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Prevalence of avoidant personality disorder among university students: In light of some demographic variables

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Abstract

This study aims to investigate the prevalence of Avoidant Personality Disorder (AvPD) among university students in Saudi Arabia and to examine the differences in AvPD levels according to specific demographic variables such as gender and academic level. The study adopted a comparative descriptive method and included a randomly selected sample of 400 male and female students from three Saudi universities: Imam Muhammad Ibn Saud Islamic University, Tabuk University, and King Abdulaziz University. The researchers utilized the Avoidant Personality Disorder Scale developed by Ibrahim et al. [1] after verifying its psychometric properties within the Saudi context. Findings revealed statistically significant differences in certain dimensions of AVPD related to gender and academic level. The results emphasize the importance of early detection of AVPD traits in university settings and highlight the need for preventive and counseling programs to support students at risk and promote mental well-being in academic environments.

Keywords: Avoidant personality disorder, Demographic variables.

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1. Introduction

The university is considered one of the most important stages of an individual's life, during which they seek to achieve their goals and ambitions. It is a pivotal period that largely determines their future life. To pass this stage successfully, students must be serious and perseverant, fulfilling numerous academic and social requirements. During this time, students may face multiple pressures and various frustrations imposed by life's demands, which can impact their mental health. This often results in internal conflict and self-criticism. Additionally, it can lead to personality disorders, making students afraid of criticism or rejection in new social situations because they feel socially inadequate. Consequently, they tend to be reluctant to take risks or participate in new activities due to fear of embarrassment.

Personality disorders are among the most complex mental disorders, and avoidant personality disorder is one of the most prevalent personality disorders. Global reports indicate that the prevalence of the disorder is widespread [2].

Studies show that the prevalence of this disorder is as high as 2.7% among outpatient psychiatric patients, reflecting its high prevalence globally [3]. This disorder often begins in adolescence or early adulthood and persists into later life.

Although the first references to this disorder appeared in the early twentieth century, the term "avoidant personality disorder" did not appear as a recognized scientific term until the publication of the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) in 1980. Avoidant personality disorder was subsequently classified in the fifth edition (DSM-5) as "Group C" disorders, along with the American Psychiatric Association [4].

Group C disorders share traits related to anxiety, fear, and psychological hypersensitivity. In the case of avoidant personality disorder, the individual experiences a chronic sense of inadequacy, an excessive fear of rejection, and a constant expectation of negative evaluation, which leads them to withdraw socially and avoid interaction with others [5].

In this context, the Fifth Diagnostic and Statistical Manual (DSM-5) indicates that individuals with avoidant personality disorder show a broad pattern of social avoidance, driven by fears of rejection and a low sense of self-efficacy [6].

The main symptoms of avoidant personality disorder include extreme shyness, reluctance to socialize, excessive sensitivity to criticism, anxiety, depression, and psychological loneliness [7].

Sanislo and Akhiron [8] also described avoidant personality disorder as an inflexible pattern of feeling inadequate, which appears in multiple situations and causes impairment in social, occupational, or academic functioning. Despite their deep desire to interact with others, sufferers are often unable to do so because of their deep-rooted fears of rejection and failure, so people with avoidant personality disorder are exposed to recurring negative experiences such as humiliation, rejection, or abandonment, leading to the entrenchment of a negative self-image that they are unloved and flawed. As a result, they believe that others do not care about them or will likely reject them [9].

The results of the studies show that avoidant personality disorder is one of the factors that disrupts social and psychological development in young people, as it is associated with high levels of social distress, low academic and professional performance, and difficulties in interacting with various life challenges [10].

The study of this disorder is all the more important given the way it is classified in the diagnostic manual through a descriptive approach based on interpersonal interaction patterns. Avoidant personality disorder is a disorder strongly associated with social relationship dysfunction, expressed in the concept of "personal space," which is an important indicator of interaction with others [4].

Based on the above, the current study seeks to shed light on avoidant personality disorder as one of the prevalent disorders among university youth, and the associated psychological and demographic characteristics that may contribute to a deeper understanding of it, which helps in the development of appropriate preventive and therapeutic intervention programs.

