



Research Paper

Developing a model of experiential avoidance based on childhood trauma and victimization, mediated by insecure attachment styles

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ABSTRACT

Objective: The aim of this study was to develop a model of experiential avoidance based on childhood trauma and victimization, with insecure attachment styles as a mediator.

Methods: This was a descriptive-correlational study using structural equation modeling. The study population consisted of all high school students in Khorramabad city in the academic year 2023–2024. A cluster random sampling method was employed. The sample size was 220, considering the possibility of sample attrition. The research instruments included the Illinois Bully Scale, the Acceptance and Action Questionnaire-II (AAQ-II), the Childhood Trauma Questionnaire, and the Attachment Style Questionnaire.

Results: Insecure attachment style partially mediated the relationship between predictor and criterion variables. Moreover, childhood trauma and victimization collectively accounted for 70 % of the variance in insecure attachment style, and childhood trauma, victimization, and insecure attachment style collectively explained 69 % of the variance in experiential avoidance.

Discussion and Conclusion: Therefore, it is recommended that schools implement interventions and training to improve childhood trauma, victimization, and insecure attachment in order to control experiential avoidance among students.

Introduction

In Iranian society, experiential avoidance is particularly prevalent among adolescents and young adults due to social, cultural, and familial pressures (Shmouli Selah Cheini & Naseri, 2024). High academic and social expectations, combined with traditional attitudes and cultural taboos surrounding the expression of emotions and psychological issues, lead individuals to avoid confronting their negative experiences (Hatami Nejad et al., 2024). This avoidance is especially pronounced in educational settings like schools, where young people grapple with identity and social challenges. Such avoidance can contribute to psychological problems like anxiety, depression, and reduced resilience (Nikfallah & Barekat, 2022). Experiential avoidance refers to an unwillingness to engage with personal experiences such as bodily sensations, emotions, thoughts, memories, and behavioral contexts, alongside efforts to avoid painful experiences or events that trigger these experiences (Hayes et al.,

1996; Quickert et al., 2020). This avoidance occurs when individuals are unwilling to remain in contact with internal and unwanted experiences, such as bodily sensations, emotions, thoughts, memories, and behaviors, and show no desire to change the nature or frequency of these internal events (Hatami Nejad et al., 2024). Such avoidance becomes problematic when it interferes with daily functioning and the pursuit of life goals (Sain et al., 2023). These avoidance behaviors preserve dysfunctional beliefs, which are responsible for perpetuating numerous issues and problems (Yıldırım & Bahtiyar, 2022). Such avoidance behaviors contribute to the maintenance of maladaptive beliefs, which perpetuate many of the challenges individuals face. These beliefs often create a cycle of avoidance that reinforces negative patterns, making it more difficult for individuals to effectively process and confront their experiences (Marquardt et al., 2022). This cycle can impede personal growth, trapping individuals in fear and denial, ultimately limiting their ability to fully and authentically engage with life (Monestès et al., 2016). This

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stagnation can lead to feelings of hopelessness and helplessness, further exacerbating the emotional distress individuals experience (Leonidou & Panayiotou, 2022).

One variable hypothesized in the present study to be associated with experiential avoidance is childhood trauma. According to Freud's theory, a secondary event in a patient's life can reactivate primary trauma, resurfacing an unresolved conflict or issue. Freud's concept of deferred action refers to how a secondary event reactivates primary trauma, which may have been repressed from memory (Lazaratou, 2017). The primary trauma becomes accessible again, and after this delayed protective role, it can be revisited and reintegrated into the mind. Based on this theory, childhood traumas can be reactivated by subsequent life events (Menke et al., 2021). Various forms of childhood trauma, including physical, psychological, and emotional abuse during childhood, indicate a deficit in the attachment relationship between caregiver and child through the absence of emotional attachment and emotional neglect, or the overt exercise of verbal and emotional abuse (Gander et al., 2020; Owen, 2020). This can lead to psychological disturbances in the child, hindering the normal development of essential capacities such as self-efficacy, self-sufficiency, and mentalization (Khan & Riaz, 2023; Owen, 2020). Recent studies have also indicated that childhood trauma is considered a source of psychological damage, with research evidence showing that childhood trauma is associated with issues such as borderline personality disorder, antisocial personality disorder, depression, anxiety disorders, somatic disorders, eating disorders, and post-traumatic stress disorder (PTSD) (Bendall et al., 2023) and experiential avoidance (Korem et al., 2023; Wheaton et al., 2023). These psychological disorders not only affect an individual's quality of life but can also lead to further complications (Lazaratou, 2017). For example, individuals who have experienced childhood trauma may face serious challenges in social interactions, potentially leading to isolation and decreased academic performance during their schooling years (Ehrlich et al., 2023).

