

MALE AND FEMALE TRAUMA NARRIATIVES,
DIFFERENCES AND SIMILARITIES

by

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ABSTRACT

MALE AND FEMALE TRAUMA NARRATIVES:
DIFFERENCES AND SIMILARITIES

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To help understand why women are at greater risk for developing posttraumatic stress disorder than men, this dissertation qualitatively explores a conceptual model that incorporates key components of Cognitive-Behavioral theories within the context of social experiences specific to the respective genders. Specifically, this study uses a grounded theory method to explore gender differences in relation to the cognitive factors (a) appraisal of trauma and (b) appraisal of actions during event as well as the social factors (a) social roles and (b) perception of societal expectations of 28 violent

crime survivors purposefully selected to ensure similarity in type of crime, ethnicity, age, relationship to assailant, and marital status.

Findings of this qualitative exploratory study uncover differences in the way men and women appraise their experience and their actions during that experience. Most of the men deny the event was traumatic and explain their actions using powerful terms while most of the women openly admit the event was traumatic and explain their actions using powerless terms. Additionally, differences are found in the roles men and women have within their family, at work and, with their friends and the expectations they have for themselves and perceive from others. Implications for practice and future research are also explored.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	iii
ABSTRACT	iv
LIST OF ILLUSTRATIONS.....	xii
LIST OF TABLES.....	xiii
Chapter	
1. INTRODUCTION AND STATEMENT OF THE PROBLEM.....	1
1.1 Opening	1
1.1.1 Purpose	2
1.1.2 Nature of Violent Crime	2
1.1.3 Violent Crime Survivors.....	3
1.1.4 The Traumatic Effects of Violent Crime	4
1.2 Trauma Narratives	4
1.2.1 Qualitative Methodology in Trauma Research	5
1.2.2 Qualitative Methodology in the Current Work.....	6
1.3 Linking the Problem to the Literature	7
2. A REVIEW OF THE LITERATURE	
LOOKING AT GENDER, TRAUMA, AND PTSD.....	8
2.1 Posttraumatic Stress Disorder	9
2.1.1 PTSD Diagnosis and Symptoms	9

2.1.2 PTSD Prevalence in General Population	10
2.1.3 PTSD Prevalence in the Female Population	11
2.2 Connecting Gender, PTSD, and Violent Crime	12
2.2.1 PTSD and Violent Crime.....	12
2.2.2 Gender, PTSD and Violent Crime	13
2.2.3 Types of Events	15
2.2.4 Women Are At Greater Risk	17
2.3 Ideas and Theories Regarding Differences	18
2.3.1 Social Differences.....	18
2.3.1.1 Lack of Empirical Inquiry.....	19
2.3.1.2 Social Roles	20
2.3.1.3 Societal Expectations Based on Gender.....	21
2.3.1.4 Connecting Social Constructs to Cognitive Differences	22
2.3.2 Cognitive Differences	22
2.3.2.1 The Cognitive Process	23
2.3.2.2 Schemas	24
2.3.2.3 Appraisals.....	25
2.3.2.4 Attributions	26
2.3.2.5 Self-Efficacy	28
2.3.2.6 The Role of Meaning	28
2.3.2.7 Gender Socialization	30

2.3.3 Linking Social and Cognitive Concepts	31
2.4 The Conceptual Framework	31
2.4.1 A Social Cognitive Model	32
2.4.2 Trauma Memory Records	34
2.4.3 Post-Trauma Memory Records	35
2.4.4 Schemas	36
2.4.5 Points of Gender Difference	36
3. METHOD	38
3.1 Rationale	38
3.1.1 Purpose	38
3.1.2 Research Questions	39
3.1.3 Qualitative Design	39
3.1.4 Conceptual Definitions	39
3.2 Participants and Sampling	41
3.2.1 Participant Selection	41
3.2.2 Demographic Characteristics	42
3.3 Measurement Instrument	45
3.4 Methods of Data Analysis	47
3.4.1 Qualitative Coding Methods	47
3.4.2 Descriptive Statistics	49
3.5 Validity and Reliability	50
3.5.1 Threats to Validity	50

3.5.2 Threats to Reliability	51
3.5.3 Researcher Bias	51
4. RESULTS	53
4.1 Trauma Reactions	54
4.2 The Cognitive Factor, Appraisal of Trauma	55
4.2.1 Definition of the Event	56
4.2.2 Compared to Other Events.....	57
4.2.3 Affect on Life	58
4.2.4 Crime Just Happens	59
4.2.5 Gender Differences	61
4.3 The Cognitive Factor, Appraisal of Actions.....	62
4.3.1 Interacting with the Assailant	62
4.3.1.1 Cooperating with the Assailant	63
4.3.1.2 Self Defense Through Fighting Back	65
4.3.1.3 No Interaction with the Assailant	66
4.3.1.4 Connection Between Interaction and Reaction	68
4.3.1.5 Actively Defended Themselves	69
4.3.2 Affective Reactions	69
4.3.3 Gender Differences	71
4.4 The Social Factor, Social Roles	72
4.4.1 Responsibility to Loved Ones	72
4.4.1.1 Caretaker Responsibilities	74

4.4.1.2 Provider Responsibilities	74
4.4.1.3 Protector Responsibilities	75
4.4.1.4 Alternate View	76
4.4.2 Job Satisfactions and Employer Support	77
4.4.3 Leadership Responsibility	80
4.4.4 Changed Relationships and Changed Responsibilities	81
4.5 The Social Factor, Expectations	82
4.5.1 Being Strong	83
4.5.2 Force Bad Feelings Away	84
4.5.3 Okay or Not Okay to Struggle	86
4.5.4 Stereotypical Expectations.....	87
4.6 In Summary	88
5. DISCUSSION	90
5.1 Introduction	90
5.1.1 Trauma Symptoms	90
5.2 Question One	91
5.2.1 Cognitive Construct, Appraisal of Trauma	91
5.2.2 Cognitive Construct, Appraisal of Actions	93
5.2.3 Connecting Cognitive Constructs to PTSD	95
5.3 Question Two	96
5.3.1 Social Construct, Social Roles	97
5.3.2 Social Construct, Expectations	99

5.3.3 Connecting Social Constructs to PTSD	101
5.4 Implications	102
5.4.1 Social Work Practice	102
5.4.2 Future Research	103
5.5 Limitations	104
5.6 In Conclusion	105
 Appendix	
A. INFORMED CONSENT	106
B. PARTICIPANT HANDOUTS	109
C. MEASUREMENT INSTRUMENT	112
D. EXAMPLE OF OPEN CODING GRID	116
E. EXAMPLE OF AXIAL CODING MATRIX	121
F. EXAMPLE OF SELECTIVE CODING MATRIX	125
G. THEME MATRIXES	131
 REFERENCES	 141
BIOGRAPHICAL INFORMATION	158

