



**ENHANCING SUBJECTIVE WELL-BEING THROUGH GROUP
COGNITIVE BEHAVIORAL THERAPY FOR WOMEN AFFECTED BY
DOMESTIC VIOLENCE: EVIDENCE FROM A RANDOMIZED
CONTROLLED TRIAL IN PAKISTAN**

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ABSTRACT

Domestic violence is a pervasive global public health issue with profound psychological consequences, particularly for women. Survivors often experience diminished subjective well-being (SWB), including low life satisfaction, heightened negative affect, and reduced positive affect. Despite the high prevalence of domestic violence in low- and middle-income countries like Pakistan, access to evidence-based psychological interventions remains limited. This study aimed to evaluate the effectiveness of Group Cognitive Behavioral Therapy (GCBT) in enhancing SWB among women survivors of domestic violence residing in a shelter home in Peshawar, Pakistan. A randomized controlled trial was conducted with 40 female participants, aged 18–50 years, who were randomly assigned to either an experimental group (n = 20) or a control group (n = 20). The experimental group received ten GCBT sessions over five weeks, while the control group received standard care. SWB was measured pre- and post-intervention using the ICP-Subjective Well-Being Scale, assessing positive affect, negative affect, and life satisfaction. Data were analyzed using independent samples t-tests. Participants in the GCBT group demonstrated a significant increase in positive affect (M = 52.84, SD = 10.9) compared to the control group (M = 36.90, SD = 13.4; $t(38) = 4.05, p < .001$). Negative affect significantly decreased in the experimental group (M = 16.40, SD = 6.31) relative to the control group (M = 27.05, SD = 12.9;

$t(38) = -3.20, p = .002$). Although life satisfaction improved in the experimental group ($M = 18.75, SD = 3.17$), this difference did not reach statistical significance ($p = .150$). The findings indicate that GCBT is an effective and culturally appropriate intervention for improving SWB among women affected by domestic violence in Pakistan. Integrating GCBT into shelter home services and community-based programs could offer a cost-effective and scalable solution to address the psychological needs of this vulnerable population. Future studies with larger and more diverse samples are recommended to confirm these results and evaluate long-term outcomes.

Introduction

Domestic violence (DV) is a widespread global public health issue that disproportionately affects women, causing profound physical, psychological, and social harm. The World Health Organization (WHO) defines domestic violence as a pattern of physical, sexual, psychological, or emotional abuse occurring within intimate or familial relationships, often rooted in power imbalances and coercive control. Globally, nearly one in three women experience physical or sexual violence in their lifetime, with the majority of cases perpetrated by intimate partners. In low- and middle-income countries like Pakistan, the prevalence of domestic violence is particularly alarming due to entrenched cultural norms, limited awareness, and inadequate access to support services. The psychological consequences for survivors are severe, frequently leading to depression, anxiety, post-traumatic stress disorder (PTSD), and diminished subjective well-being (SWB). These mental health challenges not only hinder individual recovery but also perpetuate cycles of violence, social isolation, and economic dependence. Therefore, there is an urgent need for culturally appropriate, evidence-based interventions to address the psychological impact of domestic violence and promote the well-being and resilience of survivors (WHO,2021).

The manifestations of the domestic violence are vast ranging from physical and sexual

abuse to emotional, psychological, financial, and spiritual forms of control (American Overseas Domestic Violence Crisis,2018). These abusive behaviors may include manipulation, isolation, humiliation, threats, injury, and blame, and they affect individuals regardless of age, race, ethnicity, religion, socioeconomic status, or educational background (Office on Violence Against Women, 2020). Importantly, domestic violence is not limited to physical harm; it often escalates from emotional and verbal abuse to serious threats and physical aggression, especially under stress or relationship breakdown (tan & Haining,2016). Domestic violence impact on women is profound and long-lasting survivors frequently suffer from mental health issues such as depression, anxiety, low self-esteem, suicidal ideation and post-traumatic stress disorder (kaur & Garg, 2008; Lagdon et al., 2014). Psychological trauma can result in a cycle of emotional deterioration, social isolation, and economic dependency, further entrenching women in abusive environments. Studies by Walby et al. (2022) and Oram et al. (2022) highlight that intimate partner violence (IPV) a subset of domestic violence is strongly linked to poor reproductive and sexual health, peripartum mental disorders, and increased risk of gynecological complications.

