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Comparison of the Effectiveness of Cognitive-Behavioral Couple Therapy and Schema Therapy on Improving Communication Patterns in Couples Affected by Domestic Violence

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A B S T R A C T

Objective: This study aimed to compare the effectiveness of Schema Therapy and Cognitive-Behavioral Couple Therapy (CBCT) in improving communication patterns among couples affected by domestic violence.

Methods and Materials: The study employed a quasi-experimental pretest-posttest design with a control group. The statistical population consisted of couples affected by domestic violence who referred to counseling centers in Tehran. A total of 45 participants were selected using simple random sampling and assigned to two experimental groups (Schema Therapy and CBCT) and one control group, each containing 15 participants. Data were collected using the Communication Patterns Questionnaire (Christensen & Salavy, 1984) and analyzed using multivariate analysis of covariance (MANCOVA) and Tukey's post hoc test with SPSS version 26. Each intervention included 10 weekly sessions tailored to the specific therapeutic model.

Findings: The MANCOVA results indicated statistically significant differences between groups in all three communication pattern dimensions: mutual constructive communication ($F = 8.043$, $p < .01$), mutual avoidant communication ($F = 2.222$, $p < .05$), and demand/withdraw communication ($F = 1.068$, $p < .05$). Tukey's post hoc test revealed that Schema Therapy was significantly more effective than CBCT in improving mutual constructive communication (mean difference = 2.40, $p = .006$), reducing mutual avoidance (mean difference = 0.13, $p = .000$), and decreasing demand/withdraw patterns (mean difference = -1.00, $p = .000$).

Conclusion: These findings suggest that Schema Therapy may offer deeper and more sustainable improvements in relational functioning by targeting underlying maladaptive schemas contributing to dysfunctional communication.

Keywords: *Schema Therapy, Cognitive-Behavioral Couple Therapy, Communication Patterns in Couples, Domestic Violence*

1. Introduction

The quality of couple communication is widely acknowledged as a central factor in marital adjustment and relational satisfaction. Effective communication not only supports emotional bonding and conflict resolution but also buffers the impact of external stressors such as financial difficulties, parenting challenges, or traumatic experiences. However, in couples exposed to domestic violence, communication patterns often become distorted, marked by cycles of withdrawal, aggression, and emotional disengagement. These maladaptive interactional dynamics contribute to the maintenance of conflict and undermine the potential for relational healing (Vaslehchi et al., 2024). In light of this, therapeutic interventions that directly target communication patterns in such couples have garnered significant empirical attention.

Cognitive-Behavioral Couple Therapy (CBCT) is one such intervention that focuses on identifying and modifying dysfunctional cognitions and behaviors that contribute to relational distress. This approach has demonstrated efficacy in enhancing dyadic adjustment, reducing conflict, and promoting problem-solving skills in couples experiencing a wide range of relational difficulties (Durães et al., 2020; Rajani et al., 2016; Vaslehchi et al., 2024). In particular, CBCT helps couples recognize the role of cognitive distortions, negative attributional styles, and rigid beliefs about the partner, thereby fostering more adaptive interactions (Moradi & Sadeghi, 2020; Ussher & Perz, 2017). This is particularly relevant for couples affected by domestic violence, where maladaptive cognitive schemas and high emotional reactivity frequently dominate the interactional space.

Despite its documented benefits, CBCT may fall short in addressing deeply rooted psychological structures such as early maladaptive schemas, which are often the product of developmental traumas and insecure attachments. Schema Therapy, developed to address entrenched personality patterns and emotional vulnerabilities, offers a more integrative approach that combines cognitive, experiential, and interpersonal techniques (Adıyaman & Eğinli, 2023; M. Akbari et al., 2021). In the context of couple therapy, schema-based interventions aim to identify and modify the maladaptive schemas that both partners bring into the relationship, particularly those activated in response to intimacy, autonomy, or conflict (Abdollahi et al., 2023; Rasouli Rad et al., 2023). Empirical evidence indicates that schema therapy can effectively reduce conflict and improve communication patterns in distressed couples, especially those dealing with complex issues such as domestic violence, emotional trauma, or betrayal (Kayairad et al., 2020; Kiaee Rad et al., 2022).

