (Mirzaeian et al., 2023), and works on reshaping maladaptive beliefs and standards related to trauma (Chipalo, 2021). This treatment combines several therapeutic approaches, including cognitive therapy, behavioral therapy, and family therapy (Qazizadeh et al., 2020). The goal of cognitive therapy is to change behavior by identifying thoughts and perceptions; it modifies distorted thinking patterns and improves coping skills. Behavioral therapy focuses on changing habitual responses such as anger and fear and examines family dynamics and interactions (Salemi et al., 2016).

Furthermore, new methods for addressing issues like violence have been developed in psychology, particularly third-wave therapies (Wang et al., 2017). These techniques encourage individuals to engage consciously in activities that align with their core beliefs and values (Ferreira et al., 2022). Cognitive techniques in ACT focus on spontaneous beliefs and thoughts that contribute to substance abuse (Smith & Whitley, 2023), while behavioral techniques in ACT focus on actions that frequently interact with cognition (Gross et al., 2018). In third-wave behavioral therapy, the

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primary goal of ACT is to enhance psychological flexibility (Pakenham, 2017). Unlike cognitive-behavioral therapy, ACT does not focus on the content of thoughts, emotions, or bodily sensations (Rajabi & Yazdkhasti, 2014), but rather examines how individuals interact with their experiences (Hayes, 2019; Hayes et al., 2014; Hayes & Strosahl, 2004). ACT does not require individuals to change their thoughts and feelings (Guida, 2023); rather, it aims to help them change their responses to these thoughts and emotions (Wang et al., 2017). This therapy combines four approaches: awareness, acceptance, commitment, and behavior change, based on the assumption that the primary problem most clients face is experiential avoidance, where individuals avoid thoughts, feelings, sensations, and other private events (Rose et al., 2023). Avoidance may have specific real-world applications (Jin et al., 2023).

In general, TF-CBT and ACT are modern approaches that, by incorporating many skills in cognitive, behavioral, emotional, and social domains, actively and significantly help individuals. In these methods, clients are gradually taught that through greater functioning and adaptation, they can develop more appropriate beliefs about themselves, enhancing their self-efficacy in performing tasks (Valizadeh & Parandin, 2022).

In this regard, Mirzaian et al. (2023) have shown that TF-CBT is effective in addressing internalized problems in grieving children. Rezaei Kongreshahi et al. (2023) concluded that TF-CBT is effective in alleviating grief symptoms and behavioral problems in grieving children (Mirzaeian et al., 2023). Sharifi et al. (2022) found that ACT improves social problem-solving, emotional distress tolerance, and self-efficacy in students (Sharifi et al., 2022). Abdollahi et al. (2022) concluded that group cognitive-behavioral training reduces violence among adolescents (Abdollahi, 2022). Seyfi & Jahangiri (2020) showed that ACT has a significant impact on emotional independence and academic achievement in adolescents aged 13-15 years (Seyfi & Jahangiri, 2020). Alpert et al. (2023) found that TF-CBT improves emotional regulation (Alpert et al., 2021). Alsem et al. (2023) demonstrated that cognitive-behavioral therapy can address aggressive behavior in children (Alsem et al., 2023). Wisman et al. (2023) found that TF-CBT is effective in emotional regulation (Wisman et al., 2023). Smith & Whitley (2023) showed that ACT is effective in enhancing social-emotional competencies (Smith & Whitley, 2023). Gloster et al. (2020) found that ACT is effective for behavioral problems (Gloster et al., 2020). Hayes (2019) showed that ACT is effective in changing behavior (Hayes, 2019).

Based on the above, it is necessary to examine effective therapies for addressing cognitive and behavioral issues in adolescents with a history of domestic violence. By identifying the variables that improve the situation of these individuals, the foundation for future research can be established, and the occurrence of such issues in the country can be prevented. In general, since no study in the country has simultaneously examined the differences in the effectiveness of Trauma-Focused Cognitive Behavioral Therapy and Acceptance and Commitment Therapy on the self-efficacy of adolescents with a history of domestic violence, this study justifies the research, and the main research question is whether there is a difference in the effectiveness of TF-CBT and ACT on the self-efficacy of adolescents with a history of domestic violence.

