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Original article

The Effect of Bibliotherapy on the Mental Health of Sexually Abused Women and Girls

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Abstract

Introduction: Bibliotherapy is one of the methods for solving mental and psychological problems. The main goal of this research is to identify the impact of bibliotherapy on the mental health of sexually abused women and girls, including four dimensions: Physical symptoms, anxiety and insomnia, depression, and disruption of social functioning.

Methods: This research is an AB design (semi-experimental case study). A pre-intervention stage (A) was planned for each patient to determine the baseline, followed by the therapeutic intervention implementation stage (B). The statistical population comprised five sexually abused women and girls from the social emergency. Sampling was done in a targeted manner using the available sampling method. The General Mental Health Questionnaire (GHQ-28) was used to evaluate the mental health of the samples. The bibliotherapy process was carried out in eight sessions of 45 minutes, two sessions a week. Graphical and statistical analyses were used to analyze the data. In addition to graphical analysis, recovery percentage, and stable change index were used.

Results: Bibliotherapy has impacted the mental health of four out of five participants, with an overall improvement rate of 0.57 and a reliable change index greater than 1.96. Furthermore, bibliotherapy has positively influenced subscales of physical symptoms, anxiety and insomnia, depression, and social functioning, with an overall improvement rate of over 50% and a reliable change index greater than 1.96, indicating clinical and statistical significance ($P \leq 0.05$). Therefore, it can be concluded that bibliotherapy has positively impacted mental health and its subscales.

Conclusion: Bibliotherapy is efficacious in improving the mental health of sexually abused women and girls, and it seems to be a suitable option for the mental health of sexually abused women and girls as a complementary treatment method.

Introduction and importance

The importance of books in therapy can be traced back to ancient times when libraries were known as “Soul Clinics” (1). Over time, the importance of books and reading did not diminish. During the 18th and 19th centuries, bibliotherapy gained popularity in both Europe and America. In 1815, Benjamin Rush, often regarded as the father of American psychiatry, advocated for reading to be included as part of a patient’s treatment plan. (2). With the development of this technique and its successful

effects on patient treatment, therapeutic aspects of librarianship were introduced in 1904, and the first collaboration between librarianship and psychiatry began at McLean Hospital (3).

Bibliotherapy can be defined in six stages: identification, selection of writing, presentation of reading materials, cloning, refining (emotional drainage), and gaining insight. The client's needs (emotions, fears, anxieties, and the like.) are identified in the first stage. In the second stage, appropriate books are selected based on their problems. In the third stage, the reading material is presented to the individual when the conditions are suitable. Cloning occurs when the reader associates themselves with a particular character or condition in the book. In the refining phase, clients verbally drain their emotions through participation in discussions, whether written or artistic methods. Gaining insight comes when the client has better understood their situation after mental cloning and refining, helping them find new solutions to their problems (4).

The benefits of bibliotherapy include being inclusive and economical, providing information in a limited time, using multiple senses, and educating the client (5). Bibliotherapy is advantageous since it may be applied in various settings, including counseling sessions, educational institutions, and community activities (6). In fact, it should be stated that Bibliotherapy can treat mild to moderate mental health issues and will be helpful in different settings (7).

Sexual harassment is a global issue that is a persistent obstacle to the promotion of women and girls and their enjoyment of their individual and social rights. Sexual harassment can be defined as any unwanted consideration of a woman's body of a sexual nature. It can occur in any environment where women and girls are present or engaged in work activities. Women and girls may be harassed at home by relatives and acquaintances and in the workplace by employers, colleagues, and clients (8). Violence or sexual harassment can refer to any form of sexual violence against another person despite their opposition. This violent sexual behavior can be motivated by threats, abuse, injury, or sexual harm. In simpler terms, any form of sexual behavior involving coercion, violence, or harassment is referred to as sexual abuse. This definition can be divided into two parts: Gender-based behavior and coercion and force. In a more detailed analysis, three elements—behavior, gender, and coercion—can be identified and distinguished from each other (9).

Although women and girls make up more than half of human society, they have been subjected to abuse and discrimination throughout human history. Indicatively, women and girls have always faced violence throughout history (10). One of the general characteristics of violence against women and girls around the world is that, in most cases, they are hidden from view and do not speak of their violent lives until they reach the breaking point. In Iran, women and girls have become accustomed to covering much of their violent lives from others because of the centuries-old pressures of the millennium. From a psychological and sociological point of view, the importance of this issue is more than the fact that women and girls affected by these sexual abuses become so disillusioned and passive that they sometimes limit their social presence to deal with the consequences (11). Acts of violence and harassment against women and girls are not a new phenomenon and have a historical background, but paying attention to it as a social issue is new. The urgency to address this issue stems from the fact that violence against women not only harms individuals but also has profoundly negative consequences for society as a whole. Lack of sense of social security, disturbance in social relationships, social mistrust, and loss of positive and optimal energies of members involved in violence instead of spending it on the development of society are among the consequences of this discussion. Depression, fear, anxiety, low self-esteem, and stress caused by violence have a long-lasting impact on the morale of women and girls and have negative consequences for their children (12).