Domestic violence has a significant detrimental influence on the emotional as well physiological health of survivors' women. Furthermore, it jeopardizes the social,

economic, spiritual, and psychological well-being of the affected women, as well as the potential harm to society as a whole. It has been regarded as playing a key role in women's poor health (Kaur and Garg, 2008). Subjective well-being (SWB) is a wide psychological concept that includes an individual's entire evaluation of their life, including emotional experiences (positive and negative affect) and cognitive judgments about life satisfaction (Diener, 1984). Lyubomirsky, King, and Diener (2005), stated that long-term exposure to domestic violence has a significant negative influence on female's subjective well-being, which is defined by their cognitive and affective assessments of their lives.

Research has repeatedly showed that cognitive-behavioral therapy (CBT) therapies effectively improve SWB by lowering negative emotions and encouraging adaptive thinking patterns in higher income countries (Hofmann et al., 2012). Few studies have looked at how effective group cognitive behavior therapy in low and middle-income countries, where access to mental health services is limited and the prevalence of domestic abuse is disproportionately high (Bass et al., 2013; Sapkota et al., 2022). Group CBT is especially effective at improving SWB in populations experiencing severe distress, such as women afflicted by domestic violence. CBT's structured approach helps clients reframe negative beliefs, construct coping mechanisms, and develop emotional regulation skills, resulting in a shift in both affective (emotional) and cognitive (life satisfaction) components of SWB (Kavaklı et al., 2020).

According to research, group CBT therapies significantly reduce negative feelings by challenging dysfunctional ideas and developing more adaptive coping strategies (Cuijpers et al., 2016). CBT's focus on behavioral activation, which encourages individuals to engage in activities that bring

joy and fulfillment, is a key mechanism. Research shows that participation in group CBT increases positive affect as individuals begin to engage in meaningful activities and improve social interactions (Bakhshaie et al., 2020). According to Fava et al. (2018), CBT therapies improve self-efficacy and provide individuals with cognitive tools to reframe negative situations, resulting in improved life satisfaction.

Given these multidimensional consequences, there is an urgent need for effective, accessible, and evidence-based mental health interventions for women affected by domestic violence. Among these, Group Cognitive Behavior Therapy (GCBT) has emerged as a promising approach. GCBT offers a structured psychological framework that targets dysfunctional thought patterns, promotes emotional regulation, and encourages adaptive coping strategies in a supportive group setting. Research suggests that GCBT can effectively reduce symptoms of depressive, anxiety, and PTSD while enhancing subjective well-being and self-efficacy among trauma survivors (Beck, 2011; WHO, 2005).

Group CBT provides a cost-effective and socially helpful option, especially in collectivist societies like Pakistan, where group support plays an important role in healing and resilience-building. (Bass et al., 2013). In Pakistan, the necessity of providing organized, reasonably priced psychosocial interventions for women affected by domestic violence is more widely acknowledged (Latif & Khanam, 2017).

The present study seeks to address this gap by evaluating the effectiveness of group cognitive behavior therapy (G-CBT) for enhancing the subjective well-being among women survivors of domestic violence in Pakistan. Building upon evidence (DeKeseredy, Dragiewicz, & Schwartz, 2017; Walby et al., 2022), this randomized controlled trial purpose is to provide

culturally contextualized evidence to inform clinical practice, policy and service delivery on low income countries.

Objective

The primary objective of this study was to evaluate the effectiveness of Group Cognitive Behavioral Therapy (GCBT) in enhancing subjective well-being (SWB) among women survivors of domestic violence residing in a shelter home in Peshawar, Pakistan. Specifically, the study aimed to determine whether participation in a structured GCBT program would lead to:

1. Increased positive affect by fostering adaptive thinking and emotional regulation.
2. Decreased negative affect through the reduction of distressing emotions and maladaptive beliefs.
3. Improved overall life satisfaction as an indicator of enhanced psychological well-being and resilience.

LITERATURE REVIEW

Domestic Violence

World Health Organization defined violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death or psychological harm”. This clearly defines “intentionality” or “use of power” is essential part of violence. Thus, the purpose of using power refers to acts that roots from a power dynamic, such as danger and violence (WHO, 2005).