2. Methods

2.1. Study Design and Participants

This study, based on its objective, is an applied research and, regarding the data collection method, it follows a cross-sectional design with a quasi-experimental pre-test-post-test approach and an unequal control group, with a two-month follow-up. Two separate therapeutic methods were implemented for the two experimental groups, and a neutral content was used for the control group. The statistical population of this study consists of 69 adolescent girls aged 14 to 18 who have experienced domestic violence and have a case file at the Social Emergency Department of Babolsar County in the second half of the year 2023. The sample size was determined using G*Power software with an effect size, alpha level of 0.05, and a power of 80%. The ratio of the three groups was considered equal, as the goal was to ensure an equal number of participants in the two experimental groups and one control group (to achieve approximately equal error variance between the two groups). According to the software estimate, the minimum sample size for each group was suggested to be 12 participants, and a total of 45 participants were recruited, overestimated to account for potential dropouts. Out of the 69 adolescent girls, 45 were selected using non-random purposive sampling. Fifteen participants were assigned to the control group, 15 to the first experimental group, and 15 to the second experimental group. The inclusion criteria for the study included adolescent girls aged 14 to 18 residing in Babolsar, having a case file at the Social Emergency Department with a reason

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for referral related to domestic violence, no accompanying psychiatric or physical disorders as diagnosed by the social emergency psychologist, not being prescribed sedative or sleep-inducing medications as prescribed by a physician, and obtaining informed consent from participants. Exclusion criteria included incomplete questionnaires, doubts regarding meeting any of the inclusion criteria during the intervention, withdrawal of consent at any stage of the intervention, use of sedative or sleep-inducing medications, or participants opting to leave the study at any time.

At the outset of the fieldwork, a preliminary review was conducted through discussions with experts and university professors to gather their opinions and views at each stage of the research process. After obtaining the necessary organizational permits from the Research Vice Chancellor of the University and the clinical therapy center, and according to the accessible sampling method, the two intervention methods were administered separately to the two experimental groups, with weekly two-session interventions (on alternate days for each experimental group) only for the experimental groups. Following agreement to participate in the study, informed consent was obtained from the parents of the students as a commitment to attend the sessions. Prior to starting the sessions, pre-tests were administered to both experimental groups and the control group, and after completing the intervention sessions, post-tests were conducted with the same tools for all three groups. The control group did not receive any intervention.

2.2. Measures

2.2.1. Self-Efficacy

The data collection tool used in this study was the Self-Efficacy Questionnaire by Muris (2001). The self-efficacy questionnaire was developed by Muris in 2001, based on Bandura's, Barbaranelli's, Caprara's, and Pastorelli's self-efficacy scale. Initially designed for children and adolescents, the questionnaire contained 23 items and was later used in adult populations across different studies. It is scored on a Likert scale from "Not at all" (1) to "Very much" (5). The questionnaire includes three subscales: Social Self-Efficacy (items 1–8), Learning Self-Efficacy (items 9–16), and Emotional Self-Efficacy (items 17–23), assessing the participant's perceived ability in various situations. The score range for total self-efficacy is from 23 to 115, for social and academic self-efficacy from 8 to 40, and for emotional self-efficacy from 7 to 35. A standard deviation greater than the 50th percentile, equivalent to a score of 60, is considered the cut-off point for the questionnaire. Higher scores indicate higher self-efficacy. In examining the factor structure of the self-efficacy questionnaire, Muris (2002) confirmed the three factors—social, academic, and emotional self-efficacy. In Muris's (2001) study, along with examining convergent and divergent validity, the reliability coefficients for the subscales were as follows: Social Self-Efficacy 0.78, Emotional Self-Efficacy 0.80, and Learning Self-Efficacy 0.87. In the study by Tahmasian (2007), internal consistency coefficients were 0.73 for the total scale, 0.66 for social self-efficacy, 0.84 for emotional self-efficacy, and 0.74 for learning self-efficacy (Tahmasian & Gholamrezai, 2009).

2.3. Interventions

2.3.1. TF-CBT

The Cognitive Behavioral Therapy (CBT) program focused on trauma, used in this study, was based on Cohen's (2001) protocol for children aged 7–14 years (Cohen et al., 2004; Cohen et al., 2001), with content validity confirmed by Rezai Kongreshahi et al. (2023), and was conducted over 10 sessions, each lasting 90 minutes at the clinic (Rezai Kongarshahi et al., 2023).