LIST OF ILLUSTRATIONS

Figure	Page
2.1 A social-cognitive model of trauma processing.....	33

LIST OF TABLES

Table	Page
2.1 A Empirical Studies Addressing Gender Differences in the Rate of PTSD Diagnosis Following Violent Crime	14
3.1 Demographic Information of Participants.....	44
4.1 Trauma Reactions and Symptoms	55
4.2 View Of Event	57
4.3 Compared To Other Events	58
4.4 Affect On Life.....	59
4.5 Crime Just Happens.....	61
4.6 Interaction with the Assailant.....	63
4.7 Cooperated With Assailant	65
4.8 Self Defense Through Fighting Back	66
4.9 No Interaction with the Assailant	68
4.10 Action Verses Inaction	69
4.11 Affective Behavior	71
4.12 Responsibility to Loved Ones	73
4.13 Trauma Reactions Linked to Responsibilities	77
4.14 Job Satisfaction and Employer Support	79
4.15 Leadership Responsibility.....	81

4.16 Being Strong.....	84
4.17 Make Bad Feelings Go Away	86
4.18 Okay or Not Okay to Struggle.....	87
5.1 Appraisal of Trauma Comparisons	93
5.2 Appraisal of Actions Comparisons	94
5.3 Expectation Differences	99
G.1 Theme Table for Trauma Reactions.....	132
G.2 Theme Table for Women’s Appraisal of Trauma	133
G.3 Theme Table for Men’s Appraisal of Trauma	134
G.4 Theme Table for Women’s Appraisal of Their Actions During the Trauma	135
G.5 Theme Table for Men’s Appraisal of Their Actions During the Trauma	136
G.6 Theme Table for Women’s Social Roles	137
G.7 Theme Table for Men’s Social Roles	138
G.8 Theme Table for Women’s Reported Expectations	139
G.9 Theme Table for Men’s Reported Expectations	140

CHAPTER 1

INTRODUCTION AND STATEMENT OF THE PROBLEM

1.1 Opening

Posttraumatic stress disorder (PTSD) is the most commonly diagnosed anxiety disorder for women in western countries (Kessler, Sonnega, Bromet, Huges & Nelson, 1995). Effecting 10.2% of the female population, it is estimated that women are twice as likely as men to develop PTSD after experiencing traumatic events (Kessler et al.). Although a growing field of scientific inquiry addresses gender and PTSD, research on gender differences in trauma reactions is in an early stage both conceptually and empirically. Currently, the most promising theories to explain this phenomenon fall under the Cognitive-Behavioral theoretical paradigm (Ehlers & Clark, 2000; Tolin & Foa, 2002). However, the ideas published to date seem to lack an important element related to gender specific socialization experiences. By incorporating key components of Cognitive-Behavioral theories within the context of social experiences specific to the respective genders, the following dissertation begins to investigate a conceptual model to explain why women are at greater risk for adverse reactions to traumatic events.

1.1.1 Purpose

The purpose of this dissertation is to begin exploring constructs outlined in a model that explains why women may be at a greater risk than men for developing PTSD. The conceptual model, discussed in chapter 2, incorporates cognitive concepts with social concepts to explain why women are at greater risk for adverse psychological reactions to trauma. In order to study some of the underlying conceptual issues related to this model, the current qualitative phenomenological dissertation addresses two questions; first, what are the differences and similarities in the way men and women cognitively assess traumatic events and second, how do differences and similarities in gender based societal roles and gender specific expectations of others play a part in trauma recovery. Specifically, this study addresses gender differences and similarities in relation to the cognitive factors (a) appraisal of trauma and (b) appraisal of actions during event as well as the social factors (a) social roles and (b) perception of societal expectations in the weeks after experiencing a violent crime. Trauma narratives from a sample of interviewed male and female violent crime survivors in Arlington, Texas who have experienced aggravated assault, simple assault, and/or robbery were compared to begin exploring the constructs outlined in the presented theory. To limit the scope of the inquiry, survivors of rape, sexual assaults, and domestic violence were not interviewed.

1.1.2 Nature of Violent Crime

Given the nature of violent crime in the United States, there are a number of reasons the dissertation contained herein is an important area of research. First, violent

crime touches a significant percentage of the population. In 2002 5.3 million people were victims of violent crimes in the United States (U.S. Department of Justice, 2004). The violent crime victim rate is 51 per 1000 or 5.1% in urban areas and 23.1 per 1000 or 2.31% overall (U.S. Department of Justice). At least 20 percent of the U.S. population will experience some form of physical or sexual assault in their lifetime (Acierno, Kilpatrick, & Resnick, 1999; Kilpatrick, Acierno, Resnick, Saunders, & Best, 1997; Resnick, Falsetti, Kilpatrick, & Freedy, 1996). These statistics indicate that violent crime is one of the more common traumatic events that people are likely to experience. Second, violent crimes often leave lasting effects on those who experience them. Economic, physical, emotional, and psychological costs of violent crime are well documented (e.g. Kilpatrick & Acierno, 2003; Miller, Cohen, & Wiersema, 1996; New & Berliner, 2003). The rates that crime survivors develop adverse psychological reactions following the event are of particular interest. In fact, the sheer nature of violent crimes puts them into the diagnostic criteria A.1 that indicates the individual was exposed to an event that threatens “the physical integrity of self or others” (American Psychiatric Association (APA), Diagnostic and Statistical Manual of Mental Disorders, 2000, p. 467).

1.1.3 Violent Crime Survivors

Inherently traumatic for those who experience it, one indicator for PTSD is exposure to violent crime. In the state of Texas, crimes that are considered violent include homicide, rape, robbery, aggravated assault, and simple assault (Texas Code of Criminal Procedure, 2004). A victim of a violent crime is someone who: (1) has

suffered bodily injury or death as a result of criminally injurious conduct, or who has been the victim of a crime involving sexual assault, kidnapping, or aggravated robbery; (2) is the close relative (spouse, parent, brother, sister, or adult child) of a victim; or (3) is the guardian of a victim (Texas Code of Criminal Procedure, Article 56). Those individuals who are victims of violent crime (also referred to as survivors) are frequently affected in a number of different ways.