Research on bibliotherapy has been conducted from various perspectives, both in Iran and abroad. For example, Research by Tajdaran et al. (13) indicated that psychologists and counselors in Tehran District 6 had moderate familiarity with self-help treatment through books, but did not consider it as a complementary treatment method; Zandian

et al. (14) found that bibliotherapy significantly improved the mental health of female prisoners; Khoini et al. (15) emphasized the importance of librarians in bibliotherapy, highlighting their role in identifying information sources and verifying book logs before purchase; Rowghani et al. (16) studied the effect of bibliotherapy on resilience and life expectancy in adolescents with cancer, finding significant differences between control and experimental groups; Melouf et al. (17) reported that bibliotherapy effectively reduced stress related to tinnitus, underscoring its importance even without therapist involvement; Researches by Norit Betsalel and Zipora Shekhtman (18) and Rodriguez Martin et al. (19) indicated that while bibliotherapy can help with obesity treatment, its effects on food cravings remain unclear; Ilugu et al. (20) found that 57.1% of Nigerian professionals recommended reading materials to assist clients, and 65.3% used bibliotherapy to help clients understand others with similar issues; Rahmat et al. (21) identified various factors causing student anxiety during the pandemic and proposed bibliotherapy as a potential solution through a structured five-step process; Patterson's research (22) explored creative interactive bibliotherapy's effects on postpartum mental illness, indicating a need for further study in this area. Shekofteh et al. demonstrated that bibliotherapy positively impacts the self-esteem of blind women (23). Finally, it seems that bibliotherapy is increasing inside and outside the country. Although studies are growing in Iran, this field has yet to be seriously considered, and extensive studies on it have yet to be done.

When sexual harassment occurs, many psychological and physical problems need to be taken to treat the psychological pain of women and girls who have been abused, including seeing a psychologist or counselor. However, sometimes, these people do not seek counseling and psychotherapy for a variety of reasons, including society's view of women and the issue of sexual harassment and violence. Bibliotherapy can be used to gain skills in current life affairs (developmental bibliotherapy) or as a type of therapeutic intervention (clinical bibliotherapy) (24). Furthermore, considering that the effects of bibliotherapy on people in different fields have been studied, the question arises whether bibliotherapy can positively affect the mental health of these people and whether it can be a healer of the psyche of these people and reduce the psychological problems caused to abused women and girls to some extent? Therefore, the present research seeks to answer the following questions.

1. What is the effect of bibliotherapy on the physical symptoms of sexually abused women and girls?
2. What is the effect of bibliotherapy on anxiety and insomnia of sexually abused women and girls?
3. What is the impact of bibliotherapy on depression of sexually abused women and girls?
4. What is the effect of bibliotherapy on the social dysfunction of sexually abused women and girls?

Methods

Considering its goals, this research is applied research, and its approach is quantitative. The current research design is AB design (semi-experimental case study). A pre-intervention stage (A) was planned for each patient to determine the baseline, followed by the therapeutic intervention implementation stage (B). In such designs, the focus is on the behavioral changes of a limited number of individuals, and the changes resulting from the implementation of the therapeutic or educational method are evaluated with the same subject, not concerning other individuals. In these designs, the subject plays both the role of the experimental subject and the control subject (25). In single-case studies, the researcher examines the effect of one variable on another variable. However, examining the variable's effects is focused on one or a few subjects. Although several subjects may be considered in these designs, the data for each subject are analyzed separately (26).

In this research, the independent variable is bibliotherapy, and the dependent variable is mental health and its four dimensions: physical symptoms, anxiety, social dysfunction, and depression. To carry out this research, the statistical population consists of sexually abused women and girls of the social emergency of Shahreza city who have referred to the social emergency in the last year. According to the

research method and the limitations in the sample selection, the number of people determined in this research, and in other words, the sample size was five people from the sexually abused women and girls of the social emergency. Correspondingly, in this research, sampling was done in a targeted manner using available sampling methods. Thus, among the clients of Shahreza City's social emergency room, those who were consistent with the purpose of the study and who visited the emergency room in the last year and did not receive any other treatment method in the last month were selected. Five individuals were selected based on the social emergency psychologist's assessment, indicating that they were prepared for bibliotherapy and eager to participate in this research.