Session 1: Introduction and Pre-Test

The first session introduces the participants to the goals and structure of the therapy, outlining the expectations and purpose of the treatment. Emphasis is placed on building a sense of safety in the face of stress and identifying personal emotions. The session begins with a pre-test to assess the baseline levels of self-efficacy and emotional well-being, followed by exercises designed to help the participants color their life experience and introduce coping mechanisms to manage stress.

Session 2: Stress Management Techniques

The second session focuses on teaching deep breathing techniques and progressive muscle relaxation to promote physical relaxation and reduce physiological symptoms of stress. Participants also learn techniques to interrupt unhelpful thought patterns by replacing them with more adaptive thoughts. The goal is to enhance the sense of security, improve cognitive restructuring, and foster better emotional regulation.

Session 3: Cognitive Triangle

In the third session, participants are introduced to the cognitive triangle model, which explains the relationship between thoughts, emotions, and behaviors. Through exercises, individuals learn to identify and challenge

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negative thought patterns, such as irrational fears and anxieties, and understand how these thoughts influence emotional and behavioral responses. The goal is to help participants understand the connection between their thoughts, feelings, and actions and begin to reshape maladaptive patterns.

Sessions 4-6: Gradual Exposure

Sessions 4 to 6 involve gradual exposure to trauma-related memories or triggers. These sessions aim to desensitize participants to distressing thoughts or memories associated with trauma, such as feelings of fear, helplessness, and anger. The therapist guides the participants in confronting these memories step-by-step, helping them to process the emotional responses in a controlled and safe environment. The objective is to reduce the emotional intensity of these memories over time.

Session 7: Cognitive Restructuring

Session 7 focuses on identifying and challenging cognitive distortions related to trauma. Participants are encouraged to explore and revise inaccurate or unhelpful beliefs about death and trauma-related experiences. The therapist works with the participants to develop more balanced and realistic perspectives, promoting healthier cognitive patterns that can aid in emotional recovery.

Session 8: Building Support

In session 8, participants are encouraged to build a supportive network by seeking out social support and practicing effective communication skills. The session emphasizes the importance of engaging with others and learning how to express their feelings and needs. This support system is a critical component of the recovery process, as it fosters a sense of belonging and reassurance.

Sessions 9-10: Hope and Post-Test

The final sessions focus on cultivating hope and building a positive outlook for the future. Participants read literature about life, engage in discussions about optimism, and develop strategies for maintaining a hopeful perspective. Through these sessions, participants are encouraged to visualize a positive future and engage in meaningful conversations about life and healing. The post-test is administered to assess changes in emotional self-efficacy, and participants are encouraged to continue applying the coping strategies learned throughout therapy.

2.3.2. ACT

The Acceptance and Commitment Therapy (ACT) program used in this study was based on Hayes et al. (2004) with content validity confirmed by Mardani-Germadre et al. (2020), and was delivered in 8 sessions, each lasting 90 minutes at the clinic.

Session 1: Introduction and Pre-Test

The first session introduces the participants to the overall structure of the therapy, including the number of sessions, therapeutic goals, and the process of treatment. The therapist explains the importance of confidentiality and outlines the nature of the therapeutic relationship using a metaphor of two mountains, symbolizing different aspects of life. A general assessment is conducted, where participants describe their current thoughts and behaviors. This session sets the foundation for understanding creative hopelessness—the idea that efforts to control or suppress negative emotions may be ineffective and that acceptance is a healthier alternative.

Session 2: Functional Assessment and Creative Hopelessness

The second session involves reviewing participants' behaviors and thought patterns from outside the therapy sessions. The therapist explores how these behaviors may reflect attempts to control or avoid uncomfortable emotions. A review of reactions to the previous session's content and homework assignments helps to clarify any misunderstandings. The session also continues to explore the concept of creative hopelessness, prompting participants to realize that their efforts to control difficult emotions may only perpetuate their distress.

Session 3: Identifying Reactions and Effective Responses

In this session, participants learn about the connection between struggles with thoughts, feelings, and behaviors. The therapist introduces the concept of acceptance, helping participants recognize the futility of trying to control their internal experiences. The idea of behavior commitment is discussed, with an emphasis on how participants can act in accordance with their values even when uncomfortable emotions arise. Homework assignments are provided to reinforce these concepts.

Session 4: Cognitive Defusion

Session 4 introduces cognitive defusion techniques, helping participants detach from their thoughts rather than identifying with them. This practice aims to weaken the grip that distressing thoughts have on an individual. The therapist leads participants through exercises to help them view their thoughts as separate from themselves, promoting emotional distance and reducing the impact of cognitive distortions.

