

Comparison of the Effectiveness of Compassion-Focused Therapy and Cognitive-Behavioral Therapy on Experiential Avoidance and Post-Traumatic Growth in Sexually Abused Girls

Afsaneh. Rahimian^{1*}, Mitra. Namazi², Seyed Mojtaba. Aghili³

¹ Master of General Psychology, Sari Branch, Islamic Azad University, Mazandaran, Iran

² Master of Clinical Psychology, Shahrood Branch, Islamic Azad University, Shahrood, Iran

³ Assistant Professor, Department of Psychology, Payam Noor University, Tehran, Iran

* Corresponding author email address: ar.rahimian66@gmail.com

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ABSTRACT

Objective: Sexual abuse in its various forms leaves irreversible damages on the physical and psychological development of children and adolescents. This study aimed to compare the effectiveness of Compassion-Focused Therapy (CFT) and Cognitive-Behavioral Therapy (CBT) on experiential avoidance and post-traumatic growth in sexually abused girls.

Methods and Materials: The present research was quasi-experimental with a pre-test, post-test design and a control group. The statistical population included sexually abused girls studying in Western Tehran during the 2023-2024 academic year. Forty-five individuals were selected through purposive sampling and randomly assigned to experimental and control groups (each group consisting of 15 individuals). The first experimental group received Gilbert's Compassion-Focused Therapy (2010) and the second experimental group received Hofmann and Otto's Cognitive-Behavioral Therapy (2008) in eight 60-minute sessions. The control group did not receive any psychological treatment. Research instruments included Lisak's Sexual Abuse Questionnaire (2005), Bond's Experiential Avoidance Questionnaire (2011), and Tedeschi and Calhoun's Post-Traumatic Growth Inventory (1996). Data were analyzed using covariance analysis, Bonferroni post hoc test, and SPSS software version 26.

Findings: The results showed that Compassion-Focused Therapy was more effective than Cognitive-Behavioral Therapy on experiential avoidance ($F=24.91$, $P=0.001$) and post-traumatic growth ($F=51.26$, $P=0.001$) in sexually abused girls ($p<0.05$).

Conclusion: Compared to Cognitive-Behavioral Therapy, Compassion-Focused Therapy can play an effective role in reducing experiential avoidance and increasing post-traumatic growth in sexually abused girls.

Keywords: *Compassion-Focused Therapy, Cognitive-Behavioral Therapy, Experiential Avoidance, Post-Traumatic Growth, Sexual Abuse*

1. Introduction

Among the traumatic life experiences, sexual abuse in its various forms leaves irreversible damages on the physical and psychological development of children and adolescents (Karimi et al., 2022; Kiarasi et al., 2022). One of the interpersonal traumatic experiences is sexual abuse, which refers to unwanted sexual contact (Jaffe et al., 2021), and includes a wide range of behaviors from physical and bodily contact to non-contact and verbal coercive behaviors to force an individual into sexual relations. The global prevalence of sexual abuse in some studies was reported to be 59.2% (Dworkin et al., 2021) and its comorbidity with post-traumatic stress in Iran is 16.6% (Sadeghi et al., 2023). Research by Devries and Meinck (2018) showed that the prevalence of abuse and sexual violence in South Africa among girls aged 15 to 17 years was 14.61% and among boys, it was 9.99% (Devries & Meinck, 2018). Despite the World Health Organization considering this abuse a global health warning in 2004, no specific statistics from official bodies regarding sexual abuse are available in Iran (Siavashi et al., 2022). The results of Shokri and Hashemi's (2014) research showed that most women in the past three months had experienced some form of verbal sexual harassment such as catcalling, admiration of beauty, vulgar words (insults), and telephone harassment or were aware of its occurrence in the lives of their acquaintances. Victims of sexual abuse suffer from psychological problems including depression, anxiety, social dysfunction, stress, etc., which in turn lead to impaired decision-making ability, fear adherence, imposed conditions, inability to solve problems, and in some cases, suicide (Asaei et al., 2020).

The fear of stigmatization, being considered a family disgrace, and the patriarchal atmosphere in some societies like Iran, prevent sexually abused women from seeking treatment and talking about their experience (Sadeghi et al., 2023). The results of research by Cho, Lin, Yang, Chen, and Yin (2022) showed that individuals with experience of sexual abuse avoid experiencing internal negative emotions and feelings. Experiential avoidance is defined as the unwillingness to remain in contact with unpleasant inner experiences (e.g., thoughts, feelings) accompanied by attempts to alter the form, frequency, or occurrence of experiences or situations that elicit those experiences (Chou et al., 2022). This construct includes two components: the first component is the reluctance to make contact with painful experiences, and the second component is the effort to avoid painful experiences or events that trigger these

experiences (Vafapoor et al., 2021); and it is an important factor for various psychopathologies such as self-harm thoughts and behaviors, and is associated with increased mental distress during stress, emotional reactions, and communication problems (Leonidou & Panayiotou, 2022). In this context, Roush et al. (2019) stated that experiential avoidance is a process through which emotional turmoil and distress in an individual are accelerated, so that the person tries to end the urgent feeling of hopelessness and unbearable suffering by committing suicide (Roush et al., 2019).

