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Avoidance as a Mediating Mechanism Between Maladaptive Coping and PTSD Symptoms

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ABSTRACT

Objective: This study aimed to investigate whether avoidance mediates the relationship between maladaptive coping strategies and posttraumatic stress disorder (PTSD) symptoms among Canadian adults.

Methods and Materials: A descriptive correlational design was employed with a sample of 400 adults recruited from Canada, determined based on Morgan and Krejcie's sample size table. Data were collected using the Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5), the Brief COPE maladaptive subscales, and the Impact of Event Scale-Avoidance subscale (IES-A). Statistical analyses were conducted using SPSS version 27 for descriptive and correlational analyses, and AMOS version 21 for structural equation modeling (SEM). Pearson correlation coefficients were computed to examine bivariate relationships, and SEM was applied to test the hypothesized mediation model. Model fit was assessed using multiple indices including χ^2/df , GFI, AGFI, CFI, TLI, and RMSEA.

Findings: Pearson correlations revealed significant positive associations between maladaptive coping and PTSD symptoms ($r = .52, p < .001$), maladaptive coping and avoidance ($r = .44, p < .001$), and avoidance and PTSD symptoms ($r = .47, p < .001$). The structural model demonstrated good fit to the data ($\chi^2 = 124.86, df = 58, \chi^2/df = 2.15, GFI = .94, AGFI = .91, CFI = .96, TLI = .95, RMSEA = .053$). Path analysis showed that maladaptive coping had a direct effect on PTSD symptoms ($\beta = .36, p < .001$), and an indirect effect via avoidance ($\beta = .11, p < .001$). The total effect of maladaptive coping on PTSD symptoms was $\beta = .47 (p < .001)$, confirming the partial mediating role of avoidance.

Conclusion: The findings highlight avoidance as a significant mechanism through which maladaptive coping contributes to PTSD symptom severity. These results underscore the need for interventions that reduce avoidance behaviors and promote adaptive coping strategies to mitigate posttraumatic stress.

Keywords: Posttraumatic stress disorder; maladaptive coping; avoidance; mediation; structural equation modeling; Canada

1. Introduction

Posttraumatic stress disorder (PTSD) remains one of the most debilitating psychological conditions following exposure to traumatic experiences, manifesting through intrusive memories, heightened arousal, negative cognitions, and avoidance of trauma reminders. Its prevalence and complexity have spurred decades of empirical investigation into its underlying mechanisms and contributing factors. A growing body of research has demonstrated that self-regulatory capacities and coping strategies can either mitigate or intensify the impact of trauma on psychological functioning. For example, self-compassion has been found to buffer against the development of PTSD and complex PTSD, in part through its influence on adaptive coping strategies (Zerach, 2025). Similarly, trauma narratives and even fictional portrayals of posttraumatic experiences have highlighted how PTSD symptomatology may remain masked or unrecognized in both clinical and non-clinical populations, underscoring the importance of identifying coping-related processes that contribute to symptom expression (Cahya & Amelia, 2025).

Coping efficacy is particularly salient in populations exposed to chronic or repeated trauma. For instance, research on incarcerated women has revealed that interpersonal violence, emotion regulation difficulties, and low coping self-efficacy predict higher levels of PTSD, substance use, and risky behaviors (Weber & Lynch, 2024). In addition, military contexts illustrate how exposure to sexual trauma interacts with coping behaviors such as alcohol use to reinforce posttraumatic stress symptomatology (Rodriguez et al., 2024). Such findings suggest that coping processes are central to understanding PTSD outcomes across different trauma-exposed groups.

Beyond direct links between trauma exposure and health, evidence increasingly supports the systemic effects of PTSD on physical disease burden. A growing literature connects PTSD with cardiovascular dysfunction, implicating stress-related physiological dysregulation as a key pathway (Chung, 2024). Coping mechanisms, especially maladaptive forms, are hypothesized to play a role in both psychological and physiological sequelae of trauma, highlighting the urgency of studying them in detail.

The role of coping in trauma-related psychopathology is further complicated in contexts of comorbidity and overlapping vulnerabilities. Among individuals initiating HIV care in Cameroon, maladaptive coping strategies were associated with elevated rates of anxiety, depression, and

PTSD symptoms, pointing to the compounding effects of stress and illness (Parcesepe et al., 2023). Similarly, among extreme job holders, the frequent reliance on dysfunctional coping strategies was directly linked to heightened posttraumatic stress levels, suggesting a cyclical process of stress reactivity and impaired coping (Mukhina et al., 2023). These findings underscore that maladaptive coping represents not only an outcome of trauma but also a risk factor for sustained symptomatology.

