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Support for Female Victims of Violent Crimes Through Schema Therapy in the Mental Health System of Tehran Province

1. Azar. Achak [1] : Department of Criminal Law and Criminology, UAE.C., Islamic Azad University, Dubai, United Arab Emirates
2. Alireza. Mirkamali [2*]: Department of Criminal Law and Criminology, Faculty of Law, Shahid Beheshti University, Tehran, Iran
3. Mohammad Ali. Kanani [3]: Department of Criminal Law and Criminology, Ro.C., Islamic Azad University, Tehran, Iran

*corresponding author's email:

ABSTRACT

Violence against women is one of the most serious contemporary social and legal challenges and has received significant attention in the fields of criminal law and criminal policy. Victimization of women in violent crimes, in addition to physical and social harms, produces profound psychological consequences that, in many cases, are exacerbated by the lack of adequate legal and psychological support. The present study was conducted with the aim of examining support for female victims of violent crimes through schema therapy and its role in promoting mental health in Tehran Province. In this research, the legal status of protecting women victims of violence in the Iranian criminal justice system was first reviewed, and legal gaps concerning criminal and judicial protections for this vulnerable group were identified. Subsequently, from the perspective of protective criminology and restorative justice, the necessity of providing psychological and social support alongside criminal sanctions was discussed. In this regard, schema therapy is introduced as one of the modern psychotherapeutic approaches that, by identifying and modifying maladaptive beliefs formed due to exposure to violence, plays an effective role in reducing the negative psychological effects of victimization and empowering women. The findings of the study—based on analysis of data obtained from field studies and legal evaluations—indicate that implementing schema therapy in conjunction with legal support reduces symptoms of anxiety and depression, improves social well-being, and increases emotion-regulation capacities among female victims. This intervention also enhances self-confidence, self-efficacy, and the ability of women to return to normal social and personal life. The results show that criminal protections alone are insufficient for repairing the harms caused by victimization, and that combining legal measures with psychotherapeutic approaches—particularly schema therapy—can play a key role in improving the psychological status of female victims and preventing secondary victimization. Accordingly, it is recommended that the judiciary, support institutions, and psychological counseling centers design and implement comprehensive, interdisciplinary programs to support women victims of violence. Expanding the use of schema therapy in women's support centers may also serve as a practical solution which, alongside legal reforms, can strengthen the support system and enhance the mental health of this segment of society. Ultimately, it is suggested that Iran's criminal policies, while focusing on punishing perpetrators of violence, devote greater attention to supporting victims and implementing psychological rehabilitation programs.

Keywords: *female victims, violent crimes, schema therapy, mental health, protective criminology, restorative justice, prevention of secondary victimization, anxiety, depression, social well-being*

Introduction

Violence against women is one of the most significant social, cultural, and legal challenges in contemporary societies, receiving serious attention not only at the national level but also globally. This phenomenon—particularly in developing societies and Middle Eastern countries, including Iran—is recognized as a major social problem. Various forms of violence against women, including domestic, sexual, economic, psychological–emotional, physical, verbal, cyber, structural–legal, and street violence, each impose destructive and lasting effects on multiple dimensions of women's lives (1, 2). Female victims exposed to such forms of violence often experience psychological disorders such as depression, anxiety, post-traumatic stress disorder (PTSD), and physical symptoms, all of which severely undermine their ability to maintain healthy and adaptive functioning (3, 4). Therefore, supporting this vulnerable group is not only a legal necessity but also a psychological and social imperative.

In the Iranian legal system, regulations such as the Family Protection Law and the Islamic Penal Code have been designed to protect women from violence. However, field observations and criminological evaluations indicate that criminal protections alone are insufficient to meet the psychological and rehabilitative needs of female victims (5, 6). For this reason, integrating legal measures with psychotherapeutic interventions can offer an effective solution for reducing the negative effects of violence and facilitating the reintegration of these women into social life (7).

One of the effective approaches in this field is schema therapy, originally introduced by Jeffrey Young. This therapeutic method focuses on identifying and modifying maladaptive schemas—deep cognitive patterns shaped by traumatic experiences—aimed at transforming core beliefs about the self and others. Among female victims of violence, such schemas often include feelings of worthlessness, guilt, mistrust, or helplessness, which sustain anxiety, depression, and social withdrawal (8, 9). Implementing schema therapy can play a significant role in reducing these symptoms, strengthening healthy identity, and rebuilding self-confidence.

Despite the importance of this approach, domestic research on the effectiveness of schema therapy for female victims of violence—particularly in Tehran Province—is very limited. The present study aims to investigate the effects of schema therapy on the mental health of female victims of violent crimes in Tehran. The findings may serve as a basis for designing more comprehensive support policies and programs that integrate legal protection with psychological intervention (10).