Session 5: Commitment to Values-Based Action

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In this session, participants are encouraged to clarify their core values and identify specific actions that align with these values. The therapist guides participants in making behavioral commitments to act in ways that are consistent with their values, even in the face of psychological discomfort. This process is intended to enhance personal motivation and commitment to change.

Session 6: Exploring and Clarifying Values

Session 6 focuses on helping participants gain a deeper understanding of their personal values. Participants are guided through a values clarification exercise using a values questionnaire to better understand what truly matters to them. This exploration aims to increase motivation for behavior change and provide direction for future actions.

Session 7: Behavioral Commitment and Values Integration

In this session, the therapist revisits participants' values and emphasizes the importance of integrating those values into everyday actions. The concept of commitment to behavior is reinforced, and participants are encouraged to continue making value-driven decisions in their daily lives. Behavioral experiments are designed to promote continued engagement with values-based actions.

Session 8: Conclusion and Post-Test

The final session reviews key concepts and skills learned throughout the therapy, with a focus on how participants can continue to apply them in the future. Participants are encouraged to reflect on their progress and the changes they've made in terms of behavior and values. A post-test is conducted to assess the impact of the therapy, and participants are given resources to help maintain their gains after the sessions end.

2.4. Data Analysis

For data analysis, repeated measures (mixed design) analysis was performed using SPSS software version 18.

3. Findings and Results

This section presents the descriptive findings, including the mean and standard deviation of the pre-test, post-test, and follow-up scores for self-efficacy in adolescents with a history of domestic violence, separated by three experimental groups (ACT, TF-CBT, and control).

Table 1

Descriptive Statistics (M and SD) for Self-Efficacy Scores at Different Stages by Group

Group	Stage	Social Self-Efficacy (M, SD)	Learning Self-Efficacy (M, SD)	Emotional Self-Efficacy (M, SD)
ACT Group	Pre-Test	17.05 (4.12)	15.25 (4.31)	16.17 (4.53)
	Post-Test	20.68 (4.51)	19.06 (4.67)	20.13 (4.89)
	Follow-Up	21.04 (4.61)	19.72 (4.77)	20.52 (4.94)
TF-CBT Group	Pre-Test	16.88 (4.22)	15.42 (4.25)	16.02 (4.50)
	Post-Test	21.92 (4.81)	20.36 (4.90)	21.64 (4.96)
	Follow-Up	22.14 (4.77)	20.59 (4.82)	21.77 (4.81)
Control Group	Pre-Test	16.07 (4.36)	15.08 (4.22)	15.99 (4.33)
	Post-Test	16.76 (4.62)	15.82 (4.59)	16.58 (4.62)
	Follow-Up	16.88 (4.58)	16.01 (4.71)	16.92 (4.55)

The results in Table 1 show that both the ACT and TF-CBT groups experienced significant improvements in self-efficacy from the pre-test to post-test, with these improvements being sustained at the follow-up stage. In contrast, the control group showed minimal changes in self-efficacy throughout the study. Specifically, the TF-CBT group showed the most considerable increase in self-efficacy across all stages, followed closely by the ACT group. These findings suggest that both therapeutic interventions were effective in improving self-efficacy in adolescents who experienced domestic violence, with TF-CBT having a slightly stronger effect.

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Table 2

Summary of Repeated Measures Analysis of Variance (Mixed) with Grouping, Treatment Phases, and Interaction

Variable	Sources of Variation	Sum of Squares	df	Mean Square	F	Significance	Effect Size	Power
Social	Group	975.837	2	487.919	25.982	.01	.553	1
	Treatment Phases	512.417	1	512.417	50.151	.01	.544	1
	Group × Treatment Phases	386.756	2	193.378	18.926	.01	.474	1
Learning	Group	250.401	2	125.200	65.035	.01	.756	1
	Treatment Phases	150.156	1	150.156	92.370	.01	.687	1
	Group × Treatment Phases	91.912	2	45.956	28.270	.01	.574	1
Emotional	Group	262.811	2	131.406	59.373	.01	.739	1
	Treatment Phases	143.136	1	143.136	53.636	.01	.561	1
	Group × Treatment Phases	88.906	2	44.453	16.657	.01	.442	1

The results in Table 2 show that the calculated F-value for the effect of treatment phases (pre-test, post-test, and follow-up) is significant at the .01 level. Specifically, in the interaction between group and treatment phases, differences were observed in self-efficacy subscales. This indicates that there is a significant difference between the mean scores for pre-test, post-test, and follow-up phases of self-efficacy in adolescents with a history of domestic violence. Post-hoc Bonferroni tests were performed to examine differences between the mean scores at the treatment phases.