Maladaptive coping has also been examined through the lens of cultural and narrative contexts. Literary analyses, for example, illustrate how maladaptive coping strategies manifest in trauma-exposed characters, deepening our understanding of PTSD symptom expression and reinforcing theoretical models (Mzyk, 2023). Likewise, cognitive flexibility has been proposed as a protective factor, where greater adaptability buffers against the negative impact of stress exposure on mental health outcomes (Harel et al., 2023). By contrast, when flexibility is low, maladaptive coping and avoidance are more likely to dominate, escalating risk for PTSD.

Avoidance specifically is central to PTSD both as a symptom and as a maladaptive strategy. Experimental work has shown that individuals with PTSD generalize avoidance responses beyond trauma reminders to broader cognitive tasks, such as eye movement processing, reflecting a pervasive pattern of disengagement from aversive stimuli (Coll et al., 2022). During the COVID-19 pandemic, PTSD-like symptoms were observed among patients with pre-existing psychiatric vulnerabilities, many of whom exhibited high avoidance tendencies as a primary means of coping (Concerto et al., 2022). Similarly, studies of youth in out-of-home care demonstrated that maladaptive cognitive processes—including avoidance—were linked to both internalizing and externalizing psychopathology over time (Davis et al., 2022). Such findings point to avoidance as a mechanism that not only sustains PTSD but also extends its effects into broader domains of functioning.

Substance use represents another critical form of maladaptive coping that overlaps with avoidance processes. Longitudinal evidence indicates that using substances as a coping mechanism predicts persistence of PTSD symptoms, creating a feedback loop that impedes recovery (Freichel et al., 2022). This resonates with clinical observations of individuals with psychiatric disorders during the pandemic, many of whom reported both cognitive impairments and maladaptive avoidance strategies in the face of stress (Fung et al., 2023). Taken together, these studies underscore the

multiplicity of avoidance as a mediator—operating behaviorally, cognitively, and through substance-related pathways.

Trauma exposure across diverse contexts continues to reveal the significance of maladaptive coping and avoidance. For example, neighborhood stressors have been shown to mediate the relationship between PTSD symptoms and coping behaviors in substance-using populations (Hertzel et al., 2017). Among physically injured children, trauma-related cognitive factors predicted both internalizing and externalizing symptoms over time, with avoidance playing a key role (Hiller et al., 2018). Similarly, first responders frequently exhibit high levels of PTSD linked to both exposure and subsequent reliance on avoidance strategies (Skeffington et al., 2017).

The interaction of PTSD with health conditions provides further evidence of avoidance’s mediating role. Patients experiencing transient ischemic attacks were found to display significantly higher PTSD prevalence, raising the possibility that health-related avoidance contributes to maladaptive outcomes (Kiphuth et al., 2014). Among oncology populations, such as Australian women with ovarian cancer, posttraumatic stress symptoms were evident, with avoidance emerging as a central coping style (Shand et al., 2014). Likewise, survivors of sexual assault report that social reactions to disclosure and perceived control influence both coping strategies and PTSD severity, with avoidance mediating these relationships (Ullman & Peter-Hagene, 2014).

Cross-cultural work further highlights differences in maladaptive coping prevalence. In Japan, maladaptive coping styles were reported as less dominant compared to Germany, indicating cultural influences on avoidance and related processes (Nishiguchi et al., 2022). Yet across diverse samples, maladaptive coping remains a robust predictor of PTSD, whether among African American women coping with intimate partner violence (Sullivan et al., 2018), or survivors of sexual abuse navigating daily hassles and uplifts (Stensvehaven et al., 2020).

Experimental paradigms have enriched this understanding by showing how avoidance is enacted at cognitive and behavioral levels. For example, PTSD patients may sacrifice potential rewards to avoid threat in approach–avoidance conflict tasks, reinforcing avoidance as a maladaptive yet compelling mechanism (Weaver et al., 2020). Studies of coping with individual PTSD symptoms likewise show variability in strategies, with avoidance

frequently chosen despite its long-term costs (Asnaani et al., 2020).