1.1.4 The Traumatic Effects of Violent Crime

Survivors of violent crime are often deeply affected on the emotional and psychological level. As much as 10 to 20 percent of mental health care expenditures in the United States may be attributable to crime, primarily for victims treated as a result of their victimization (Miller, Cohen, & Wiersema, 1996). Short-term effects of violent crime include the whole range of emotions: from shock, to fear, to anger, to sadness and everything in-between. Although most crime victims achieve significant recovery between one and three months after the crime, this is not true of all survivors of crime (e.g. Kilpatrick, Veronen & Resick, 1982; Norris & Kaniasty, 1994; Rothbaum, Foa, Riggs, Murdock & Walsch, 1992). Longer-term adverse reactions sometimes include depression, anxiety, substance abuse, acute stress disorder, and PTSD (Bisson & Shepherd, 1995). Of particular interest to this researcher is the long-term numbing, avoidance, and increased arousal symptoms associated with PTSD.

1.2 Trauma Narratives

To study the differences between the subjective experiences of male and female violent crime survivors, trauma narrative summaries were compared. Narrative

summaries are an important component of social work practice with trauma survivors that are underutilized in the area of trauma research. Defined as “a system of social case recording in which the social worker describes and consolidates all the relevant information obtained about the client system” (Barker, 1999, p. 315), narrative summaries are used in social work with trauma survivors to succinctly describe the client’s experience. In the context of trauma research, trauma narratives provide rich information about the subjective experiences of trauma survivors. Using a qualitative design, comparing the trauma narratives of men and women helps to reveal subtleties that quantitative studies are likely to miss.

1.2.1 Qualitative Methodology in Trauma Research

Despite the rich information available in trauma narratives, the area of trauma research is predominately driven by quantitative methodology, minimizing the qualitative methodology that would take advantage of trauma narratives. Defined as “systematic investigation that includes inductive, in-depth, non-quantitative studies of individuals, groups, organizations, or communities” (Barker, 1999, p. 393), qualitative research includes, but is not limited to case studies, phenomenological research, and grounded theory methodologies (Creswell, 1998). Even though a review of the literature published between 1980 and 2004 using PILOTS, PsychINFO, Social Work Abstracts, Sociological Abstracts, and the reference sections of established writings identified over 25,000 journal articles and dissertations that examine trauma and PTSD, only 303 (1.2%) are identified when the word qualitative is added to the search. Of these very few actually utilize qualitative research methodology. Most utilize only

minor pieces of qualitative information or no qualitative information, instead indicating that additional qualitative inquiry is needed.

1.2.2 Qualitative Methodology in the Current Work

The descriptive-exploratory nature of the current study lends itself to a qualitative phenomenological methodological design. Phenomenological research utilizes the experiences of individuals to explain social phenomenon in meaningful ways (Creswell, 1998). To better understand gender differences in the experiences of survivors of violent crimes, trauma narratives of men and women participants were elicited in a manner that spotlights the concepts schemas, attributions, appraisals, gender specific societal roles, and perceived expectations. It is important to note that this research has many components of grounded theory. However, unlike true-grounded theory work, many theoretical ideas were apparent prior to beginning the study. To give a brief example, it is well established that a link exists between attributional style and development of PTSD following traumatic events even though gender differences related to this link are not as well elucidated (Affleck, Tennen, Pfeiffer, & Fifiield, 1987; Baum, Flemming, & Singer, 1983; Frye & Stockton, 1982; Tennen & Affleck, 1990; Timko & Jannof-Bulman, 1985). Therefore, trauma narratives also served to develop theory about why PTSD occurs at different rates for men and women. Further explanation about what was and was not understood about gender differences in rates of PTSD prior to implementation of the current study will be addressed more thoroughly in chapter 2 of this document.

1.3 Linking the Problem to the Literature

A growing body of scientific inquiry on gender, trauma, and PTSD has resulted from empirical findings that indicate women are at greater risk than men for developing adverse reactions to trauma (Kimerling, Ouimette, & Wolfe, 2002). From this growing body of literature, an explanatory model is explored that incorporates cognitive concepts of schemas, attributions, and appraisals with social constructs of gender specific societal roles and perceived expectations. Because (a) the experience of violent crime is considered inherently traumatic (Kilpatrick et al., 1982; Norris & Kaniasty, 1994; Rothbaum et al., 1992) and (b) one of the underlying premises of PTSD and trauma reactions is that all types of traumatic events result in similar symptoms (APA, 2000), trauma narratives of male and female violent crime survivors are compared to explore aspects of the proposed model. From information provided by survivors of violent crime, generalizations about gender specific trauma response may be ascertained. To support the argument that inquiry into this phenomenon is needed, the following literature review examines empirical research that (a) indicates women are at increased risk for developing PTSD, (b) links violent crime to PTSD, and (c) supports explanatory social and cognitive theories/ideas about female risk for PTSD. After a review of the relevant literature, a conceptual framework and a qualitative phenomenological dissertation study is presented.

CHAPTER 2

A REVIEW OF THE LITERATURE LOOKING AT GENDER, TRAUMA, AND PTSD

Reviewing the available literature on women's increased risk for PTSD starts with understanding what the diagnosis is and how the literature points to women's risk for developing the psychiatric condition. Studies that address population prevalence of PTSD (e.g. Breslau, Kessler, Chilcoat, Schultz, Davis, & Andreski, 1998; Kessler et al., 1995; Norris, Perilla, Ibanez, & Murphy, 2001) and studies that specifically address prevalence of PTSD with crime survivors (Andrews, Brewin, & Rose, 2003; Breslau, 2002; Brewin, Andrews, & Valentine, 2004) indicate that female gender is a risk factor for developing the psychiatric condition. Following a discussion of women's increased risk, empirical support for theories and ideas are explored about why this occurs. To limit the scope of this dissertation, only studies that are based on social constructs and cognitive-behavioral theoretical paradigms are included. From the information included in the literature review, a conceptual framework is then proposed that can be used to guide further empirical investigation.

2.1 Posttraumatic Stress Disorder

2.1.1 PTSD Diagnosis and Symptoms

Posttraumatic Stress Disorder (PTSD) is a psychiatric condition that may result when an individual experiences, witnesses or is confronted with “an event or events that involve actual or threatened death or serious injury or a threat to the physical integrity of self or others” (APA, 2000, p. 467). Referred to as *traumatic events*, these experiences may include accidents, natural disasters, manmade disasters, military combat, war, motor vehicle accidents, violent crime, rape, sexual assault, and/or any other not normally occurring event that humans sometimes experience. In addition to experiencing the traumatic event, a caveat of the individual responding at the time of the event in a way that involves “intense fear, helplessness or horror” (APA, p. 467) is required for an event to be considered an indicator of posttraumatic stress disorder.