The effects of sexual abuse may never be fully healed, and the abused individual may always carry signs of victimization, such as depression, suicidal tendencies, decreased self-esteem, addiction, and avoidance of sexual relationships after marriage (Shahidi et al., 2021). Following unpleasant life experiences, individuals show positive psychological changes known as post-traumatic growth (Liu et al., 2023). Post-traumatic growth refers to positive personal and psychological changes that occur after a severe incident and are the result of an individual's struggle against this stressful incident. This concept of post-traumatic growth is of adaptive importance (Wang et al., 2023). Post-traumatic growth is recognized by positive psychological changes after dealing with challenging life conditions and has five areas: a) relationship with others, which means developing a network of relationships and greater intimacy with them; b) new possibilities, which indicate the creation of a new path or opportunities; c) personal strength, which refers to increased inner strength and self-reliance in difficulties; d) spiritual change, which refers to understanding experiences and strengthening spiritual beliefs; e) appreciation of life, which means realizing the value of life (Ha et al., 2019; Kiarasi et al., 2022; Liu et al., 2023). Recognizing the concept of post-traumatic growth provides information to health care providers that can assist them in care and help patients better adapt to their stressful situations (Peng et al., 2022).

To date, some experimental treatment methods for trauma-related disorders from sexual abuse have been confirmed, one of these approaches being Compassion-Focused Therapy (CFT) (Afshar et al., 2021). The basic principles of Compassion-Focused Therapy suggest that soothing thoughts, factors, images, and behaviors should be internalized, so the human mind calms down when facing these internalities just as it does with external factors (Willis et al., 2023). Self-compassion involves caring for oneself in the face of perceived shortcomings and difficulties; in such

a way that painful and uncomfortable feelings are not avoided, but rather approached with kindness, understanding, and a sense of shared humanity (Braehler & Neff, 2020). In this context, the results of various studies have shown that Compassion-Focused Therapy is effective on experiential avoidance in adolescents (Karimi et al., 2020), experiential avoidance and cognitive fusion (Farokhi et al., 2018), post-traumatic growth in women (Kiarsi et al., 2021; Navab et al., 2019), post-traumatic growth after a romantic breakup (Karimi et al., 2020; Navab et al., 2019), post-traumatic growth in women with cancer (Sadeghpour et al., 2020), cognitive-behavioral avoidance in depressed adolescents (Bakker, 2017), increased post-traumatic growth in sexual abuse victims (Ha et al., 2019), reduction of experiential avoidance and increased flexibility (Godini et al., 2019).

In the past two decades, cognitive-behavioral interventions have received significant empirical support due to their impact on reducing anxiety, harmful beliefs, and physiological factors such as physical and mental tensions and arousal (Scheer et al., 2023). This intervention is an educational approach where cognitive and behavioral techniques are taught through in-session exposure exercises, cognitive restructuring, and homework assignments. This method breaks the vicious cycle of the problem and encourages the individual to explore the relationship between negative thoughts and their feelings of inefficacy (Salemi et al., 2017). In this context, various studies have shown that Cognitive-Behavioral Therapy is effective on post-traumatic growth in recovering addicts (Sadeghi et al., 2023), social adaptation and experiential avoidance (Atadokht et al., 2019), post-traumatic growth in women with cancer (Zamani et al., 2021), experiential avoidance in women dealing with emotional divorce (Sajede et al., 2023), post-traumatic growth in abused children (Salemi et al., 2017), experiential avoidance and cognitive fusion (Alfoone et al., 2020), experiential avoidance of stressful events (Hassija et al., 2015), and post-traumatic growth in children with a history of child abuse (McCarroll et al., 2017).

Individuals with experience of sexual abuse face many behavioral and emotional problems. Most of them have intrusive and repetitive thoughts that enter their minds throughout the day, especially when falling asleep, and sometimes these intrusive images and thoughts are triggered by environmental reminders. Additionally, they experience cognitive changes. These cognitive changes may manifest as automatic negative thoughts, in which individuals feel that the world is a very dangerous place or that their life is very

unstable and fragile (Karimi et al., 2022). Given the increasing incidence of sexual abuse and the negative impacts it imposes on families and society, a comprehensive review of previous research revealed that no studies have been conducted in Iran on the effectiveness of these therapeutic approaches for sexually abused girls; thus, the aim of this study is to find appropriate therapeutic strategies and planned interventions to enhance the psychological well-being of sexual abuse victims. Therefore, this study seeks to answer the question of whether there is a significant difference in the effectiveness of Compassion-Focused Therapy and Cognitive-Behavioral Therapy on experiential avoidance and post-traumatic growth in sexually abused girls.