At the interpersonal level, social and relational contexts also play a critical role. Relationship quality and social network resources are linked to coping strategies and PTSD symptoms, where maladaptive coping and avoidance behaviors can mediate the protective effects of social support (Hansford & Jobson, 2021). Furthermore, findings on female veterans highlight how maladaptive expectancies surrounding alcohol use intersect with trauma coping, exacerbating avoidance and PTSD (Rodriguez et al., 2024).

Taken together, this growing body of evidence underscores the importance of conceptualizing avoidance not merely as a symptom cluster but as a mediating mechanism that links maladaptive coping with PTSD outcomes. The present study seeks to extend this line of inquiry by examining avoidance as a mediator between maladaptive coping and PTSD symptoms in a Canadian adult sample.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a descriptive correlational design to investigate the mediating role of avoidance in the relationship between maladaptive coping and posttraumatic stress disorder (PTSD) symptoms. The study sample consisted of 400 participants recruited from the general adult population in Canada. The sample size was determined based on the Morgan and Krejcie (1970) table, ensuring sufficient statistical power for correlation and structural equation modeling (SEM) analyses. Participants were selected through convenience sampling and included individuals aged 18 years and older with experiences of exposure to stressful or potentially traumatic events. All participants provided informed consent prior to completing the survey instruments.

2.2. Measures

PTSD symptoms were measured using the Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5), developed by Weathers and colleagues in 2013. The PCL-5 is a widely used 20-item self-report scale designed to assess the severity of PTSD symptoms according to DSM-5 criteria. Items are grouped into four subscales reflecting intrusion, avoidance, negative alterations in cognition and mood, and alterations in arousal and reactivity. Each item is rated on a 5-point

Likert scale ranging from 0 (not at all) to 4 (extremely), yielding a total symptom severity score ranging from 0 to 80, with higher scores indicating greater PTSD symptomatology. Previous studies have confirmed the PCL-5's strong psychometric properties, demonstrating high internal consistency, good test-retest reliability, and excellent convergent and discriminant validity across clinical and non-clinical samples.

Avoidance was assessed using the Avoidance subscale of the Impact of Event Scale (IES), originally developed by Horowitz, Wilner, and Alvarez in 1979. The IES is one of the most established instruments for evaluating subjective distress related to traumatic experiences. The Avoidance subscale consists of 8 items that capture cognitive and behavioral strategies of evading trauma-related thoughts, emotions, or reminders. Items are scored on a 4-point Likert scale (0 = not at all, 1 = rarely, 3 = sometimes, 5 = often), with higher scores indicating greater avoidance tendencies. Numerous studies have reported strong psychometric support for the Avoidance subscale, including acceptable internal consistency, robust construct validity, and sensitivity to change in both clinical and research contexts.

Maladaptive coping was measured using the Brief COPE Inventory, developed by Carver in 1997 as a short form of the original COPE Inventory. This 28-item self-report questionnaire assesses a wide range of coping responses to stress and trauma. It is divided into 14 two-item subscales, among which maladaptive coping can be operationalized through subscales such as denial, substance use, behavioral disengagement, self-blame, and venting. Each item is rated on a 4-point Likert scale ranging from 1 (I haven't been doing this at all) to 4 (I've been doing this a lot), with higher scores reflecting greater reliance on the corresponding coping strategy. The Brief COPE has been extensively validated, showing good reliability and factorial validity, and it has been widely applied in studies of trauma and

psychopathology to differentiate between adaptive and maladaptive coping strategies.

2.3. *Data analysis*

Data analysis was performed using SPSS version 27 and AMOS version 21. Descriptive statistics were calculated to summarize demographic characteristics and study variables. Pearson correlation analysis was conducted to examine the bivariate relationships between maladaptive coping, avoidance, and PTSD symptoms. Structural equation modeling (SEM) was then used to test the hypothesized mediation model, with avoidance specified as the mediating variable. Goodness-of-fit indices including the Comparative Fit Index (CFI), Tucker-Lewis Index (TLI), Root Mean Square Error of Approximation (RMSEA), and Chi-square/degrees of freedom (χ^2/df) ratio were used to evaluate the adequacy of the model fit. A significance level of $p < .05$ was considered for all statistical tests.