Another variable hypothesized to be associated with experiential avoidance in the present study is victimization. Peer victimization is defined as experiencing violence from other children and adolescents, which may occur directly in physical forms (e.g., punching, kicking, pushing), verbally (e.g., insults or threats), or indirectly through exclusion, ostracism from groups, or character assassination among peers (Fernández-Martínez et al., 2023). Additionally, this violence may take place in-person (e.g., at school) or online (e.g., on social media). Another classification divides victimization into overt (e.g., direct physical and verbal assaults) and relational (e.g., relational harassment such as rumor spreading, revealing secrets, exclusion, and behaviors that deprive individuals of social acceptance, closeness, and friendships) forms (Buchanan & McDougall, 2021; Kawabata & Tseng, 2024). Research indicates that boys are more likely to experience overt victimization, while girls are more prone to relational victimization. In terms of prevalence, various studies suggest that victimization increases during adolescence, with some reporting that one in five adolescents is exposed to peer victimization. Research conducted in Iran indicates a prevalence rate of 33.3 % (Song et al., 2024). Research shows a close relationship between victimization and experiential avoidance. For instance, Shi, Chen, Huang and Ren (2024) found that cyber victimization is linked to cognitive fusion and experiential avoidance (Shi et al., 2024). Borja, Storer, De La Cruz and Mark Eddy (2024) also showed that the fear of victimization leads to avoidance behaviors, which negatively impact health and quality of life (Borja et al., 2024). Schwartz et al. (2024) further demonstrated a close relationship between avoidant behaviors and childhood trauma (Schwartz et al., 2024).

Another variable hypothesized to be associated with experiential avoidance in the present study is attachment styles. According to Bowlby's attachment theory, individuals have a fundamental need to receive comfort and support from others during times of stress and vulnerability (Bowlby, 1979). During early childhood, interactions with primary caregivers and the degree to which caregivers' responses align

with the child's emotional needs are internalized as mental representations of the self and others (White et al., 2020). The quality of these internalized interactions determines attachment styles in adulthood (van der Horst et al., 2024). In other words, attachment is considered one of the determinants of lifelong stress, originating from childhood and reflecting the individual's emotional bonding patterns in interpersonal relationships. This pattern is thought to be shaped by the attitudes of mothers or primary caregivers during infancy and subsequently manifests in the individual's future relationships, influencing emotional well-being and physiological stress responses during social interactions (Epstein, 2023; Salmoiraghi & Kerti, 2022). In the absence of a reliable and sensitive approach in early years, the child may fail to develop an internal sense of security and trust in others, resulting in insecure attachment styles such as ambivalent or avoidant attachment (Madigan et al., 2024). In fact, the inability to form an appropriate relationship with the primary caregiver can disrupt the development of a positive working model (which includes feelings about oneself as lovable and valuable, and about others as trustworthy and responsive) and lead to negative consequences for future interpersonal relationships (Bourgeois & Wendland, 2024). Attachment styles are also closely linked to experiential avoidance. For example some researchers showed that individuals with avoidant attachment styles tend to experience higher levels of loneliness and, consequently, higher levels of experiential avoidance due to their resistance to emotional closeness (Maldar & Nayak, 2024). Lev Arey, Sagi and Blatt (2023) also demonstrated a positive relationship between attachment styles and experiential avoidance in recreational athletes (Lev Arey et al., 2023). Kirk, Broman-Fulks and Arch (2021) found a strong association between experiential avoidance and insecure attachment styles (Kirk et al., 2021). Research on experiential avoidance models, particularly in relation to childhood trauma and victimization, with the mediating role of insecure attachment styles, can help elucidate the psychological complexities involved. Early trauma and victimization experiences directly influence the formation and reinforcement of insecure attachment styles, such as avoidant attachment, which in turn lead to avoidant patterns in emotional experiences. A deeper understanding of these interactions and psychological mechanisms can inform the design of more effective interventions tailored to the specific needs of affected individuals. This study aims to elucidate how childhood trauma and victimization experiences influence attachment styles and avoidant behaviors, with the goal of developing a comprehensive model of experiential avoidance based on childhood trauma, victimization, and the mediating role of insecure attachment styles (Fig. 1).