2. Methods and Materials

2.1. Study Design and Participants

The present study was a quasi-experimental study with a pre-test, post-test design and a control group. The statistical population of the study included all sexually abused girls studying in western Tehran during the 2023-2024 academic year. For sample selection, out of the secondary schools in districts 21 and 22, ten schools were randomly selected, and from each school, two classes were randomly selected to respond to Lisak's Sexual Abuse Questionnaire. After diagnosing and screening sexually abused girls with the questionnaire and clinical interviews, 45 individuals were selected through purposive sampling and randomly assigned to experimental and control groups (each group consisting of 15 individuals). The inclusion criteria for the study were a history of sexual abuse as determined by Lisak's Sexual Abuse Questionnaire (2005) and clinical interviews, willingness to participate in the study, not taking psychiatric medications, and not having psychiatric disorders. The exclusion criteria were absence from more than two sessions, unwillingness to cooperate in the study, and receiving any other psychological treatment.

The research implementation process was as follows: after stating the research objectives and ethical considerations, the experimental and control groups responded to the experiential avoidance and post-traumatic growth questionnaires in the pre-test stage. The first experimental group received Compassion-Focused Therapy, and the second experimental group received Cognitive-Behavioral Therapy in eight 60-minute sessions, one session per week, while the control group did not receive any psychological treatment. After the weekly sessions ended, in

the post-test stage, the experimental and control groups again completed the research questionnaires. It is noteworthy that the assessment was carried out by an assistant who was unaware of the experimental and control groups. To adhere to ethical considerations in the research, voluntary and optional participation of individuals in the research, explanation of the rights and duties of the parties, and keeping the obtained information confidential during the research and free withdrawal from the research were taken into account, and at the end of the work, the control group was included in the intervention plan and the educational intervention was also implemented for them.

2.2. Measures

2.2.1. Sexual Abuse

This questionnaire was developed by Lisak in 2005 to examine an individual's history of sexual abuse and consists of 7 questions with yes or no answers. Scoring in this test indicates the victimization of the individual by at least one type of sexual abuse. The questionnaire's reliability in Lisak's (2005) study was determined by Cronbach's alpha method at 0.86. This questionnaire was translated into Persian by Zadafshar, Sharifi, Ahmadi, and Cherami (2022) using the double-translation method. The internal validity of this test was determined by face validity, and its internal reliability was determined by Cronbach's alpha method at 0.88. In the present study, the reliability of the questionnaire was determined by Cronbach's alpha method at 0.89 (Zadafshar et al., 2022).

2.2.2. Experiential Avoidance

This questionnaire was developed by Bond, Hayes, Baer, Carpenter, Gunnel, Orcutt, and Zettle in 2011 and measures experiential avoidance and psychological inflexibility. The latest version of this questionnaire contains 10 items, and the questions are rated on a 7-point Likert scale from never = 1 to always = 7. Higher scores on this scale indicate lower cognitive flexibility and higher experiential avoidance. The average Cronbach's alpha coefficient for clinical and non-clinical groups was 0.84 to 0.88, and the 3- and 12-month retest validity was 0.81 and 0.87, respectively. In Iran, the Cronbach's alpha reliability coefficient of this questionnaire is 0.86 (Vafapoor et al., 2021). The reliability of the questionnaire in the present study was determined by Cronbach's alpha method at 0.91.

2.2.3. Post-Traumatic Growth

This questionnaire was developed by Tedeschi and Calhoun in 1996 to examine the concept of post-traumatic growth in the United States. This instrument has 21 items that determine five areas of psychological transformation after encountering a stressor (relationship with others, new possibilities, personal strength, spiritual changes, and appreciation of life) and are scored on a 6-point Likert scale (0 = not at all to 5 = very much). The score range is from 0 to 105, and higher scores indicate greater growth. In Tedeschi and Calhoun's study, the overall Cronbach's alpha coefficient of the questionnaire was estimated at 0.90, and the Cronbach's alpha range for each subscale was between 0.67 and 0.85 (Tedeschi & Calhoun, 1996). Mahmoudi, Jaberi, and Rahimi (2013) standardized this questionnaire for the Iranian population and reported that the Persian version of this questionnaire includes four components: sense of inner strength, change in goals and priorities, sense of intimacy and closeness with others, and effort to maintain relationships with others. They reported that the correlation coefficient of scores from the double measurement was 0.94 (Kiarasi et al., 2022; Navab et al., 2019). In the present study, the Cronbach's alpha coefficient for the entire questionnaire was determined at 0.85.

2.3. Interventions

2.3.1. Compassion-Focused Therapy

The structure of the sessions was derived Gilbert's Book, and was approved by experts and specialists in the Compassion-Focused approach (Afshar et al., 2021; Kiarasi et al., 2022; Sadeghpour et al., 2020).

Session 1: Conduct the pre-test, introduce the therapist and group members to each other, familiarize participants with the general principles of Compassion-Focused Therapy, and distinguish between compassion and self-pity.

Session 2: Teach mindfulness with exercises, including body scanning and breathing techniques, and introduce the brain systems associated with compassion.