In this research, the General Health Questionnaire (GHQ) was used. This questionnaire, which was first prepared by Goldberg and Hiller in 1970, is one of the screening tools that is most widely used in examining mental health in a specific sample of society. The purpose of designing this questionnaire is to discover and identify mental disorders in different centers and environments and to screen both healthy and sick people. Therefore, the purpose of the questionnaire is not to obtain a psychiatric diagnosis. The main questionnaire has 60 questions, but its shortened forms of 30 questions, 28 questions, and 12 questions have been used in different studies. Different forms of the public health questionnaire have high validity and efficiency, and the efficiency of the 12-question form is almost the same as the 60-question form (27). In this research, a 28-question form was presented; the questions included four sub-scales (physical symptoms, anxiety and insomnia, depression, and social function), each of which contained seven questions. The scoring was conducted using a four-option Likert scale (from 0 to 3). The range of scores for each sub-scale is between 0 and 21, and the total range of scores is between 0-84. Scores of 6 or higher on each sub-scale and total scores of 22 or higher indicate the presence of pathological symptoms. (Table 1)

Table 1. Scores in each subscale of the GHQ questionnaire

Subscales	Scores on subscales	Scores in the whole questionnaire
None or minimal	0-6	0-22
mild	7-11	23-40
medium	12-16	41-60
severe	17-21	61-84

The method of conducting this research was that, at first, Shahid Beheshti University introduced the researcher to the Shahreza Welfare Organization. According to the community under study, the researcher was referred to the social emergency section after obtaining permission from this organization. Due to the sensitivities concerning the target community, sexually abused women and girls, restrictions and conditions were announced for the researcher to carry out the research, according to which the researcher carried out the research.

The bibliotherapy process was carried out in eight 45-minute sessions, two weekly sessions. In each session, discussions were held about the bibliotherapists' books and the books that people read individually. In bibliotherapy sessions, the bibliotherapists read and discussed the following books: "Worth of a Girl" (28) "What Happened to You? Conversations on Trauma, Resilience, and Healing" (29), and the short stories from the book "It Only Rains for Me: How to Love an Unpleasant Life" (30). These materials were provided to participants in the order subject number.

This research tried to select the books carefully, according to book selection principles, and under the supervision of psychologists, bibliotherapists,

supervisors, and researcher evaluation. For this reason, the faculty members of the Faculty of Educational Sciences and Psychology of Shahid Beheshti University assisted in selecting the books. Among the books suggested by them, three books were selected that were suitable for the situation of participants in terms of content and were closer to the purpose and conditions of the research. In the selection of books, we tried to choose books that were close to the reality of the lives of the participants studied, and in terms of the year of publication, more up-to-date books were chosen. Furthermore, instead of self-help books, books in the form of stories with a smooth and straightforward font were used.

Because two of the three selected books were biographies, the participants were asked the following questions: What are the turning points in the narrator's life? Who influenced his life? What was the biggest obstacle to his progress? What should he teach? What should he learn? How do you describe her life philosophy? What questions would you like to ask her? What common experiences are there between you and her? And so on (31).

Mental health tests were taken from the participants in the first session before the bibliotherapy and the second, fourth, sixth, and eighth sessions after the bibliotherapy process. The test taken from participants in the first session was also used as the baseline of the research. In order to avoid repeating the questionnaire by participants, changes were made in the questionnaire and given to participants at each stage, such as moving questions and changing the structure of the sentence without changing its nature. After collecting the data, the data obtained from the subject was displayed as a graph and analyzed.

Graphical analysis was used for data analysis. Similar to most single-case designs, the initial strategy for analyzing the results was the use of the standard method of visual inspection. Besides using graphical analysis, the percentage of improvement method—originally introduced by Blanchard and Schwarz—was employed to analyze data from single-case experimental designs. According to Blanchard, based on this formula, a 50% reduction in symptoms is considered a treatment success, scores between 25% to 49% are considered slight improvement, and scores below 25% are considered treatment failure (32).

The Reliable Change Index (RCI) was also used in this study, first proposed by Jacobson and Truax (32) for analyzing data from single-case experimental designs. The RCI indicates whether the statistical change is due to the therapeutic intervention or the unreliability of the measurement tools and their repetition. If the amount of change or difference before and after treatment is more significant than 1.96, it can be concluded with a 0.5 error probability that the change and improvement achieved are due to the therapeutic intervention and are not random. In other words, if the result is equal to or greater than $Z = 1.96$, with 95% confidence ($p<0.05$), it can be concluded that the change or improvement achieved is due to the intervention effect. All charts and measurements were drawn and measured using Excel software.

Results

The results of Table 2 and Figure 1 show that four out of five participants have high scores in the mental health component in the baseline, and in the last session, we are faced with a decrease in scores in the first, second, fourth, and fifth participants. As Table 2 shows, the recovery percentage was -.58, -.61, -.82, and -.83, respectively, and the total recovery percentage was 57%, which shows that the treatment is statistically significant. The reliable change index was obtained for the mentioned participants as 3.15, 4.95, 6.31, and 6.76, respectively, which is higher than 1.96, which shows that the decrease in the participants' scores is clinically significant. ($P\leq0.05$). The scores of the participants in the baseline were almost high in the mental health component and gradually decreased until the eighth session. Subject No. 3 has not changed significantly, as it is clear from the grades that they were not high from the beginning.