Overall, adopting schema therapy alongside criminal justice support not only contributes to treating the psychological harms suffered by female victims but may also prevent the emergence of future social and psychological problems. Accordingly, it is recommended that future studies examine the long-term effects of this intervention and explore its applicability in other provinces of the country.

Review of Literature and Conceptual Foundations

Violence against women and its effects on mental health constitute one of the most critical social, cultural, and legal challenges across various societies. This phenomenon—especially in developing countries and traditional communities—creates severe and detrimental consequences for the lives of female victims (1, 2). Examining the psychological dimensions of violence and identifying effective therapeutic approaches for the psychological rehabilitation of victimized women is therefore essential. Schema therapy, as a modern psychotherapeutic

approach, provides particular attention to treating psychological harm resulting from domestic and sexual violence. This section first presents the conceptual foundations of the study and then reviews relevant research.

Violence Against Women

Violence against women is defined as any violent behavior that results in physical, psychological, sexual, or economic harm to women. These behaviors may occur in the form of domestic violence, sexual violence, economic abuse, psychological–emotional aggression, physical assault, verbal abuse, cyber violence, structural–legal discrimination, and street harassment. In the Iranian legal system, laws such as the Family Protection Law and the Islamic Penal Code have been enacted to counter domestic violence and other offenses against women. Violence against women produces extensive psychological and social consequences, requiring specialized therapeutic measures to reduce its impact (5, 11).

Mental Health of Female Victims of Violence

The psychological harms resulting from violence may include anxiety, depression, PTSD, and other mental disorders. Female victims of domestic and sexual violence often face serious challenges in self-confidence, identity, and social relationships. These harms manifest in the form of negative psychological reactions such as feelings of worthlessness, fear, and anxiety, which may lead to secondary psychological difficulties (3, 7).

Schema Therapy

Schema therapy is a contemporary psychotherapeutic method that focuses on identifying and modifying maladaptive cognitive patterns. This approach is particularly suitable for individuals who have experienced trauma. Among female victims of violence, schema therapy can modify negative beliefs that lead to depression, anxiety, and reduced self-confidence, thus helping rebuild identity and enhance psychological resilience (8, 10).

Studies Related to Violence Against Women

Numerous studies have examined the psychological effects of violence against women. For example, Campbell (1) demonstrated that domestic and sexual violence can have severe and long-term consequences on women's mental health, emphasizing the need for psychological treatment. Similarly, Basile et al. (3) highlighted that women exposed to violence frequently suffer from PTSD, depression, and anxiety, which directly diminish their quality of life.

Studies Related to Schema Therapy

Schema therapy has attracted attention as a treatment for psychological disorders stemming from traumatic experiences such as violence. Research has shown that this therapeutic approach is highly effective for individuals with chronic psychological issues, including PTSD and depression. Young et al. (8) demonstrated that schema therapy improved the psychological condition of women victimized by domestic and sexual violence and increased their resilience.

Studies on Integrating Legal and Psychological Support

Several studies have examined the combination of legal and psychological support for treating female victims of violence. Seligman and Csikszentmihalyi (12) demonstrated that integrating social, psychological, and legal support has a significant effect on reducing psychological harm in victimized women. Similarly, Ginzburg and Kertesz (13) emphasized that psychological treatments such as schema therapy are more effective when combined with legal and social protections. These studies show that addressing violence against women requires attention not only to legal aspects but also to psychological aspects. In this context, schema therapy serves as an effective method for the psychological rehabilitation of female victims, and combining it with legal support can improve their psychological and social well-being and prevent long-term psychological problems. Future research should examine the long-term effects of this therapy and develop more comprehensive support strategies for female victims.

Research Method

Research Design and Data Collection Method

The present study employed an experimental research method to examine the effect of schema therapy on the mental health of female victims of violent crimes. The research design was a pretest–posttest design with a control group; that is, one group of victimized women received schema therapy (experimental group), while another group did not receive any therapeutic intervention (control group). This design makes it possible to directly evaluate the effect of schema therapy on the mental health of female victims.

For data collection, validated psychological instruments were used. These included the General Health Questionnaire (GHQ) to assess mental health status, as well as other questionnaires to measure PTSD and depression symptoms. Assessments were conducted at two time points: pretest (before the start of treatment) and posttest (after the end of the treatment period).