In addition to a person being exposed to a traumatic event and experiencing feelings of fear, helplessness, and/or horror, three classifications of distressing symptoms must also be present: (a) reexperiencing the trauma (b) avoidance and numbing and (c) increased arousal (APA, 2000). Reexperiencing the trauma manifests itself through nightmares, intrusive thoughts, acting or feeling as if the trauma were reoccurring, intense psychological distress, and/or physiological reactivity to cues that represent some aspect of the traumatic event. Avoidance and numbing manifests itself through avoiding reminders of the traumatic event, not being able to have loving feelings, memory loss, decreased interest in activities, and/or expecting to die early. Increased arousal includes difficulty sleeping, hyper-vigilance, exaggerated startle

response, difficulty concentrating, and/or irritability. At least one symptom related to reexperiencing the trauma, three symptoms of avoidance and numbing and three symptoms of increased arousal must be present to indicate a PTSD diagnosis. (APA)

Unlike most psychiatric disorders where the etiology is unknown, the fundamental feature of PTSD is that symptoms are linked to a traumatic event and are not simply random experiences. Litz and Gray (2001) wrote, “intrusive images or thoughts are typically of some aspect of the actual event, not just random content that comes to mind in a distressing and intrusive quality and cannot easily be dispelled once it has entered consciousness” (p. 3). Additionally, the symptoms must not have been present in the client prior to the trauma and must persist for more than 1 month following the traumatic event to indicate a diagnosis of PTSD (APA, 2000). A diagnosis of PTSD is warranted when individuals indicate all the above criteria (APA).

2.1.2 PTSD Prevalence in General Population

In western countries the prevalence of PTSD is considerable as an estimated 1 in 12 adults experience PTSD at some time in their lives (Breslau, et al., 1998). Using the Modified Version of the Revised Diagnostic Interview Schedule (Spitzer, Williams, Gibbon, & First, 1989) and the Composite International Diagnostic Interview (Robins, Wing, Wittchen, & Helzer, 1988), the National Comorbidity Study estimates that the lifetime prevalence of PTSD is 7.8% even though the lifetime prevalence of exposure to a traumatic event is greater than 50% (60.7% for men and 51.2% for women) (Kessler, et al., 1995). The disparity between the rate that people are exposed to traumatic events and the rate that people develop PTSD is noteworthy because it indicates that only some

of the people who are exposed to traumatic events develop PTSD. Therefore, other factors must play a role in the development of this disorder. Research into these other causes (or risk factors) has spawned a number of theories about causality (e.g. Benight, & Bandura, 2004; Brewin, Andrews, & Valentine, 2000; Tolin & Foa, 2002). However, it is commonly accepted that no one current theory about why some people develop adverse reactions to traumatic events and others do not is considered definitive. For this reason, the field of trauma research has a substantial number of research avenues currently being explored. Of particular interest to this researcher is the area of gender, trauma, and PTSD. Specifically of interest are differences between men and women in rates of PTSD and the reasons for this difference.

2.1.3 PTSD Prevalence in the Female Population

Even though men are more likely to be exposed to traumatic events, women are consistently shown to develop PTSD at a rate twice that of men regardless of population studied or the type of traumatic incident experienced (Breslau et al., 1998; Kessler et al., 1995; Norris, 1992; Norris, et al., 2001; North, Nixon, Shariat, Mallonee, McMillian, Spitznagel, & Smith, 1999; Stein, Walker, Hazen, & Forde, 1997). These findings remain constant when looking at different cultural backgrounds (Norris et al.) and different age ranges (Kessler et al.). For example, in the National Comorbidity Survey Kessler et al. found that 10.3% of girls versus 2.8% of boys age 15-24, 11.2% of women versus 5.6% of men age 25-34, 10.6% of women versus 5.0% of men age 35-44, and 8.9% of women versus 7.6% of men age 45-54 developed PTSD following exposure to traumatic events. These findings remain consistent regardless of the way the

information is presented. For example Kessler et al. describes total lifetime prevalence of PTSD to be 10% for women and 5% for men, Breslau et al describes conditional lifetime prevalence to be 13% for women and 6% for men, Stein et al describes total current prevalence to be 3% for women and 1% for men, and Norris describes conditional current prevalence to be 12% for women and 6% for men. Almost without exception (please see Helzer Robins, & McEvoy, 1987), population studies shows that women's probabilities of developing PTSD are significantly higher than that of men's.

2.2 Connecting Gender, PTSD, and Violent Crime

2.2.1 PTSD and Violent Crime

The links between PTSD and violent crime are well established in the literature (e.g. Arcierno, et al., 1999; Breslau, Davis, Andreski, & Peterson, 1991; New & Berliner, 2000). One of the most commonly observed mental health outcomes of violent crime (Breslau et al.; Green 1994; Kilpatrick & Resnick, 1993), researchers have noted that between 21% and 42% of violent crime survivors develop PTSD following the event (Brewin, Andrews, & Rose, 2003; Peltzer, 2000). Indeed, the sheer nature of violent crime makes it fit the diagnostic criteria indicating that the individual was exposed to an event that threatens "the physical integrity of self or others" (APA, 2000, p. 467). Although a number of different traumatic events can lead to the development of PTSD, violent crime certainly proves to be a significant type of traumatic event in the lives of survivors.

Several theorists have suggested that intentional events like violent crime yields more severe PTSD symptoms and a higher likelihood for the diagnosis of PTSD than

trauma that was inflicted unintentionally such as disasters (Foa, Ehlers, Clark, Tolin , & Orsillo, 1999; Kessler, et al., 1995; Norris, 1992). The intentional nature of violent crimes may have an effect on the survivor's ability to integrate their experience and develop adaptive recovery strategies. Therefore, it very well may be that violent crimes have a more significant impact on survivors than other non-intentional traumatic events. Of particular interest are empirical findings that indicate female survivors are more severely impacted than male survivors.

2.2.2 Gender, PTSD and Violent Crime

A number of studies connect gender, PTSD, and violent crime. Even though most population prevalence studies include exposure to violent crime as a traumatic event, two specifically make the link between gender, PTSD, and violent assault (Kessler et al, 1995; Norris 1992). Additionally, three studies of violent crime survivors have included gender differences in their findings of other factors (Andrews, et al., 2003; Breslau, 2002; Brewin et al, 2003). Each of these studies indicate that women are twice as likely to develop PTSD as men.