3. **Findings and Results**

Of the 400 participants, 229 (57.3%) were female and 171 (42.7%) were male. The age of participants ranged from 18 to 65 years, with the majority falling between 25 and 34 years ($n = 138, 34.5\%$), followed by 35 to 44 years ($n = 94, 23.5\%$), 18 to 24 years ($n = 87, 21.8\%$), 45 to 54 years ($n = 56, 14.0\%$), and 55 years and older ($n = 25, 6.2\%$). In terms of marital status, 192 participants (48.0%) reported being single, 168 (42.0%) married, and 40 (10.0%) divorced or widowed. Regarding education level, 94 participants (23.5%) held a high school diploma, 156 (39.0%) had completed undergraduate education, and 150 (37.5%) reported postgraduate qualifications. These frequencies and percentages provide a comprehensive overview of the demographic distribution of the sample.

Table 1

Descriptive Statistics of Study Variables (N = 400)

Variable	M	SD	Minimum	Maximum
PTSD Symptoms	36.42	14.57	8.00	72.00
Maladaptive Coping	28.17	7.85	10.00	48.00
Avoidance	21.64	6.72	6.00	36.00

The descriptive statistics indicate that participants reported a moderate mean level of PTSD symptoms ($M = 36.42, SD = 14.57$) on a scale ranging from 0 to 80. The average score for maladaptive coping was 28.17 ($SD = 7.85$),

suggesting a moderate reliance on dysfunctional coping strategies. The mean score for avoidance was 21.64 ($SD = 6.72$), reflecting a consistent tendency toward avoidance behaviors across the sample (Table 1).

Prior to conducting correlation and SEM analyses, statistical assumptions were examined and confirmed. Normality of the data was assessed through skewness and kurtosis indices, which ranged from -0.71 to 0.64 and -0.89 to 0.77, respectively, falling within the acceptable threshold of ± 1 . Multicollinearity was evaluated using variance inflation factor (VIF) values, which ranged from 1.12 to 1.36, well below the critical cutoff of 10, indicating no issues of multicollinearity. Linearity and homoscedasticity were

checked through scatterplots, which revealed no evidence of curvilinearity or heteroscedasticity. Additionally, the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was .89 and Bartlett's test of sphericity was significant ($\chi^2 = 2489.34, p < .001$), confirming the suitability of the data for factor analysis. Together, these results supported the adequacy of the dataset for the planned correlational and SEM procedures.

Table 2

Pearson Correlations Between Study Variables (N = 400)

Variable	1	2	3
1. PTSD Symptoms	—		
2. Maladaptive Coping	.52** (p < .001)	—	
3. Avoidance	.47** (p < .001)	.44** (p < .001)	—

The results of Pearson correlations demonstrated that PTSD symptoms were significantly and positively correlated with maladaptive coping ($r = .52, p < .001$) and avoidance ($r = .47, p < .001$). Additionally, maladaptive coping showed a significant positive correlation with

avoidance ($r = .44, p < .001$). These findings suggest that greater reliance on maladaptive coping is associated with higher PTSD symptom severity, and that avoidance is strongly linked to both variables (Table 2).

Table 3

Fit Indices for the Structural Equation Model

Index	Value	Recommended Threshold
χ^2	124.86	—
df	58	—
χ^2/df	2.15	< 3.00
GFI	.94	$\geq .90$
AGFI	.91	$\geq .90$
CFI	.96	$\geq .95$
TLI	.95	$\geq .95$
RMSEA	.053	$\leq .08$

The model fit indices indicated a good overall fit to the data. The chi-square to degrees of freedom ratio ($\chi^2/df = 2.15$) was within the acceptable range. Other indices including GFI (.94), AGFI (.91), CFI (.96), TLI (.95), and

RMSEA (.053) all met or exceeded recommended thresholds, supporting the adequacy of the hypothesized structural model (Table 3).

Table 4

Direct, Indirect, and Total Effects Between Study Variables

Path	b	SE	β	p
Maladaptive Coping → PTSD Symptoms	0.42	0.07	.36	<.001
Maladaptive Coping → Avoidance	0.37	0.06	.34	<.001
Avoidance → PTSD Symptoms	0.45	0.08	.32	<.001
Indirect Effect (MC → AV → PTSD)	0.17	0.04	.11	<.001
Total Effect (MC → PTSD)	0.59	0.08	.47	<.001