Table 3

Summary of Bonferroni Post-Hoc Test for Differences Between Pre-Test, Post-Test, and Follow-Up

Pre-Test	Phase 1	Phase 2	Mean Difference	Standard Error	Significance
Social	Pre-Test	Post-Test	4.572	0.613	.001
	Pre-Test	Follow-Up	4.772	0.674	.001
	Post-Test	Follow-Up	0.200	0.187	1
Learning	Pre-Test	Post-Test	2.472	0.246	.001
	Pre-Test	Follow-Up	2.583	0.271	.001
	Post-Test	Follow-Up	0.111	0.109	1
Emotional	Pre-Test	Post-Test	2.411	0.315	.001
	Pre-Test	Follow-Up	2.522	0.344	.001
	Post-Test	Follow-Up	0.100	0.089	1

The results of Table 3 show that there is a significant difference between the pre-test and post-test, as well as between the pre-test and follow-up scores for self-efficacy subscales in adolescents with a history of domestic violence. The difference between the post-test and follow-up is not significant, which reflects the stability of the treatment effect. Comparing the means shows that the self-efficacy subscales of adolescents with a history of domestic violence differ significantly between the post-test and follow-up phases compared to the pre-test phase.

Table 4

Summary of Tukey Post-Hoc Test for Two Experimental Groups

Variable	Groups	Mean Difference	Standard Error	Significance
Social	ACT group - TF-CBT group	4.11	0.914	.01
Learning	ACT group - TF-CBT group	1.87	0.293	.01
Emotional	ACT group - TF-CBT group	2.08	0.314	.01

The results from Table 4 indicate that there is a significant difference in self-efficacy scores between adolescents with a history of domestic violence in the ACT group and the TF-CBT group. Based on the mean and effect size indices, TF-CBT treatment led to greater changes in self-efficacy among adolescents with a history of domestic violence. This suggests that TF-CBT is more effective than ACT in improving self-efficacy in this population.

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4. Discussion and Conclusion

The aim of the present study was to compare the effectiveness of trauma-focused cognitive-behavioral therapy (TF-CBT) and acceptance and commitment therapy (ACT) on self-efficacy in adolescents with a history of domestic violence. The results of this study indicated that trauma-focused cognitive-behavioral therapy is effective in improving self-efficacy in adolescents with a history of domestic violence. Based on the findings, the hypothesis that trauma-focused cognitive-behavioral therapy improves self-efficacy in adolescents with a history of domestic violence was confirmed. These findings are consistent with prior findings (Brousan & Bazazian, 2020; Farina et al., 2018; Fretz, 2023; Ghavampour Hashimi et al., 2023; Naderian Zadeh & Mousavi, 2021). This finding can be explained by the fact that trauma-focused cognitive-behavioral therapy is effective in increasing self-efficacy in adolescents with a history of domestic violence because this method is particularly effective for adolescents who have experienced violence and trauma. Domestic violence often leads adolescents to feel worthless and have low self-efficacy, which can result in decreased self-confidence and social and behavioral problems (Chipalo, 2021). Trauma-focused cognitive-behavioral therapy helps adolescents increase their self-efficacy and gain a sense of empowerment and control over their lives. This therapy specifically focuses on positive thinking and behavioral patterns, helping adolescents learn skills necessary to cope with their traumatic experiences and improve their well-being. Trauma-focused cognitive-behavioral therapy helps adolescents build self-confidence (Salami et al., 2016). By improving communication skills, managing emotions, and recognizing and correcting distorted thoughts, adolescents are better able to help themselves and become less dependent on others to solve their problems. This therapy helps adolescents improve their communication skills so they can express their feelings and needs more effectively. These skills help individuals gain greater control over their social and emotional lives. Trauma-focused cognitive-behavioral therapy helps adolescents develop a more positive identity and self-concept (Spidel et al., 2018). By assisting individuals in recognizing and processing their traumatic experiences, trauma-focused cognitive-behavioral therapy helps them view themselves as capable individuals who can solve problems. This therapy also helps adolescents develop self-help skills, including stress-reducing techniques, strategies for increasing a sense of control, and ways to interact more effectively with others. These skills empower individuals to have greater control over their daily lives (Hoogsteder et al., 2022). By reducing dependency on unproductive patterns, trauma-focused cognitive-behavioral therapy helps adolescents gain more control over their behavior and emotions, making them less reliant on dysfunctional patterns that may have developed from exposure to domestic violence. Additionally, this therapy increases adolescents' understanding of their environment and its impact on their behavior and emotions (Rezai Kongarshahi et al., 2023). This understanding helps individuals interact with their environment more effectively, ultimately enhancing their self-efficacy in daily life. Ultimately, trauma-focused cognitive-behavioral therapy, as a treatment model specifically designed for children and adolescents exposed to traumatic experiences, helps individuals gain greater control over their lives, thus increasing their self-efficacy.