Three studies of survivors of violent crime have included information about gender differences in rates of PTSD. Brewin et al. (2003) used the Impact of Events Scale and the PTSD Symptom Scale to study the impact of violent assault on 157 survivors in England and Wales. The findings of this study indicate that 38% of female victims and 14% of male victims develop PTSD symptoms following a violent assault. Breslau (2002) used the Diagnostic Interview Schedule to study the effects of trauma with a representative sample of 2181 persons in the Detroit metropolitan area. The

findings of this study show that 36% of women and 6% of men exposed to violent assault develop PTSD and 13% of women and 6.2% of men exposed to some form of violence (actual or vicarious) develop PTSD. Andrews et al. (2003) used the Crisis Support Scale and the Posttraumatic Stress Disorder Symptom Scale Self Report to study the effects of social support in a sample of 118 male and 39 female victims of violent crime. The findings of this study demonstrate that women experience a higher level of PTSD symptoms than men at both 1 month and 3 months post-trauma. Each of these studies indicates women are at greater risk for developing PTSD than men.

Table 2.1 Empirical studies addressing gender differences in the rate of PTSD diagnosis following violent crime

Study	Sample	Finding
Breslau (2002)	2181 representative sample of persons in the Detroit metropolitan area between 18-45 yrs	36% of women v. 6% of men exposed to assaultive violence developed PTSD 13% of women v. 6.2% of men exposed to some form of violence (actual or vicarious) developed PTSD
Brewin et al., (2003)	157 victims of violent assault in England and Wales	38% of women victims v. 14% of man victims developed PTSD symptoms
Kessler et al., (1995)	5877 U.S. participants aged 15-24	11.1% of men and 6.9% of women experience violent assault of which 1.8% of men and 31.3% of women subsequently develop PTSD
Norris (1992)	1000 adults from 4 southern cities	18.7% of men and 11.7% of women experience violent assault of which 5.5% of men and 11.5% subsequently develop PTSD

In addition to the three studies looking specifically at violent crime, two population prevalence studies have expressly addressed factors related to gender, PTSD, and violent crime. In the National Comorbidity Survey Kessler et al. (1995) found that

the prevalence of violent assault was 11.1% for men and 6.9% for women with the subsequent rates of PTSD being 1.8% for men and 31.3% for women. Additionally, Norris (1992) found that 18.7% of men and 11.7% of women were exposed to violent crime and 5.5% of men and 11.5% of women subsequently developed PTSD. The findings of these two studies are congruent with population prevalence research that indicates women are at twice the risk for PTSD regardless of the type of traumatic event experienced.

Findings from each of the five studies specifically linking gender, PTSD, and violent crime indicate women are at greater risk than men for developing PTSD. From these results one should easily be able to accept that women are at greater risk than men. However, it may not be that simple. An argument can be made to support the idea that gender differences may be a result of differences in the types of violent crimes and/or types of traumatic events that men and women experience.

2.2.3 Types of Events

Kessler et al., (1995) suggested that women are more often exposed to events that are highly associated with PTSD than men. Studies of exposure to specific traumatic events suggest that men are more frequently exposed to physical assaults like mugging, or beating, while women are more frequently exposed to sexual assaults like sexual abuse or rape (Breslau, Chilcoat, Kessler, Peterson, & Lucia, 1999; Kessler et al., 1995; Robins, Chester, Rasmussen, Jaranson, & Goldman, 1997; Perkonigg & Wittchen, 1999; Stretch, Kundson, & Durand, 1998). Even though physical assaults are traumatic, they are often not comparable to the intimate, intrusive, and life-changing

trauma associated with sexual violence. It has repeatedly been shown that victims of intimately intrusive violence develop PTSD at higher rates than those who are exposed to less intrusive violence (e.g., Breslau et al., 1998; Fischer, 1992; Kilpatrick, Ruggiero, Acierno, Saunders, Resnick, & Best, 2003).

From understanding that women and men may be exposed to different types of violence, it is logical to make the argument that women's increased risk for developing PTSD is simply the result of differences in the types of trauma women and men experience. However, to support this argument, gender differences in studies where sexual crimes are controlled will have to be minimal. Instead, each of the five studies that address connections between gender, PTSD, and violent crime control for sexual assault and each of the five find women to be at greater risk for developing PTSD compared to men (Andrews, et al., 2003; Breslau, 2002; Brewin et al, 2003; Kessler et al., 1995; Norris, 1992). Additionally, if the phenomena of increased female risk for PTSD across all types of traumatic events were simply the result of differences in types of traumatic events then the difference should disappear when looking at studies where men and women experience the same type of trauma, such as disaster studies and/or studies of motor vehicle accident (MVA) survivors. Instead, research looking at gender differences in rates of PTSD following disaster indicates that women develop symptoms at over twice the rate of men (e.g. Norris et al., 2001; Shore, Tatum & Vollmer, 1986; Yang, Yeh, Chen, Lee, Lee, Lee, & Jeffries, 2003)). Likewise, studies looking at MVA survivors consistently show increased female risk (e.g. Blanchard, Hickling, Taylor, Loos, Forneris, & Jaccard, 1996; Bryant & Harvey, 2003; Fullerton, Ursano, Epstein,

Crowley, Vance, Kao, Dougall, & Braum, 2001). For these reasons it over simplifies the matter to contribute gender differences in rates of PTSD to differences in types of trauma experienced.

2.2.4 Women Are At Greater Risk

Empirical findings on both (a) general population prevalence of PTSD and (b) prevalence following specific events like violent crime indicate that women are more likely than men to develop PTSD after exposure to traumatic events. It is unlikely that women's increased risk is simply caused by differences in the types of events women and men are exposed to. Support for this comes from both studies that control for sexual violence and studies measuring effects from the same type of traumatic event. From the apparent gender difference in adverse reactions to trauma, a need to study the phenomenon of female risk for PTSD in greater detail is indicated. Indeed, a field of scientific inquiry related to gender and PTSD is emerging in the scientific literature (please see Kimerling, Ouimette, & Wolfe, 2002). From this field a number of theoretical explanations have been introduced that address reasons for gender differences in PTSD (e.g. Krass et al., 2002; Tolin & Foa, 2002; Saxe & Wolfe, 1999). The following review addresses empirical support for those theories that address social and cognitive ideas about why women are at increased risk for developing PTSD. Although pieces of these theories provide limited explanation for the phenomena, it is the opinion of this researcher that no one theory proposed to date has proven to be completely accurate. For this reason, a conceptual model to explain gender differences that incorporates both social and cognitive theoretical concepts follows this review.

