Research Paper:
Effects of Emotion-focused Therapy and Existential Group Therapy on Depression, Anxiety, and Stress in the Victims of Child Sexual Harassment

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Background: Traumatic childhood experiences, especially sexual harassment, are among the main factors causing anxiety disorders. The present study aimed to determine the effects of Emotion-focused Therapy (EFT) and Existential Group Therapy (EGT) on depression, anxiety, and stress in the victims of child sexual harassment.

Methods: This was a quasi-experimental study with a pre-test-post-test control group design. The research population consisted of all men and women with a history of child sexual harassment referring to the counseling and psychological service centers of Isfahan City, Iran. In total, 45 subjects were selected by convenience sampling method and randomly assigned into two experimental groups and a control group (n=15/group). The experimental groups received EFT or EGT (eight 90-minute sessions). Accordingly, the obtained results were compared with the control group immediately after the intervention and 3 months later. The required data were collected by the Depression Anxiety Stress Scales (DASS-42) and analyzed by repeated-measures Analysis of Variance (ANOVA) in SPSS.

Results: The current research results revealed that EGT effectively reduced depression symptoms (P<0.01); however, EFT did not significantly affect depression symptoms. Both interventions reduced anxiety symptoms in the study subjects (P<0.01). Furthermore, EFT was more effective than EGT in reducing stress symptoms (P<0.01). There was a significant difference between the pre-test, post-test, and follow-up stages as well as the time*group interaction in the mean scores of depression, anxiety, and stress (P<0.01).

Conclusion: Based on the present study findings, psychotherapists and psychiatric nurses are recommended to apply these interventions for controlling depression, stress, and anxiety among the victims of child sexual harassment.

ABSTRACT

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Keywords:
Anxiety, Depression, Emotion-focused therapy, Logotherapy, Sexual harassment

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1. Introduction

Sexual harassment is a major traumatic event that threatens individuals throughout their lives. It is unwanted sexual behavior that leads to discomfort and negative effects (Syarifah Fathynah & Sharifah Syahirah, 2015). Kahsay (2020) defines sexual harassment as inappropriate sexual behavior that includes seductive, unwanted, and repetitive sexual offers aiming to convince someone for sexual relationships. It means to impose one’s sexual desire on a subject regardless of their content in a context of unequal power relations. Sexual harassment can involve various behaviors from street harassment to sexual abuse, and rape. It can be generally considered a range of sexually explicit gestures, behaviors, and practices, from lecherous looks to rape, and is categorized under verbal, nonverbal, and physical harassment (Khodabakhshi-Koolaee et al. 2019). The rate of sexual harassment is high among both genders; however, girls are more harassed than boys (Vega-Gea et al. 2016). Evidence suggests that females are three times more likely than boys to experience sexual harassment. Moreover, children from poor families are 18 times more prone to be sexually abused than those from high-income families (Banducci et al. 2014).

Sexual harassment can adversely affect victims’ mental health and cause them depression, anxiety, and aggression (Carey et al. 2018). Individuals who are sexually harassed or abused in childhood are more prone to be the victim of sexual harassment or commit this behavior against others in adulthood. Child sexual harassment by a family member or close relative can lead to more severe and prolonged mental health problems (Radell et al. 2021; Dworkin et al. 2017). Traumatic childhood experiences, especially sexual harassment, are among the major factors causing anxiety disorders. There is a high correlation between child sexual harassment and anxiety symptoms, including Post-Traumatic Stress Disorder (PTSD). Studies outlined a high prevalence of aggression among children with a history of sexual harassment (Nemeroff 2016; Boroughs et al. 2015). A study conducted in the US on individuals with a history of suicide or physical violence against others demonstrated that 18% of them had been sexually harassed in childhood (Harford et al. 2014). Sexual harassment may also lead to stress, mood, anxiety, and bipolar disorders (Post et al. 2015).