Table 2. Mental health scores of bibliotherapy participants

Patients / Treatment steps	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
Baseline	60	61	17	61	56
Second session	59	55	12	55	57
Fourth session	41	38	12	38	35
Sixth session	21	26	18	26	16
Eighth session	17	23	17	23	13
Recovery percentage	-0.72	-0.63	0	-0.63	-0.77
Percentage of total recovery			-0.57		
Index of stable change	-19.82	-22.52	0	-17.57	-19.37

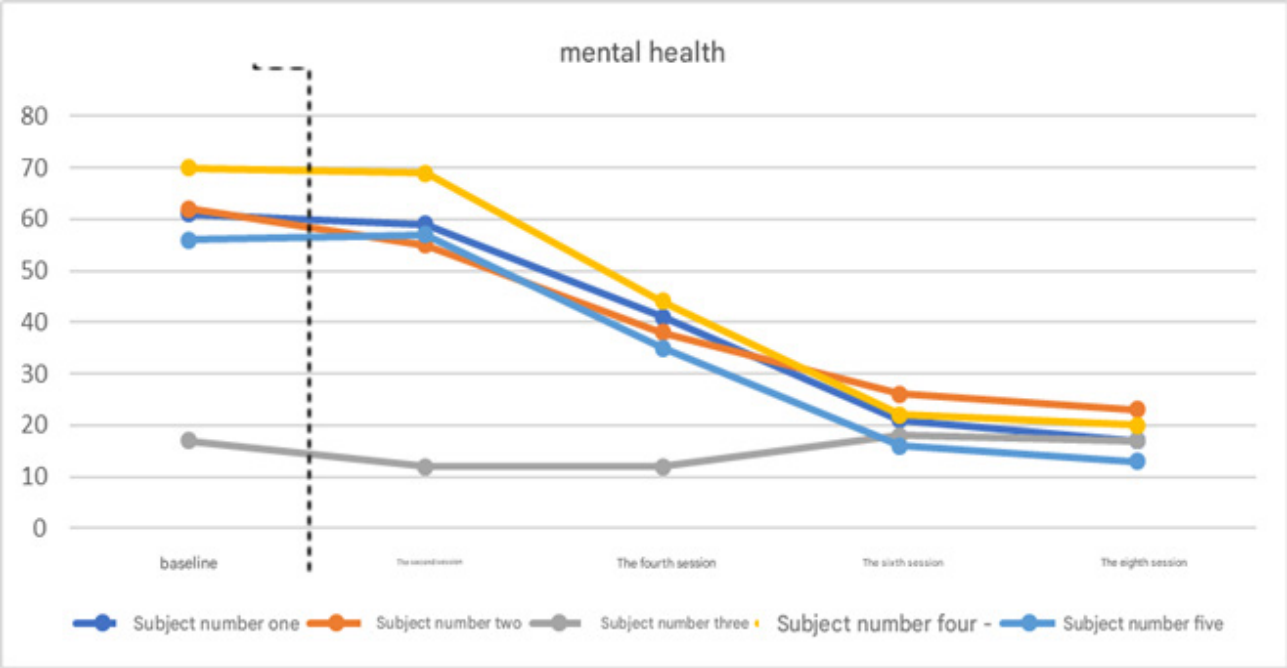

Figure 1. Changes in the mental health scores of the participants in the sessions

The results of Table 3 and Figure 2 show that four out of five participants have high scores in the physical symptoms component in the baseline, and in the last session, we faced a decrease in scores in the first, second, fourth, and fifth subjects. As the recovery percentage in the eighth session of subjects one and two was 75%, subject Table 3 shows that subject number four was 61% and five was 77%, and the overall percentage in the post-test was 57%, showing that the treatment is statistically significant. The stable change index for the mentioned subjects was 4.24, 5.66, 5.19, and 4.72. This value is higher than 1.96, indicating that the increase in participants' scores is clinically significant ($P \leq 0.05$). Their baseline scores in the physical symptoms component were almost high and gradually decreased until the eighth session. The score of subject number 3 has not changed significantly, as it is clear from the scores that it was not high from the beginning.