2.3 Ideas and Theories Regarding Differences

A number of theories and ideas exist to explain the phenomena of PTSD. A theory is “a group of related hypotheses, concepts, and constructs based on facts and observations that attempts to explain a particular phenomenon” (Barker, 1999, p. 485). An idea is “something that exists in the mind... an idea... a concept of reason that is transcendent but nonempirical” (Berube, 1991 p. 638). Both ideas and theories are addressed when attempting to explain PTSD gender differences because gender specific PTSD research is in an early conceptual stage. Additionally, this dissertation only elicits social and cognitive-psychological categories to help explain ideas and theories about why women are at greater risk for developing adverse reactions to traumatic events. From looking at both of these categories, a conceptual framework that combines social and cognitive factors is proposed to help one gain a better understanding of what may cause this phenomenon.

2.3.1 Social Differences

The social experience of being a female in western society is different from that of being a male (Gilligan, 1982). From these differences, socially defined gender roles, family roles, and other socially constructed stressors like oppression, sexual harassment, and/or social implications of reporting traumatic events are likely explanations for the differential rates of PTSD in men and women (Saxe & Wolfe, 1999). In fact it is entirely possible that social issues are confounding factors in all aspects of trauma related research. However, social differences are a reality in the lives of all women.

Therefore, understanding how these factors interrelate with trauma reactions is important to understand PTSD and women's increased risk for developing it.

2.3.1.1 Lack of Empirical Inquiry

In starting a discussion about how the different roles men and women fill in society affects the way women and men react to traumatic events, it is important to note that social constructs have received minimal empirical attention in the published trauma literature. Only a few trauma studies have included concepts related to the manner in which the challenges of being a female impact the level of stress women feel during and after traumatic events (e.g., Kelly, Herzog-Simmer & Harris, 1994; Solomon, 2002; Wagner, Wolfe, Rotnitsky, Proctor and Erickson, 2000). Even though none of these three studies identified made social roles and or societal expectations a main, or even a major part of their methodological design, each includes a small piece of how social roles affect trauma and stress in their discussion. Kelly et al, (1994) implies that parenting adds stress to the lives of military women prior to, during, and after military deployment. Solomon (2002) indicated that an aspect of being married, such as supporting others, negatively affects women's ability to manage their trauma recovery following a natural disaster. Wagner et al., (2000) suggested that military women might be at greater risk for PTSD due to stressors such as sexual discrimination, sexual harassment, and/or sexual assault. Even though ideas related to social constructs have received minimal empirical investigation, it is important to discuss what little is known about social roles and the perceived social expectations within the context of trauma experiences.

2.3.1.2 Social Roles

Social roles and gender expectations play a large part in women's identity formation, as well as unconscious thoughts, and reactions to various events in their lives (Gilligan, 1982). Following exposure to traumatic events, many women find themselves in the role of caretaker. Caretaker responsibilities often include attending to the emotional needs of their children and significant others in addition to childcare, meal preparation, and other household responsibilities. For many women, life after trauma may not allow them the time or the energy to effectively cope with their experience. Using a longitudinal design, Solomon (2002) noted that women who were in "excellent spousal relationships were found to have worse outcomes following disaster than those with weak spousal ties" (p. 167). Therefore, high expectations of nurturance may have a negative impact on women's psychological health. Solomon's findings are consistent with much of the literature on PTSD risk factors that points to the idea that the lack of social support and or negative social interactions is a significant PTSD risk factor (Brewin et al., 2000; Ozer, Best, Lipsey, & Weiss, 2003). Similarly, while studying a population of trauma survivors Andrews et al., (2003) found lack of support was a predictor for PTSD in both women and men but to a greater extent for women. Because of the supportive role that many women play in their families, they may not have the time or resources to seek out support for themselves or to take adequate care of their own emotional needs following traumatic events, therefore increasing their overall risk. To date the PTSD literature has not specifically addressed how negative and positive social support following traumatic events is related to family

roles and to socially defined gender roles. This is regrettable as it leaves much unknown about how the experience of being a woman affects outcomes following exposure to traumatic events.

2.3.1.3 Societal Expectations Based on Gender

Expectations of others also play into ideas about social roles and PTSD. Following a traumatic event some women may not respond to the event in a manner that society deems appropriate. For example, a woman who doesn't cry when describing the loss of her child may be labeled "cold" when actually she is in shock. Likewise, a rape victim who has sex within days of the event may be labeled a "liar" or a "slut" when in reality she may be trying to regain control of her life. The results of these labels may cause additional stress therefore thwarting attempts at effective coping. Although not directly addressing perceived expectations of others, a large body of literature is available that indicates negative social support (e.g. unpleasant responses from others) negatively affects recovery yet positive social support has little or no effect on recovery after traumatic events (Brewin et al., 2000; Ozer, Best, Lipsey, & Weiss, 2003). The one study addressing correlations between negative social support and gender following crime details similar findings with women who report negative social support following the crime to be at a greater risk for PTSD than men who report negative social support following the crime (Andrews et al., 2003). Unfortunately, the authors did not address whether women and men received similar or different levels of negative social support and what if any differences in the types of negative social support each gender received (Andrews et al., 2003). To date no studies have addressed gender differences in the

types of negative social support that survivors of traumatic events receive and/or how survivors perceive of the expectations placed on them. Understanding more about how negative social support and the expectations of others is related to gender and trauma recovery may give greater insight into both the causes of PTSD and the reasons women are at greater risk.

2.3.1.4 Connecting Social Constructs to Cognitive Differences

Exploring the social roles and gender expectations that trauma survivors are living with may shed some light onto the phenomena of increased PTSD risk for women. However, it is impossible to assess the effects of social roles and gender expectations without also looking at issues related to cognitive processing. It is likely that social factors are related to differences in the way women and men process through and internalize traumatic events. As these two processes may be different for men and women (Tolin & Foa, 2002), an exploration of the literature related to cognitive processes is warranted.

2.3.2 Cognitive Differences

Although a number of different psychological theories have been proposed to explain development, persistence, and treatment of PTSD, cognitive theories appear to be the most comprehensive and to date have been proven to be the most accurate (e.g. Ehlers & Clark, 2000; National Institute of Mental Health, 2002; Tolin & Foa, 2002). Cognition is defined as “the mental process of recognizing, understanding, remembering, and evaluating relevant information” (Barker, 1999, p. 84). PTSD risk factor research findings indicate that the subjective experience people have during

traumatic events plays a significant role in differentiating between those who develop PTSD and those who do not (e.g. Brewin, Andrews, & Valentine, 2000; Ehlers & Clark, 2000; Foa & Rothbaum, 1998). Specifically, the concepts of (a) world-schemas and self-schemas and (b) appraisals and attributions of trauma related events appear to be highly correlated with PTSD risk and resiliency (e.g. Brewin, Andrews, & Valentine, 2000; Ehlers & Clark, 2000; Foa & Rothbaum, 1998). Therefore, any discussion about why women develop PTSD at a rate significantly greater than men must include possible differences in cognitive processing. To provide an understandable description of the empirical evidence behind the cognitive model, a technical explanation of each cognitive concept is addressed first followed by a review of the supporting empirical evidence.