Emotion-Focused Therapy (EFT) is a new humanistic and experimental therapy that emphasizes the important role of emotions and emotional communication in organizing communication patterns (Shahar 2020). This intervention is a combination of empathy and positive acceptance techniques from client-centered therapy, and the techniques of focus on the “moment-by-moment experiencing” and “empty chair”, from Gestalt therapy (Timulak et al. 2018). Carryer and Greenberg (2010) reported that EFT could significantly reduce the symptoms of depression and trauma. Both individual and group EFT can effectively improve Major Depressive Disorder (MDD), quality of life, PTSD, and adaptive functions. Numerous studies have emphasized the major role of groups in psychotherapy; they suggested that groups can improve adaptation skills by providing an opportunity for the members to support one another and participate in a larger social network (Mohammadi S. et al. 2021. Depression and Anxiety in Victims of Sexual Harassment. JCCNC, 7(3), pp. 227-236.}

Highlights

- Existential group therapy reduced depression symptoms in the victims of child sexual harassment.
- Existential group therapy and emotion-focused group therapy effectively reduced anxiety symptoms in the study participants.
- Emotion-focused group therapy was significantly more effective than existential group therapy in reducing stress symptoms.

Plain Language Summary

Traumatic childhood experiences, especially sexual harassment, are among the most important factors causing anxiety disorders. They can negatively affect the mental health of victims and lead to the occurrence of depression, anxiety, and aggression. According to the results of this study, existential group therapy reduced depression symptoms. Besides, existential group therapy and emotion-focused group therapy reduced anxiety symptoms in the victims of child sexual harassment. Emotion-focused group therapy was more effective than existential group therapy in reducing stress symptoms.
et al. 2020; Victoria Cerezo et al. 2014). According to its unique features in emotion regulation as well as the promotion of environmental and psychosocial adaptation, EFT can be an effective intervention for reducing psychological distress in the victims of sexual harassment (Flecha et al. 2020).

The existential approach to psychology addresses deep and central issues, such as loneliness, meaninglessness, death, and freedom for all individuals regardless of their culture, religion, ethnicity, and race (Heidenreich et al. 2021; Chabok et al. 2017). Emphasizing important concepts, such as responsibility, presence in existence, freedom, choice, search for meaning, and self-knowledge, existential psychotherapy offers a unique approach to treat existential anxiety (Feizi et al. 2019). This approach encourages the clients to face some aspects of their lives they have always escaped from. Instead, they are encouraged to bravely recognize unfortunate events to believe that they can achieve happiness and vitality when accepting that these are not ever-lasting issues in life (Yılmaz et al. 2019). Existential Group Therapy (EGT) facilitates working on existential issues and the process of searching for value and meaning in life. It is critical to review the sexual records of individuals. This is because sexual behaviors are an essential part of psychological life and can affect individuals’ mental health (Bahmani et al. 2015). Those with a history of sexual harassment seriously need to be examined and receive effective psychological interventions. If the psychological effects of sexual harassment on the health status of individuals remain untreated, they can cause other mental problems and trap individuals in a vicious cycle (Brown et al. 2019).

Existential therapy can also help the victims of sexual harassment to reduce their feelings of loneliness and helplessness by finding new meanings in life and coping with their unpleasant experiences (Yilmaz et al. 2019). Most victims of sexual harassment have a sense of loneliness and guilt as they assume themselves to be the only ones who have experienced an unfortunate event; they usually do not discuss it with other due to a sense of shame or fear of its consequences. Group therapy provides them the opportunity to improve their mental health in a supportive group of people with the same problem. Accordingly, this study aimed to compare the effects of group EFT and EGT on depression, anxiety, and stress in the victims of child sexual harassment.

Table 1. A summary of emotion-focused group therapy sessions (Watson, Goldman & Greenberg 2007)

| Sessions | Objectives | Content/Practices |
|----------|------------|-------------------|
| 1 | Assessing clients’ problems and underlying areas, including stressors, coping, social support, and psychological safety. Creating a therapeutic alliance. | Familiarize participants with group members and explain treatment goals; preliminary report on emotion-focused group therapy approach. |
| 2 | Identifying the patterns of how individuals can be related to themselves. Recognizing inner and inter-personal emotions and communication. | Implement an emotion-focused group therapy program; Recognizing the cycle of negative interaction. Discovering emotional conflicts. |
| 3 | Expanding awareness about unrecognizable emotions in interaction with oneself and others. | Identify the unknown emotions underlying the interactive situation. |
| 4 | Reviewing problems in terms of cycles, basic emotions, and attachment needs. | Emphasize participants’ abilities to express their emotions and indicating appropriate behaviors concerning depression, anxiety, and stress. |
| 5 | Expanding awareness about basic (deprived) emotions and attachment needs through contact with oneself and others. | Encouraging participants to identify their unmet needs and the aspects of themselves that have been denied. |
| 6 | Increasing the acceptance of feelings and attachment needs with the help of the therapist. | Informing participants of the underlying emotions; increase the acceptance of new interactive answers. |
| 7 | Encouraging clients to express their needs and establish safe and positive cycles with themselves, the therapist, and others. | Developing early emotional experiences in the field of depression; anxiety and stress, increasing the identification of attachment patterns; facilitating the expression of needs. |
| 8 | Suggesting new solutions to clients’ problems and supporting them in the outside world. | Create new interactive situations between participants; clarifying interactive patterns, reminding them of new sets of needs. |
| 9 | Enhancing the new cycles of positive interaction with oneself and others. | Strengthening the changes that have taken place during therapy sessions, highlighting the differences between current and past interactions. |
2. Materials and Methods