The researcher's sense of the study problem began by observing a number of university students who exhibit isolated behaviors, avoid social interaction with others, and prefer isolation. This was accompanied by indications of low self-esteem, distrust of others, and fear of group interaction. A literature review shows that avoidant personality disorder is a widespread disorder in the non-clinical community, where many sufferers suffer without understanding or an accurate diagnosis, making them less likely to seek treatment, despite the severity of their suffering [11].

Avoidant personality disorder is one of the most serious disorders that appear in adolescence and youth, as it negatively affects the educational and social path, hinders the formation of relationships, and impairs the individual's ability to advance professionally and cognitively. People with this disorder suffer from constant feelings of helplessness and inferiority, and excessive sensitivity to criticism and negative evaluation, which leads them to isolation and fear of being ridiculed and mocked. They also show constant apprehension, insecurity, and refusal to enter into social relationships due to a low sense of self-efficacy [11].

On the other hand, avoidant personality disorder is the most prevalent disorder among university students, where the features of the disorder appear manifested in many students and affect and conflict with their recognized daily behavioral performance, causing problems in participation and normal social interactions. The avoidance of situations that confront the individual with a group entails many negative effects, which further complicate the matter. Consequently, avoidant personality becomes an obstacle to the individual's progress in their normal life [1].

Since university students represent the youth elite on whom society relies in building and developing, suffering from this disorder is a serious indicator that threatens their psychological and social adaptation. It is noted that their avoidance of social situations, especially those that require confrontation or interaction with a group, produces multiple negative psychological effects and leads to difficulty in continuing on an academic or professional path. Local studies have indicated that the avoidant personality is a real obstacle to the development of the individual and their active participation in public life [12].

The problem of the study also emerges through the limited local studies that addressed avoidant personality disorder in the Saudi environment, and the scarcity of research concerned with measuring its prevalence according to accurate diagnostic criteria among the university population. There are also insufficient studies linking rates of this disorder to certain demographic variables such as gender and history of psychopathic patients.

2. Study Questions

1. What is the level of avoidant personality disorder among university students in Saudi Arabia?"
2. What are the gender differences in avoidant personality disorder among university students in Saudi Arabia?

3. What are the differences in avoidant personality disorder between the members of the study sample according to the presence of a history of mental illness or the absence of a history of any mental illness?

3. Theoretical Background

The World Health Organization [13] stated in the eleventh review of the International Classification of Diseases, avoidant personality disorder is characterized by constant and pervasive feelings of apprehension and tension, and the patient's belief that he is socially or personally unacceptable, and that he is less than others, except when making sure that he is loved. In addition, there are many restrictions that limit his life due to the need to feel secure, and he avoids social and functional activities that require basic interpersonal relationships for fear of criticism, objection, or rejection.

Avoidant personality disorder typically manifests in early adulthood. According to the diagnostic criteria outlined in both the US Diagnostic and Statistical Manual, DSM-5 and the WHO Diagnostic Manual ICD-10, its diagnosis requires that patients exhibit a persistent pattern of social avoidance, feelings of inadequacy, and heightened sensitivity to criticism and rejection. This pattern must be evidenced by the presence of four or more of the following elements:

1. Avoid work-related activities that involve interpersonal contact for fear of being criticized or rejected.
2. Not wanting to deal with people unless they are sure that they are loved.
3. Reservation in close relationships for fear of ridicule or humiliation.
4. Preoccupation with being criticized or rejected in social situations.
5. Inhibition in new social situations due to a sense of inadequacy.
6. Self-assessment as socially incompetent, unattractive, or inferior to others.
7. Reluctance to take personal risks or engage in any new activity for fear of feeling embarrassed.
8. Symptoms should also begin to appear early in adulthood [14].

On the other hand, differential diagnosis distinguishes between avoidant personality disorder and many other mental disorders, including the following:

Social phobia: The differences between social phobia and avoidant personality disorder are subtle. Avoidant personality disorder involves anxiety and avoidance more prevalent than social phobia, which is often specific to situations that may cause embarrassment in front of an audience (such as public speaking or performing on stage). However, social phobia may involve a broader avoidance pattern, and therefore may be difficult to distinguish between them, and the two disorders often occur together [8].