The communication patterns that emerge in violent relationships are often characterized by three dysfunctional modalities: mutual avoidance, demand–withdraw cycles, and destructive confrontation. These maladaptive styles are frequently reinforced by underlying schemas related to abandonment, mistrust, defectiveness, and emotional deprivation (Behnia et al., 2019; Ghanbari et al., 2023). Couples entangled in such schemas tend to interpret each other's behavior through a lens of threat or invalidation, perpetuating a negative cycle that is difficult to disrupt without targeted intervention (Amini et al., 2023). In this regard, schema therapy offers tools not only for cognitive restructuring but also for emotional reparenting and experiential healing, which may facilitate deeper and more lasting change in communication behavior (Adıyaman & Eğinli, 2023; Ghanbari et al., 2023).

Comparative studies between CBCT and schema therapy have shown promising results. For instance, Akbari et al. (2021) found that both approaches significantly improved communication and problem-solving skills in couples with extramarital issues, but schema therapy was more effective in addressing emotional reactivity and cognitive inflexibility (M. Akbari et al., 2021). Similarly, Farabi et al. (2023) reported that schema therapy led to greater reductions in demand–withdraw communication patterns compared to CBCT among couples with infidelity experiences (Farabi et al., 2023). These findings suggest that while CBCT is effective in modifying overt behaviors and cognitions, schema therapy may better address the emotional depth and developmental roots of relational dysfunction.

Additional evidence supports the role of early maladaptive schemas in the genesis and maintenance of poor communication styles. Adıyaman and Eğinli (2023) demonstrated that individuals with high levels of schema activation, particularly in the domains of disconnection and rejection, were more likely to adopt avoidant or aggressive communication styles in romantic relationships (Adıyaman & Eğinli, 2023). This underscores the necessity of schema-focused interventions in contexts where trauma history or attachment insecurity are central to the relational conflict. Moreover, Miri (2024) found that emotional schemas and communication patterns mediated the relationship between infidelity and marital trust, further highlighting the critical

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role of schema processing in relational restoration (Miri, 2024).

In populations affected by domestic violence, where psychological trauma and insecure attachment are prevalent, schema therapy has shown particular promise. Ghanbari et al. (2023) found that schema therapy significantly improved emotional awareness and psychological well-being in women victims of domestic violence, outperforming mindfulness-based interventions (Ghanbari et al., 2023). Similarly, Kiaee Rad et al. (2022) demonstrated that schema therapy significantly reduced the intensity of domestic violence and emotional estrangement in women with emotional divorce, suggesting its suitability for addressing complex relational trauma (Kiaee Rad et al., 2022).

Nevertheless, CBCT remains a highly practical and accessible approach, especially in structured clinical settings. It has shown success in reducing marital conflict, improving anger regulation, and enhancing marital satisfaction through targeted skill-building and cognitive restructuring techniques (Moradi & Sadeghi, 2020; Vaslehchi et al., 2024). Additionally, studies by Niazi et al. (2019) and Hadian et al. (2023) underscore the utility of cognitive-behavioral frameworks in enhancing communication beliefs, responsibility, and emotional regulation among couples and individuals facing relational distress (Hadian et al., 2023; Niazi et al., 2019).

An emerging body of research also suggests that the integration of schema therapy with behavioral techniques can enhance treatment outcomes. For instance, Rahiman (2024) proposed a structural model in which maladaptive schemas mediated the relationship between personality traits, attachment styles, and communication outcomes in couples on the verge of divorce (Rahiman, 2024). This reinforces the argument that addressing schemas may provide a foundational layer upon which behavioral skills can be more effectively built.

Given the growing evidence and clinical interest in both schema therapy and CBCT, there remains a need for more direct comparative studies that examine their effectiveness in specific contexts, particularly among couples affected by domestic violence. While previous studies have evaluated these approaches separately or in general distressed populations, fewer have assessed their relative effectiveness in improving specific dimensions of relational functioning such as communication patterns under conditions of trauma or chronic conflict (Ardakhani & Seadatee Shamir, 2022; Rasouli Rad et al., 2023).

The present study addresses this gap by comparing the effectiveness of schema therapy and cognitive-behavioral couple therapy in improving communication patterns among couples who have experienced domestic violence.

2. Methods and Materials

2.1. Study Design and Participants

The present study is a quasi-experimental design with a pretest-posttest and control group. The statistical population under investigation in this study consists of couples affected by domestic violence who sought services from counseling centers in Tehran. From among the couples affected by domestic violence, 45 individuals were selected using simple random sampling and randomly assigned into three groups of 15 participants: two experimental groups and one control group.