According to a multi-country survey, the prevalence of violence against women ranges from 15 to 71%, with Bangladesh and Ethiopia reporting the highest frequency and Japan reporting the lowest (Wakefield S. (2017). Psychological abuse sometimes encompasses acts of emotional abuse and controlling behavior, which are often referred as “invisible chains” (Dekeseredy, Dragiewicz & Schwartz, 2017; Fontes, 2015;

Packard Foundation, UNFPA & UN Women, 2019)). According to the WHO Multi-Country Study (2013), 30% of women experience physical abuse, while 30% experience psychological abuse. Even though domestic violence happens worldwide, differences in social, racial, economic, educational, and religious backgrounds have led in differences in how it is perceived (Dekeseredy et al., 2017).

Numerous studies have demonstrated that psychotherapy therapies help women who have experienced abuse become more empowered and improve themselves. In order to cope with violence, protect their physical and mental well-being, change their lives as needed, and more effectively develop the required power, it is thought that women who have been victims of violence require psychotherapy treatments (Sapkota et al., 2022; Creech et al., 2022; Brown et al., 2022).

Subjective Wellbeing

Diener et al. (2003) define SWB as “a person's cognitive and affective evaluations of their life,” noting that it is a subjective experience shaped by personal values, living circumstances, and psychological factors. High SWB is linked to increased psychological resilience, healthier social interactions, and better physical health (Lyubomirsky, King, & Diener, 2005).

Group Cognitive Behavior Therapy

Cognitive behavior therapy (CBT) is a structured, time-limited, evidence-based psychotherapy that aims on recognizing and challenging negative thought patterns and behaviors (Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979)).

Latif, M., & Khanam, S. J. (2017) conducted study in which 200 randomly selected participants from shelter homes and NGOs in Karachi City who had been married for at least two years. Females were randomly assigned to one of two groups: CBT (treatment) or CBT-based self-help (controls), with 100 in each. Therapy was conducted in

10 sessions. Assessments were performed at the beginning and conclusion of the intervention. Cognitive-behavioral group therapy successfully increases subjective well-being in survivors of intimate relationship abuse.

METHODOLOGY

Study design

This study employed a randomized controlled trial (RCT) with a pre-test and post-test control group design to evaluate the effectiveness of Group Cognitive Behavioral Therapy (GCBT) in improving subjective well-being among women survivors of domestic violence. Participants were randomly assigned to either an experimental group, which received the intervention, or a control group, which received standard care. This design was selected to establish causal relationships between the intervention and changes in subjective well-being.

Study Setting

The study was conducted in a government-operated shelter home in Peshawar, Khyber Pakhtunkhwa, Pakistan, where women affected by domestic violence seek refuge and psychosocial support. The setting was chosen due to its accessibility to participants, availability of administrative cooperation, and relevance to the target population.

Research Sample

A total of 40 participants were recruited using convenience sampling based on eligibility criteria. To ensure random allocation, participants were then randomly assigned to either the experimental group (n = 20) or the control group (n = 20) using a computerized randomization process. The sample size was determined based on previous literature indicating that a minimum of 20 participants per group is sufficient to detect large effect sizes in psychological interventions.

Inclusion Criteria

1. Female participants aged 18 to 50 years.

. Women with a minimum education level of matriculation or higher to ensure understanding of instructions and therapy content.

. Women who were current residents of a shelter home in Peshawar, Khyber Pakhtunkhwa (KPK).

. Women who were proficient in Urdu or Pashto to actively participate in the intervention and assessments.

. Women who provided written informed consent and expressed willingness to attend all sessions throughout the five-week intervention period.

Exclusion Criteria

. Women who were unwilling to provide informed consent or chose to withdraw from the study at any stage.

. Women with a diagnosed cognitive impairment, severe intellectual disability, or major psychiatric condition (e.g., psychosis) that could interfere with participation.

3. Women with serious medical or physical health conditions that might hinder consistent attendance or active participation.

4. Women who had recently participated in a similar psychological intervention or CBT-based program within the last six months.

5. Women who were expected to leave the shelter home before the completion of the five-week intervention period.

Research instruments

Demographic form

Informed consent, name, age, name of shelter home, duration of living in an shelter home, education level and family system.