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In addition, Rouge and Kirkland [15] state that a person must show at least four criteria to reach the required diagnostic threshold:

The first criterion: "avoids professional activities that involve significant interpersonal communication, for fear of criticism, denunciation or rejection," and applies to work or school environments, so statistical and diagnostic evidence confirms that people with avoidant personality disorder tend to limit their educational opportunities. In addition, they are more likely to choose careers where personal contact is limited, avoid working in groups or teams, and prefer to complete projects independently [8].

The second criterion, "not wanting to socialize with people unless they are sure they are accepted," often manifests itself in refusing to start socializing or join groups. People with avoidant personality disorder assume that others will reject and criticize them, and they avoid social interaction unless there are clear signs of acceptance and approval [8].

The third criterion is "showing self-control in intimate relationships for fear of shame or ridicule," driven by a fear of being criticized. Individuals with avoidant personality disorder believe that if others really knew them, they would certainly be hated and rejected, which they find very painful [8].

The fourth criterion, "preoccupation with criticism or rejection in social situations," highlights anaphylaxis in people with avoidant personality disorder. Even the slightest harassment may be considered ridicule. As a result, avoidant personality disorder is often associated with discreet and irrational behaviors aimed at providing a sense of security even in their "closest" relationships [16].

The fifth criterion, "discouragement in new interpersonal situations due to fears of incompetence," is not limited to mere caution but involves social comparisons that may have no real basis. As a result of their extreme caution, people with avoidant personality disorder tend to withhold information about themselves for fear of negative evaluation [8].

Criterion six: "Sees themselves as inferior to others, socially incompetent, or personally unattractive," and focuses on a person's negative view of themselves. Because of a lack of confidence in their value and competence, sufferers expect to be judged or judged negatively by others [8].

Criterion seven: "Unusually reluctant to engage in any new activities because they may be embarrassing," which refers to an individual's defensive efforts to avoid embarrassment or criticism. People with avoidant personality disorder tend to avoid the simplest social interactions and see revealing their feelings and thoughts as a high risk of humiliation [8].

On the other hand, recent studies indicate that there are a number of factors that contribute significantly to the emergence of avoidant personality disorder, the most important of which are factors associated with early childhood

experiences. A study by Hageman et al. [17] showed that children who have been emotionally neglected, repeatedly criticized, or rejected by parents develop over time a high sensitivity to rejection and criticism, leading to the construction of defensive strategies of social withdrawal and avoidance. It also highlights genetic and genetic factors as possible contributors to increasing an individual's predisposition to this disorder, through the transmission of certain personality traits such as anaphylaxis, introversion, and a tendency to neuroticism, which may increase the likelihood of developing this personality type. Added to this are social learning factors, as witnessing family or social models exhibiting avoidant behaviors may lead to an individual imitating those behaviors later in life [5].

In addition, the role of culture in the formation and development of avoidant personality disorder cannot be overlooked, especially in societies that focus heavily on criticism and social evaluation, as is the case in some Arab societies. Cultures that pay great attention to the opinion of others and the social image may contribute to reinforcing feelings of apprehension and fear of criticism, which push the individual towards clear avoidant behaviors [18].

Studies have also shown that a conservative social culture, characterized by a fear of making mistakes in front of others or breaking social norms, creates a fertile environment for the development of this disorder, where the individual feels constantly monitored, which leads to his gradual withdrawal from social situations. In addition, the social stigma associated with mental disorders in general may affect the reduction of patients' chances of seeking psychological help, increasing the likelihood of their suffering. In psychodynamic theory, this disorder is seen as the result of unconscious internal conflicts, often related to an early fear of abandonment or rejection by parents, which later pushes the individual to adopt avoidant behaviors as a means of protection against re-experiencing these painful feelings [5].

On the other hand, cognitive-behavioral theory holds that people with this disorder suffer from profound cognitive distortions related to self-image and evaluation of others; they tend to overestimate the likelihood of rejection and criticism from others, leading them to interact with their surroundings with constant caution and avoidance [6].

Attachment theory also suggests that an insecure attachment style in childhood may predispose an individual later to develop the disorder, negatively constructing their expectations of relationships based on early experiences and believing that others will not be receptive to them or able to provide the emotional support they need [19].

There are studies that address the avoidant personality of university students, as presented in these studies.