Method

The present study employs a descriptive-correlational research design (structural equation modeling) and is considered fundamental in terms of its goal. In this correlational model, the exogenous variables are childhood trauma and victimization, the mediating variable is insecure attachment styles, and the endogenous variable is experiential avoidance. The statistical population includes all high school students in the city of Khorramabad during the 2023–2024 academic year. Based on Kline principle (2015), to estimate the sample size, 10 to 20 samples are required per observable variable (Kline, 2023). Accordingly, considering the potential for sample attrition, a sample size of 220 participants was selected for statistical analysis. The sampling method employed was cluster random sampling. Out of the two educational districts in Khorramabad, District 1 was selected, and 10 schools (five for boys and five for girls) were randomly chosen. From each school, two classes from grades 10, 11, and 12 were randomly selected. A total of 220 students (118 boys and 102 girls) were included in the statistical analysis. Inclusion criteria were being a student, providing informed consent to participate, being under the age of 18, having no psychiatric disorders, and providing honest responses to the questionnaire items. Exclusion criteria included failure to complete the questionnaire, unwillingness to

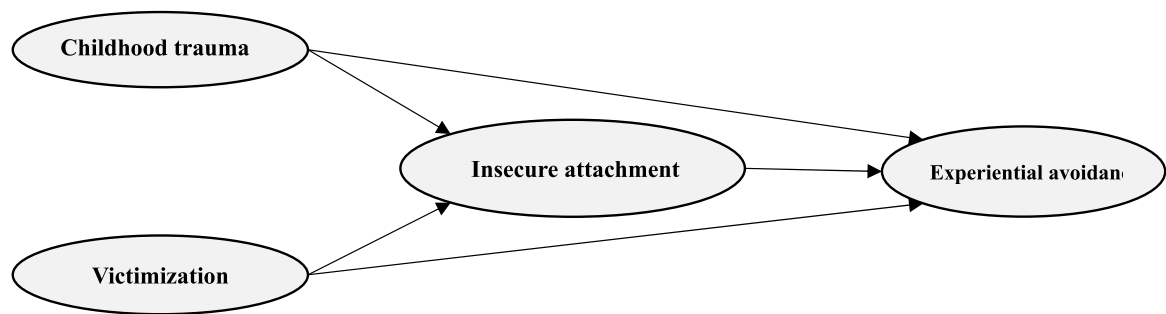


Fig. 1. Conceptual model of the study.

participate, not being a student, having psychiatric disorders, using psychiatric medications, and being over the age of 18. After explaining the purpose of the study, the procedure, confidentiality, the right to choose participation, and the right to withdraw at any time during the response period, the questionnaires were administered to the students. Ethical considerations included explaining the purpose of the study and ensuring participants that their responses would be analyzed in aggregate. In the descriptive phase, mean and standard deviation were used to assess the research variables. In the inferential phase, Pearson correlation coefficient and structural equation modeling were used to examine the relationships between the variables. The software used for data analysis was SPSS22 and AMOS24.