This was a quasi-experimental study with pre-test-post-test control group design. The research population consisted of all men and women with a history of child sexual harassment referring to the counseling and psychological service centers of Isfahan City, Iran, in 2019 and 2020. The sample size included 45 subjects, i.e., determined by G*power software. The study subjects were selected by convenience sampling method. The inclusion criteria of the study included a history of child sexual harassment based on the clinical interviews, providing informed consent forms for participation in the study, being 20-30 years old, not taking psychiatric drugs and non-affliction with psychiatric disorders or acute physical illnesses that could interfere with the research process. The exclusion criteria were undergoing any other interventions, absence from >2 therapy sessions, affliction with a disease that could disrupt the treatment process, and unwillingness to continue the study. The study subjects were randomly assigned into two experimental groups (EFT & EGT) and a control group (n=15/group). The research instrument included the following:

Depression Anxiety Stress Scales (DASS-42): This self-report, 42-item scale was developed by Lovibond in 1995 to measure depression, anxiety, and stress (14 items per construct) over the past week. All items are scored on a 4-point Likert-type scale, ranging from 0 to 3. The minimum and maximum scores obtained for each subscale (depression, anxiety, & stress) are 0 and 42, respectively. A higher score indicates a higher level

Table 2. A summary of existential group therapy sessions (Tantam & van Deurzen, 2019)

| Sessions | Objectives | Practices |
|----------|------------|-----------|
| 1        | 1- Familiarity with the process of group therapy 2- Familiarity with rules and norms 3- Facilitating group solidarity and communication 4- Emphasizing the principle of confidentiality | 1- Explaining the formation of problems based on the approach of existential analytical psychotherapy 2- Explaining group existential analytical psychotherapy 3- Introducing the rules and norms 4- Introducing the group members 5- Evaluating the concerns and opinions of the members regarding the discussed issues |
| 2        | 1- Establishing group communication and solidarity 2- Increasing self-awareness 3- Living in the present time 4- Increasing the participation of group members | 1- Encouraging members to express their emotions and thoughts 2- Educating members about empathy and giving feedback 3- Focus on the “here” and “now” |
| 3        | 1- Deepening self-awareness 2- Encouraging self-expression and openness 3- Increasing the tolerance of members towards each other | 1- Increasing awareness by focusing on three types of being, existential analysis of openness, and self-expression 2- Encouraging members to express personal emotions and thoughts 3- Encouraging members to express their reactions to the openness of others |
| 4        | 1- Familiarity with the psychological concepts of freedom and choice 2- Familiarity with the consequences of freedom and choice | 1- Existential analysis of the concepts of freedom and choice 2- Explaining the relationship between freedom and choice in human relations 3- Encouraging members to make new decisions |
| 5        | 1- Familiarity with the concept of responsibility 2- Increasing the sense of responsibility towards oneself and others 3- Understanding the relationship of escaping from freedom and choice with the inability to take responsibility | 1- Existential analysis of the concept of responsibility 2- Explaining the role of responsibility in personal growth and human relations 3- Encouraging members to discuss new decisions and take the responsibility for their choice |
| 6        | 1- Experiencing originality in establishing relationships with others 2- Understanding and accepting loneliness as inevitable realities | 1- Encouraging members to give feedback on each other’s experiences of deep relationships with others 2- Explanation of the concept of loneliness from an existential point of view |
| 7        | 1- Understanding the meaning and purpose of life 2- Discovering the hidden and obvious meanings of members’ lives 3- Committing to a specific goal in the future life | 1- Existential analysis of the purpose and meaning of life 2- Talking about past goals and finding hidden meanings |
| 8        | 1- Integrating and explaining the contents of the previous sessions 2- Explaining group therapy as the beginning of a new and healthy relationship with others 3- Terminating the group process | 1- Reviewing the previous content and the group process 2- Explaining the future challenges of members caused by behavioral-psychological changes |
of depression, anxiety, and stress. Although this scale can diagnose and screen these symptoms among adolescents, it is better to be used for individuals over the age of 15 years. Afzali et al. (2007) reported the reliability of the depression, anxiety, and stress subscales to be 0.94, 0.85, and 0.87, respectively, based on Cronbach’s alpha coefficient. In the present study, Cronbach’s alpha coefficient for depression, anxiety, and stress subscales were measured as 0.88, 0.82, and 0.90, respectively.