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Heti and Al-Kubaisi [20] to identify the level of avoidant personality and empathy, identify the type and degree of correlation between the variables of avoidant personality and empathy among Anbar University students, and identify differences in avoidant personality and empathy by gender (males - females) and by academic specialization (scientific - humanitarian). The study concluded that the level of avoidant personality among the study sample is lower than the average. 2- There are statistically significant differences between males and females in favor of females in avoidant personality and empathy. 3- The level of empathy in the sample is high, Heti and Al-Kubaisi [20] to identify the level of avoidant personality and empathy, identify the type and degree of correlation between the variables of avoidant personality and empathy among Anbar University students, and identify differences in avoidant personality and empathy by gender (males - females) and by academic specialization (scientific - humanitarian). The study reached that the level of avoidant personality among the study sample is lower than the average. 2- There are statistically significant differences between males and females in favor of females in avoidant personality and empathy. 3- The level of empathy in the sample is high.

In the same context, Zafer [21] conducted a study with the aim of revealing the relationship between attachment styles and symptoms of personality disorders among a sample of students of the Department of Psychological Counseling at the Faculty of Education, Damascus University, and the differences according to the gender variable are identified on the scales used.

To achieve the purposes of this research, the researcher used the attachment styles scale, which is prepared by Ghazal and Jaradat [22] and the study concluded a set of results: 1- The existence of a correlation between attachment styles and personality disorders, where the secure attachment style was negatively associated with the sub-scales of personality disorders, while the anxious attachment style was positively associated with the sub-scales of personality disorders, and the avoidant attachment style was positively associated with both paranoid personality disorders, avoidance, and dependence.

Parashar et al. [23] titled Specificity of Social Cognitive-Factors and Insecure attachment in predicting borderline personality disorder versus avoidant and antisocial personality disorders (data from a sample of non-clinical adults, specifically university students, were analyzed using structural equation models to assess direct relationships between insecure attachment and three forms of personality disorder, as well as indirect effects through identity spread, self-differentiation, and other social cognition factors. The results indicated distinct relationships between insecure attachment and each personality disorder, either directly or mediated by social cognition factors. Specifically, rationality mediates attachment to anxiety and avoidance in predicting borderline personality disorder, and identity prevalence mediates anxious attachment and avoidance in models of borderline personality disorder, avoidant personality disorder, and antisocial

personality disorder. A unique model of borderline personality disorder emerged, in which attachment scores were fully mediated in predicting antisocial personality disorder. The results suggest that social cognition factors explain some variation in the relationships between the dimensions of insecure attachment and measures of personality disorders, and that the contributions of social cognition vary according to the form of personality pathology studied.

The implications of these findings on theory, assessment and prima are discussed and experimental results are shown in the same context. Zafer [21] conducted a study with the aim of revealing the relationship between attachment styles and symptoms of personality disorders among a sample of students of the Department of Psychological Counseling at the Faculty of Education, Damascus University. The study also identified differences based on gender variables in the scales used. To achieve the research objectives, the researcher employed the attachment styles scale, which was developed by Ghazal and Jaradat [22]. The study concluded several key results: 1- There is a correlation between attachment styles and personality disorders. Specifically, the secure attachment style was negatively associated with the sub-scales of personality disorders, whereas the anxious attachment style was positively associated with these sub-scales. Additionally, the avoidant attachment style showed a positive association with paranoid personality disorder, avoidance, and dependence. These findings contribute to understanding how different attachment styles relate to various personality disorder symptoms and highlight the importance of considering gender differences in such research.

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4. Mythology

The current study relied on the comparative descriptive approach due to its suitability for the objectives, which aim to describe, analyze, and compare the phenomenon in light of the study variables.

The study sample consisted of 400 male and female students from three Saudi universities: Imam Muhammad bin Saud Islamic University, Tabuk University, and King Abdulaziz University. The sample was selected in an available manner, with 148 males (37%) and 252 females (63%). The age range of the participants was between 18 and 24 years, with an average age of 19.3 years and a standard deviation of 1.17 years. Table 1 shows the demographic characteristics in detail.

Table 1.
Demographic characteristics of the total sample of the study (n=400).