Instruments

Illinois bully scale (IBS)

The Illinois Bully Scale was developed by Espelage and Holt in 2001 for ages 8 to 18, consisting of 18 items and three subscales: bullying (9 items), victimization (4 items), and fighting (5 items) (Espelage & Holt, 2001). In this study, only the victimization subscale was used. Scoring is done using a five-point Likert scale (1 = never, 2 = one or two times, 3 = three or four times, 4 = five or six times, 5 = seven times or more). Higher scores indicate greater frequency of the behavior in question. Espelage and Holt reported a Cronbach's alpha of 0.87 for the victimization subscale, demonstrating acceptable internal consistency (Espelage & Holt, 2001). Chalmeh reported satisfactory internal consistency between the dimensions of the Illinois Bully Scale and the total score, confirming the construct validity of this tool. Additionally, a high positive correlation was found between the subscales of the Illinois Bully Scale and the Aggression Questionnaire (Buss & Perry, 1992), indicating concurrent validity (Buss & Perry, 1992; Chalmeh, 2013).

Acceptance and action questionnaire – II (AAQ II)

This questionnaire was developed by Bond et al. in 2011, containing 10 items with scoring based on a 7-point Likert scale, ranging from 1 (never true) to 7 (always true) (Bond et al., 2011). The AAQ-II measures constructs related to experiential avoidance and psychological inflexibility. Higher scores indicate greater psychological flexibility. Bond et al. (2011) reported that across six samples with 2816 participants, this tool demonstrated satisfactory reliability, validity, and construct validity (Bond et al., 2011). In Iran, the average Cronbach's alpha was 0.84, and test-retest reliability over a period of 3 to 12 months was 0.81 and 0.79, respectively (Abasi et al., 2012). The Cronbach's alpha for the Acceptance and Action Questionnaire – II in this study was 0.76.

Childhood trauma questionnaire (CTQ)

The Childhood Trauma Questionnaire was developed by Bernstein et al. in 1995 to assess childhood trauma and abuse (Bernstein et al., 1994). The original version contained 53 items, later reduced to 34 in

1998. The current short version contains 28 items. Responses are recorded on a 5-point Likert scale ranging from 1 (never true) to 5 (very often true), based on the frequency of experienced trauma. This questionnaire assesses five domains of abuse: physical abuse, emotional abuse, physical neglect, emotional neglect, and sexual abuse. Items 2, 5, 7, 13, 19, 26, and 28 are reverse-scored. Each subscale yields scores ranging from 5 to 25, with higher scores indicating greater childhood trauma. Bernstein et al. reported Cronbach's alphas of 0.87, 0.86, 0.95, 0.89, and 0.78 for emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect, respectively. Concurrent validity ranged from 0.59 to 0.78 based on therapist ratings of childhood trauma (Bernstein et al., 2003). Test-retest reliability and Cronbach's alpha for this questionnaire were reported between 0.79 and 0.94 (Bahk et al., 2017). In Iran, Cronbach's alpha for the questionnaire ranged from 0.81 to 0.98 for the five subscales, and concurrent validity with the Beck Depression Inventory was reported at 0.36 (Farniya & Rahimian-Boogar, 2024).

Adult attachment styles questionnaire

The Adult Attachment Styles Questionnaire was developed by Hazan and Shaver (1987), consisting of 15 items that assess three attachment styles: avoidant (items 1–5), secure (items 6–10), and ambivalent (items 11–15) (Hazan & Shaver, 1987). The items are scored on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). In the present study, the insecure attachment subscales (avoidant and ambivalent) were used. The minimum and maximum scores for each subscale are 5 and 25, respectively, with higher scores indicating a dominant attachment style (Hazan & Shaver, 1994). Hazan and Shaver reported a test-retest reliability of 0.81 and a Cronbach's alpha of 0.78 for the entire questionnaire. The Cronbach's alphas for the secure, avoidant, and ambivalent subscales were 0.77, 0.81, and 0.83, respectively (Hazan & Shaver, 1994). In Iran, the Cronbach's alphas for secure, avoidant, and ambivalent attachment styles were reported as 0.89, 0.87, and 0.83, respectively (Rahimian Boogar et al., 2007).