2.3.2.1 The Cognitive Process

To lay the foundation for a review of the empirical literature pointing to cognitive based explanations for PTSD development, the process of cognition must first be explained. During any given traumatic event cognitive processing takes place where the content of cognition (i.e. what the person thinks, believes, values and has recorded in memory), the process of cognition (i.e. the way the person thinks, perceives, and interprets events) and the structure of cognition (i.e. the way a person organizes and internally structures the event) work together to transform the event into the person's schematic structure (Granvold, 1995). Adaptive cognitive processing acts as a buffer for trauma victims and maladaptive cognitive processing increases the individual's vulnerability to develop adverse psychological reactions such as PTSD symptoms

(Tolin & Foa, 2002). The process of cognition therefore plays a significant role in differentiating between individuals who develop PTSD following exposure to a traumatic event and those who do not.

2.3.2.2 Schemas

Schemas “are the cognitive structures of memory representations that contain our experiences and learning (for example, about ourselves, other people, attitudes, social roles, norms and events)” (Nurius & Berlin, 1995, p. 512). Schema theorists maintain that people’s beliefs and attitudes influence their (a) memories, (b) interpretations of events, and (c) perceptions about themselves, others, and the world (Beck, Emery, & Greenberg, 1985). Schemas develop throughout the course of a lifetime and influence cognitive processing of experiences. When individuals process through traumatic events, they draw on this backlog of memory representations to make sense of what’s going on and then incorporate the new information into their existing network of schemas (Nurius & Berlin).

Preliminary evidence indicates that women and men have different self-schemas and world-schemas following exposure to traumatic events. Tolin and Foa (2002) studied self-schemas and world-schemas of male and female trauma survivors using the Posttraumatic Cognitions Inventory (Foa, Ehlers, Tolin, & Orsillo, 1999). Their research found that female trauma survivors are more likely than male trauma survivors to view the world as dangerous, are more likely to blame themselves for the trauma and are more likely to hold more negative views of themselves than men (Tolin & Foa). These findings are consistent with the increased diagnosis of PTSD in women and the

prognosis of a longer length of pathology in women (Breslau, et al., 1998). However, the authors indicated that they could not rule out alternative explanations noting, “it is not known whether this represents a direct effect of gender or differences in the type of trauma experienced” (Tolin & Foa, p. 94). To date, there are no published studies that address this aspect of schema differences.

2.3.2.3 Appraisals

Appraisal of both the actual traumatic event and individual’s response to the event has been measured by studying trauma memory records. To appraise something means to evaluate, or estimate the quality of something (Berube, 1991). In trauma research, “appraisals are essentially cognitive interpretations of information about the world or the self” (Dalgleish, 2004, p. 242). Cognitive theories point to appraisals as a fundamental concept to explain maladaptive trauma response. Studying differences in the trauma memory records between women and men may begin to explain the increased prevalence of PTSD in women following traumatic events. Although research in this area is preliminary, findings from numerous studies indicate that males report lower feelings of fear than women in similar events, like motor vehicle accidents (e.g., Ehlers, Mayou & Bryant, 1998) and child sexual assault (e.g., Rind, Tromovich & Bauserman, 1998). Additionally, preliminary research findings indicate that women are more likely than men to blame themselves for the traumatic event (e.g. Foa et al., 1999). These preliminary findings indicate that women and men may differ in their memory of the traumatic experience. However, more research is needed to support these ideas.

2.3.2.4 Attributions

The difference between internal and external attributions is a noteworthy factor. The word attribute means to “assign to a particular cause of source” (Berube, 1991, p. 140). In trauma research, attributions refer to why the individual believes the event occurred. Those individuals who believe that events are caused by factors outside of themselves (external locus of control) are less able to see how their actions can change things in the future. Therefore, events in the world are more stable and less controllable. For example a person who fails a test and believes the failure was caused by low intelligence or the teacher not liking him or her has an external locus of control. On the other hand, individuals who believe that events are controllable through their own actions (internal locus of control) see how they can take control of situations, improving their outcomes. For example a person who fails a test and believes the failure was caused inadequate studying vowing to improve his or her studying in the future has an internal locus of control.

PTSD research indicates that people who associate negative events in their lives to less controllable external factors are at greater risk for posttraumatic stress disorder than those who associate the same events with more controllable internal factors. Although not consistent in all studies (please see Joseph, Brewin, Yule, & Williams, 1991, 1993), research on attributional style has generally shown a relationship between better post trauma outcome and a more internal locus of control (Affleck, Tennen, Pfeiffer, & Fifield, 1987; Baum, Flemming, & Singer, 1983; Frye & Stockton, 1982; Tennen & Affleck, 1990; Timko & Jannof-Bulman, 1985). Furthermore, although not

assessing locus of control, Falsetti, & Resnick (1995) found that crime victims who use stable and uncontrollable attributions to explain their experience were at a higher risk for PTSD. These findings are similar to those found with survivors of natural disasters (Greening, Stoppelbein, & Doctor, 2002), man-made disasters (Joseph, et al., 1993), combat veterans (Mikulincer & Solomon., 1989), and individuals with severe brain injury (Williams, Evans, Needham & Wilson, 2002). Empirical evidence suggests attributional thinking plays a significant role in PTSD risk and resiliency.

The idea that more adverse outcomes are associated with individuals who believe that events are outside of their control may explain the apparent contradictions in the role attributions play in posttraumatic recovery. Individuals who take ownership of their role in events such as survivors of motor vehicle accidents who considered themselves responsible (Delahanty, Herberman, Craig, Hayward, Fullerton, Ursano, & Baum, et al., 1997) and rape victims who feel empowered to take control of their lives following an assault (Frazier, & Schauben, 1994)) may be demonstrating a healthier balance between internal and external locus of control. The meta-analytic work of Tennen & Affleck, (1990), found that blaming others for threatening events leads to more adverse outcomes whereas taking responsibility for actions leads to resiliency and more positive outcomes. Therefore their recovery prognosis is significantly greater. Unfortunately, ideas related to attributions have received no attention in the literature addressing gender differences in rates of PTSD.