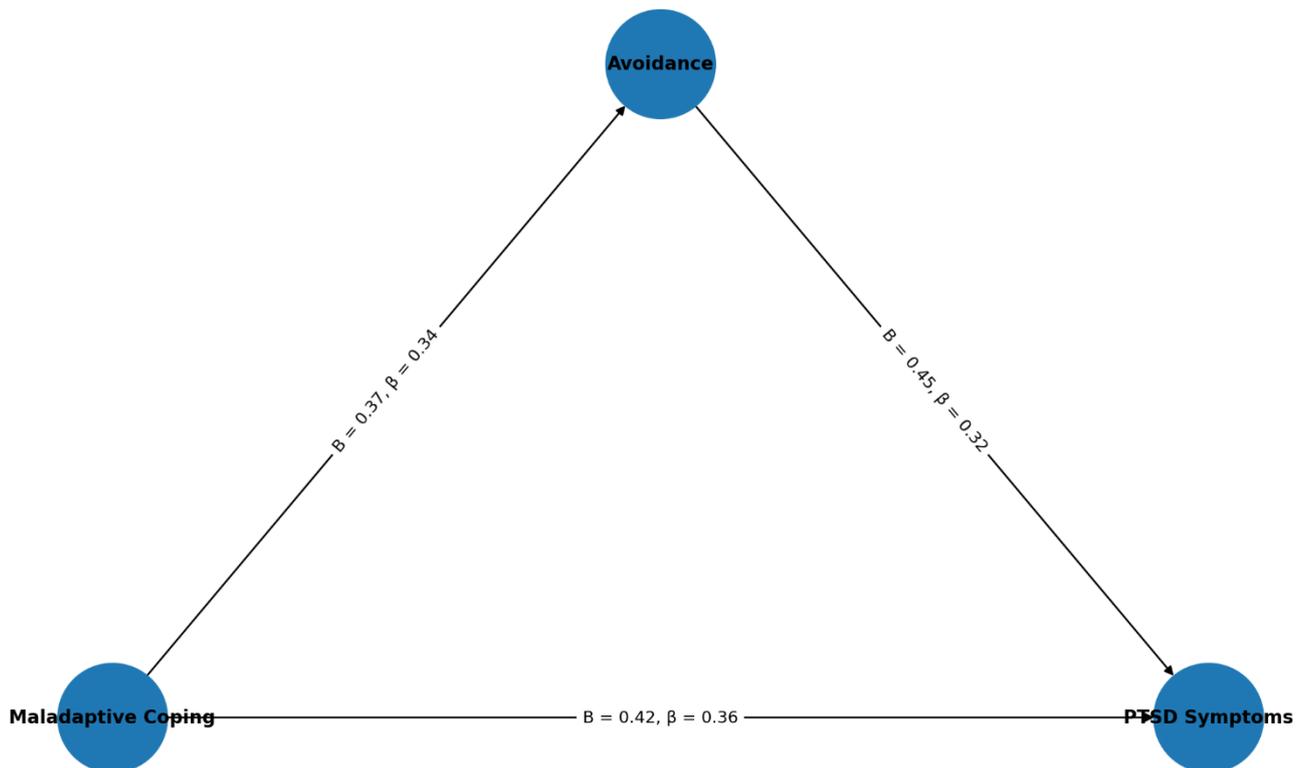
The path coefficients revealed that maladaptive coping had a significant direct effect on PTSD symptoms ($\beta = .36$, $p < .001$) and also significantly predicted avoidance ($\beta = .34$, $p < .001$). In turn, avoidance exerted a strong positive effect on PTSD symptoms ($\beta = .32$, $p < .001$). The indirect effect of maladaptive coping on PTSD symptoms through

avoidance was statistically significant ($\beta = .11$, $p < .001$), confirming the mediating role of avoidance. The total effect of maladaptive coping on PTSD symptoms ($\beta = .47$, $p < .001$) suggests that both direct and mediated pathways contribute to PTSD severity (Table 4).

Figure 1

Model with Beta Coefficients

Structural Model: Maladaptive Coping, Avoidance, and PTSD Symptoms



4. Discussion and Conclusion

The purpose of this study was to examine the mediating role of avoidance in the relationship between maladaptive coping strategies and PTSD symptoms among Canadian adults. The results confirmed the hypothesized model: maladaptive coping was positively associated with PTSD symptoms, avoidance significantly mediated this relationship, and structural equation modeling demonstrated a good fit to the data. In addition, bivariate correlations showed that maladaptive coping strategies such as denial, disengagement, and substance use were significantly correlated with PTSD symptom severity, supporting the premise that maladaptive coping is a key mechanism in trauma-related psychopathology. These findings reinforce

existing theoretical frameworks which emphasize that the persistence of PTSD symptoms is not only a direct consequence of trauma exposure but also a result of ongoing coping strategies that inhibit recovery.