ICP-Subjective Well-being Scale (SWS)

The ICP-Subjective Well-Being Scale developed by Moghal and Khanam (2012), assesses subjective well-being through three subscales: Positive Affect and Negative Affect (each with 12 items rated on a 5-point frequency scale), and Life Satisfaction (5 items rated on a 5-point agreement scale). The scale shows good internal consistency (α

= .84, .85 and .81 respectively) and acceptable test-retest reliability over one week (.77, .73 and .82). It also shows strong convergence with established subjective well-being measures.

Procedure

Prior to the commencement of the study, formal approval was obtained from the Institutional Review Board (IRB) of the National University of Medical Sciences (NUMS), Rawalpindi, as well as from the relevant government authorities, including the Department of Social Welfare and the administration of the shelter home in Peshawar. After obtaining these approvals, the research team held an orientation session with the shelter home staff to explain the objectives, procedures, and ethical considerations of the study, ensuring transparency and cooperation throughout the process.

Potential participants were approached individually and informed about the purpose of the research, the nature of the intervention, and their rights as participants, including the voluntary nature of participation and the right to withdraw at any stage without any negative consequences. Written informed consent was obtained from those who agreed to take part. Following consent, participants completed a demographic form and the pre-test assessment using the ICP-Subjective Well-Being Scale.

Participants were then randomly assigned to either the experimental group or the control group using a computerized randomization process to minimize bias and ensure equal representation. The experimental group received ten group cognitive behavioral therapy (GCBT) sessions over a five-week period, with two sessions held each week, each lasting approximately two hours. The intervention focused on psychoeducation, cognitive restructuring, behavioral activation, stress management, and problem-solving strategies, while fostering a supportive group environment that encouraged peer interaction

and mutual support. Participants were also encouraged to maintain reflective journals to track their thoughts, progress, and challenges throughout the program. The control group did not receive GCBT during this period but continued with the standard care and support provided by the shelter home.

At the end of the five-week intervention, both groups completed the post-test assessment using the same ICP-Subjective Well-Being Scale. All data were collected securely, anonymized, and stored to maintain confidentiality. Regular monitoring and check-ins were conducted to encourage attendance, address participant concerns, and reduce dropout rates. Throughout the study, ethical principles were strictly followed, and participants were assured that the information provided would be used solely for research purposes and handled with the utmost confidentiality.

Interventional Protocol: 5-week Group Cognitive Behavior Therapy

Aims and Objectives

The primary aim of this 5-week group cognitive behavior therapy program is to alleviate psychological symptoms and enhance the well-being of victims of domestic violence in shelter home. By introducing and reinforcing group CBT techniques, the program seeks to empower participants with techniques such as relaxation techniques, stress management, problem solving skills and psycho-educate participants regarding their problems.

Organization

The program consists of 10 sessions conducted twice weekly, each lasting 2 hours. These sessions blend education, guided practice, group discussions and personal feedback. Participants were encouraged to maintain a diary to document their progress.

Monitoring and Support

Weekly check-ins addressed participant's challenges and provided additional guidance. Continued encouragement and support are

recommended to sustain these practices and ensure long-term benefits.

Results

Descriptive Analysis of Sample Characteristics of the Participants (N=40)

Sample Characteristics	Category	F	%
Age	18-28	25	62.5
	29-39	14	35.0
	40-50	1	2.5
Education	Matric	28	70.0
	Intermediate	10	25.0
	Bachelor	2	5.0
Marital Status	Single	11	27.5
	Married	25	62.5
	Divorced	3	7.5
	Widow	1	2.5
Family System	Joint	28	70.0
	Nuclear	12	30.0

Note: F=Frequency, %= Percentage

Table 1 represents sample mainly of younger women, with 97.5% aged 39 or below. Most participants had completed matriculation (70%), followed by intermediate (25%), while only 5% held a bachelor's degree. The majority were married (62.5%), with smaller proportions single (27.5%), divorced (7.5%), or widowed (2.5%). Most respondents came from joint family systems (70%) compared to nuclear families (30%). In terms of shelter home stay, many participants had longer durations of residence, suggesting potential influence on their adjustment and well-being.