Findings

The descriptive statistics of the study are presented in Table 1. This table includes the mean and standard deviation of the research variables. Additionally, subsequent columns provide skewness and kurtosis values to assess the normality of the data. As illustrated, the skewness and kurtosis indices for the observed variables range from –2 to +2,

Table 1
Descriptive statistics of research variables.

Variable	Mean	SD	Kurtosis	Skewness
Childhood Trauma	42.37	13.64	0.87	0.25
Victimization	12.33	5.72	1.12	0.59
Insecure Attachment	24.92	10.53	0.97	1.02
Experiential Avoidance	36.57	16.38	0.25	–0.87

indicating that the distributions of the variables are normal and thus appropriate for structural equation modeling analysis. Prior to conducting the data analysis, the assumptions of structural equation modeling were examined. In this regard, the normality of the distributions was tested using the Kolmogorov-Smirnov test, which confirmed that the variables followed a normal distribution ($p > 0.05$).

Given that structural equation modeling is based on the sample correlation matrix, the correlations are reported in Table 2. The results in Table 2 indicate that there are significant correlations among all the research variables. To examine the assumption of the absence of autocorrelation in the research errors, the Durbin-Watson statistic was utilized, yielding a value of 1.88. Since this computed value falls within the range of 1.5 to 2.5, the assumption of no autocorrelation is confirmed. Furthermore, the assumption of multicollinearity for the exogenous variables was evaluated using the tolerance and variance inflation factor (VIF). The results demonstrated that the assumption of multicollinearity was satisfied, as the tolerance values for all variables were close to 1, and the VIF values for all variables were below the critical threshold of 2. The assessment of the sample size adequacy index (0.89) and Bartlett's test of sphericity (23 df =, $p < 0.01$) indicated that the necessary assumptions for structural equation modeling were met (Bollen, 1989).

Table 3 presents the goodness-of-fit indices for the research model. The results in Table 3 indicate that, according to the criteria established by Hu and Bentler (1999), the model exhibits a good fit (Hu & Bentler, 1999).

The standardized path coefficients for the conceptual model are illustrated in Fig. 2.

Table 4 displays the direct effects among the research variables. As indicated in Table 4, the path coefficients corresponding to the effects of the research variables are significant at the 0.05 level. Furthermore, to test the significance of the role of insecure attachment style in the relationship between childhood trauma, victimization, and experiential avoidance, a bootstrap analysis with 2000 samples was conducted.

According to the results presented in Table 5, the indirect path was confirmed. Thus, insecure attachment style partially, though not wholly, mediates the relationship between predictor and criterion variables. Additionally, childhood trauma and victimization collectively account for 70 % of the variance in insecure attachment style, while childhood trauma, victimization, and insecure attachment style together explain 69 % of the variance in experiential avoidance.

Discussion and conclusion

The primary aim of this study was to develop a model of experiential avoidance based on childhood trauma and victimization, with insecure attachment styles serving as a mediating role. The results related to the first hypothesis indicated that childhood trauma has a direct and significant effect on students' experiential avoidance, consistent with the findings of (Wheaton et al., 2023) and (Korem et al., 2023). This finding suggests that negative experiences during childhood, particularly emotional or physical trauma, play a crucial role in forming maladaptive coping patterns. Specifically, facing emotional or physical trauma in early life can lead to adopting avoidance strategies in response to stressful or emotional situations. These strategies, often employed unconsciously, act as defensive mechanisms to protect individuals from reliving negative emotions associated with past trauma. However, these maladaptive coping strategies may hinder the adaptive integration of