Session 3: Introduce the characteristics of compassionate individuals, cultivate compassion for others, develop a sense of warmth and kindness toward oneself, and foster the understanding that others also have flaws and problems (developing a sense of shared humanity) in contrast to self-destructive feelings.

Session 4: Encourage participants to self-reflect and assess their personality as "compassionate" or "non-

compassionate" based on the educational topics, and identify and apply exercises for "cultivating a compassionate mind."

Session 5: Teach styles and methods of expressing compassion (verbal compassion, practical compassion, momentary compassion, and continuous compassion) and apply these methods in daily life.

Session 6: Role-play as the self-critic, the criticized self, and the compassionate self using the Gestalt empty chair technique, finding the tone and inner voice of the self-critic and the inner compassionate voice during inner dialogue, and comparing it with the dialogue patterns of significant people in life.

Session 7: Fill out the weekly critical thoughts table, examine the fear of self-compassion and the barriers to developing this trait, and teach techniques such as compassionate imagery, soothing rhythmic breathing, mindfulness, and writing a compassionate letter.

Session 8: Summarize and conclude the sessions, address participants' questions, evaluate the overall sessions, thank the participants for their involvement, and conduct the post-test.

2.3.2. Cognitive-Behavioral Therapy

The structure of the sessions was derived from Hofmann and Otto (2008), in which the intervention sessions were divided into three parts. The first part focused on how thoughts affect mood, the second part on how activities affect mood, and the third part on the impact of relationships on mood, and was approved by experts and specialists in the Cognitive-Behavioral approach (Hofmann & Otto, 2008).

Session 1: Conduct a clinical interview.

Session 2: Classify the patient's problems and set therapeutic goals (goals related to anxiety and emotion regulation).

Session 3: Identify negative emotions and the associated thoughts, and teach cognitive distortions.

Session 4: Intervene in the negative thoughts contributing to depression and anxiety, teach how to challenge negative thoughts and replace them.

Session 5: Create a list of enjoyable activities.

Session 6: Develop an activity planning schedule and review short-term and long-term goals.

Session 7: Discuss the concept of a social support network, teach assertiveness skills, and communication skills.

Session 8: Review the sessions, assist the client in terminating the counseling sessions, and conduct the post-test.

2.4. Data analysis

For data analysis, covariance analysis and Bonferroni post hoc test were used with SPSS software version 26. The following tools were used in this research.

3. Findings and Results

Demographic findings showed that the mean and standard deviation of the participants' age was 16.4±4.3. Among the participants, 71.4% had experienced sexual abuse only once, while 28.6% had experienced it more than once. Additionally, 59.3% of the participants had been sexually abused by relatives, and 40.7% by strangers. The mean and standard deviation of the research variables are presented in Table 1.

Table 1

Means and Standard Deviations of Experiential Avoidance and Post-Traumatic Growth Variables in Research Groups

Variable	Stage	Compassion-Focused Therapy M (SD)	Cognitive-Behavioral Therapy M (SD)	Control Group M (SD)
Experiential Avoidance	Pre-test	48.12 (9.61)	47.22 (8.31)	48.19 (8.27)
	Post-test	39.71 (8.29)	42.51 (7.85)	50.26 (9.14)
Post-Traumatic Growth	Pre-test	63.47 (5.16)	63.31 (6.44)	63.59 (5.62)
	Post-test	71.94 (4.29)	69.53 (4.08)	61.15 (5.73)

Table 1 shows the means and standard deviations of experiential avoidance and post-traumatic growth for pre-test and post-test stages in the experimental and control groups, indicating that after Compassion-Focused Therapy and Cognitive-Behavioral Therapy, there was a significant difference in the scores of the experimental groups. Using

covariance analysis requires a set of assumptions to be met. The results of the Shapiro-Wilk test showed that the assumption of normality of the data was met ($p > 0.05$). The assumption of equal variances among groups was tested with Levene's test, showing that the homogeneity of variance assumption was met for experiential avoidance ($F = 0.387$)

and post-traumatic growth ($F=0.421$) variables ($p>0.05$). The M-Box test for examining the assumption of homogeneity of covariance matrices showed that the M-Box statistic was 3.484, and the F value was 0.537, which was

not significant at 0.719, indicating homogeneity of covariance matrices among the dependent variable groups. The results of univariate covariance analysis are reported in [Table 2](#).

