



فاعلية برنامج معرفي سلوكي في تنمية الصمود النفسي لدى النساء المعنفات في اليمن

أمانى عبد الملك أحمد دبوان**

amani.dabwan4@gmail.com

د. طه ناجي محمد العوبي*

dr.alawbali@gmail.com

أحلام محمد سعيد عبدالله***

ahlam.saeed463@gmail.com

ملخص

تسعى هذه الدراسة إلى التعرف على فاعلية برنامج علاجي سلوكي معرفي في تعزيز المرونة النفسية لدى النساء المعنفات في مدينة إب، اليمن. تم اختيار عينة مقصودة مكونة من 24 امرأة تتراوح أعمارهن بين 15 و45 عاماً، ممن حصلن على درجات منخفضة في مقياس المرونة النفسية، وتم توزيعهن عشوائياً على مجموعتين: تجريبية وضابطة (12 امرأة في كل مجموعة). شاركت المجموعة التجريبية في برنامج تدريسي منظم قائم على العلاج السلوكي المعرفي، مصمم لتحسين الكفاءة الشخصية، والتواصل الاجتماعي، والقيم الروحية، ومهارات حل المشكلات. أجريت قياسات قبلية وبعدية ومتتابعة باستخدام مقياس للمرونة النفسية طوره الباحثون. كشف تحليل البيانات باستخدام اختبار مان-ويني، واختبار لوكوسون للمجموعات المترابطة وقياس الرتب، وتحليل التباين للقياسات المتكررة، عن تحسن ذات دلالة إحصائية في المرونة النفسية لدى المجموعة التجريبية مقارنةً بالمجموعة الضابطة (قيمة الاحتمال < 0.05) فأقل. واستمرت هذه النتيجة خلال فترة المتابعة، مما يشير إلى استمرار تأثير التدخل العلاجي. كما تشير هذه النتائج إلى أن البرامج القائمة على العلاج السلوكي المعرفي أدوات فعالة لدعم التعافي النفسي وتمكن النساء المعنفات في السياقات الاجتماعية والثقافية المتعددة.

الكلمات المفتاحية: العلاج السلوكي المعرفي، المرونة النفسية، النساء المعنفات، التدخل في حالات الخدمات النفسية، اليمن.

* أستاذ الصحة النفسية المشارك، قسم العلوم التربوية والنفسية، كلية التربية، جامعة إب، اليمن

** باحثة في برنامج الدكتوراه، قسم العلوم التربوية والنفسية، كلية التربية، جامعة إب ، اليمن

*** باحثة في برنامج الماجستير، إرشاد نفسي تربوي، قسم العلوم التربوية والنفسية، كلية التربية، جامعة إب ، اليمن

للاقتباس: العوبي ، طه ناجي محمد؛ دبوان ، أمانى عبد الملك أحمد، عبدالله، أحلام محمد سعيد. (2025). فاعلية برنامج معرفي سلوكي في تنمية الصمود النفسي لدى النساء المعنفات في اليمن ، مجلة الآداب للدراسات النفسية والتربية، 7(4)، 531-509

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The Effectiveness of a Cognitive Behavioral Program for Developing Psychological Resilience among Abused Women in Yemen

Taha Naji Mohammed Alawbali*

dr.alawbali@gmail.com

Amani Abdulmalek Dabwan **

amani.dabwan4@gmail.com

Ahlam Mohammed Saeed Abdullah

ahlam.saeed463@gmail.com

Abstract

This study evaluates the effectiveness of a cognitive-behavioral program in enhancing psychological resilience among abused women in Ibb City, Yemen. A purposive sample of 24 women aged 15–45 who scored low on a psychological resilience scale was selected and randomly assigned to experimental and control groups ($n = 12$ each). The experimental group participated in a structured CBT-based intervention designed to improve personal competence, social connectedness, spiritual values, and problem-solving skills. Pre-, post-, and follow-up measurements were conducted using a resilience scale developed by the researchers. Data analysis using Mann–Whitney U, Wilcoxon Signed-Rank, and repeated measures ANOVA revealed statistically significant improvements in psychological resilience in the experimental group compared to the control group ($p < .05$). Gains were maintained at follow-up, indicating the sustained impact of the intervention. These findings suggest that CBT-based programs are effective tools for supporting the psychological recovery and empowerment of abused women in culturally specific contexts.

Keywords: Cognitive Behavioral Therapy, Psychological Resilience, Domestic Violence Women, Trauma Intervention, Yemen.