Table 2 Descriptive Statistics and Alpha Reliability Coefficient for the study variable (n=40)

Variables	N	A	M	SD	Range			
					Potential	Actual	Skewness	Kurtosis
PrePositive Affect SWB	12	.94	23.90	12.8	12-60	12-60	1.358	1.380
Pre Negative Affect SWB	12	.86	39.72	10.4	12-60	12-51	-1.290	1.232
Pre Life Satisfaction SWB	5	.83	12.05	4.42	5-25	5-25	.832	1.088

Post Positive Affect SWB	12	.674	44.66	14.55	12-60	13-95	.308	3.116
Post Negative Affect SWB	12	.936	21.72	11.43	12-60	12-51	1.030	-.369
Post Life Satisfaction SWB	5	.907	17.72	4.47	5-25	5-25	-.823	.713

Note: N= Total number of item, a=Alpha reliability, M= mean, SD= standard deviation, SWB= subjective being

Table 2 represents for subjective well-being (SWB), positive affect had a mean score of 23.90 (SD = 12.84), while negative affect had a higher mean score of 39.72 (SD = 10.41), suggesting an overall negative emotional state pre-intervention. Life satisfaction had a mean of 12.05 (SD = 4.42). Positive affect in SWB increased substantially (M = 44.66, SD = 14.55), whereas negative affect decreased (M = 21.72, SD = 11.43). Life satisfaction scores also improved (M = 17.72, SD = 4.47). These changes show that the intervention had a positive impact on subjective well-being.

Table 3 Independent sample t-test Analysis Pretest & Posttest ICP- Subjective Welbeing Scale

Variables	Experimental group (N=20)		Control group (N=20)		95%CI	
	M(SD)	M(SD)	T	P	Lower	Upper
Pre Positive Affect	21.85(12.1)	25.95(13.5)	-1.0	.319	-12.32	4.12
Pre Negative Affect	40.15(10.1)	39.30(10.9)	.255	.800	-5.90	7.60
Pre Life Satisfaction	10.80(2.93)	13.30(5.32)	-1.8	.074	-5.25	.25
Post Positive Affect	52.84(10.9)	36.90(13.4)	4.05	.000	7.97	23.90
Post Negative Affect	16.4(6.31)	27.05(12.9)	-3.2	.002	-17.18	-4.11
Post Life Satisfaction	18.75(3.17)	16.70(5.36)	1.47	.150	-.77	4.87

Note: N=number of participants, M=mean, SD= standard deviation, CI= confidence interval

Hypothesis

It is hypothesized that group cognitive Behavior therapy delivered in group format would increase the subjective wellbeing among women affected by domestic violence following the completion of ten-sessions. The results strongly support the hypothesis. The experimental group ($M = 52.84$, $SD = 10.9$), $t(38) = 4.05$, $p < .001$, showed a significantly higher level of positive affect compared to the control group ($M = 36.90$, $SD = 13.4$), $t(38) = 4.05$, $p < .001$. This indicates a substantial improvement in positive emotional experiences following the intervention. The experimental group reported significantly lower negative affect ($M = 16.4$, $SD = 6.31$) than the control group ($M = 27.05$, $SD = 12.9$), $t(38) = -3.2$, $p = .002$, 95% CI [-17.18, -4.11]. This suggests a notable reduction in negative emotional experiences among those who received the intervention. Although life satisfaction scores improved more in the experimental group ($M = 18.75$, $SD = 3.17$) compared to the control group ($M = 16.70$, $SD = 5.36$), the difference was statistically significant, $t(38) = 1.47$, $p = .150$, 95% CI [-0.77, 4.87].

Discussion

The findings support the hypothesis that group CBT enhance the subjective well-being of women affected by domestic violence. Overall, women who took part in the G-CBT program experienced bigger improvements in their overall sense of well-being, including feeling more positive, greater satisfaction with life, and better ability to carry out daily roles, compared to those in the control group. Along with these positive changes, they also showed fewer symptoms of depression and anxiety—common effects of trauma—and better social functioning. These findings add to the growing evidence that group CBT programs are not only practical and well-received but also potentially effective for women who have faced domestic violence in Pakistan.

The improvement in subjective well-being seen after the G-CBT program fits well with

the basic principles of cognitive-behavioral therapy. By helping participants change negative thought patterns and encouraging them to take part in enjoyable activities, the program reduces negative feelings and helps build more positive emotions and a greater sense of life satisfaction. Delivering the therapy in a group setting adds extra benefits beyond what individual CBT offers. Being part of a group allows participants to support each other, realize they are not alone in their experiences, and learn from one another. This helps reduce feelings of isolation and shame that many survivors of intimate partner violence face, boosting their sense of social support and overall well-being. Additionally, the group environment encourages practicing new skills like problem-solving and staying active, while seeing others make progress can increase confidence and a sense of control. These factors work together to strengthen well-being by fostering both personal mastery and social connection (Chiumento et al., 2017).