Table 3. Scores of physical symptoms of bibliotherapy participants

Treatment steps \ Patients	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
Baseline	12	16	3	18	13
Second session	14	13	2	17	13
Fourth session	10	10	2	11	9
Sixth session	5	5	3	6	6
Eighth session	3	4	3	7	3
Recovery percentage	-0.75	-0.75	0	-0.61	-0.77
Percentage of total recovery			-0.57		
Index of stable change	-4.24	-5.66	0	-5.19	-4.24

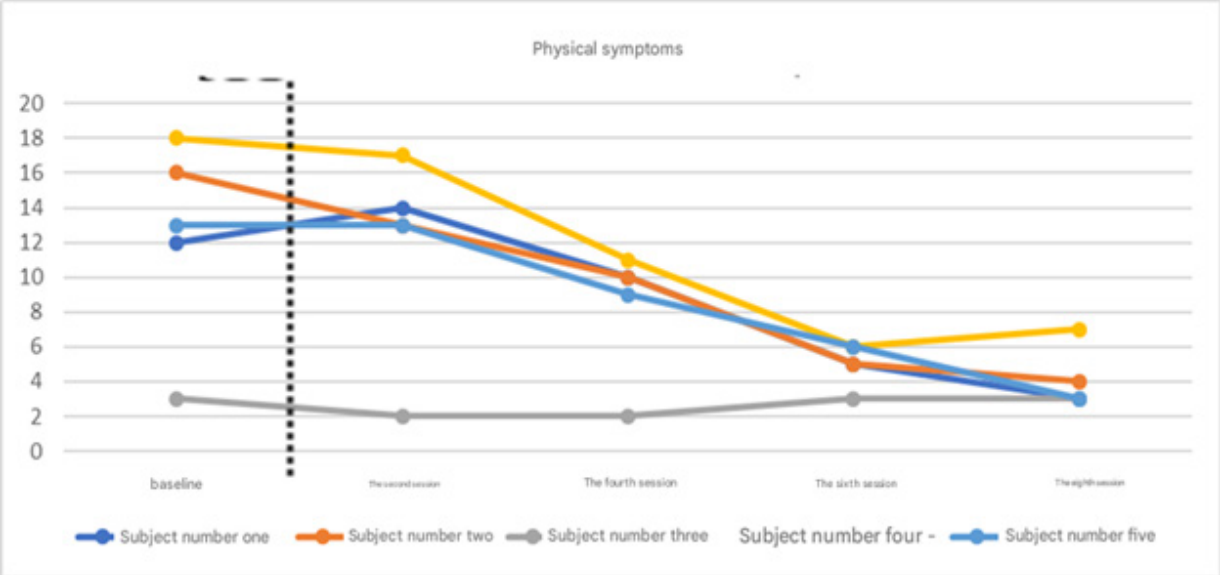

Figure 2. Changes in the scores of the physical symptoms of the participants in the sessions

The results of Table 4 and Figure 3 showed that four out of five participants had high scores in the anxiety and insomnia component in the baseline, and in the last session, we faced a decrease in scores in the first, second, fourth, and fifth patients. As shown in Table 4, the recovery percentage in the eighth session of participants one and four is 76%, participants two and five is 50%, and the overall percentage at the end of the sessions was 51%, indicating that the treatment is statistically significant. The stable change index was 6.84 for participants one and four and 3.16 for participants two and five. This value is higher than 1.96, which shows that the increase in people's scores is also clinically significant ($P \leq 0.05$). In the baseline, the patients were almost high in the anxiety and insomnia component, which gradually decreased until the eighth session. Subject No. 3 has not changed significantly, as it is clear from the grades that they were not high from the beginning.

Table 4. The scores of bibliotherapy participants in the component of anxiety and insomnia

Treatment steps \ Patients	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
Baseline	17	12	5	17	12
Second session	16	11	3	17	13
Fourth session	12	10	3	12	9
Sixth session	6	8	6	7	3
Eighth session	6	6	5	4	4
Recovery percentage	-0.50	-0.50	0	-0.76	-0.50
Percentage of total recovery			-0.51		
Index of stable change	-3.16	-6.84	0	-3.16	-6.84