* Associate Professor of Mental Health, Ibb University

** Postgraduate Researcher, PhD, Department of Mental Health, Ibb University

*** Postgraduate Researcher, PhD, Department of Psychological and Educational Counseling Faculty of Education, Ibb University..

Cite this article as: Alawbali, Taha Naji Mohammed. & Dabwan, Amani Abdulmalek& Abdullah, Ahlam Mohammed Saeed . (2025). The Effectiveness of a Cognitive Behavioral Program for Developing Psychological Resilience among Abused Women in Yemen. *Journal of Arts for Psychological & Educational Studies* 7(4) 509-531.

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1. Introduction

The societies of the world today live in situations and conditions dominated by multiple forms of development, change, conflict and wars, or a clash between civilizations, cultures and others, and Arab societies in particular face many crises and conflicts, as their children and women are exposed to many manifestations of aggression and violence of all kinds, and these circumstances have left many damages, dangerous psychological and physical, (Buṭrus, 2007, p.1). Violence is one of the old phenomena in human societies, which is associated with social factors with the medium in which it affects and it is affected, but its manifestations and forms have evolved and diversified with new types and strategies, including political violence, religious violence, and family violence, which includes violence against women and children, and the elderly, which may leave many of effects and mental disorders on the individual's health, and this has been confirmed by many Arab and foreign studies (Buṭrus, 2007, p.1). The phenomenon of violence is one of the old phenomena that still achieve high rates on the psychological, social and legal levels, and because this phenomenon is not limited to a group of specific individuals or to one social group but rather exceeds it to include all social groups and in different age groups, from childhood to old age and from classes Rich, poor, educated, illiterate, etc. (Haydar & Mnānī, 2018, p. 660). al-Majālī (2018, p. 241) observed that violence against women is a pervasive social issue affecting all countries, posing one of the greatest challenges to global efforts aimed at improving women's status and empowering them. Importantly, the definition of violence against women has expanded beyond physical and psychological harm to include forms of deprivation, such as denial of basic rights and restricted ability to express freedoms. This evolving understanding calls for proactive measures to protect women particularly those in vulnerable contexts and to design programs that not only ensure their safety but also equip them with the tools to advocate for their rights and independence.

In this regard, psychological resilience plays a pivotal role. As highlighted by al-Musawā (2016, p. 3), resilience is a key element within the framework of positive psychology, focusing on strengthening human potential to help individuals face adversity, recover from challenges, and regain a sense of self-efficacy. The author further added that enhancing resilience among women who experience violence can thus serve as a protective factor, reducing their vulnerability to psychological distress and empowering them to rebuild their lives. Ogińska-Bulik et.al (2016) added that resilience treated as a broad cluster of personal characteristics is expressed by persistence and flexible



adaptation to life demands, and the ability to take remedial actions in difficult situations and tolerance of negative emotions and failures. The higher the resiliency, the greater the capacity to modify one's ego-control in keeping with situational opportunities. People characterized by a high level of resilience more often experience positive emotions are more self-confident, more effectively cope with stress and generally present better psychological adjustment (Ogińska-Bulik, N., & Kobylarczyk, M., 2016).

There are many studies that indicate the association of psychological resilience with some disorders and problems that impede proper psychological development, (Chan, 2009; Mistry et al, 2009; smith et al., 2008; calico 2008). For example, the results of a number of studies have shown a negative correlation with both depression and oxythemia, despair, perceived pressure, pain, and the trend towards violence. Smith et al. 2008 Hjemdal, et al., 2006 added that it can be said that psychological resilience plays an important role in creating the internal and external balance of the individual and is related to the correlation of the wave of optimism and hope and the realization of social finances, methods of confrontation, the spirit of humor and raising the level of quality of life and mental health (Muqrān, 2014, p.67).

Building on Behavioral Cognitive Theories, it is indicated that the individual's view of himself, the world, and the future is negative. If we add a lack of skills for behavioral confrontation, it puts the individual in danger of falling into depression and anxiety. On the contrary, realistic thinking and positive coping skills develop resilience and protect individuals from the introduction of problems (Ravish et al., 2006). Psychological resilience is important for people at risk who live in a high level of effective coping and positive coping with these conditions. Psychological resilience is a two-dimensional formation that includes exposure to troubles and difficulties or even crises and shocks, and positive compatibility with them. (Sulaymān, 2015)

From this logic, our study aims to investigate the importance of psychological resilience and how it emerges as a preventive psychological variable, which helps the individual to face adversity, overcome difficulties and resist refraction. The study also focuses on identifying a way that leads to restoring balance and achieving psychological harmony, as it plays an essential and important role in the framework of the psychological well-being model and quality of life (al-Asir, 2010) (Goldchin and Berks, 2011, p. 28).