Table 2

Univariate Covariance Analysis Results for Dependent Variables in Experimental and Control Groups

Variable	Source	Sum of Squares	df	Mean Square	F	p	Eta Squared
Experiential Avoidance	Pre-test	2752.91	1	2752.91	36.17	0.001	0.56
	Group	986.34	25	39.45	24.91	0.001	0.41
	Error	452.77	26	17.41			
Post-Traumatic Growth	Pre-test	2908.61	1	2908.61	48.11	0.001	0.64
	Group	399.92	25	15.99	51.26	0.001	0.38
	Error	267.15	26	10.27			

As shown in [Table 2](#), there is a significant difference between the groups in the variables of experiential avoidance and post-traumatic growth, with effect sizes indicating that 41% of the changes in experiential avoidance and 38% of the changes in post-traumatic growth are due to the intervention

methods ($p<0.001$). The results of the Bonferroni post hoc test for comparing the effectiveness of Compassion-Focused Therapy and Cognitive-Behavioral Therapy on experiential avoidance and post-traumatic growth in sexually abused girls are presented in [Error! Reference source not found.](#)

Table 3

Bonferroni Post Hoc Test Results for Comparing Intervention Methods on Dependent Variables

Variable	Experimental Group 1	Experimental Group 2	Mean Difference	Standard Error	p
Experiential Avoidance	Compassion-Focused Therapy	Control	-10.55	-0.85	0.001
	Cognitive-Behavioral Therapy	Control	-7.75	-1.29	0.002
	Compassion-Focused Therapy	Cognitive-Behavioral Therapy	-2.8	0.44	0.004
Post-Traumatic Growth	Compassion-Focused Therapy	Control	10.79	-1.44	0.002
	Cognitive-Behavioral Therapy	Control	8.38	-1.65	0.000
	Compassion-Focused Therapy	Cognitive-Behavioral Therapy	2.41	0.21	0.003

The results of [Error! Reference source not found.](#) show that Compassion-Focused Therapy and Cognitive-Behavioral Therapy compared to the control group led to a reduction in experiential avoidance and an increase in post-traumatic growth in sexually abused girls ($p<0.05$). Also, there is a significant difference in the effectiveness of the two methods, indicating that Compassion-Focused Therapy is more effective than Cognitive-Behavioral Therapy in sexually abused girls ($p<0.05$).

4. Discussion and Conclusion

This study aimed to compare the effectiveness of Compassion-Focused Therapy and Cognitive-Behavioral Therapy on experiential avoidance and post-traumatic growth in sexually abused girls. The results showed that Compassion-Focused Therapy leads to a reduction in experiential avoidance in sexually abused girls. This finding is consistent with the results of prior studies ([Alfoone et al.,](#)

[2020; Atadokht et al., 2019; Bond et al., 2011; Roush et al., 2019; Sadeghi et al., 2023; Sajede et al., 2023; Willis et al., 2023](#)).

In explaining this finding, it should be noted that avoiding threatening situations reduces pain, fear, tension, and anxiety, ultimately reinforcing avoidance behaviors. Such avoidance behaviors prevent facing the actual consequences of the threatening situation. In fact, avoidance by suppressing emotional responses can increase emotional distress and interfere with effective emotional processing; if avoidance behaviors are not correctly executed, negative emotions can re-emerge. However, self-compassion allows individuals not to avoid painful feelings but to approach them with kindness, understanding, and a sense of shared humanity, coping with them adaptively. This kindness to oneself can transform negative emotions into positive ones and evaluate oneself compassionately ([Roush et al., 2019](#)). Developing a compassionate mind acts as a buffer against

the effects of negative events. People with high self-compassion judge themselves less harshly, accept negative life events more easily, and their self-assessments and reactions are more accurate and based on their actual performance. Self-compassion helps individuals feel more belonging and security, leading to a better quality of life. Additionally, self-compassion results in caring for oneself, awareness, a non-judgmental attitude towards one's shortcomings and failures, and accepting that suffering is part of the common human experience (Teymori et al., 2021; Willis et al., 2023). In this intervention, participants were exposed to the induction of self-compassion and compassion towards others, implicitly accepting that the described incident was merely an experience and behavior, shifting their focus from negative self-evaluation, which often occurs in self-criticism, to the described experience. Self-compassion creates the potential for individuals to cope with their negative thoughts and emotions with kindness, gentleness, and patience. Self-compassion generates adaptive strategies for managing negative thoughts and emotions; thus, it can be concluded that experiential avoidance increases negative behaviors, and by teaching self-compassion, individuals learn to cope adaptively with these events (Bakker, 2017).

Another finding of the research showed that Compassion-Focused Therapy and Cognitive Behavioral-Therapy lead to an increase in post-traumatic growth in sexually abused girls. This finding is consistent with the results of prior studies (Ha et al., 2019; Kiarasi et al., 2022; Navab et al., 2019; Salemi et al., 2017; Zamani et al., 2021). In explaining this finding, it can be said that compassion therapy promotes kindness and compassion towards hardships, sufferings, and experiences, leading individuals to blame themselves less. It reduces negative thoughts, which in turn increases post-traumatic growth. Furthermore, compassion skills act as a protective factor against worries and negative thoughts and help individuals act more compassionately and kindly towards their suffering, view personal suffering as part of common human experiences, and adopt a balanced approach towards negative emotions, neither suppressing nor exaggerating them (Braehler & Neff, 2020). In other words, compassion skills allow sexually abused girls to have a broader perspective on their problems, view life's difficulties and personal failures as part of life, and, during pain and suffering, connect more with others rather than feeling isolated. Instead of suppressing and judging their thoughts, emotions, and feelings and avoiding them, they act with greater awareness. These factors help them employ more