The first intervention program consisted of nine 90-minute sessions of EFT (Watson, Goldman & Greenberg 2007), and the second intervention program consisted of eight 90-minute sessions of EGT (Tantam & van Deurzen, 2019). The intervention programs in the experimental groups were conducted by the first author. Due to the COVID-19 pandemic, treatment sessions were held online using educational slides. The dependent variables were assessed before the study, after the intervention. Furthermore, all study subjects attended the sessions and no attrition was observed. Tables 1 and 2 present a summary of the therapy sessions.

The obtained data were analyzed by descriptive and inferential statistics, such as mean, standard deviation, and repeated-measures Analysis of Variance (ANOVA) in SPSS.

3. Results

The Mean±SD age of the control, EFT, and EGT groups were 25.46±3.65, 25.26±4.12, and 25.53±4.72 years, respectively. The collected data suggested that 75.60% of the research subjects were female and 24.40% of them were male. The demographic variables of the research subjects are presented in Table 3.

Table 4 lists the Mean±SD scores of the research variables in the experimental and control groups in the pre-test, post-test, and follow-up phases. Based on the results presented in Table 4, the mean post-test and follow-up scores of depression, anxiety, and stress have reduced, compared to the pre-test in the intervention groups.

As per Table 5, there was a significant difference between the pre-test, post-test, and follow-up phases as well as the time×group interaction in the mean scores of depression, anxiety, and stress (P<0.01).

Based on Table 6, the intragroup effect of time (F-value) was equal to 46.11 for depression, 37.86 for anxiety, and 70.16 for stress; this corroborated the significant difference between the pre-test, post-test, and follow-up measurements (P<0.01). Considering the time×group interactive effects measured by F-value (10.46 for depression, 14.89 for anxiety, & 26.89 for stress) and the group effects measured by F-value (3.26 for depression, 3.45 for anxiety, & 5.99 for stress), there was a significant difference between the mean scores of EFT, EGT, and control groups (P<0.05).

The results of the LSD test for the pairwise comparison of mean scores signified a significant difference between the control and EGT groups in the mean score of depression (P<0.05); however, there was no significant difference between the control and EFT groups or between the EFT and EGT groups in this regard. The relevant results also indicated a significant difference between the control group and both experimental groups in the mean...
score of anxiety (P<0.05); however, no such difference was observed between the intervention groups. Finally, there was a significant difference between the control and EFT groups, also between the EFT and EGT groups in the mean score of stress (P<0.05). However, there was no significant difference between the control and EGT in this regard (Table 7).

4. Discussion

The present study determined the effects of EFT and EGT on depression, anxiety, and stress in the victims of child sexual harassment in Isfahan City, Iran. The study findings revealed a significant difference in the mean scores between the study groups. The results also indicated that EGT was more effective than EFT in reducing depression symptoms. Additionally, both interventions effectively reduced anxiety symptoms in the research subjects. The obtained data also indicated that EFT was significantly more effective than the EGT in reducing stress symptoms in the victims of child sexual harassment. Timulak et al. (2018) stated that EFT was effective in treating generalized anxiety disorder in the clients referring to a primary care psychology/counseling service. Greenberg (2017) reported that EFT reduces depression in patients by implementing specific therapeutic techniques. Major elements of sexual harassment are illegal action and force; as the force deprives the other party of his/her will and makes his/her a victim and a worthless tool, instead of a sexual partner (Heidenreich et al. 2021). Children or adolescents who are sexually harassed may experience various mood-anxiety disorders or family problems. Moreover, the fear of disgrace or disclosure of the event (sexual harassment) makes the victims more and more dependent on their family or trusted relatives.