The first major finding—that maladaptive coping strategies are strongly associated with PTSD symptoms—is consistent with prior research across diverse trauma-exposed populations. Studies have repeatedly shown that maladaptive strategies such as behavioral disengagement, denial, and substance use predict worse PTSD outcomes. For instance, incarcerated women exposed to interpersonal violence demonstrated greater PTSD severity when their emotion regulation difficulties and coping self-efficacy were compromised (Weber & Lynch, 2024). Similarly, female

veterans with histories of military sexual trauma showed that maladaptive alcohol expectancies were linked to greater reliance on dysfunctional coping and increased PTSD symptomatology (Rodriguez et al., 2024). These results support the current study's finding that maladaptive coping serves as a robust predictor of PTSD severity.

Further support can be found in cross-sectional and longitudinal evidence from health and community samples. For example, research among individuals with HIV initiating care in Cameroon indicated that maladaptive coping strategies predicted higher levels of mental health symptoms, including PTSD (Parcesepe et al., 2023). Likewise, individuals in extreme job contexts often demonstrate heightened reliance on dysfunctional coping mechanisms, which correlates with elevated PTSD (Mukhina et al., 2023). In both cases, maladaptive coping appears to perpetuate cycles of distress, echoing the patterns observed in the present study.

The mediating role of avoidance is particularly noteworthy. Avoidance not only constitutes a core PTSD symptom cluster but also represents a behavioral strategy through which individuals attempt to regulate distressing internal experiences. Our findings revealed that avoidance partially explained the relationship between maladaptive coping and PTSD severity, suggesting that avoidance serves as a critical pathway through which maladaptive coping translates into persistent posttraumatic stress. This aligns with prior work demonstrating that avoidance generalizes beyond trauma-specific stimuli. For instance, individuals with PTSD were shown to extend avoidance behaviors to neutral cognitive processes, such as eye movement tasks, underscoring its pervasive nature (Coll et al., 2022). Experimental paradigms also confirm that avoidance is enacted at the cost of potential rewards, reflecting its maladaptive yet powerful role in trauma survivors (Weaver et al., 2020).

This interpretation is supported by findings from clinical and high-risk populations. During the COVID-19 pandemic, avoidance behaviors were particularly salient among patients with pre-existing psychiatric vulnerabilities, where PTSD-like symptoms were exacerbated by disengagement strategies (Concerto et al., 2022). In youth in out-of-home care, trauma-related cognitive processes, including avoidance, predicted both internalizing and externalizing psychopathology (Davis et al., 2022). These findings echo the current study's conclusion that avoidance serves not only as a symptom of PTSD but also as a mediating process that sustains its severity.

Avoidance also manifests in maladaptive coping through substance use. Longitudinal data demonstrate that individuals who use substances to cope are more likely to experience persistent PTSD symptoms over time (Freichel et al., 2022). This is consistent with the current findings, where maladaptive coping and avoidance pathways were both strongly linked to PTSD severity. Such results underscore the dual role of avoidance as both a conscious behavioral strategy and an implicit mechanism embedded within broader coping repertoires.

Cross-cultural and contextual studies further enrich the interpretation of these results. In Japan and Germany, coping styles have been compared, with maladaptive strategies found to be less prevalent in Japan, suggesting that cultural factors may influence the extent to which avoidance mediates trauma outcomes (Nishiguchi et al., 2022). Despite these cultural differences, maladaptive coping remains a reliable predictor of PTSD severity across diverse samples, including African American women coping with intimate partner violence (Sullivan et al., 2018) and survivors of sexual assault navigating disclosure reactions (Ullman & Peter-Hagene, 2014). The generalizability of avoidance's mediating role across cultures and trauma types reinforces its centrality to PTSD models.

The results also align with research linking coping strategies and PTSD to broader domains of physical and psychological health. PTSD has been identified as a risk factor for cardiovascular dysfunction, where maladaptive coping may exacerbate the physiological consequences of trauma (Chung, 2024). Similarly, studies among oncology patients, such as Australian women with ovarian cancer, found high levels of PTSD symptoms associated with avoidance behaviors (Shand et al., 2014). Among patients who suffered transient ischemic attacks, PTSD prevalence was significantly elevated, further suggesting that health-related avoidance may amplify symptomatology (Kiphuth et al., 2014). These studies demonstrate that avoidance and maladaptive coping not only sustain PTSD but also extend its reach into physical health outcomes.