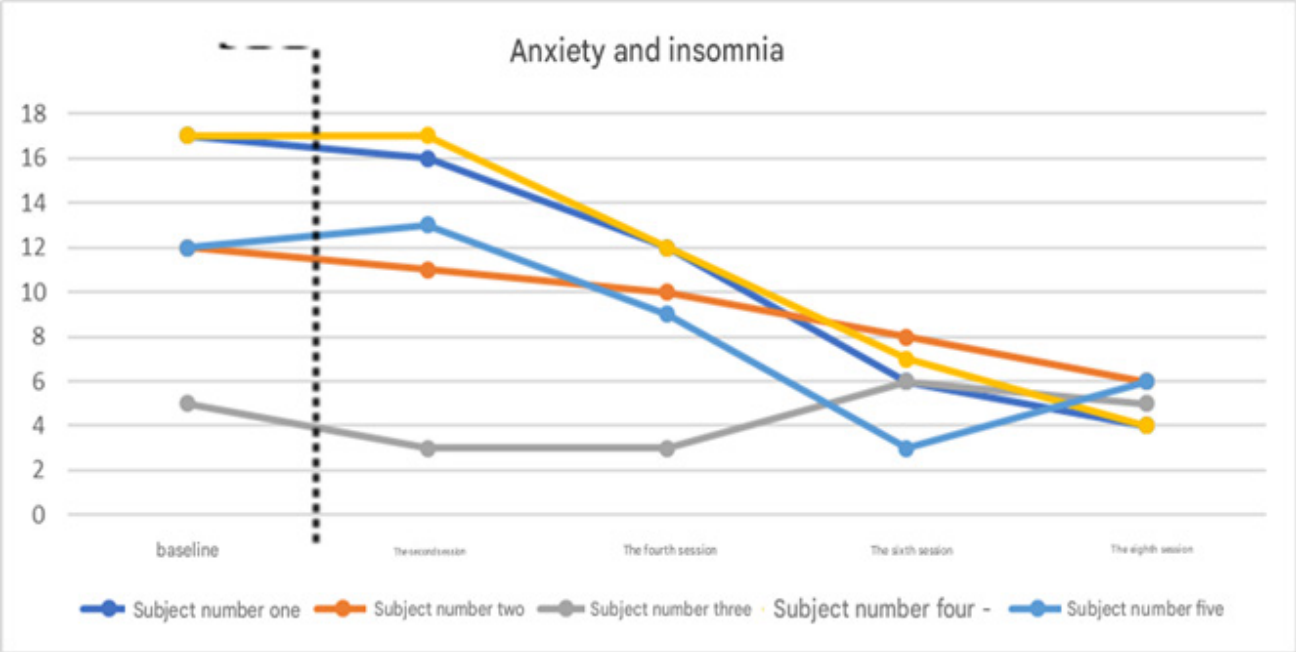

Figure 3. Changes in participants' anxiety and insomnia scores during sessions

The results of Table 5 and Figure 4 show that four out of five participants have high scores in the depression component in the baseline, and in the last session, we faced a decrease in scores in the first, second, fourth, and fifth subjects. As shown in Table 5, the recovery percentage was -.58, -.61, -.82, and -.83, respectively, and the total recovery percentage was 57%, showing that the treatment is statistically significant. The reliable change index was also obtained for the mentioned people as 3.15, 4.95, 6.31, and 6.76, respectively, which is higher than 1.96, indicating that the decrease in patients' scores is clinically significant ($P \leq 0.05$). The scores of people in the baseline were almost high in the depression component and gradually decreased until the eighth session. Subject No. 3 has not changed significantly, as it is clear from the grades that they were not high from the beginning.

Table 5. The scores of bibliotherapy participants in the depression component

Treatment steps \ Patients	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
Baseline	12	18	5	17	18
Second session	13	15	2	17	17
Fourth session	9	8	2	10	9
Sixth session	5	7	5	4	3
Eighth session	5	7	5	3	3
Recovery percentage	-0.58	-0.61	0	-0.82	-0.83
Percentage of total recovery			-0.57		
Index of stable change	-6.76	-6.31	0	-4.95	-3.15

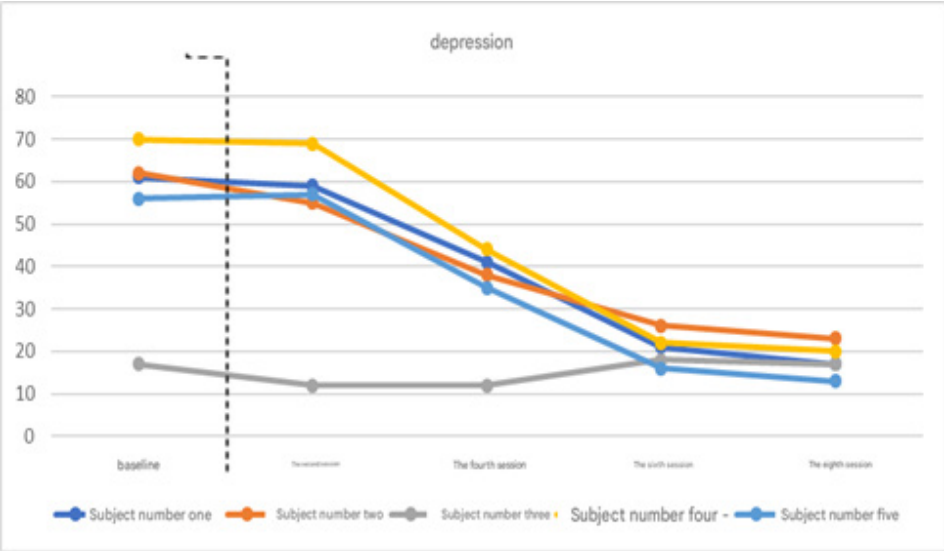

Figure 4. Changes in participants' scores in the depression component during sessions