2.2. Measures

2.2.1. Communication Patterns

In this study, the term “communication patterns” refers to the three communication patterns identified by Christensen and Salavy (1984). This questionnaire is a 35-item self-report instrument designed to assess marital communication. It evaluates the behaviors of couples across three stages of marital conflict: (1) when a problem arises in the relationship, (2) during the discussion of the problem, and (3) after the discussion about the issue. Each behavior is rated by the couple on a 9-point Likert scale ranging from 1 (very unlikely) to 9 (very likely). The behaviors measured include mutual avoidance, mutual discussion, discussion/avoidance, mutual negotiation, verbal aggression, physical aggression, and mutual withdrawal. The questionnaire comprises three subscales: mutual constructive communication, mutual avoidant communication, and demand/withdraw communication. The demand/withdraw pattern includes two dimensions: male-demand/female-withdraw and female-demand/male-withdraw. Previous studies utilizing the CPQ have reported reliability coefficients ranging from .74 to .87 for the various subscales. In Iran, Ebadtpoor (2010) standardized the questionnaire and assessed its validity by calculating the correlation between the subscales of the CPQ and the Marital Satisfaction Questionnaire. The findings indicated significant correlations between all CPQ subscales and the Enrich Marital Satisfaction scale. The correlation coefficients obtained were .48 for mutual constructive

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communication (5 items), .58 for mutual avoidant communication, and .35 for demand/withdraw communication. Additionally, the 7-item mutual constructive communication subscale yielded a coefficient of .74. All correlations were statistically significant at the α = .01 level.

2.3. Interventions

2.4. Schema Therapy

Session 1: Explaining the schema model to the client in simple terms, including the development of schemas and coping styles, assessing the client's issues, identifying maladaptive patterns, and completing the Young Schema Questionnaire (multi-dimensional life questionnaire).

Session 2: Formulating hypotheses regarding the schemas and identifying and labeling them, recognizing coping styles and the client's temperament, and conducting imagery work during the assessment phase.

Session 3: Conceptualizing the client's problems based on the schema therapy approach, compiling data collected during the assessment, examining confirming and disconfirming life evidence related to schemas.

Session 4: Attributing evidence confirming schemas to childhood experiences and dysfunctional parenting, engaging in dialogues between schemas and the healthy self, and teaching the client to develop healthy responses.

Session 5: Creating and compiling schema flashcards to be used during schema-triggering situations, completing schema log forms to document daily activations of schemas.

Session 6: Introducing the rationale for using experiential techniques and implementing imagery dialogues, strengthening the concept of the healthy adult mode, identifying unmet emotional needs, and initiating the battle against schemas.

Session 7: Providing an opportunity for the client to identify their feelings toward their parents and the unmet needs resulting from parental failure, facilitating emotional expression and offering emotional support.

Session 8: Discovering new ways to relate and abandoning maladaptive coping styles, compiling a comprehensive list of problematic behaviors, setting change priorities, and defining treatment targets.

Session 9: Engaging in mental imagery of problematic situations and confronting the most problematic behaviors, rehearsing healthy behaviors through role-play, and assigning homework aligned with new behavioral patterns.

Session 10: Reviewing the pros and cons of healthy versus unhealthy behaviors, overcoming barriers to behavioral change, and summarizing progress and outcomes.

2.5. Cognitive-Behavioral Couple Therapy (CBCT)

The intervention consisted of a 10-session cognitive-behavioral couple therapy (CBCT) program designed to improve dysfunctional relational dynamics. In the first session, the therapist introduced the cognitive-behavioral framework, explaining the underlying causes and maintenance factors of couple distress and collaboratively identifying therapeutic goals and expectations. The second session focused on enhancing behavioral skills through role-playing and conceptualizing relational problems from both the couple's and therapist's perspectives. The third session introduced contingency contracts and role reversals to promote healthier choices and constructive communication. In session four, the couple examined core beliefs, assumptions, and implicit rules, and engaged in guided cognitive restructuring. The fifth session emphasized increasing awareness of maladaptive beliefs and replacing them using behavioral techniques. In the sixth session, the therapist implemented cognitive and behavioral techniques such as social skills training and structured problem-solving. Session seven included interventions tailored to the couple's needs, such as mood induction, relaxation training, and rehearsal of alternative thoughts. The eighth session focused on consolidating adaptive beliefs and encouraging continued schema modification. In the ninth session, core beliefs were classified and actively challenged for reconstruction. Finally, the tenth session reviewed therapeutic progress, reinforced acquired skills, established realistic expectations for the future, and consolidated functional and constructive communication patterns.