Variables	N	%
Genre		
Males	148	37
Females	252	63
Specialization		
Literary faculties	180	45
Scientific faculties	220	55
Study level		
Higher levels	82	20.5
Middle levels	260	65
First levels	58	14.5

Avoidant personality disorder scale: prepared by Ibrahim et al. [1]. The avoidant personality disorder scale consists of 38 items distributed across six dimensions. Each dimension represents a specific aspect of avoidant personality traits, and the scale includes items with positive phrasing. The first dimension addresses avoidance of contact with others and includes 9 items. The second dimension pertains to feelings of helplessness in new social situations and comprises 7 items. The third dimension involves limited integration with those who care about the individual, with 6 items. The fourth dimension relates to avoiding relationships due to fear of shame, also with 6 items. The fifth dimension concerns the fear of criticism, including 6 items. The sixth dimension reflects a sense of inferiority, with 4 items. The scale is scored using a four-point Likert scale: none, rarely, sometimes, a lot, corresponding to scores of 4, 3, 2, and 1, respectively. A higher total score indicates a higher level of avoidant personality disorder, with total scores ranging from 38 to 152. A score of 112 suggests a significant level of avoidant personality traits.

The scale has good psychometric properties, including apparent honesty and honesty through internal consistency and honesty factors. The stability of the scale version is demonstrated by the scale coefficient of stability, as evidenced by re-applying the scale, where the correlation coefficient between applications is 0.96. The coefficient of stability of internal consistency through alpha ranged between 0.75 and 0.78, and the coefficient of stability of the half-fraction of the scale as a whole is 0.81.

In the current study, the psychometric properties of the scale were verified through multiple methods. Firstly, the apparent validity of the scale was assessed by presenting it to a panel of five specialists in psychology and mental health from the Department of Psychology at the University of Tabuk, Imam Muhammad bin Saud Islamic University. Their evaluations focused on the clarity, content, and cultural appropriateness of the scale's items for the Saudi context. The agreement rates among these experts ranged from 80% to 100%, indicating a high level of consensus and suggesting that the scale is suitable for the targeted field and sample population. Secondly, the construct validity was examined by applying the scale to an exploratory sample consisting of 200 participants from the current study population. The analysis involved calculating the correlation coefficients between each item and the total score, which ranged from 0.45 to 0.57. These values demonstrate acceptable internal consistency and support the scale's validity in measuring the intended construct. Furthermore, the reliability of the scale was assessed through internal consistency measures. Cronbach's alpha coefficient was computed for the exploratory sample, yielding a value of 0.88. This high alpha indicates excellent internal consistency, suitable for the study's purposes. Additionally, the split-half reliability was evaluated by dividing the scale into two halves and calculating the Spearman-Brown coefficient, which was 0.89 after applying the correction for length. This result further confirms the scale's stability and reliability within the current sample. Overall, the comprehensive evaluation of the scale's psychometric properties demonstrates that it is a valid and reliable instrument for assessing the targeted construct in the Saudi cultural context, ensuring the accuracy and consistency of the measurements obtained in the study.

Procedures: The study measures were applied to the sample during a period of six months from (1/5/2024 to 1/6/2025) through several procedures, which can be summarized as follows:

Statistical Data: Data Processed Using the Social Sciences Statistical Package (SPSS) Version 25.

5. Results

First, the results of which read: "What is the level of avoidant personality disorder among the members of the study sample?" To answer this question, the (T) test was used for one sample, in order to compare the average scores of avoidant personality disorder in the study sample with the hypothetical average of the two scales, as shown in the following table:

Table 2.

Results of the differences between the arithmetic mean and the hypothetical mean of the study sample on the avoidant personality disorder scale. Study sample (N=400).

Variable	N	M	Hypothetical M	S.D.	T	Significance	Level
Avoidant personality disorder	38	91.5	97	17.5	3.7	0.001	Low

The calculated value of t was 4.11, and it was statistically significant at the level of 0.001. This indicates that the level of avoidant personality disorder in the study sample is lower than the hypothetical level, which suggests a decrease in avoidant personality disorder among the members of the study sample. The presence of this level in the research sample does not pose a danger or problem for them. The problem arises if there is a high level of this disorder in the sample because individuals suffering from avoidant personality disorder tend to be anxious, lack confidence in themselves, and exhibit social inhibition. Often, people with avoidant personality disorder are asocial and isolated.

The results of answering the second question, which reads: What are the gender differences in avoidant personality disorder among university students in the Kingdom of Saudi Arabia? To answer this question, the t-test was used to compare males and females with avoidant personality disorder.