Table 4. Mean±SD values of the dependent variables in the experimental and control groups in the pre-test, post-test, and follow-up stages

| Dependent variables | Phases     | Mean±SD          |
|---------------------|------------|------------------|
|                     |            | Emotion-focused Group Therapy | Existential Group Therapy | Control          |
| Depression          | Pre-test   | 19.33±5.31       | 21.26±4.52               | 19.80±5.08      |
|                     | Post-test  | 15.13±4.53       | 16.06±4.84               | 19.33±5.12      |
|                     | Follow-up  | 15.66±4.87       | 16.86±4.98               | 20.00±5.41      |
| Anxiety             | Pre-test   | 20.86±4.58       | 19.80±6.28               | 19.30±4.36      |
|                     | Post-test  | 15.80±3.65       | 15.46±4.62               | 20.53±4.13      |
|                     | Follow-up  | 16.00±3.95       | 16.06±4.58               | 19.33±3.79      |
| Stress              | Pre-test   | 17.13±5.55       | 23.66±5.10               | 18.46±5.18      |
|                     | Post-test  | 12.86±5.25       | 17.73±4.04               | 18.60±4.30      |
|                     | Follow-up  | 13.40±5.47       | 18.93±4.09               | 19.80±4.31      |

Table 5. Wilks’ Lambda and Partial Eta-Squared values of the research variables

| Variables  | Effects     | Values | F       | df1 | df2 | P        | Partial η2 | Power |
|------------|-------------|--------|---------|-----|-----|----------|------------|--------|
| Depression | Time        | 0.328  | 23.16   | 2   | 41  | 0.0001   | 0.61       | 1.00   |
|            | Group × Time| 0.609  | 5.77    | 4   | 82  | 0.0001   | 0.22       | 0.97   |
| Anxiety    | Time        | 0.404  | 30.26   | 2   | 41  | 0.0001   | 0.59       | 1.00   |
|            | Group × Time| 0.509  | 8.23    | 4   | 82  | 0.001    | 0.29       | 0.99   |
| Stress     | Time        | 0.201  | 81.50   | 2   | 41  | 0.001    | 0.79       | 1.00   |
|            | Group × Time| 0.305  | 16.60   | 4   | 82  | 0.001    | 0.44       | 1.00   |
this can cause numerous social problems for victims. Existential therapists argue that this intervention enables individuals to be honest with themselves, expand their view of themselves and the world, and clarify what can make their lives meaningful.

When clients realize that they have not had a fully developed personality in their lives and how they should actualize their potentials, set and pursue their objectives in life, and identify their criteria and values, they can find a new style for their lives to be an informed subject who can responsibly make decisions (Heidenreich et al. 2021).

It seems that the victims of sexual harassment can control their negative emotions and thoughts if they learn to be responsible for their decisions, accept the anxiety caused by changes, and cope with unchangeable or unavoidable matters (Feizi et al. 2019). In other words, the originality of existence in groups is a view that involves finding choices to give meaning to life. This process en-

Table 6. Within- and between-subjects repeated-measures ANOVA data of the research variables in the pre-test, post-test, and follow-up phases

| Scales | Within and between subjects' effects | Source          | SS     | df  | MS     | F        | P      | η²   | Power |
|--------|-------------------------------------|-----------------|--------|-----|--------|----------|--------|------|-------|
|        | Within-subjects                     | Time            | 272.05 | 1.48| 182.70 | 46.11    | 0.001  | 0.52 | 1.00  |
|        |                                     | Group x Time    | 123.49 | 2.97| 41.46  | 10.46    | 0.001  | 0.33 | 0.99  |
|        |                                     | Error           | 248.77 | 62.54| 3.96   | 10.46    | 0.001  | 0.33 | 0.99  |
|        | Between-subjects                    | Time            | 238.23 | 1.55| 153.69 | 37.86    | 0.001  | 0.47 | 1.00  |
|        |                                     | Group x Time    | 180.83 | 3.10| 58.33  | 14.37    | 0.001  | 0.40 | 1.00  |
|        |                                     | Error           | 264.26 | 65.10| 4.05   | 14.37    | 0.001  | 0.40 | 1.00  |
|        |                                     | Time            | 268.04 | 1.62| 164.58 | 70.16    | 0.001  | 0.62 | 1.00  |
|        |                                     | Group x Time    | 205.51 | 3.25| 63.09  | 26.89    | 0.001  | 0.56 | 1.00  |
|        |                                     | Error           | 1600.44| 680.40| 20.34  | 26.89    | 0.001  | 0.56 | 1.00  |
|        |                                     | Time            | 800.17 | 2   | 400.08 | 5.99     | 0.005  | 0.22 | 0.85  |
|        |                                     | Group x Time    | 2801.55| 42  | 66.70  | 66.70    | 0.005  | 0.22 | 0.85  |