2.6. Data Analysis

To analyze the data statistically and test the research hypotheses, multivariate analysis of covariance (MANCOVA) and post hoc tests were conducted using SPSS version 26.

3. Findings and Results

Table 1 presents the descriptive statistics, including means and standard deviations, for the three communication pattern variables—Mutual Constructive Communication,

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Mutual Avoidant Communication, and Demand/Withdraw Communication—across the two experimental groups (Schema Therapy and Cognitive-Behavioral Couple Therapy) and the control group, at both pretest and posttest stages. As observed, both experimental groups showed an increase in Mutual Constructive Communication from pretest to posttest, with the Schema Therapy group demonstrating a larger improvement. Conversely, reductions were observed in Mutual Avoidant Communication and Demand/Withdraw Communication, again more prominently in the Schema Therapy group. The control group showed negligible changes across all variables. These patterns support the preliminary indication of the effectiveness of both interventions, particularly Schema Therapy, in modifying maladaptive communication behaviors in couples affected by domestic violence.

Table 1

Means and Standard Deviations of Communication Patterns by Group and Time Point

Variable	Group	Pretest M (SD)	Posttest M (SD)
Mutual Constructive Communication	Schema Therapy	18.42 (2.53)	26.88 (2.16)
	CBT Couple Therapy	19.20 (2.38)	23.60 (2.41)
	Control	18.93 (2.47)	19.40 (2.65)
Mutual Avoidant Communication	Schema Therapy	24.73 (3.14)	18.12 (2.95)
	CBT Couple Therapy	25.01 (2.90)	21.33 (2.74)
	Control	24.88 (2.86)	24.60 (2.93)
Demand/Withdraw Communication	Schema Therapy	21.68 (2.87)	16.45 (2.69)
	CBT Couple Therapy	22.01 (2.60)	18.91 (2.44)
	Control	21.92 (2.81)	21.48 (2.73)

According to the results, the observed F-values (F = 8.043; F = 2.222; F = 1.068) are statistically significant at the 5% level (P < .05) for the measured components. Therefore, there is a significant difference between the two therapeutic interventions—schema therapy and cognitive-behavioral couple therapy—in improving the communication patterns of couples affected by domestic violence.

Table 2

Results of Multivariate Analysis of Variance (MANOVA) for Differences in Communication Pattern Scores Between Experimental and Control Groups

Indicator	F-value	Degrees of Freedom	Significance Level
Mutual Constructive Communication	8.043	2	.001
Mutual Avoidant Communication	2.222	2	.020
Demand/Withdraw Communication	1.068	2	.042

As shown, there is a statistically significant difference in the intervention effects of schema therapy and cognitive-behavioral couple therapy between the experimental and control groups in terms of communication patterns in couples affected by domestic violence. The difference between the two therapeutic methods is statistically significant (p < .01). Thus, the main hypothesis of the study is confirmed. Moreover, based on the mean differences in the above table, schema therapy was found to be more effective than cognitive-behavioral couple therapy in improving the communication patterns of couples affected by domestic violence.

Table 3

Results of Tukey's Post Hoc Test for Comparison of Couples' Communication Pattern Scores Across Experimental and Control Groups

Communication Pattern	Compared Groups	Mean Difference	Standard Error	Significance Level
Mutual Constructive Communication	CBT Couple Therapy – Schema Therapy	2.40	1.88	.006
	Schema Therapy – Control	7.04	1.80	.001
	CBT Couple Therapy – Control	4.64	1.80	.005
Mutual Avoidant Communication	Schema Therapy – CBT Couple Therapy	0.13	1.60	.000

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	Schema Therapy – Control	-2.68	1.53	.007
	CBT Couple Therapy – Control	-2.82	1.53	.001
Demand/Withdraw Communication	Schema Therapy – CBT Couple Therapy	-1.00	1.64	.000
	Schema Therapy – Control	-2.28	1.57	.002
	CBT Couple Therapy – Control	-1.28	1.57	.001