Table 3.

Shows the gender differences in the avoidant personality.

	Males N=148		females N=252		T
Personality disorder	M	S.D.	M	S.D.	
Avoidance	87.8	19.2	92.8	16.2	2.3

Table 3 indicates that there are differences in the level of avoidant personality disorder between males and females of the sample and differences in the direction of females, which means that the females in the sample showed a higher level of avoidant personality disorder compared to males.

The results of answering the third question, which states what are the differences between those with a history of mental illnesses and those without a history of mental illnesses among university students in the Kingdom of Saudi Arabia in avoidant personality disorder, were obtained using a T-test. This statistical test was employed to compare avoidant personality disorder between individuals who suffered from psychological problems and those who did not.

Table 4. Shows the differences between those with a history of illness and those without a history of avoidant personality disease.

	Have no history of mental disorders N=331		Those with a history of mental disorders N=69		T
	M	S.D.	M	S.D.	
Personality disorder Avoidance	84.4	17.11	100.5	15.8	5.4

Table 4 indicates that there were differences in the level of avoidant personality disorder between university students with a history of psychopathology and those without a history of psychopathology, with the differences being in the direction of those with a medical history. This result means that people with a history of mental disorders tend to show higher levels of symptoms of avoidant personality disorder compared to those without such a history.

6. Discussion

In this part, the results of the study will be discussed in relation to the research question, considering previous studies and theoretical frameworks, as well as the findings of the first question. Regarding the decrease in avoidant personality disorder among Saudi university students, it should be noted that there are currently no specific studies or data indicating a decline in the prevalence of avoidant personality disorder within this population. However, it is important to recognize that avoidant personality disorder is a psychological condition that influences individuals' behavior and social interactions, and some college students may experience challenges related to this disorder.

This finding can be explained within the context of Saudi society's social culture, which encourages early integration and interaction with others, contributing to a reduction in avoidant behaviors. This observation aligns with the findings of Zoghaibi [24], Dereboy et al. [25] and Lampe and Malhi [6], which indicated a decrease in rates of avoidant personality disorder among university students.

If we analyze the result of answering the second question, the researchers attribute this outcome to the nature of Saudi society, where males are given more freedom than females to express their opinions, expressions, and make decisions. Males are also more inclined to form social relationships due to being more socially integrated in society than females, which broadens their social experiences. This result aligns with the findings of Al-Saadi [26], which indicated that avoidant personality disorder appears more frequently in females compared to males, especially in Eastern societies that do not encourage or support social interactions among girls from a young age. It also agrees with the result of the Heti and Al-Kubaisi [20] study, which revealed that there are statistically significant differences between males and females in avoidance personality in favor of females.

As for the explanation of the result of the third question, which indicates that people with a previous history of mental disorders tend to exhibit higher levels of avoidant personality disorder symptoms compared to those without such a history.

This finding is consistent with previous studies such as the Leppla et al. [27] study and the Leppla et al. [27] study, which showed that individuals with avoidant personality disorder have a comprehensive medical history that includes medical and social aspects. The main complaints of these patients are often related to anxiety or depression. They also tend to be very shy and often seek psychological evaluation on the recommendation of a family member who is worried about them. Rejection persists despite their deep desire to establish meaningful human relationships. They also suffer from problems related to an inferiority complex, and the fear of rejection is a constant pattern in this disorder.

In addition, this finding is consistent with the results of the Zhou et al. [28] study, which revealed that the traits of avoidant personality disorder are associated with anxiety, depression, and a history of traumatic experiences, as well as the findings of the Parashar et al. [23] study, which indicated a history of negative psychological experiences, a pattern of insecure attachment, and the suffering of individuals with avoidant personality disorder from social anxiety, depression, and attention disorders.

7. Recommendations

Based on the results of the study, some recommendations can be formulated, including the recommendation of psychological and academic counseling centers in universities on the need for early detection of psychological structure and personality dynamics among university students. Developing preventive counseling programs that focus on experiences that would reduce avoidance behavior among female university students.

It also raises awareness among families through various media to promote parental treatment methods based on love, respect, understanding, and fostering children's sense of security and trust, while avoiding violence and bullying. Finally, it involves holding training courses for students at the university, especially female students, to help them acquire the necessary social skills to overcome adverse experiences in childhood.

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