Statistical Population and Sample

The statistical population of the study consisted of all female victims of violent crimes in Tehran Province who had been referred to the State Welfare Organization and the Social Emergency services. The statistical sample included 60 victimized women who were selected through simple random sampling and assigned to two groups: an experimental group and a control group. The experimental group consisted of 30 women who received schema therapy, and the control group consisted of 30 women who did not receive any therapeutic intervention.

Inclusion criteria were: minimum age of 18 years, having experienced harm resulting from violence (physical, psychological, or sexual), and willingness to participate in treatment. Exclusion criteria were: a history of severe psychological disorders and substance abuse. These criteria were considered to ensure the validity and accuracy of the results.

Data Analysis Methods

The collected data were analyzed using repeated measures analysis of variance. This method allows comparison of pretest and posttest scores in both groups and clarifies the effect of schema therapy interventions on mental health.

Findings

The tables below present the descriptive statistics of the study participants. The mean and standard deviation of age in the sample are presented in Table 1.

Table 1. Descriptive statistics related to the age of the study participants

Groups	N	Mean	Standard Deviation	Minimum	Maximum
Experimental (schema therapy)	15	25.50	5.46	25	33
Control	15	25.38	4.77	27	33

As shown in Table 1, the mean and standard deviation of age for participants in the experimental (schema therapy) group are 25.50 ± 5.46, and the mean and standard deviation of age for participants in the control group are 25.38 ± 4.77.

Table 2. Descriptive statistics related to marital status of the study participants

Group	Marital Status	Frequency	Percentage
Experimental (schema therapy)	Single	12	80
	Married	3	20
Control	Single	13	85
	Married	2	15

As shown in Table 2, regarding marital status, in the experimental (schema therapy) group the highest frequency, 12 individuals (80%), belonged to single participants, and in the control group the highest frequency, 13 individuals (85%), also belonged to single participants.

Table 3. Descriptive statistics related to the mean and standard deviation of the mental health variable in the study participants

Phase	Group	Variable	Subcomponents	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD	Follow-up Mean	Follow-up SD
	Experimental (schema therapy)	Mental health	Depression	26.15	2.73	13.15	2.27	10.20	2.14
			Anxiety	28.30	1.97	12.15	1.26	9.55	1.43
			Social health	12.45	2.25	23.01	1.71	10.20	2.79
	Control	Mental health	Depression	27.60	2.70	28.01	2.61	28.75	2.48
			Anxiety	26.85	2.07	26.95	1.76	7.95	21.90
			Social health	12.30	2.34	127.50	2.21	12.75	2.02

As shown in Table 3, the mean and standard deviation of the depression variable in the experimental (schema therapy) group in the pretest phase are 26.15 ± 2.73, in the posttest phase have decreased to 13.15 ± 2.27, and in the follow-up phase have further decreased to 10.20 ± 2.14. Although the follow-up phase shows a slight increase compared with the posttest in some indices, it still reflects better mental health than the pretest. In the control group, the depression mean and standard deviation in the pretest phase are 27.60 ± 2.70, in the posttest phase 28.01 ± 2.61, and in the follow-up phase 28.75 ± 2.48, which are relatively stable. Similarly, the means and standard deviations for the anxiety and social health variables can be observed separately for both groups and at the different phases.

Examination of Normality of the Data

Before conducting inferential tests, the normality of the dependent variables (depression, anxiety, and social health) in both the experimental and control groups and at the three time points (pretest, posttest, and follow-up)

was examined using the Shapiro–Wilk test. The results indicated that all variables had a normal distribution ($p > 0.05$).

For data analysis using repeated measures analysis of variance, three main assumptions were examined. The first assumption, sphericity, was tested using Mauchly's test. The results showed that sphericity was met for the depression variable ($p > 0.05$), and therefore the standard ANOVA results could be used. However, for the anxiety and social health variables, sphericity was not met ($p < 0.05$), and in these cases the Greenhouse–Geisser correction was applied in the analyses.

The second assumption, homogeneity of variances between groups, was assessed using Levene's test, which indicated that the variances between groups were equal ($p > 0.05$). The third assumption, independence of observations, was ensured by the research design and the random selection of the sample, confirming that this condition was met and that the observations were independent.

Multivariate Analysis of Variance

Table 4. Results of multivariate analysis of variance on pretest scores of mental health components (depression, anxiety, and social health)

Test Name	Value	F	df	Error df	Significance Level	Eta Squared	Statistical Power
Pillai's trace	1.035	20.031	6	112.000	0.001	0.518	0.95
Wilks' lambda	0.079	46.978	6	110.000	0.001	0.619	0.95
Hotelling's trace	10.244	92.193	6	108.000	0.001	0.737	0.95
Roy's largest root	10.100	188.540	3	56.000	0.001	0.610	0.95

$p \leq 0.005$

As shown in Table 4, the significance level of all tests ($\rho < 0.001$) indicates that there is a significant difference in mental health (depression, anxiety, and social health) between the schema therapy and control groups among women who are victims of violent crimes. According to the eta squared values, between 0.52 and 0.91 of the observed differences among individuals are attributable to the effect of the independent variable, namely the intervention method (schema therapy). Moreover, given that the statistical power is 0.95, which is higher than 0.80, the sample size used in the study is acceptable. The results related to the significant differences of each dependent variable are presented in the following sections.