Violence against women remains prevalent across various societies and takes multiple forms physical, psychological, and sexual. It can lead to serious short- and long-term consequences, such as depression, anxiety, pregnancy complications, sexually transmitted infections, and, in some cases, even death. The World Health Organization emphasizes that this phenomenon has negative impacts on individuals, communities, and the economy, highlighting the urgent need for effective governmental and legislative interventions to protect women and reduce the spread of violence.

One of the most widely cited definitions of violence against women is the definition provided by the United Nations (1993), (World Health Organization, 2022) which states:

"Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life." (Musawā, 2021)

2. Aim of the study

This study aims to evaluate the effectiveness of the cognitive behavioral program in developing the psychological resilience of abused women with a particular focus on Yemen context.

3. Significance of the Study

The significance of this study stems from the importance of its subject matter. Psychological resilience is considered one of the fundamental and contemporary concepts in positive psychology, as it represents a positive and relatively recent variable that reflects strength, resistance, and the capacity for coping within the personality. This study is particularly valuable as it is the first of its kind in Yemen to examine the effectiveness of a cognitive-behavioral program in developing psychological resilience among abused women—a group that has long suffered and received limited attention from researchers, despite the urgent need for care and intervention.

From a practical perspective, the study contributes by designing a cognitive-behavioral program aimed at enhancing the psychological resilience of abused women, thereby helping them readapt, reintegrate into society, and experience greater happiness and quality of life. Moreover, it provides caregivers and families with practical guidance to support this vulnerable group more effectively. The study also offers specialists, researchers, and scholars a valuable framework that can be applied to similar cases, thus expanding its impact beyond the immediate target group and reinforcing both its theoretical and applied importance.



4. Theoretical Framework

4.1. Psychological Resilience: Concept and Importance in Trauma Recovery

Psychological resilience is a key construct in understanding how individuals recover and adapt following trauma. It refers to the ability to cope with adversity, rebuild psychological strength, and restore emotional balance. Interventions that bolster resilience are especially crucial for populations facing chronic stress, such as survivors of domestic abuse. Şahin and Türk (2021) explored the effectiveness of a CBT-based group psychoeducation program aimed at enhancing psychological resilience among high school students. The 10-week intervention resulted in significant improvements in resilience and reductions in irrational beliefs, although it did not significantly influence overall psychological well-being. This finding suggests that while resilience can be strengthened through structured interventions, broader emotional outcomes may require complementary strategies.

Muhammad (2019) focused on female university students at the University of Bisha, assessing the impact of CBT on psychological resilience and alexithymia. The intervention led to statistically significant improvements in both constructs, particularly in emotional regulation, and the gains were maintained at follow-up. These outcomes highlight the enduring effect of CBT on resilience and its potential in promoting emotional adjustment among young women in Arab cultural settings. These studies collectively reinforce the role of psychological resilience as a dynamic, trainable capacity. They also suggest that CBT is a viable mechanism through which resilience can be enhanced, particularly when supported by culturally sensitive content and delivery.

4.2. Cognitive Behavioral Therapy (CBT) as a Psychosocial Intervention

Cognitive Behavioral Therapy (CBT) has emerged as a leading intervention for addressing trauma-related psychological challenges, particularly among survivors of abuse. CBT operates on the principle that modifying maladaptive thought patterns and behaviors can positively influence emotions and coping mechanisms. Various forms of CBT have been adapted to meet the cultural and contextual needs of vulnerable populations. Madeeha Latif et al. (2021) conducted a feasibility randomized controlled trial evaluating the acceptability and initial effectiveness of a culturally adapted, trauma-focused, guided self-help CBT (CatCBT GSH) for women in Pakistan who experienced domestic abuse. The program, delivered to 50 women in Karachi shelter homes over 12



weeks, showed high participation rates and significant reductions in PTSD symptoms, anxiety, and depression highlighting its relevance in low-resource settings.

Similarly, Kubany, Hill, and Owens (2003) assessed the efficacy of Cognitive Trauma Therapy for Battered Women (CTT-BW), which integrates trauma history assessment, psychoeducation, cognitive restructuring, and exposure techniques. The intervention, based on psychological learning theories, significantly reduced PTSD symptoms in 30 of the 32 participants who completed the program, with sustained effects observed at a three-month follow-up. In Brazil, Habigzang et al. (2013) implemented a 16-session CBT program involving psychoeducation, stress inoculation, and relapse prevention for 49 female victims of sexual violence. Their study reported marked reductions in anxiety, PTSD, and stress, underscoring the therapeutic breadth of CBT in addressing trauma outcomes in different cultural contexts.