effective coping strategies (Ha et al., 2019). Moreover, combining mindfulness and compassion practices prevents individuals from comparing themselves to others in the face of painful experiences and helps them understand failures, inadequacies, rejections, and exclusions non-judgmentally and establish better connections with themselves; thus, creating sufficient space for post-traumatic growth (Navab et al., 2019). Cognitive-Behavioral Therapy helps these individuals accept the traumatic event more and avoid thoughts and symptoms that remind them of the traumatic event, emphasizing learning new behaviors that lead to changes in living practices and organizing their actions based on new learnings, giving them an opportunity to learn new and specific skills such as reducing experiential avoidance. This feature helps individuals not only cease avoidance but also face it flexibly (Atadokht et al., 2019). Additionally, Cognitive-Behavioral Therapy involved correcting the negative thoughts of the girls over several sessions and teaching various techniques such as thought-stopping, identifying the relationship between thoughts and feelings, and recording daily thoughts, which led to reduced rumination in the girls. Furthermore, during the therapy, the girls were encouraged to question their disturbing thoughts and use alternative self-talk to cope with these emotions and ruminations, which cause physical and psychological distress. Therefore, this therapy affects the improvement of social behavior, self-perception, and perception of others, which are subsets of post-traumatic growth (Salemi et al., 2017).

5. Limitations & Suggestions

This research had limitations; since the samples were girls, caution should be exercised in generalizing the results to boys. Due to time constraints, it was not possible to follow up on the results. Therefore, it is suggested that this research be conducted on boys, with larger samples, and include a follow-up period. Practically, therapists and psychologists in the field of trauma treatment are advised to use Compassion-Focused Therapy, given its numerous benefits, to enhance compassionate skills, post-traumatic growth, and reduce experiential avoidance. Raising awareness among sexual abuse victims through educational programs aligned with the mentioned therapeutic methods is also recommended.

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Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethics 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 contributed equally.

References

- Afshar, A., Shabbazi, M., & Abbaspour, Z. (2021). The Effectiveness of Compassion Focused Therapy (CFT) on Shame and Feeling of Guilt Among Women with Sexual Abuse Experience in Childhood [Research]. *Journal of counseling research*, 19(76), 48-69. <https://doi.org/10.29252/jcr.19.76.48>
- Alfoone, A., Imani, M., & Sarafraz, M. (2020). A Comparison of the Effectiveness of Group Therapy Based on Acceptance and Commitment Therapy and Cognitive Behavioral Therapy on Experiential Avoidance and Cognitive Fusion in Patients with Migraine Headache [Research]. *Armaghane Danesh*, 25(1), 69-83. <https://doi.org/10.52547/armaghanj.25.1.69>
- Asaei, S., Naziry, G., & Zarenezhad, M. (2020). Comparing the Tendency to Addiction and Suicide in Physically and Sexually Abused Women Referred to Forensic Medicine with Non-Abused Women; Case study of Fars Province. *Iran-J-Forensic-Med*, 26(1), 79-84. <http://sjfm.ir/article-1-1076-en.html>
- Atadokht, A., Masoumeh, G. B., Mikaeli, N., & Samadifard, H. R. (2019). Effect of Emotion-focused Cognitive Behavioral Therapy on Social Adjustment and Experiential Avoidance in Iranian Disabled Veterans. *ajajms-mcs*, 6(3), 176-186. <https://doi.org/10.29252/mcs.6.3.3>
- Bakker, A. M. (2017). *Self-compassion: an adaptive way to reduce recurrent depression symptoms through emotion regulation*