Several aspects of the program likely helped improve participants' subjective well-being. First, techniques like cognitive restructuring and behavioral activation may have eased feelings of self-blame, hopelessness, and avoidance that often follow experiences of domestic violence. This, in turn, could have opened the door to more positive experiences and a stronger sense of personal control (Beck et al., 1979; Lyubomirsky et al., 2005). Second, holding the sessions in a group setting probably offered a sense of social connection, opportunities to learn from others, and mutual support—important factors that help reduce feelings of isolation and stigma common in these situations (Lagdon et al., 2014). Finally, tailoring the program to fit the cultural context—such as using examples and homework in Urdu or local languages, considering extended family dynamics, having female facilitators, and including safety planning—likely made the program

feel more trustworthy and relevant, encouraging participants to apply the skills they learned in their everyday lives.

These findings are especially important given how widespread violence against women is around the world (World Health Organization [WHO], 2021) and the heavy mental health toll that intimate partner violence takes (Lagdon et al., 2014). Showing that a short, structured group program can boost well-being supports the growing idea that scalable mental health support is possible, even in places with limited resources. Offering the program in groups helps lower costs for each person and makes it easier to include in women's shelters, local health centers, and community groups—places that are crucial when there aren't many mental health specialists available.

Group cognitive behavioral therapy effectively reduced sadness, anxiety, and PTSD symptoms in battered women in Pakistan. Participants reported feeling more empowered, acquiring emotional resilience, and developing social relationships through the group setting (Karmaliani, R., et al., 2017). CBT entails assisting victims in identifying the underlying negative beliefs that create emotional and behavioral problems (Bolon, 2003; Foa, 2009). Group Cognitive Behavior Therapy (GCBT) has been identified as an effective intervention for increasing the subjective well-being of women who have been victims of domestic violence. Subjective well-being (SWB) is a person's overall evaluation of their life happiness, emotional experiences, and psychological health (Diener, 2000).

Adapting CBT materials to reflect local language, cultural beliefs, and ways of expressing distress, and delivering the program in familiar and trusted community or shelter settings, likely made the intervention more acceptable and engaging for participants. Previous studies and pilot trials in Pakistan have found that culturally tailored CBT self-

help and guided CBT approaches are well-received and can lead to meaningful improvements in symptoms (Latif et al., 2020; Naeem et al., 2014). Together with the results of this trial, these findings suggest that CBT can be effectively and safely adapted to meet the needs of women survivors of domestic violence within the cultural context of Pakistan.

In summary, this randomized controlled trial shows that a culturally tailored group CBT program can significantly improve the well-being of women who have survived domestic violence in Pakistan. By addressing unhelpful thought patterns, teaching skills for managing emotions and solving problems, and harnessing the benefits of group support, this approach provides a practical and scalable way to enhance well-being. It complements wider efforts focused on protection and social support, offering a valuable tool in the overall response to domestic violence (Beck, 1976; Bass et al., 2013; WHO, 2021).

CONCLUSION

The study revealed that group CBT is an effective tool for increasing the subjective wellbeing for women affected by domestic violence. This was achieved in the attempt to identify the factors associated with the level of group CBT effectiveness among experimental and control group, where CBT was found to be very effective on the experimental group because they responded well to its treatment. The main factors which make group CBT effective are the number of sessions participants attend.

RECOMMENDATION

Based on the outcomes of this randomized controlled trial, it is suggested that Group Cognitive Behavior Therapy (G-CBT) be incorporated into existing mental health and support services for victims of domestic abuse in Pakistan. To ensure efficacy, training programs for psychologists, counselors, and social workers should focus on culturally

appropriate CBT procedures that are relevant to Pakistani women's values, language, and lived experiences. Furthermore, implementing long-term follow-up programs will aid maintain therapeutic treatment benefits and prevent relapses of psychological issues. Future research should build on this study by including a larger and more diverse sample across different regions of Pakistan.

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