Muthami, (2017), through a mixed-methods study in Nairobi, also confirmed the efficacy of CBT among women affected by domestic abuse. Results emphasized the importance of session frequency (14–16 sessions) and cultural adaptation, demonstrating significant improvements in depression and anxiety symptoms within resource-constrained environments. These studies affirm that CBT, when properly tailored and delivered, serves as a robust intervention for emotional recovery and empowerment among abused women across different global and cultural contexts.

4.3. CBT Interventions for Abused Women: A Global and Cultural Perspective

A growing body of research has explored the intersection of CBT and psychological resilience in the specific context of abused women. These interventions aim to address not only trauma symptoms but also empower women to rebuild self-worth, assertiveness, and coping mechanisms. A 2019 study by Mengistu, titled "The Effect of Group Cognitive Behavioral Therapy in Reducing Psychological Distress among Female Survivors of Domestic Violence," demonstrated the effectiveness of group-based CBT in alleviating emotional distress. The intervention highlighted cognitive restructuring and emotional regulation as key therapeutic components supporting psychological healing and recovery among survivors.

Arabic literature has demonstrated the effectiveness of cognitive-behavioral therapy (CBT) in enhancing psychological resilience among individuals exposed to violence or severe psychological stress. In an early study, Balmhub (2022) examined university students attending the psychological support center at the University of Algiers 2 who suffered from various psychological disorders such



as anxiety, depression, obsessive-compulsive disorder, and phobias. The application of CBT techniques helped them overcome feelings of sadness and helplessness, regain academic focus, and achieve academic success despite their difficult socioeconomic circumstances, which positively reflected on their psychological resilience. In a subsequent study, Muhammed (2019) reported significant improvements in psychological resilience and reductions in alexithymia among female university students following CBT-based interventions. The sustained effects observed during follow-up further support the long-term efficacy of CBT in culturally similar Arab contexts. Similarly, 'Ubayd (2021) found that a CBT program implemented with a group of divorced women attending family court significantly enhanced self-compassion and psychological resilience. The positive outcomes persisted after the end of the intervention, highlighting the role of CBT in enabling women to cope with the psychological consequences of divorce and domestic violence.

Rizzo et al. (2018) implemented Date SMART, a CBT-based prevention program targeting adolescent girls aged 14–17 with histories of physical domestic violence. Over a 9-month follow-up, participants reported significantly lower involvement in domestic violence compared to a knowledge-only control group, suggesting the preventive capacity of CBT when applied early.

In contrast, Sánchez-Jiménez et al. (2018) evaluated a similar prevention program in Spain and found no significant reduction in dating violence. However, notable improvements were observed in cognitive domains such as maladaptive romantic schemas, anger regulation, and self-esteem. These outcomes highlight that while behavioral change may not always be immediate, CBT interventions can contribute meaningfully to the cognitive and emotional dimensions of recovery.

The study by Perangin-Angin et al. (2021) highlighted that preventive applications of cognitive-behavioral therapy (CBT) have shown mixed but promising outcomes. They cited Rizzo et al. (2018), who implemented the *Date SMART* program targeting adolescent girls with a history of domestic violence, reporting a significant reduction in violent involvement over a nine-month follow-up period demonstrating the preventive potential of early CBT interventions. In contrast, they referred to Sánchez-Jiménez et al. (2018), whose similar program in Spain showed no significant reduction in dating violence. However, notable cognitive and emotional improvements were reported, including better anger regulation, improved self-esteem, and a shift in maladaptive romantic beliefs, underscoring the therapeutic value of CBT even when immediate behavioral change is not observed (as cited in Perangin-Angin, Wijono, & Hunga, 2021).



Taken together, these studies underscore the adaptability and efficacy of CBT in various sociocultural settings, particularly in fostering resilience and emotional regulation among abused women. They also demonstrate that with appropriate cultural adaptation, CBT interventions can yield both short-term relief and long-term psychological gains.

5. Hypotheses of the Study

- There are statistically significant differences between the mean ranks of scores of the experimental and control groups on the psychological resilience scale after applying the program in favor of the experimental group.
- There are statistically significant differences between the mean ranks of the experimental group scores in the pre and post measurements, in favor of the post measurement.
- There are no statistically significant differences between the mean ranks of the experimental group scores in the post- and follow-up measurements.