traumatic experiences into one's memory and psychological system, potentially leading to further psychological issues. Thus, individuals with negative childhood experiences and PTSD symptoms generally exhibit a greater tendency toward avoidance of difficult emotions and experiences. While these avoidance strategies may temporarily reduce anxiety and tension, they can diminish one's ability to cope with life challenges in the long term and increase the risk of psychological problems such as anxiety and depression. Conversely, individuals with greater emotional stability are more capable of confronting and processing negative experiences adaptively, rather than resorting to avoidance. In this context, avoidance strategies are often seen as maladaptive responses to deep-seated feelings of self-blame and others' blame following childhood trauma. These feelings, entrenched in the deeper layers of an individual's psyche, prevent effective confrontation of past trauma and lead to avoidance strategies. Ultimately, the findings suggest that therapeutic interventions aimed at improving the mental health of individuals with childhood trauma should focus on reducing avoidance strategies and promoting adaptive confrontation of negative experiences. Addressing deep-seated emotions related to childhood trauma, especially feelings of blame and rejection, can help individuals integrate and process these experiences within their psychological system rather than avoiding them.

Additionally, the results concerning the second hypothesis demonstrated that victimization also has a direct and significant effect on students' experiential avoidance, aligning with findings by Shi et al. (2024), (Borja et al., 2024) and (Schwartz et al., 2024). This suggests that victimization, particularly during childhood or adolescence, is often accompanied by intense feelings of powerlessness, fear, and insecurity. These experiences can deeply affect an individual's psychological system, leading them to adopt avoidance strategies to protect themselves. These strategies act as short-term defensive mechanisms but hinder the adaptive processing and integration of negative experiences into stable memories. In other words, individuals who have been victims of abusive or violent behavior tend to show a greater inclination towards avoidance of emotional and stressful situations. Although this tendency might temporarily alleviate anxiety or tension, it ultimately leads to increased psychological issues such as anxiety, depression, and even personality disorders. Victimization during critical developmental periods can result in the formation of negative and maladaptive cognitive structures that prevent individuals from coping with life challenges effectively. Moreover, victimization not only has psychological effects but can also impact an individual's emotional and interpersonal systems, driving them to use avoidance strategies to prevent re-exposure to traumatic situations. Recent studies confirm that victimization is associated with increased avoidance behaviors and decreased ability to process trauma adaptively. Thus, these findings highlight the need for targeted psychological interventions that not only reduce experiential avoidance but also enhance resilience and coping abilities in processing traumatic experiences. Such interventions might include exposure techniques, cognitive restructuring, and others that help individuals move from avoidance to effective processing of their experiences.

Furthermore, the results of the third hypothesis indicated that insecure attachment styles have a direct and significant effect on students' experiential avoidance, consistent with the findings of Maldar and Nayak (2024), (Lev Arey et al., 2023), and (Kirk et al., 2021). This suggests that insecure attachment styles, which develop in early childhood, create emotional and cognitive instability that can lead to maladaptive behavioral patterns such as experiential avoidance. Insecure attachment styles, especially those formed during childhood, often result from weak and unstable relationships with caregivers, leading to feelings of insecurity, anxiety, and distrust in interpersonal relationships and emotional situations. These feelings drive individuals towards avoidance of unpleasant or fearful experiences to protect themselves from reliving negative emotions associated with early relationships. Previous studies have shown that individuals with insecure attachment styles are more likely to adopt avoidance strategies as a means of

Table 2
Correlation coefficients of research variables.

Variable	1	2	3	4
1. childhood trauma	1			
2. victimization	**0.33	1		
3. insecure attachment	**0.37	**0.49	1	
4. experiential avoidance	**0.48	**0.53	**0.38	1

Table 3
Goodness-of-fit indices for the research model.