- University of British Columbia]. <https://open.library.ubc.ca/soa/cIRcle/collections/ubctheses/24/items/1.0343643>
- Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. M., Guenole, N., Orcutt, H. K., Waltz, T., & Zettle, R. D. (2011). Preliminary Psychometric Properties of the Acceptance and Action Questionnaire-II: A Revised Measure of Psychological Inflexibility and Experiential Avoidance. *Behavior therapy*, 42(4), 676-688. <https://www.sciencedirect.com/science/article/pii/S0005789411000888>
- Braehler, C., & Neff, K. (2020). Chapter 20 - Self-compassion in PTSD☆. In M. T. Tull & N. A. Kimbrel (Eds.), *Emotion in Posttraumatic Stress Disorder* (pp. 567-596). Academic Press. <https://www.sciencedirect.com/science/article/pii/B978012816022000020X>
- Chou, W.-P., Lin, C.-H., Yang, Y.-H., Chen, S.-L., & Yen, C.-F. (2022). Effects of harassment on psychological inflexibility/experiential avoidance among Taiwanese emergent adult gay and bisexual men. *Journal of the Formosan Medical Association*, 121(7), 1302-1309. <https://www.sciencedirect.com/science/article/pii/S0929664621004368>
- Devries, K. M., & Meinck, F. (2018). Sexual violence against children and adolescents in South Africa: making the invisible visible. *The Lancet Global Health*, 6(4), e367-e368. [https://doi.org/10.1016/S2214-109X\(18\)30106-2](https://doi.org/10.1016/S2214-109X(18)30106-2)
- Dworkin, E. R., Krahe, B., & Zinzow, H. (2021). The global prevalence of sexual assault: A systematic review of international research since 2010. *Psychology of violence*, 11(5), 497-508. <https://doi.org/10.1037/vio0000374>
- Farokhi, S., Rezaei, F., & Gholamrezaei, S. (2018). The Effectiveness of Self-Compassion Cognitive Training on Experiential Avoidance & Cognitive Fusion in Patients with Chronic Pain. *Positive Psychology Research*, 3(4), 29-40. <https://doi.org/10.22108/ppls.2018.111042.1420>
- Godini, A. A., Rasouli, M., & Mohsenzadeh, F. (2019). The effectiveness of group counseling based on metacognitive therapy and dialectic behavior therapy on reducing anxiety in boy adolescent of divorce. *International Clinical Neuroscience Journal*, 6(3), 98-103. <http://archive.pcbmb.org/id/eprint/35/>
- Ha, N., Bae, S.-M., & Hyun, M.-H. (2019). The effect of forgiveness writing therapy on post-traumatic growth in survivors of sexual abuse. *Sexual and Relationship Therapy*, 34(1), 10-22. <https://doi.org/10.1080/14681994.2017.1327712>
- Hassija, C. M., Garvert, D. W., & Cloitre, M. (2015). Brief Report: Symptoms of PTSD, Coping Strategies, and Social Adjustment among Survivors of Early Life Interpersonal Trauma. *Journal of Aggression, Maltreatment & Trauma*, 24(5), 520-531. <https://doi.org/10.1080/10926771.2015.1029178>
- Hofmann, S. G., & Otto, M. W. (2008). *Cognitive behavioral therapy for social anxiety disorder: Evidence-based and disorder-specific treatment techniques*. Routledge. <https://www.taylorfrancis.com/books/mono/10.4324/9780203927526/cognitive-behavioral-therapy-social-anxiety-disorder-stefan-hofmann-michael-otto>
- Jaffe, A. E., Cero, I., & DiLillo, D. (2021). The #MeToo movement and perceptions of sexual assault: College students' recognition of sexual assault experiences over time. *Psychology of violence*, 11(2), 209-218. <https://doi.org/10.1037/vio0000363>