6. Limitations of the Study

The current study is limited to identifying the effectiveness of cognitive behavioral program in developing psychological resilience in a sample of abused women in Ibb city – Yemen during the academic year 2021-2022. It is also limited to the study tools used to measure the psychological variables, as well as the statistical methods used to process the data statistically.

7. Methodology

The nature of this study relies on the quasi-experimental approach, as it is considered a suitable method for evaluating the effectiveness of a cognitive-behavioral program in enhancing psychological resilience among abused women. This approach was selected because it aligns with the objectives of the study and allows for a structured examination of cause-and-effect relationships. The methodology involves the use of a controlled intervention to assess the program's impact through systematic measurement and comparison.

7.1. Research Design

The researchers employed a quasi-experimental research design consisting of two equivalent groups (an experimental group and a control group) and three stages of measurement: pre-test, post-test, and follow-up. Initially, measurement tools were administered to both groups to assess their baseline levels of psychological resilience (pre-test). The experimental group then received the



independent variable a cognitive- behavioural program designed to develop psychological resilience - while the control group did not receive any intervention.

After the completion of the program, the same tools were applied again (post-test) to both groups in order to compare outcomes and determine the program's effectiveness. A follow-up test was also conducted to assess the sustainability of the program's impact over time.

7.2. *Sample of the Study*

The correlational study covered (24) abused women in Ibb city in Yemen. They are between (15- 45) years old. The purposive sampling technique was adopted to select the sample study. the participants were divided into two groups; the experimental group, which consists of (12) items , was exposed to the a aforementioned guiding program; and the control group consists of (12) items considering the homogeneity among the sample members like ,age , learning level and social status.

7.3. *Tools of the Study*

The researchers used the following tools to achieve the objectives of the study: a Psychological Resilience Scale (developed by the researchers), which includes four main dimensions: personal competence, social relationships, faith and spiritual values, and problem-solving. **Appendix (1)**

- A cognitive-behavioral program for developing resilience of abused women (prepared by the researchers). **Appendix (2)**

7.4. *Statistical Methods:*

The study used several statistical methods to address the study data using the computerized statistical package of social sciences (SPSS) and this means as follows:

Mann. Whitney test to know the significance of differences between the mean ranks of scores of experimental and control groups before and after program application.

Wilcoxon test of non-independent sample (correlated)/paired sample to test the study hypotheses to see the significance of differences between the average scores of the sample ranks on the used scales before and after the application of the guiding program on the experimental group.

Wilcoxon test of non-independent sample (correlated)/paired sample to test the study hypotheses to see the significance of differences between the average scores of the sample ranks on the used scales after and follow- up the application of the guiding program on the experimental group.



8. Results

This section presents a concise overview of the study's findings using statistical methods appropriate to the nature of each hypothesis. Suitable non-parametric tests were employed, including the Mann-Whitney U test, the Wilcoxon Signed-Rank test, and repeated measures analysis, to evaluate the effectiveness of the cognitive-behavioral program in enhancing psychological resilience among abused women. The following is a detailed presentation of the results, accompanied by analysis and interpretation of their statistical significance.

First: Results and Discussion of the First Hypothesis

The first hypothesis states: "There are statistically significant differences between the mean scores of the experimental and control groups on the Psychological Resilience Scale after the implementation of the program, in favor of the experimental group." To test this hypothesis, the researchers employed the non-parametric Mann-Whitney U test for independent samples to examine the significance of the differences between the mean ranks of the experimental and control groups in the post-test scores on the Psychological Resilience Scale. The following table presents the results of this analysis.

Table (1):

Results of the Mann-Whitney Test

Group	Sample size	Mean Ranks	Standard Deviation	U-value	Significance (p)
Control	12	57.500	2.276	6.02	0.00
Experimental	12	65.916	4.273		

The data presented in the table indicate that the calculated U-value is 6.02, which is statistically significant at the 0.05 level. This suggests the presence of a statistically significant difference between the experimental and control groups in the post-measurement of psychological resilience.

It is evident that the experimental group achieved a higher mean score (65.916) compared to the control group (57.500), indicating a significant effect of the intervention on their level of psychological resilience. Given that the p-value (0.00) is less than 0.05, this result supports the hypothesis that there is a significant difference between the two groups in favor of the experimental group. This confirms the effectiveness of the intervention in enhancing psychological resilience.



This improvement is attributed by the researchers to the commitment of the experimental group participants abused women to regular attendance and active participation in the program sessions and activities, as well as their completion of the assigned homework.