Fit Index	χ^2/df	CFI	NFI	IFI	RFI	TLI	RMSEA
Acceptable Values	>3	>0.90	>0.90	>0.90	>0.90	>0.90	<0.08
Computed Values	1.852	0.988	0.975	0.988	0.961	0.982	0.047

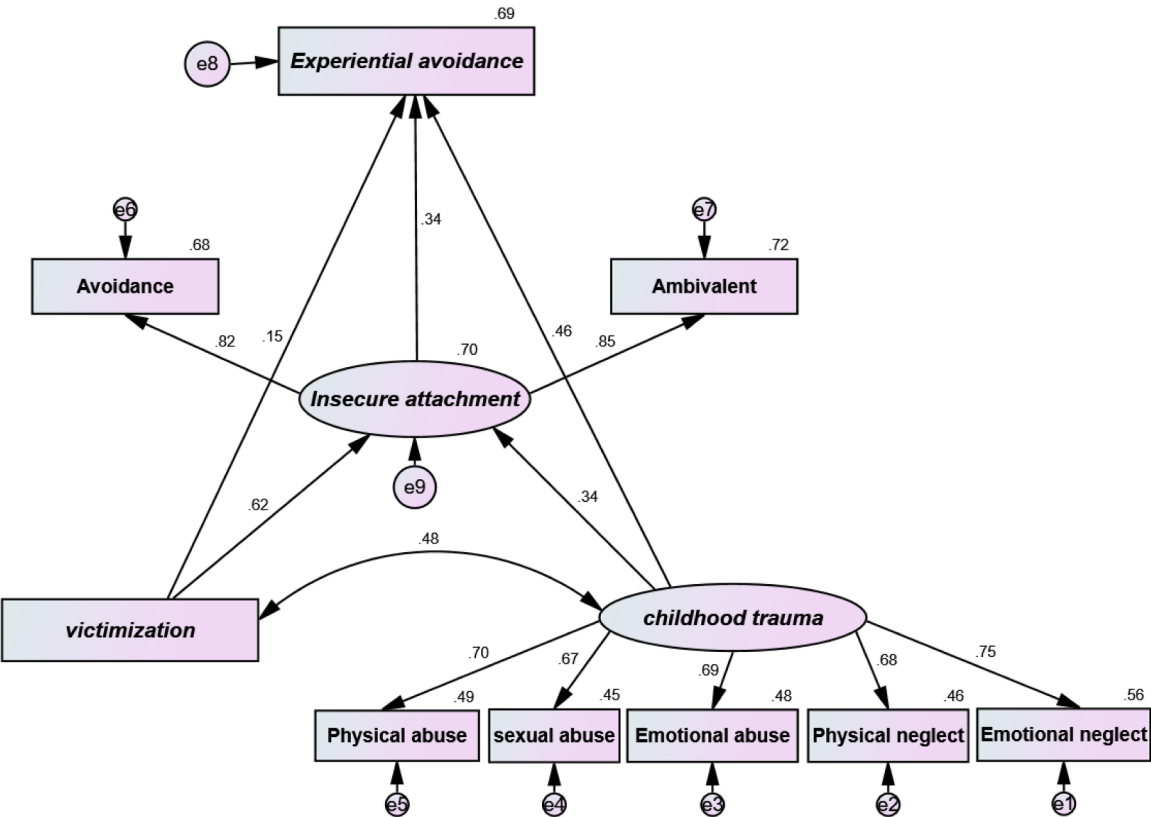


Fig. 2. The final research model.

Table 4
Standardized and unstandardized coefficients of research variables.

Predictor Variable	Criterion Variable	<i>B</i>	T-Value	SE	C.R.	P	Result
Childhood Trauma	Experiential Avoidance	0.46	0.63	0.76	8.302	**0.001	Confirmed
Victimization	Experiential Avoidance	0.15	0.14	0.56	2.549	*0.01	Confirmed
Childhood Trauma	Insecure Attachment Style	0.34	0.36	0.55	6.617	**0.001	Confirmed
Victimization	Insecure Attachment Style	0.62	0.44	0.34	12.95	**0.001	Confirmed
Insecure Attachment Style	Experiential Avoidance	0.34	0.44	0.104	4.212	**0.005	Confirmed

***p* < 0/001 **p* < 0/05.

Table 5
Bootstrap test results for the indirect effects of the research model.