The results of Table 6 and Figure 5 show that four out of five participants have high scores in the social function component in the baseline, and in the last session, we are faced with a decrease in the scores of the first, second, fourth, and fifth participants. As shown in Table 6, the percentage of improvement in the eighth session of subjects one and four is 76%, subjects two and five are 50%, and the overall percentage in the post-test is 51%, indicating that bibliotherapy is statistically significant. The stable change index was 6.84 for subjects one and four and 3.16 for subjects two and five. This value is higher than 1.96, showing that the increase in people's scores is also clinically significant ($P \leq 0.05$). People in the baseline are almost high in the anxiety and insomnia component, and their scores have gradually decreased from the baseline to the eighth session. Subject No. 3 has not changed significantly, as it is clear from the grades that they were not high from the beginning.

Table 6. The scores of bibliotherapy participants in the social function component

Treatment steps \ Patients	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
Baseline	20	16	4	18	13
Second session	16	16	5	18	14
Fourth session	10	10	5	11	8
Sixth session	5	6	4	5	4
Eighth session	5	6	4	6	2
Recovery percentage	-0.75	-0.63	0	-0.67	-0.92
Percentage of total recovery			-0.59		
Index of stable change	-8.11	-8.11	0	-6.76	-10.14

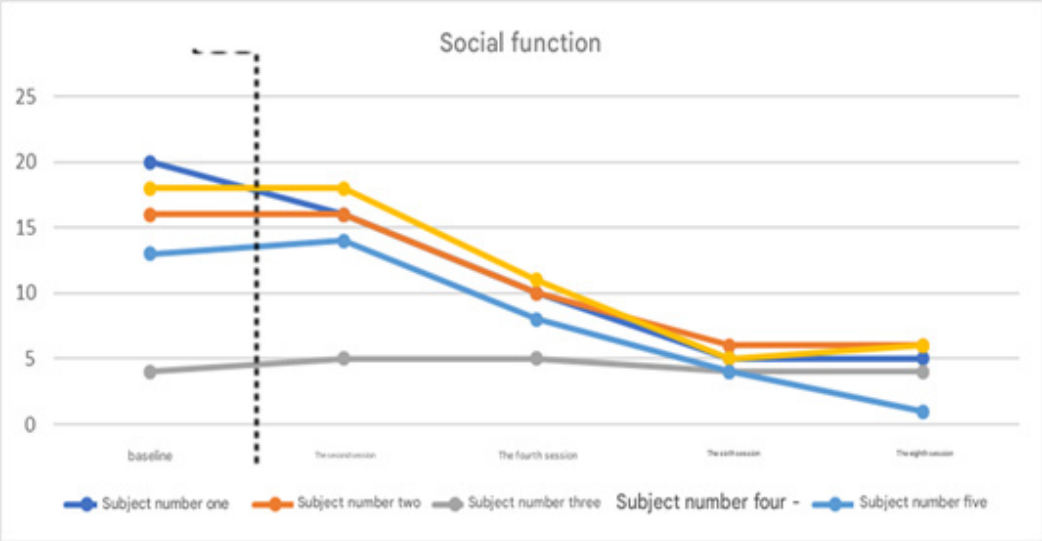

Figure 5. Changes in the participants' scores in the social function component during the sessions

Discussion

The research findings indicated that, except for participant 3, whose initial scores in mental health and its components were low, the scores of the other participants showed a significant decrease. This decrease is both clinically and statistically significant.

The research results indicate that bibliotherapy has been successful in improving the mental health of women and girls who have experienced sexual abuse. The scores of four out of five participants who had high baseline scores decreased by the final session. Therefore, it can be stated that bibliotherapy has a positive impact on the mental health of women and girls who have been sexually abused.

The findings of this study, which improved the mental health of sexually abused women and girls, were consistent with the research conducted by Pettersson (22) titled "Another way to talk about feeling bad," which used bibliotherapy to treat women with postpartum mental illness; the study by Zandian et al. (14) that examined the effect of bibliotherapy on the mental health of female prisoners; and the research by Moshref et al. (33) that investigated the impact of bibliotherapy on the psychological capital of the staff at the Faculty of Management and Medical Information of Isfahan University of Medical Sciences. All these studies

indicated the positive impact of bibliotherapy on mental health. In other words, we can conclude that bibliotherapy can be used as a suitable treatment method or a harmless auxiliary treatment method in facing the discomforts and pressures of life if its steps are carried out correctly.

The research findings indicate that bibliotherapy has also been successful in improving the subscales of anxiety and insomnia among sexually abused women and girls. The scores of four out of five participants who had high baseline scores decreased by the final session.