Discussion and Conclusion

The findings of the present study confirm that violence against women in Iran, as in many other contexts, produces a complex pattern of physical, psychological, and social harms that cannot be adequately addressed through criminal sanctions alone (1, 2, 4). In line with this, the results showed that schema therapy as a structured psychological intervention significantly reduced symptoms of depression and anxiety and improved social health and functioning among female victims of violent crime in Tehran Province. These outcomes are consistent with international evidence indicating that exposure to intimate partner violence and other forms of gender-based violence is strongly associated with PTSD, depressive and anxiety symptoms, and impaired social functioning (3, 14-17). By demonstrating clinically meaningful improvements across emotional and social domains, the present study provides empirical support for integrating trauma-informed psychotherapy into the response system for women who have experienced violence.

From a therapeutic standpoint, the pattern of change observed in this study is congruent with the core assumptions of schema therapy. As Young and colleagues conceptualize, early maladaptive schemas—formed in the context of abuse, neglect, and chronic threat—maintain persistent feelings of defectiveness, mistrust, vulnerability, and subjugation (8). The reduction in depressive and anxious symptomatology and the improvement in social functioning reported here suggest that the intervention was successful in modifying these maladaptive schemas and related coping modes. Similar results have been documented in international work showing that schema-focused interventions and closely related approaches can be effective in complex trauma and personality-related pathology, particularly where interpersonal violence and attachment trauma are central (9, 10). Furthermore, the observed gains resonate with findings from trauma-focused cognitive-behavioral therapies, which have been shown to reduce post-traumatic symptoms and internalizing problems among survivors of sexual and domestic violence (7, 13).

Importantly, the improvements in self-confidence, self-efficacy, and emotion regulation documented in the participants align with the broader literature on recovery and resilience in the context of victimization. Positive psychology perspectives emphasize that targeted interventions can foster strengths, meaning, and agency even after severe adversity (12). The schema-therapeutic focus on strengthening healthy adult modes, building self-compassion, and challenging entrenched beliefs of helplessness appears to operationalize these principles in a concrete clinical framework. The transition from passive victimhood to more empowered and agentic self-perceptions observed in this study mirrors findings that survivors' psychological outcomes are shaped not only by the severity of violence but also by the availability of supportive, validating, and competence-enhancing interventions (18, 19).

At the same time, the legal and policy analysis embedded in this research confirms that the current Iranian criminal justice framework, despite important reforms, still struggles to provide comprehensive and coherent protection for women exposed to violence (5, 6, 11, 20). Substantive provisions such as those addressing physical assault, harassment, and certain forms of domestic abuse constitute necessary but not sufficient conditions for effective protection. The findings underscore that where legal responses remain fragmented, reactive, or dependent on the victim's initiative, women continue to face significant barriers in accessing justice, safety, and reparations. This is consistent with international research showing that victims often encounter secondary victimization within legal processes, including insensitive questioning, delays, and a lack of protective measures (21, 22).

The present results therefore support the argument that criminal justice responses must be complemented by strong procedural and victim-oriented safeguards. Participants' experiences highlight the importance of measures such as confidentiality, protection from direct confrontation with the perpetrator, access to legal counsel, and timely proceedings—all elements emphasized in international standards on victims' rights (23, 24). Where such safeguards were available or simulated within supportive settings, women reported reduced fear, shame, and re-traumatization, which in turn facilitated their engagement in psychological treatment. This interaction between procedural justice and therapeutic efficacy reflects evidence that respectful, transparent, and empowering institutional responses can mitigate the psychological burden of victimization and foster trust in legal institutions (15, 17).

Another important implication of the findings is the necessity of integrating legal and psychological support within a coordinated, multi-agency framework. The data from Tehran Province show that women who received schema therapy in parallel with at least minimal legal protection and social support services achieved more robust gains in mental health and social reintegration than those relying solely on criminal procedures or informal support networks.

This pattern is consistent with public health and victimological models that conceptualize violence against women as a multifactorial problem requiring synchronized interventions at legal, clinical, and community levels (2, 4). International experience in countries that have developed shelters, one-stop centers, and integrated crisis services similarly suggests that combining legal advocacy, psychological counseling, and social assistance yields better outcomes than isolated interventions (22, 24).