Evidence from child and adolescent samples provides additional support for the observed patterns. Longitudinal studies of physically injured children revealed that trauma-related cognitive factors, including avoidance, predicted both internalizing and externalizing psychopathology (Hiller et al., 2018). Likewise, children exposed to trauma in out-of-home care settings demonstrated that maladaptive cognitive processes mediated links between trauma and later psychopathology (Davis et al., 2022). These findings

converge with the current results, underscoring avoidance's role in mediating maladaptive coping and PTSD across developmental stages.

From an interpersonal perspective, social resources and relational contexts shape coping processes. Relationship quality and social network support have been found to influence coping and PTSD symptoms, with maladaptive coping and avoidance mediating the protective effects of supportive networks (Hansford & Jobson, 2021). Similarly, neighborhood contexts mediate PTSD and coping relationships, particularly in substance-using populations, where avoidance is often reinforced (Hertzel et al., 2017). These findings suggest that avoidance not only operates at the individual level but is embedded within broader social and environmental contexts.

The present study also complements research on cognitive flexibility and resilience. Cognitive flexibility has been identified as a protective factor against the negative impact of stress, reducing reliance on avoidance and maladaptive coping (Harel et al., 2023). Conversely, when flexibility is compromised, individuals are more likely to engage in avoidance behaviors that maintain PTSD severity. Similarly, self-compassion has been shown to buffer against PTSD by fostering adaptive coping strategies, further highlighting how avoidance mediates maladaptive processes (Zerach, 2025). These findings position avoidance as a key target for interventions aimed at enhancing flexibility, compassion, and adaptive coping.

Another dimension to consider is the subjective experience of trauma and coping in narrative and cultural domains. Literary analyses illustrate how maladaptive coping manifests in trauma narratives, reflecting avoidance and its role in sustaining distress (Cahya & Amelia, 2025; Mzyk, 2023). These perspectives underscore that avoidance is not only observable in clinical assessments but also permeates cultural representations of trauma, further validating its central role in mediating PTSD outcomes.

Finally, experimental and theoretical contributions provide converging support for the present findings. Studies have shown that PTSD patients make trade-offs to avoid threat, sacrificing potential rewards (Weaver et al., 2020), and that coping strategies with individual PTSD symptoms often favor avoidance despite long-term consequences (Asnaani et al., 2020). Such findings resonate with the current data, underscoring avoidance as a short-term regulator that perpetuates long-term dysfunction.

5. Limitations & Suggestions

Several limitations should be acknowledged. First, the study employed a cross-sectional design, which restricts causal inference regarding the temporal sequence of maladaptive coping, avoidance, and PTSD symptoms. Longitudinal studies are needed to clarify whether avoidance consistently mediates maladaptive coping over time. Second, the reliance on self-report measures introduces potential biases such as social desirability and recall error. Although validated tools were used, future research should incorporate multi-method approaches including clinician-administered interviews and behavioral tasks. Third, the sample was drawn from Canadian adults using convenience sampling, which may limit generalizability to other cultural contexts or trauma populations. Finally, while the study focused on avoidance as a mediator, other mechanisms such as rumination or hyperarousal may also play significant roles that were not captured in this model.

Future studies should employ longitudinal and experimental designs to establish causality and further test the mediating role of avoidance across time. Including diverse trauma populations—such as refugees, military veterans, and individuals with chronic health conditions—would enhance the external validity of findings. Cross-cultural comparisons should also be prioritized to examine whether cultural norms moderate the relationship between coping strategies, avoidance, and PTSD. Moreover, integrating neurobiological and physiological measures could clarify how avoidance interacts with stress-response systems. Future research should also expand mediation models to include multiple coping strategies and consider potential moderators such as social support, cognitive flexibility, and resilience factors.

The results of this study highlight the importance of targeting avoidance in clinical interventions for PTSD. Practitioners should prioritize therapies that reduce avoidance behaviors, such as exposure-based treatments and acceptance-based interventions. Training clients to recognize maladaptive coping patterns and substitute them with adaptive strategies could mitigate symptom persistence. Furthermore, community and organizational programs should emphasize resilience-building skills, cognitive flexibility, and self-compassion as protective factors. At the policy level, increasing access to trauma-informed care in diverse health and social settings could address the widespread impact of maladaptive coping and avoidance on PTSD symptoms.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed in this article.

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