The results of this study also indicated that acceptance and commitment therapy (ACT) is effective in improving self-efficacy in adolescents with a history of domestic violence. Based on the findings, the hypothesis that ACT improves self-efficacy in adolescents with a history of domestic violence was confirmed. These results are consistent with the prior findings (Kim et al., 2018; Sharifi et al., 2022). This can be explained by the fact that ACT helps adolescents accept and acknowledge their feelings and experiences. This allows them to free themselves from depression, anxiety, and other negative emotions that may stem from experiencing domestic violence. This approach helps adolescents remain more committed to their goals and values and become more dedicated to positive changes in their lives (Sharifi et al., 2022). It encourages them to view their experience of domestic violence as a challenge and an opportunity for personal growth and development. ACT also helps adolescents build self-confidence and learn coping skills to better face life's challenges. This strengthens their self-efficacy, making them more resilient and empowered in the face of domestic violence. Acceptance and commitment therapy helps adolescents become more aware of themselves, including their thoughts, feelings, and behaviors (Hayes, 2019). This increased self-awareness helps individuals understand their strengths and weaknesses, enabling them to improve their behavior based on this understanding. ACT helps adolescents accept their experiences, including exposure to domestic violence, in a more complete and healthy manner. Acceptance helps individuals let go of resistance to challenges and unpleasant

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emotions, allowing them to process these challenges effectively. This leads to greater self-efficacy when facing life's challenges (Guida, 2023). ACT helps adolescents identify their personal values and goals and commit to them, assisting them in acting in alignment with what is most important to them. This commitment helps individuals relinquish unhealthy behaviors that may have developed as a result of exposure to domestic violence and enables them to gain greater control over their lives, thus increasing their self-efficacy (Seyfi & Jahangiri, 2020). ACT helps adolescents develop self-help and life skills, such as stress-reduction techniques, strategies to increase a sense of control, and methods to interact more effectively with others. These skills empower individuals to gain greater control over their lives and increase their self-efficacy (Smith & Whitley, 2023). This therapy helps adolescents identify and correct distorted thoughts and self-blame that may have arisen from exposure to domestic violence. This process helps individuals see themselves more accurately, increasing their self-confidence and, ultimately, their self-efficacy (Tahmasbi Zadeh et al., 2020). ACT helps adolescents gain greater understanding of their environment and its impact on their behavior and emotions. This understanding helps them engage with their environment more effectively, leading to increased self-efficacy in their daily lives. Ultimately, ACT, based on principles of psychological flexibility and acceptance, helps individuals approach their traumatic experiences in a healthier way and ultimately gain greater self-efficacy in their lives.