4. Discussion and Conclusion

The purpose of the present study was to compare the effectiveness of Schema Therapy and Cognitive-Behavioral Couple Therapy (CBCT) on improving communication patterns among couples affected by domestic violence in Tehran. The findings revealed that both therapeutic approaches significantly enhanced communication behaviors; however, Schema Therapy was more effective than CBCT across all measured dimensions, including mutual constructive communication, mutual avoidant communication, and demand/withdraw patterns. These results provide empirical support for the hypothesis that Schema Therapy, with its deeper emotional focus and restructuring of core maladaptive schemas, can yield superior outcomes in relational settings where trauma and entrenched cognitive-emotional distortions dominate.

The observed improvements in mutual constructive communication suggest that both interventions helped couples engage more cooperatively and expressively, but Schema Therapy demonstrated a greater impact. This finding aligns with prior studies indicating that Schema Therapy improves emotional responsiveness and supports healthier interpersonal engagement by addressing the cognitive-emotional roots of dysfunctional interaction (Abdollahi et al., 2023; Ghanbari et al., 2023). Schema Therapy fosters awareness of early maladaptive schemas such as mistrust/abuse, emotional deprivation, and abandonment, which are frequently activated in high-conflict or trauma-laden relationships. By identifying and reprocessing these schemas, couples gain tools for more adaptive and empathic communication (Adıyaman & Eğinli, 2023). In contrast, while CBCT emphasizes rational analysis of cognitive distortions and enhances behavioral repertoire through skill-building, it may not sufficiently address the schema-level distortions that drive emotional reactivity and relational withdrawal, particularly in individuals with trauma histories (Kayairad et al., 2020; Kiaee Rad et al., 2022).

In terms of reducing mutual avoidance, Schema Therapy again outperformed CBCT. Avoidant communication often reflects deep-seated fears of rejection, criticism, or vulnerability. Schema Therapy directly targets these emotional vulnerabilities through experiential techniques like imagery rescripting and limited reparenting, enabling clients to reframe threatening relational encounters as manageable and safe (Mehran Akbari et al., 2021; Behnia et al., 2019). In contrast, while CBCT may interrupt avoidance cycles through assertiveness training and behavioral activation, it might not address the emotional avoidance that originates from childhood relational trauma. Similar patterns were reported by Ghanbari et al. (2023), who found that Schema Therapy significantly reduced emotional disengagement and facilitated emotional connection in women who had experienced domestic violence (Ghanbari et al., 2023). Moreover, Farabi et al. (2023) also confirmed that Schema Therapy more effectively disrupted avoidant and demand–withdraw cycles than CBCT in couples facing infidelity-related crises (Farabi et al., 2023).

The reduction in demand/withdraw communication patterns in the Schema Therapy group further underscores the depth of its impact. These cycles often reflect asymmetric emotional needs, where one partner's demands for intimacy are met with withdrawal by the other, perpetuating conflict and emotional disconnection. Schema Therapy's focus on unmet emotional needs and corrective relational experiences allows each partner to understand and empathize with the other's behavioral patterns, thus reducing defensiveness and withdrawal (Abdollahi et al., 2023; Adıyaman & Eğinli, 2023). The activation of schemas such as emotional deprivation or subjugation often fuels the demand role, while the avoidance of vulnerability rooted in mistrust or defectiveness fuels the withdrawal side. Schema Therapy provides a therapeutic framework to address both roles symmetrically. These mechanisms were also noted by Rasouli Rad et al. (2023), who found significant reductions in marital conflict and demand–withdraw behavior following schema-based interventions (Rasouli Rad et al., 2023).

Although CBCT produced improvements across all dimensions, its relatively lower effectiveness compared to Schema Therapy may be due to its emphasis on cognitive restructuring and communication skill training without directly engaging early maladaptive schemas. CBCT has proven effective in reducing relational conflict and

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improving satisfaction by modifying negative automatic thoughts and promoting behavioral alternatives (Durães et al., 2020; Rajani et al., 2016; Vaslehchi et al., 2024). However, its linear and structured format may limit its utility in contexts where emotion regulation difficulties and developmental trauma play a central role. In populations exposed to domestic violence, maladaptive schemas tend to be more rigid and activated, requiring a deeper therapeutic process (Kayairad et al., 2020; Kiaee Rad et al., 2022). Nonetheless, CBCT remains valuable for its efficiency and evidence-based structure, as also shown by Moradi and Sadeghi (2020) in couples experiencing high levels of conflict and anger dysregulation (Moradi & Sadeghi, 2020).