It is also attributed to the content of the program itself, which included a variety of therapeutic techniques and strategies applied within real-life contexts. These elements had a positive impact on enhancing psychological resilience, which encompassed the following dimensions: personal competence, social relationships, faith and spiritual values, and problem-solving.

These findings are consistent with previous studies such as Kaplan et al. (1996), Sleinhard & Dolbier (2008), and Shew (2010), which also highlighted the effectiveness of cognitive-behavioural interventions in promoting psychological resilience among women exposed to psychological or social stressors.

Second: Results and Discussion of the Second Hypothesis

The second hypothesis states: "There are statistically significant differences between the mean ranks of the experimental group of abused women on the Psychological Resilience Scale in the pre-test and post-test measurements."

To verify the validity of this hypothesis, the researchers employed the non-parametric Wilcoxon Signed-Rank Test for dependent samples to examine the significance of the differences between the mean ranks of the experimental group in the pre-test and post-test. The following table presents the results of this analysis

Table (2):

Results of the Wilcoxon Signed-Rank Test

Variable	Measurement	Rank Direction	N (Cases)	Z Value		Sig. Level
				Mean Rank		
Psychological Resilience	Pre-test vs Post-test	Positive Ranks	12	6.50	-3.062	0.002
		Negative Ranks	0	0		
	Ties		0	0		

The previous table shows that the Z value reached (-3.062), and the significance level (Sig.) was (0.002), which is lower than the accepted significance threshold of (0.05). This indicates the presence of statistically significant differences between the pre-test and post-test measurements on



the Psychological Resilience Scale, in favor of the post-test. This result suggests the effectiveness of the cognitive-behavioural program in improving the level of psychological resilience among abused women.

The results of this hypothesis can be interpreted in light of the experimental group's participation in the cognitive-behavioural program sessions, which included informative content, techniques, strategies, activities, and experiential learning. These elements contributed to enhancing participants' awareness of psychological resilience, fostering a positive attitude toward resilience, and providing practical training in acquiring positive behaviours and skills. The program also emphasized the development of new social behaviours that support coping with pressure, such as seeking help from trusted individuals, consulting others, accepting alternative viewpoints, and improving problem-solving abilities.

The techniques used throughout the sessions such as emotional ventilation, experience sharing, and the counsellors' guiding and advisory role during discussions played a significant role in helping participants apply these strategies in real-life situations. In addition, the homework assignments functioned as practical exercises in psychological resilience, reinforcing the skills targeted by the program.

These findings are consistent with the results of previous studies that demonstrated the effectiveness of resilience-enhancing programs, including those by Kaplan (1996), Egger (1998), Thomas (2005), Sleinhard & Dolbier (2008), Shew (2010), as well as Arab-context studies by Mohamed Mostafa Abdel-Razek (2021) and Younes (2020).

Third: Results and Discussion of the Third Hypothesis

The third hypothesis states: There are no statistically significant differences between the mean rank scores of the experimental group of abused women on the Psychological Resilience Scale in the post-test and follow-up measurements.

To examine the validity of this hypothesis, the researchers employed the non-parametric Wilcoxon Signed-Rank Test for dependent samples to validate the significance of the differences between the mean ranks of the experimental group in the post-test and follow-up. The following table presents the results of this analysis



Table (3):

Results of the Wilcoxon Signed-Rank Test

Variable	Measurement	Rank Direction	N	Mean	Z Value	Sig.
			(Cases)	Rank		
Psychologica	post-test vs	Positive Ranks	3	4.17	-0.791	0.429
Resilience	follow-up	Negative Ranks	5	4.70		
	test	Ties	4	0		

The previous table shows that the Z value reached (-0.791), and the significance level (Sig.) was (0.429), which is higher than the accepted significance threshold of (0.05). This indicates the absence of statistically significant differences between the post-test and follow-up measurements on the Psychological Resilience Scale. This result demonstrates that the improvement in the level of psychological resilience among abused women, achieved by the cognitive-behavioural program, was maintained and stable at the time of the follow-up measurement, indicating the sustainable impact of the program's effectiveness.

9. Findings and Discussion

The researchers attributes this result to the fact that the participants benefited effectively from the cognitive-behavioural program, as its positive impact extended beyond the actual application period, as shown in the follow-up measurement results, with no indication of relapse. This can be explained by the fact that the participants acquired a set of cognitive and behavioural skills and knowledge through the program, which aimed to enhance psychological resilience, empower them to understand themselves more deeply, recognize their abilities and potential, and guide them in how to utilize these capabilities to cope with life stressors.