The results of the present study also revealed that there is a significant difference between the effectiveness of trauma-focused cognitive-behavioral therapy and acceptance and commitment therapy on self-efficacy in adolescents with a history of domestic violence. Based on the results, the hypothesis that there is a significant difference between the effectiveness of trauma-focused cognitive-behavioral therapy and acceptance and commitment therapy on self-efficacy in adolescents with a history of domestic violence was confirmed. These findings are consistent with the previous results (Brousan & Bazazian, 2020; Farina et al., 2018; Ferreira et al., 2022; Fretz, 2023; Ghavampour Hashimi et al., 2023; Kim et al., 2018; Naderian Zadeh & Mousavi, 2021). It can be explained that trauma-focused cognitive-behavioral therapy primarily focuses on identifying maladaptive thought and behavior patterns and providing specific methods for changing them. These maladaptive patterns may reduce self-efficacy in adolescents, so developing effective tools for identifying and correcting these patterns can improve their self-efficacy (Alpert et al., 2021). This approach uses stress and anxiety management techniques, which can positively impact self-efficacy. Teaching problem-solving and stress-coping skills can help adolescents with a history of domestic violence have more control over their self-efficacy and view their lives more positively (Hoogsteder et al., 2022). It encourages adolescents to experience and recognize their progress and compare it to others' successes, which can increase their self-esteem and strengthen their self-efficacy. Trauma-focused cognitive-behavioral therapy uses evidence-based principles for trauma intervention and treatment (Qazizadeh et al., 2020). This method, by focusing on identifying and understanding cognitive maps and behavior patterns resulting from traumatic experiences, helps individuals improve and find more effective solutions for coping with the emotions and reactions caused by trauma. In contrast, acceptance and commitment therapy emphasizes accepting unpleasant feelings and experiences and directing them toward important personal values and goals (Farina et al., 2018). This therapeutic approach may not be effective for someone who has experienced domestic violence and feels destructive or incapable of coping with distressing emotions. Trauma-focused cognitive-behavioral therapy, due to its focus on identifying and changing negative thought and behavior patterns associated with domestic violence, is likely to be more effective than ACT in improving self-efficacy (Spidel et al., 2018). This therapy, using various techniques such as stress management skills, strengthening self-efficacy, and increasing coping ability with fear and anxiety, helps adolescents improve and cope better with domestic violence. Trauma-focused cognitive-behavioral therapy primarily focuses on identifying and changing maladaptive thought and behavior patterns (Rezai Kongarshahi et al., 2023). These changes can enhance self-efficacy in adolescents with a history of domestic violence by helping them identify and correct harmful patterns that may negatively impact their self-efficacy. Trauma-focused cognitive-behavioral therapy uses evidence-based techniques to strengthen self-efficacy. These techniques can increase adolescents' self-confidence and assertiveness, leading to more effective improvements in their self-efficacy. Trauma-focused cognitive-behavioral therapy also uses stress management skills to help adolescents cope with psychological and social pressures, playing an important role in increasing self-efficacy in adolescents with a history of domestic violence. For these reasons, it can be concluded that trauma-focused cognitive-behavioral therapy may be

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more effective than acceptance and commitment therapy in improving self-efficacy in adolescents with a history of domestic violence.

5. Suggestions and Limitations

The present study faced several limitations. The research being limited to adolescents with a history of domestic violence restricts the generalizability of its findings to other adolescents and populations, thus caution must be exercised in generalizing the results. Since the participants were girls aged 14 to 18, generalizing the results to boys is limited. The data collection tool was a questionnaire, and despite being useful, questionnaires may lead respondents to answer in socially desirable ways. Because the study was conducted in Babol, generalizing the results to other areas may be limited due to the specific cultural and social context of the city. Based on the existing research, it is recommended that future studies incorporate other variables, such as socioeconomic status, which can influence individuals' behaviors. This research suggests that similar studies be conducted in other regions and with different age and educational groups, as well as with other relevant and influential variables. Evaluating human behavior is a complex and lengthy process. Therefore, it is recommended that longitudinal studies be conducted in this field for more reliable results. The use of multiple assessment methods, such as observation, interviews, and behavioral history, is recommended to overcome the issue of relying solely on questionnaires. Conducting similar research with different age groups and including boys' gender will align with the findings of the current study.

Since participation is a crucial aspect of trauma-focused cognitive-behavioral therapy (TF-CBT), it is recommended that therapists emphasize an active, participatory method by engaging individuals in activities and assigning challenging tasks to enhance cognitive and behavioral functions, which can improve self-efficacy. This, in turn, will foster personal belief in the ability to handle stressors and adaptive functioning. Initially, this leads to a better understanding of the environment and subsequently results in decreased anxiety and increased self-efficacy. The findings of this study could have practical implications for improving psychological, emotional, and social functioning, as well as psychological factors, offering therapists and counselors insights into the application of trauma-focused cognitive-behavioral therapy. It is recommended that treatment and educational centers integrate therapeutic methods, such as trauma-focused cognitive-behavioral therapy and acceptance and commitment therapy, due to their significant effects on productivity and performance. The trauma-focused cognitive-behavioral therapy model is recommended as a very short-term, simple, effective, and efficient approach, as well as a cost-effective method for treatment and training of therapists and counselors. Additionally, the combined psychotherapy model could address many of the limitations of treatment.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

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.

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