Table 7. LSD test for the paired comparison of the research variables in the post-test and follow-up phases

| Variables | Groups                                                | Mean Diff. | SE   | P       |
|-----------|-------------------------------------------------------|------------|------|---------|
| Depression| Emotion-focused group therapy - control                | -3.00      | 1.74 | 0.093   |
|           | Existential group therapy - control                    | -4.35      | 1.74 | 0.016   |
|           | Emotion-focused group therapy - existential group therapy | -1.35    | 1.74 | 0.441   |
| Anxiety   | Emotion-focused group therapy - control                | -3.93      | 1.55 | 0.015   |
|           | Existential group therapy - control                    | -3.48      | 1.55 | 0.030   |
|           | Emotion-focused group therapy - existential group therapy | 0.44   | 1.55 | 0.776   |
| Stress    | Emotion-focused group therapy - control                | -4.48      | 1.72 | 0.013   |
|           | Existential group therapy - control                    | -1.15      | 1.72 | 0.506   |
|           | Emotion-focused group therapy - existential group therapy | -5.64    | 1.72 | 0.002   |
ables individuals to understand they can be the author of their lives, instead of remaining a passive victim of conditions (Schippers & Ziegler 2019). Finally, the group allows individuals to review their values and compare them with others (Cowan et al. 2020). Realizing that they are not the only victims of sexual harassment, individuals in a group can increase their self-esteem and have a sense of usefulness. This is because they can share their experiences with others to overcome problems. The above-mentioned data can help us to justify the effectiveness of EGT in reducing depression and anxiety symptoms among the victims of sexual harassment.

EFT is based on a specific manner of communicating with clients, as a prerequisite for practical treatment. This situation can be described in different ways; e.g., the therapist helps the client to combine “being” with “doing”, something similar to the difference between “following” and “directing” the client. The therapist follows the ever-changing inner experience of the client; this does not mean the mechanical interpretation of the client’s words. It rather refers to the therapist’s attempts to maintain an empathetic connection with the client’s internal experience and examine their understanding of that experience (Duriez 2021). Furthermore, the therapist attempts to actively lead the therapy; this does not mean at all that therapist makes a lecture, advises, and controls the clients or attempts to solve the problems and clarify the clients. The main objectives of EFT are to create and enhance adaptive early emotions and change the abnormalities to help the clients to manage their emotions, develop empathy, and choose more adaptive emotional responses; a process, i.e., disrupted in the victims of sexual harassment because of their frustrating experiences (Shahar 2020). It seems that this method can reduce anxiety and stress because it helps clients to face the current conditions of their lives and review the unpleasant memories that lead to sadness, anger, and stress to take a more responsible role in the face of events, be able to change the changeable conditions and situations, and accept unchangeable conditions without suffering (Timulak et al. 2020). Similar to behavioral aspects, the cognitive aspect of emotion-focused techniques aims to manage emotions to increase psychological adjustment and adaptation (Soltani et al. 2014). Thus, one’s awareness of the present helps one to find a new manner to understand and respond to all the inner feelings and recognize all their emotions, thoughts, and experiences. This can justify the effectiveness of EFT in reducing anxiety and stress.

This study was conducted on the victims of child sexual harassment; therefore, the obtained findings should be cautiously generalized to other groups, such as adult female victims of sexual rape and violence or those encountering other psychological disorders. Moreover, due to time constraints, it was impossible to conduct a second follow-up test to measure the long-term stability of the results.

5. Conclusion

The present study findings indicated the effectiveness of EFT and EGT in reducing depression, anxiety, and stress among the victims of sexual harassment. Thus, psychologists and psychiatric nurses are recommended to hold courses and workshops based on these therapies to improve psychological wellbeing and the negative consequences of sexual harassment, such as anxiety, stress, and depression.

Ethical Considerations

Compliance with ethical guidelines

The study was approved by the Ethics Committee of Islamic Azad University- Shahrekord Branch (Code: IR.IAU.SHK.REC.1400.012). Informed written consent was signed by all the participants before the study.

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Authors’ contributions

All authors equally contributed to preparing this article.

Conflict of interest

The authors declared no conflicts of interest.

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