Indirect Path	Indirect Effect	Upper Bound	Lower Bound	Sig
Childhood Trauma → Insecure Attachment Style → Experiential Avoidance	0.11	0.51	0.079	* <i>p</i> < 0.01
Victimization → Insecure Attachment Style → Experiential Avoidance	0.21	0.539	0.102	* <i>p</i> < 0.01

**p* < 0.05.

managing their negative emotions. Specifically, anxious-avoidant attachment, characterized by fear of rejection and a strong need for acceptance, often leads individuals to avoid challenging or stressful

situations. In this context, insecure attachment styles act as a significant predictor of experiential avoidance, as individuals form a deep connection with past negative experiences and prefer avoidance over direct confrontation. These avoidance patterns, particularly in educational and social settings, can restrict personal growth and reduce the ability to face new challenges. Therefore, the findings emphasize the importance of considering attachment styles in psychological interventions and suggest that focusing on improving attachment patterns and reducing experiential avoidance can enhance mental health and increase students' ability to confront life challenges.

Overall, the results indicate that both childhood trauma and victimization play crucial roles in experiential avoidance, both directly and indirectly through the mediating role of attachment styles. One limitation of this study is the reliance on self-report methods for data collection through questionnaires. This approach may reduce data

accuracy due to cognitive and social biases of respondents. Additionally, the limited sample of secondary school students from Khorramabad may restrict the generalizability of the findings to other populations and cultures. Other limitations include the lack of control over contextual variables such as socioeconomic status, family support, and interpersonal relationships, which could influence the results. To address these limitations, future research should employ multiple data collection methods, such as semi-structured interviews and direct observations, to enhance data accuracy and validity. Expanding the sample to include students from various geographical and cultural backgrounds can improve the generalizability of the findings. Moreover, researchers could control for additional contextual variables and incorporate them into statistical models to provide more precise analyses. Considering the results of this study, which highlight the impact of trauma and victimization on experiential avoidance, it is recommended that secondary schools in Khorram Abad focus on the precise assessment of attachment styles and identifying students experiencing trauma or negative life events. For this purpose, culturally appropriate and validated psychological assessment tools should be used to identify psychological issues. Additionally, group and individual counseling sessions aimed at enhancing coping skills and resilience in the face of psychological stress, especially in trauma-exposed conditions, are crucial. Teachers and parents should also receive training on recognizing signs of trauma and taking appropriate action for timely intervention. Moreover, organizing workshops for students focusing on social skills, emotion regulation, and strengthening secure attachment between students and their families can significantly reduce experiential avoidance and improve mental well-being.

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Ethics approval and consent to participate

This research was performed in compliance with ethical standards, considerations, and approval of the University of Mohaghegh Ardebili Ethics Committee under the code number IR.UMA.REC.1403.079. The clear explanation of the purpose and procedures of this study, together with all pros and cons related to this work, was clearly and accurately explained to each of the respondents, based on which the written and informed voluntary consent of all participants in this project were collected. Participants were also informed of and guaranteed their right to withdraw at any stage without consequence and that their information would be kept confidential and anonymous.

Consent for publication

We affirm that this work is original and has not been published elsewhere, except as noted in the manuscript.

Data availability

The datasets generated and/or analyzed during the current study are available from the corresponding author upon reasonable request.

CRediT authorship contribution statement

Mohamad Hatami Nejad: Writing – review & editing, Writing – original draft, Methodology, Formal analysis, Data curation, Conceptualization. **Esmail Sadri Damirchi:** Writing – review & editing, Formal analysis, Project administration. **Masoud Sadeghi:** Writing – review & editing, Formal analysis, Project administration. **Mohammadreza Noroozi Homayoon:** Writing – review & editing, Writing – original draft, Methodology, Conceptualization.

Declaration of competing interest

The authors declared no potential conflicts of interest with respect to the research, authorship, or publication of this article.

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