In relation to the effect of bibliotherapy on anxiety, researches have been conducted, some of which are briefly mentioned below and show the positive effects of bibliotherapy on people's anxiety; In other words, it confirms the positive effect of bibliotherapy in the field of anxiety and shows its success in the second subscale of this research. In their research, Rahmat et al. (21) put bibliotherapy as an alternative to reduce students' anxiety during the Covid-19 pandemic. Betsalel and Zipora Shekhtman (18) also compared the results of cognitive bibliotherapy and emotional bibliotherapy on children's anxiety in research, and in both cases, people's anxiety decreased, and the reduction of symptoms in emotional bibliotherapy was more than cognitive bibliotherapy. Banki et al. (34), in research entitled "The effectiveness of group bibliotherapy on the level of separation anxiety and depression in divorced children," also concluded that the effect of bibliotherapy on depression and separation anxiety scores of children of divorced parents was significant and bibliotherapy on the anxiety of this group of people.

The research findings for the third subscale also indicate that bibliotherapy has been successful in improving depression among sexually abused women and girls. The scores of four out of five participants, who had high baseline scores, decreased by the final session; that confirm this include Floyd's research (35) titled "Cognitive therapy for depression: a comparison of individual psychotherapy and bibliotherapy for depressed adults" which was conducted at the University of Nevada in a semi-experimental method. It was conducted on 31 subjects and showed that both bibliotherapy and individual psychotherapy are independent and efficient treatments for depression. Smith's research (36) entitled "Cognitive bibliotherapy for young people with mild and moderate depression," conducted at the University of Alabama in a semi-experimental way on 22 subjects, concluded that bibliotherapy, statistically and clinically, reduced the symptoms of depression and as a result improved depression. Shojaei Karizaki (37) also determined the effect of bibliotherapy on reducing depression in children aged 7 to 12 under the Welfare Organization of Tehran Province; Mirzaportumaj Aghaj (38), in his thesis, examined the effect of bibliotherapy on reducing depression in children with cancer treated at Mahak Hospital, Tehran; Baloch Zeraatkar (1) in research entitled "Effect of bibliotherapy on mild depression of female students of rehabilitation faculty of Iran University of Medical Sciences in the second semester of 2013-2018" found a positive effect of bibliotherapy on depression.

Based on the obtained data, it can be understood that bibliotherapy has also been successful in improving the social function subscale among sexually abused women and girls. The scores of four out of five participants, who had high baseline scores, decreased by the final session and improved the social performance of these people. Notably, due to the lack of acceptance of their own and others' skills, people feel hopeless, lack motivation, lack self-confidence, limit their relationships with others, distance themselves from social activities, and do not acquire social skills (14), causing disturbances in people's social functioning. There are some previous studies in line with these findings. Researchers such as Ahmad Khosravi et al. (39) examined the effect of bibliotherapy on reducing shyness and increasing the social adjustment of students. Roghani et al.'s research (16) investigated the resilience and life expectancy of teenagers with cancer, and Ahmadian's research (40) investigated the effectiveness of bibliotherapy on the courage of low-spirited elementary school students, showing the positive effect of bibliotherapy on reducing short-sightedness and increasing resilience, life expectancy, and courage.

Lastly, notably, bibliotherapy is not the only factor

affecting the mental health of women and girls who have experienced sexual abuse. Despite efforts to control all intervening variables, it cannot be claimed that this variable is the sole effective factor. Other factors may also be influential, and this study has focused solely on examining the impact of bibliotherapy.

Conclusion

The research results indicate that bibliotherapy has had a positive impact on the mental health of women and girls who have experienced sexual abuse. Implementing bibliotherapy can lead to an increase in mental health among these individuals.

Overall, the findings of this study indicate that if properly implemented, bibliotherapy can effectively improve the mental health of women and girls who have experienced sexual abuse. It can reduce the severity of physical symptoms, anxiety, depression, and social functioning issues in this group of individuals. Additionally, given that these individuals are psychologically and emotionally distressed, appropriate books should be used as a powerful and influential tool. If necessary, and depending on these individuals' psychological and emotional conditions, other therapeutic methods should be used alongside bibliotherapy. In Iran, the use of bibliotherapy as a method for the relief of psychological disorders has received less attention; there are many deficiencies and empty spaces in this regard, specifically in clinics and counseling centers and psychology that can be used as a complementary treatment method.

Since bibliotherapy has effects on the mental health of sexually abused women and girls, using bibliotherapy by psychologists and counselors for psychological disorders is recommended. Necessary training should be provided to psychologists, counselors, and librarians to implement bibliotherapy, and active libraries should be established in welfare centers and emergency services.

Declaration

Acknowledgment

We would like to thank the librarians who provided access to information resources for the primary studies of this research.

Conflicts of Interests

The authors declare no conflict of interest.

Ethical Statement

Researchers have complied with all ethical requirements throughout the research. Data are available and will be provided if anyone needs them.

Funding and support

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Authors' contributions

All authors contributed to writing all parts of this study.

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