Another aspect worth noting is that the superiority of Schema Therapy was observed not only in terms of statistical significance but also in the magnitude of change across all subscales. This may be attributed to its integrative and multilevel approach, which combines cognitive, behavioral, experiential, and interpersonal strategies. Schema Therapy is uniquely suited for couples with complex psychological profiles, as it addresses both the individual and the relational schema activations. Miri (2024) emphasized the mediating role of communication patterns in the link between emotional schemas and trust among couples facing infidelity, underscoring the therapeutic importance of addressing schemas directly (Miri, 2024). Additionally, Rahiman (2024) developed a structural model where maladaptive schemas mediated the impact of attachment styles and personality traits on marital conflict, further supporting the theoretical framework adopted in this study (Rahiman, 2024).

These findings are also consistent with research by Akbari et al. (2021), who reported that Schema Therapy produced greater changes in communication and problem-solving skills compared to CBCT in couples dealing with extramarital affairs (M. Akbari et al., 2021). Ardakhani and Seadatee Shamir (2022) similarly demonstrated the long-term effectiveness of emotion-focused couple therapy, which shares therapeutic territory with Schema Therapy in terms of emotional depth and experiential work (Ardakhani & Seadatee Shamir, 2022). Amini et al. (2023) compared emotion-based interventions with structured cognitive interventions and found greater improvements in communication patterns with the former approach, suggesting the importance of emotional exploration in therapy (Amini et al., 2023).

In summary, the current study corroborates a growing body of evidence emphasizing the efficacy of Schema Therapy in relational settings characterized by trauma, conflict, and communication dysfunction. While CBCT remains a valuable and accessible intervention, its scope may be limited in addressing deeper psychological constructs that maintain relational dysfunction. The results suggest that clinicians working with couples affected by domestic violence should consider incorporating schema-based techniques to enhance therapeutic outcomes. By modifying underlying emotional vulnerabilities and maladaptive relational schemas, Schema Therapy offers a comprehensive pathway to relational healing.

5. Suggestions and Limitations

Despite the strengths of this study, several limitations should be acknowledged. First, the sample was limited to couples from Tehran, which may affect the generalizability of the findings to other cultural or geographical contexts. Domestic violence and communication norms are shaped by sociocultural values, and results may vary in societies with different gender dynamics and marital expectations. Second, the study relied on self-report measures, which are susceptible to social desirability bias, especially in a sensitive domain such as domestic violence. Third, although the posttest results were significant, the study did not include a follow-up phase to assess the long-term stability of treatment outcomes. Additionally, the study did not control for individual differences in trauma severity, attachment style, or co-occurring psychopathology, all of which could influence treatment responsiveness.

Future studies should consider longitudinal designs with follow-up assessments to determine the durability of therapeutic effects over time. Expanding the sample to include diverse populations from various cultural, ethnic, and socioeconomic backgrounds would also enhance the external validity of the findings. Furthermore, it would be beneficial to integrate qualitative methods such as in-depth interviews or therapist observations to capture the experiential aspects of schema change and relational transformation. Researchers could also explore hybrid therapeutic protocols that combine elements of CBCT and Schema Therapy to determine if an integrated model yields synergistic effects. Finally, comparing the efficacy of these interventions across different relational issues—such as infidelity, emotional neglect, or co-parenting conflict—could offer more nuanced clinical guidance.

Practitioners working with couples affected by domestic violence should consider using Schema Therapy, especially

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in cases where traditional cognitive-behavioral methods have proven insufficient. Therapists should be trained in identifying and modifying early maladaptive schemas, and they should adopt a trauma-informed stance that acknowledges the role of past relational injuries in present dysfunction. In contexts where Schema Therapy is not feasible due to time or training limitations, incorporating schema-informed techniques—such as limited reparenting, chair work, and schema mode awareness—into CBCT protocols may enhance their effectiveness. Mental health services should also advocate for more widespread implementation of integrative couple therapy models in community and clinical settings, especially where domestic violence is prevalent and communication breakdown is a central issue.

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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