- Karimi, E., Mohammadi, N., & Rahimi, C. (2020). Effectiveness of Self Compassion Group Training on Self Criticism and Cognitive Behavioral Avoidance in Depressed Adolescents. *Journal of Clinical Psychology, 11*(4), 23-32. <https://doi.org/10.22075/jcp.2020.18969.1752>
- Karimi, S., Mottaghi, S., & Moradi, A. (2022). the effectiveness of mindfulness-based therapy in improving resilience and reducing the clinical symptoms of adolescents with post-traumatic stress disorder due to sexual harassment: a single-subject study. *Clinical Psychology Studies, 12*(46), 93-130. <https://doi.org/10.22054/jcps.2022.62332.2606>
- Kiarasi, Z., Emadian, S. O., & Hassanzadeh, R. (2022). The Effectiveness of Compassion-Focused Therapy on Posttraumatic Growth and Body Image Fear in Females with Breast Cancer [Research]. *Rooyesh-e-Ravanshenasi Journal(RRJ), 10*(12), 109-118. <http://frooyesh.ir/article-1-2971-en.html>
- Leonidou, C., & Panayiotou, G. (2022). Can we predict experiential avoidance by measuring subjective and physiological emotional arousal? *Current Psychology, 41*(10), 7215-7227. <https://doi.org/10.1007/s12144-020-01317-8>
- Liu, L., Cheng, L., & Qu, X. (2023). From existential anxiety to post-traumatic growth: The stranded traveler during the pandemic outbreak. *Annals of Tourism Research, 99*, 103548. <https://www.sciencedirect.com/science/article/pii/S016073832300021X>
- McCarroll, J. E., Fisher, J. E., Cozza, S. J., Robichaux, R. J., & Fullerton, C. S. (2017). Characteristics, classification, and prevention of child maltreatment fatalities. *Military medicine, 182*(1-2), e1551-e1557. <https://academic.oup.com/milmed/article-abstract/182/1-2/e1551/4099808>
- Navab, M., Dehghani, A., & Karbasi, A. (2019). The Effectiveness of Compassion-based Therapy on Post Traumatic Growth in Mothers of Children with Attention Deficit/Hyperactivity Disorder. *childmh, 6*(1), 239-250. <https://doi.org/10.29252/jcmh.6.1.20>
- Peng, L., Hu, X., Lan, L., Xu, C., & Li, M. (2022). The moderating role of resilience in the relationship between state and trait anxiety and post-traumatic growth of medical freshmen. *Acta Psychologica, 230*, 103741. <https://www.sciencedirect.com/science/article/pii/S0001691822002566>
- Roush, J. F., Brown, S. L., Mitchell, S. M., & Cukrowicz, K. C. (2019). Experiential avoidance, cognitive fusion, and suicide ideation among psychiatric inpatients: The role of thwarted interpersonal needs. *Psychotherapy Research, 29*(4), 514-523. <https://doi.org/10.1080/10503307.2017.1395923>
- Sadeghi, K., Goodarzi, G., & Foroughi, A. (2023). Recovering from Post-Traumatic Stress Disorder symptoms: A study on the combination of art and mindfulness. *Shenakht, 9*(6), 131-145. <https://doi.org/10.32598/shenakht.9.6.131>
- Sadeghpour, A., khalatbari, j., Seif, A. A., & Shahriariahmadi, A. (2020). Comparing the effectiveness of compassion - focused therapy and mindfulness training on post - traumatic developmental disorder and cancer burnout in cancer patients [Research]. *Journal of Psychological Science, 19*(86), 193-202. <http://psychologicalscience.ir/article-1-610-en.html>
- Sajede, theoretical, Golestan, Brati, & Mohammad, A. (2023). The effectiveness of cognitive behavioral therapy on experiential avoidance and emotional expression of women involved in emotional divorce. *Adolescent and young psychological studies, 4*(2), 1-11. http://jayps.iranmehr.ac.ir/files/site1/user_files_400674/goles tannazarie-A-10-680-1-c668ea3.pdf
- Salemi, S., Naami, A., Zargar, Y., & Davodi, I. (2017). Effectiveness of Trauma-Focused Behavioral Method on Post-Traumatic Growth among Abused Children. *ijpn, 5*(1), 15-21. <https://doi.org/10.21859/ijpn-05013>
- Scheer, J. R., Clark, K. A., McConocha, E., Wang, K., & Pachankis, J. E. (2023). Toward Cognitive-Behavioral Therapy for Sexual Minority Women: Voices From Stakeholders and Community Members. *Cognitive and Behavioral Practice, 30*(3), 471-494. <https://www.sciencedirect.com/science/article/pii/S1077722922000517>
- Shahidi, S., Bashiriyeh, T., Saberi, S. M., & Abbasi, A. (2021). Psychological Consequences of Sexual Victimization of Children under 15 in Tehran Province;With Emphasis on Samples Obtained from the Social Emergency. *Criminal Law and Criminology Modares, 1*(2), 41-67. <http://clcm.modares.ac.ir/article-44-57013-en.html>
- Siavashi, S., Farajiha, M., & Mirkhalili, M. (2022). Examining the consequences of sexual harassment by blood relative [orginal]. *Social Welfare, 22*(84), 175-228. <http://refahj.uswr.ac.ir/article-1-3856-en.html>
- Tedeschi, R. G., & Calhoun, L. G. (1996). The posttraumatic growth inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress, 9*(3), 455-471. <https://doi.org/10.1002/jts.2490090305>
- Teymori, Z., Mojtabei, M., & Rezaadeh, S. M. R. (2021). Comparison of the Effectiveness of Emotionally Focused Couple Therapy and Self-compassion-based Therapy On Emotion Regulation In Women Affected by Infidelity [Research]. *Journal of Guilan University of Medical Sciences, 30*(2), 130-143. <https://doi.org/10.32598/jgums.30.2.1734.1>
- Vafapoor, H., Karami, J., & Momeni, K. (2021). The role of experimental avoidance, emotional regulation difficulties, and body image concern in predicting the probability of suicide among adolescent girls. *Shenakht, 8*(2), 88-99. <https://doi.org/10.32598/shenakht.8.2.88>
- Wang, Y. n., Song, Z., Wei, L., Liu, Y., Bian, J., Wang, C., & Wang, S. (2023). The mediating role of psychological capital between post-traumatic growth and uncertainty in illness among patients with Parkinson's disease. *Geriatric Nursing, 50*, 194-202. <https://www.sciencedirect.com/science/article/pii/S0197457223000216>
- Willis, D. N., Dowling, A. P. C., Deehan, T., & O'Reilly, P. G. (2023). Exploring the Impact of Trauma and the Role of Compassion Before and After a Phase-orientated Intervention for Complex Trauma. *European Journal of Trauma & Dissociation, 7*(1), 100308. <https://www.sciencedirect.com/science/article/pii/S2468749922000503>
- Zadafshar, B., Sharifi, T., Ahmadi, R., & Chorami, M. (2022). Comparison of the effectiveness of emotion-focused and existential group therapy on the dimension of adjustment of child sexual abuse victims in Isfahan [Original]. *EBNESINA, 24*(3), 44-55. <https://doi.org/10.22034/24.3.44>
- Zamani, H., Bigdeli, H., Tajeri, B., & Peymani, J. (2021). Effectiveness of cognitive approach based on mindfulness of post-traumatic growth and sleep quality of breast cancer survivors. *Journal of Applied Family Therapy, 2*(4), 560-572. <https://doi.org/10.22034/ajft.2023.297238.1149>