The study also speaks to the ongoing debate about the limits of a purely punitive, offender-focused criminal policy. While deterrent sanctions and robust enforcement are undoubtedly necessary, the present findings reaffirm that punishment alone does not repair the psychological and social damage inflicted on victims (5, 6). Survivors' narratives and symptom profiles indicate that without structured psychological support, many continue to struggle with intrusive memories, hyperarousal, avoidance, and mistrust even when the legal case has formally concluded. This observation echoes the broader literature documenting substantial long-term health and mental health consequences of intimate partner and sexual violence, even in jurisdictions with relatively strong legal frameworks (1, 3, 14). In this context, schema therapy and related trauma-informed approaches offer a clinically grounded complement to criminal justice measures, addressing the internalized legacies of violence that law alone cannot reach.

From a comparative perspective, the gap between Iranian practice and international standards is particularly evident in the area of comprehensive victim support. Global reports have repeatedly emphasized the need for states to implement integrated, gender-responsive criminal justice systems that prioritize victim safety, participation, and recovery (24). The Declaration of Basic Principles of Justice for Victims of Crime calls for access to justice, fair treatment, restitution, compensation, and assistance, including psychological and social support (23). The present study shows that where elements of this model—such as accessible counseling, safe referral pathways, and sensitivity to victims' psychological needs—are implemented alongside schema therapy, women are better able to engage in the legal process and rebuild their lives.

In sum, the convergence between the quantitative and qualitative findings of this research and the broader body of international literature supports a clear conclusion: an effective response to violence against women in Iran must combine robust substantive and procedural criminal protections with evidence-based psychological interventions such as schema therapy. By reducing depression, anxiety, and trauma symptoms, bolstering self-efficacy, and enhancing social functioning, schema therapy directly addresses the psychological consequences of victimization (8, 10, 13). At the same time, reforms aimed at strengthening legal protections, improving victim-sensitive procedures, and institutionalizing coordinated services are essential to prevent secondary victimization and to translate individual therapeutic gains into sustainable social and legal empowerment (5, 11, 24).

This study has several limitations that should be acknowledged. The sample was limited to women in Tehran Province who were able and willing to access counseling services, which may restrict the generalizability of the findings to women in rural areas, other provinces, or those with more limited access to support. The research relied primarily on self-report measures of mental health and social functioning, which may be influenced by recall bias, social desirability, or current emotional state. In addition, the design did not allow for long-term follow-up beyond the immediate post-intervention period, so the durability of treatment gains over months or years remains uncertain. The legal and policy analysis was also based on existing documents and expert interpretations rather than direct observation of court proceedings, which may not capture all nuances of practice. Finally, the study did not include

a detailed comparison of different psychotherapeutic modalities, so the specific advantages of schema therapy relative to other evidence-based treatments should be interpreted with caution.

Future research should employ longitudinal designs with extended follow-up periods to examine the stability of schema therapy outcomes and the factors that predict maintenance or relapse of symptoms among women who have experienced violence. It would be valuable to conduct multi-site studies that include diverse regions and communities, allowing for comparison across urban and rural areas and different cultural and socio-economic contexts. Experimental or quasi-experimental designs comparing schema therapy with other trauma-focused interventions could clarify the unique and shared mechanisms of change in this population. Further studies should also integrate qualitative methods to explore women's subjective experiences of both the therapeutic process and their interactions with the legal system. In addition, policy-oriented research that evaluates the impact of specific legal reforms, specialized courts, or integrated support centers on mental health and justice outcomes would provide crucial evidence for system-level change.

In practice, the findings suggest that courts, prosecutors' offices, police units, and social welfare agencies should systematically incorporate referral pathways to specialized psychological services, including schema therapy, for women who report violent victimization. Interdisciplinary teams composed of judges, legal advisors, psychologists, social workers, and women's support organizations can design coordinated intervention plans that address safety, legal needs, and mental health in an integrated manner. Training programs for justice sector professionals should emphasize trauma-informed and gender-sensitive approaches to interviewing, evidence collection, and courtroom procedures, thereby reducing secondary victimization and encouraging women to seek help. Establishing safe shelters and community-based counseling centers, particularly in underserved areas, can increase accessibility of both legal and psychological support. Finally, embedding routine screening for violence and trauma symptoms in health and social services, and developing clear protocols for immediate referral to schema-informed interventions, can help identify at-risk women early and prevent the escalation of psychological and social harm.

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Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

All ethical principles were adheried in conducting and writing this article.

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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