Moreover, the program helped the participants build a value-based and ethical framework that fostered a more positive self-image, contributed to their social integration, and supported the development of balanced attitudes toward themselves and society. These results highlight the effectiveness and sustainability of the program's impact, which is consistent with numerous previous studies that have confirmed the long-term effectiveness of counselling programs based on cognitive-behavioral therapy, with no signs of relapse after the end of the intervention.



In order to assess how well a cognitive-behavioral treatment can help Yemeni women who have experienced abuse build psychological resilience, this study was conducted. To evaluate the three primary hypotheses, the study was carried out using appropriate non-parametric statistical techniques and repeated measures analysis. The findings offered compelling proof of the intervention's beneficial effects, which are covered in more detail below.

The first hypothesis predicted that following the implementation of the cognitive-behavioral treatment, the experimental group would have statistically significant gains on the Psychological Resilience Scale compared to the control group. The results obtained from the Mann-Whitney U test supported this theory. With a mean score of 65.916, the experimental group outperformed the control group, which had a score of 57.500. The difference was statistically significant ($p = 0.00$), suggesting that people who received the intervention had improved psychological resilience.

A number of things contributed to this development, such as the participants' consistent attendance, participation in program activities, and finishing of chores. A variety of resilience dimensions, including social relationships, problem-solving skills, spiritual values, and personal competence, seem to have benefited from the program's structured content, which integrated a variety of therapeutic approaches in authentic settings. These results are in line with earlier studies that showed how well cognitive-behavioral therapies can improve psychological resilience in comparable populations, such Kaplan et al. (1996), Sleinhard & Dolbier (2008), and Shew (2010).

The experimental group's psychological resilience levels were expected to alter statistically significantly between pre-test and post-test assessments, according to the second hypothesis. Using the Wilcoxon Signed-Rank test, this was evaluated. Following program participation, the results showed a significant increase in psychological resilience ($Z = -3.062$, $p = 0.002$), confirming the hypothesis.

The rise is attributed to the program's all-encompassing approach, which comprised educational materials, techniques for developing skills, hands-on training, and experiential learning. In addition to practicing coping mechanisms including asking for assistance, accepting different viewpoints, and problem-solving techniques, participants also gained a better understanding of resilience. Experience-sharing, emotional release, and the facilitator's encouraging presence all helped participants implement newly acquired techniques in practical settings. Assignments for homework



served to further strengthen these skills. These results are consistent with regional studies by Mohamed Mostafa Abdel-Razek (2021) and Younes (2020), as well as earlier research by Kaplan (1996), Egger (1998), Thomas (2005), Steinhard & Dolbier (2008), Shew (2010), and others that highlight the effectiveness of structured programs in promoting psychological resilience. The study's findings contribute to a growing body of evidence highlighting the effectiveness of structured programs in fostering psychological resilience. The third hypothesis, which predicted that the experimental group's improvements in psychological resilience would be sustained over time, was tested using a Wilcoxon signed-rank test. The results confirmed the hypothesis, as no statistically significant differences were found between the post-test and follow-up measurements ($Z = -0.791, p = 0.429$). The lack of a significant decline strongly indicates that the positive effects of the cognitive-behavioral program were maintained. This finding demonstrates the program's success in helping participants not only achieve but also sustain gains in psychological resilience over the long term, underscoring the durable impact of the intervention.

10. Conclusion

This study's results show that a cognitive-behavioural treatment helped battered women in Yemen become more mentally tough. It is clear that the intervention was effective because the experimental group's post-test scores improved significantly more than the control group's. Changes in resilience were not coincidental but rather the direct outcome of the program's organized sessions, which comprised cognitive-behavioral techniques, experiential learning, emotional expression, and supportive guidance; this is further supported by the within-group comparison between the pre- and post-tests. Notably, there were no significant variations between the post-test and follow-up scores, which means that the intervention had a lasting impact and that the resilience increases were both immediate and persistent. When considered as a whole, these results provide credence to the idea that cognitive-behavioral treatments can significantly help battered women by increasing their mental toughness, teaching them new ways to cope, and ensuring their mental health for the future. The program's influence on important aspects including problem-solving, social support, and self-efficacy makes it a good candidate for wider application in psychosocial support services.



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Appendices

Appendix (2) Psychological resilience scale for abused women
developed by the researchers

N	Paragraphs	Agree	Agree	Disagree
		Somewhat		
.1	I achieve the goals I set for myself.			
.2	I am able to adapt to different life situations.			



.3 I am proud of my achievements.

.4 When I fail, I don't get discouraged.

.5 I make my own decisions.

.6 I can rely on myself.

.7 I can face the difficulties that come my way.

.8 I have the ability to influence others.

.9 My self-confidence is high in all circumstances and different situations.

.10 I am able to recover my strength after crises.

.11 I look at the positive side of problems when facing adversity.

.12 I feel present when I am with others.

.13 I feel that others do not acknowledge my contributions to them.

.14 I do not like to express my feelings in front of others.

.15 I feel that others make fun of me.

.16 I can form strong relationships with those around me.

.17 I cannot trust others.

.18 Others respect you when you deal with them formally.

N	Paragraphs	Agree	Agree	Disagree
		Somewhat		
.19	Many people around me like me.			
.20	I have a friend I can tell everything to.			
.21	My family members support and always help me.			
.22	I accept others' points of view, even if they differ from my own.			
.23	I can get along with the people around me.			
.24	I was not popular among my friends.			
.25	No one cares about me.			
.26	I find it difficult to socialize with others.			
.27	I believe that God is the Creator of destinies and He will help me.			



.28 I feel comfort and peace when I perform my religious duties.

.29 I am forced to lie for personal gain.

.30 God gives me strength to face life's difficulties.

.31 In times of suffering, I remember stories from the Quran and sayings of the Prophet Muhammad (peace be upon him).

.32 I rely on God Almighty in all matters.

.33 Issues of halal and haram are very important to me.

.34 Remembering God makes me feel at peace and close to Him.

.35 I am religiously committed.

.36 My faith influences many of my decisions.

.37 I feel God's presence in every word and deed I do.

N	Paragraphs	Agree	Agree	Disagree
		Somewhat		
.38	I solve my problems independently without asking for help from others.			
.39	I act wisely in unexpected situations.			
.40	If I encounter a problem, I look for its root cause.			
.41	I utilize my past experiences to solve my problems.			
.42	I cannot solve my problems without someone's help.			
.43	I plan to solve problems patiently and deliberately.			
.44	I enjoy solving a difficult problem I have faced.			
.45	I don't tire myself out solving problems because they will resolve themselves.			
.46	I have the courage to make decisions and bear the consequences.			
.47	When I solve a problem, I consider different solutions and choose the best one.			

Schedule of sessions for the cognitive-behavioral program to develop psychological resilience in abused women



prepared by the researchers

Sessions	Session Topics	Therapeutic Techniques & Activities Used	Time in minutes
1.	Preparation and Introduction	Lecture, Discussion, Encouragement and Reinforcement, Home Activity	45
2.	Resilience Psychological	Lecture, Discussion, Reinforcement, Modeling, Home Activity	120
3.	Traumatic Experience	Lecture, Discussion, ABC Technique, Reinforcement, Modeling, Storytelling, Idea Log, Home Activity, Emotional Clock Activity	120
4.	The Inner Enemy (Recognizing Irrational and Automatic Thoughts)	Lecture, Discussion, Reinforcement, Modeling, Home Activity, Idea Log	120
5.	Self-Acceptance and Contentment	Lecture, Discussion, Reinforcement, Modeling, Self-Observation, Visualization, Home Activity, Mirror Activity	120
6.	Forgiveness	Lecture, Discussion, Reinforcement, Modeling, Storytelling, Visualization, Empty Chair, Home Activity, Wool Cup Activity	120
7.	Relaxation	Lecture, Physical Relaxation, Breathing Relaxation, Home Activity	120
8.	Managing Inner Dialogue	Lecture, Discussion, Thinking Stop, Cognitive Modification Technique, Self-Observation Log, Home Activity	120
9.	Managing Anxiety	Discussion, Relaxation, Exposure, Gradual Desensitization, Visualization Adaptation, Calming Exercises (Hugging, Body Preparation), Worry Box Activity, Home Activity	120



10.	Meaning of Life and Goal Setting	Lecture, discussion, reinforcement, storytelling, modeling, homework	120
11.	Stress Management	Discussion, stress resilience, homework	90
12.	Problem Solving and Decision Making	Lecture, discussion, reinforcement, problem-solving, homework	120
13.	Assertiveness	Lecture, discussion, reinforcement, modeling, storytelling, imagination, empty chair, role-playing, homework	120
14.	Emotional Management	Deep breathing – Emotion management training – Self-monitoring – Screw plates, activity, home activity	120
15.	Closing Session	Discussion, reinforcement, follow-up quiz - Conclusion	60