2.3.2.5 Self-Efficacy

The cognitive-behavioral concept of attributions is closely related to the social learning concept of self-efficacy. A combination of the cognitive concepts self-schemas and attributions, self-efficacy is the social learning theory construct related to people's belief about their ability to exercise control over events that affect their lives and manage their own functioning (Bandura, 1997, 2001). As previously addressed, people who believe they can control their circumstances have higher resilience to traumatic events than those who do not. According to social learning theorists, the reason for this is that self-efficacy operates as a cognitive regulator of stress and anxiety arousal (Benight, & Bandura, in press). People who believe they can cope with the traumatic event thwart off distress whereas those who do not believe they have mastery of the experience have more difficulty (Benight, & Bandura). Social learning theorists believe that people can control the way they think and behave because they create their own psychic environment (Benight, & Bandura). Therefore, in recovering from traumatic experiences, the individual plays a proactive role in their adaptation to events (Benight, & Bandura). To date, the relationship between the concept of self-efficacy and gender differences in rates of PTSD is unexplored in the social learning literature. However, because self-efficacy is closely linked to attributions and self-schemas, it is likely that parts of the social learning paradigm play a role in gender differences in rates of PTSD.

2.3.2.6 The Role of Meaning

Closely related to ideas of attributions and self-efficacy, the role of meaning has a remarkable affect on trauma recovery. It is interesting that some who experience

seemingly horrific traumas like torture (e.g. Sledge, Boydstun, & Rabe, 1980) not only recover without experiencing posttraumatic stress symptoms but, actually report that they grew from their trauma experience. For example 61.1% of American Air Force aviators captured and tortured by the North Vietnamese said that they benefited from their ordeals (Sledge et al.) with remarkably few ever developing PTSD (Nice, Garland, Hilton, Baggett, & Mitchel, 1996). Amazingly, the level of brutality the former prisoners of war reported was positively correlated to subjective reports of personal growth during captivity (Sledge et al). These positive findings are most likely related to the role of meaning such as an ideological commitment to a political cause.

In *Man's Search for Meaning*, Victor Frankl (1959) discusses the affect that attitudes play in making sense of his experience in the Nazi concentration camps. In this work he proposes that there are three different ways to find meaning in life "(1) by doing a deed; (2) by experiencing a value; and (3) by suffering" (p. 176). For trauma survivors, this meaning may come in the form of appraisals that their suffering serves a higher purpose or a greater good. Although originally attributed to mental preparedness, the search for meaning may play a role in findings that left-wing political activists tortured during Turkey's military regime had lower rates of PTSD than did non-activists who had also been arrested and tortured (Basoglu, et al., 1997). Similarly, sexual assault research and treatment avenues that address growth and change as a result of the trauma have good success rates (e.g. Galambos, 2001; Smith, & Kelly, 2001). Empirical findings of these studies indicate that man's and woman's search for meaning may play important roles in resiliency to traumatic events.

2.3.2.7 Gender Socialization

As addressed earlier in this work, even though the degree to which each individual identifies with and behaves according to their gender category differs, men and women are exposed to profoundly different socialization experiences (Saxe & Wolfe, 1999). Gender schema theory proposes, “that children develop (and adults retain) a gender schema that predisposes them to view the world from a gender perspective, even in situations where gender has no relevance” (Harrison, 1995, p. 1422). As one of the first social categories used by children (Slaby & Frey, 1975; Spence, 1985), gender is used by children to understand themselves, understand others, and develop behavior (Sherif, 1982). Saxe & Wolfe wrote that in order to fully understand differences in PTSD rates between women and men, “it is critical to understand how gender is constructed as a social category and the power of this category to influence thoughts, feelings, and beliefs of traumatized individuals” (p. 171). To date this is untested in the area of gender links to PTSD development however, it is likely that the differences in gender socialization play a significant role in the development of pre-trauma schemas which then play a role in how people process and recover from trauma (Krause, DeRosa & Ross, 2002). For example, studies of female rape victims illuminate the impact of gender identity on women’s attempts to make sense of the traumatic experience during the recovery process (Lebowitz & Roth, 1994). From pre-trauma gender socialization, an understanding of cognitive differences in individual response to trauma can be ascertained.

2.3.3 Linking Social and Cognitive Concepts

Even though a number of theories and ideas exist about why the rate of PTSD development for women is higher than it is for men, these ideas are in an early stage both conceptually and empirically. The most promising concepts include cognitive ideas related to schemas, attributions, and appraisals and social concepts of gender specific societal roles and perceived expectations (Ehlers & Clark, 2000; Tolin & Foa, 2002). By incorporating these key concepts, a conceptual framework to explain why women are at greater risk for adverse reactions to traumatic events is formed.

2.4 The Conceptual Framework

In qualitative research the conceptual context is “the system of concepts, assumptions, expectations, beliefs, and theories that supports and informs your research” (Maxwell, 1996, p. 25) and the conceptual framework is a diagrammatic representation of the conceptual context. Generated from existing theory, prior research and experiential knowledge, the conceptual framework “explains, either graphically or in narrative form, the main things to be studied, key factors, concepts, or variables and the presumed relationships among them” (Miles & Huberman, 1994, p. 18). For the current study a social cognitive model is presented that incorporates the theories and ideas addressed in the literature. Specifically, the following conceptual framework integrates the cognitive concepts of schemas, attributions, and appraisals with social concepts of gender specific societal roles and perceived expectations to explain why women are at greater risk for adverse psychological reactions to traumatic events such as violent crime.

2.4.1 A Social Cognitive Model

By incorporating the work of Foa & Rothbaum (1998) and Ehlers & Clark (2000) with both social constructs and cognitive theories, a diagram for how social and cognitive factors affect trauma recovery can be drawn. Included in Figure 1, the conceptual framework focuses on cognitive ideas related to trauma memory, schemas, and post-trauma memory to explain the process that individuals use to cognitively incorporate the traumatic experience into their lives. However, unlike current cognitive theories, the proposed conceptual framework also incorporates ideas of gender related societal experiences into the model. Additionally, unlike many processing models, the current framework does not claim to be linear. Instead, the relationship between concepts is interrelated and overlapping. Schemas and gender socialization both directly affect and are directly affected by the traumatic experience. Additionally, appraisals and attributions are flexible entities that change and are changed by events around them. That does not mean that pieces of the process are not linear. Incorporation of both (a) the traumatic event experience and (b) post-traumatic event experiences are time dependant. However, the relationship between schemas, gender-socialization and the subjective experiences of trauma processing are mutually related overlapping concepts that both affect and are affected by each other.

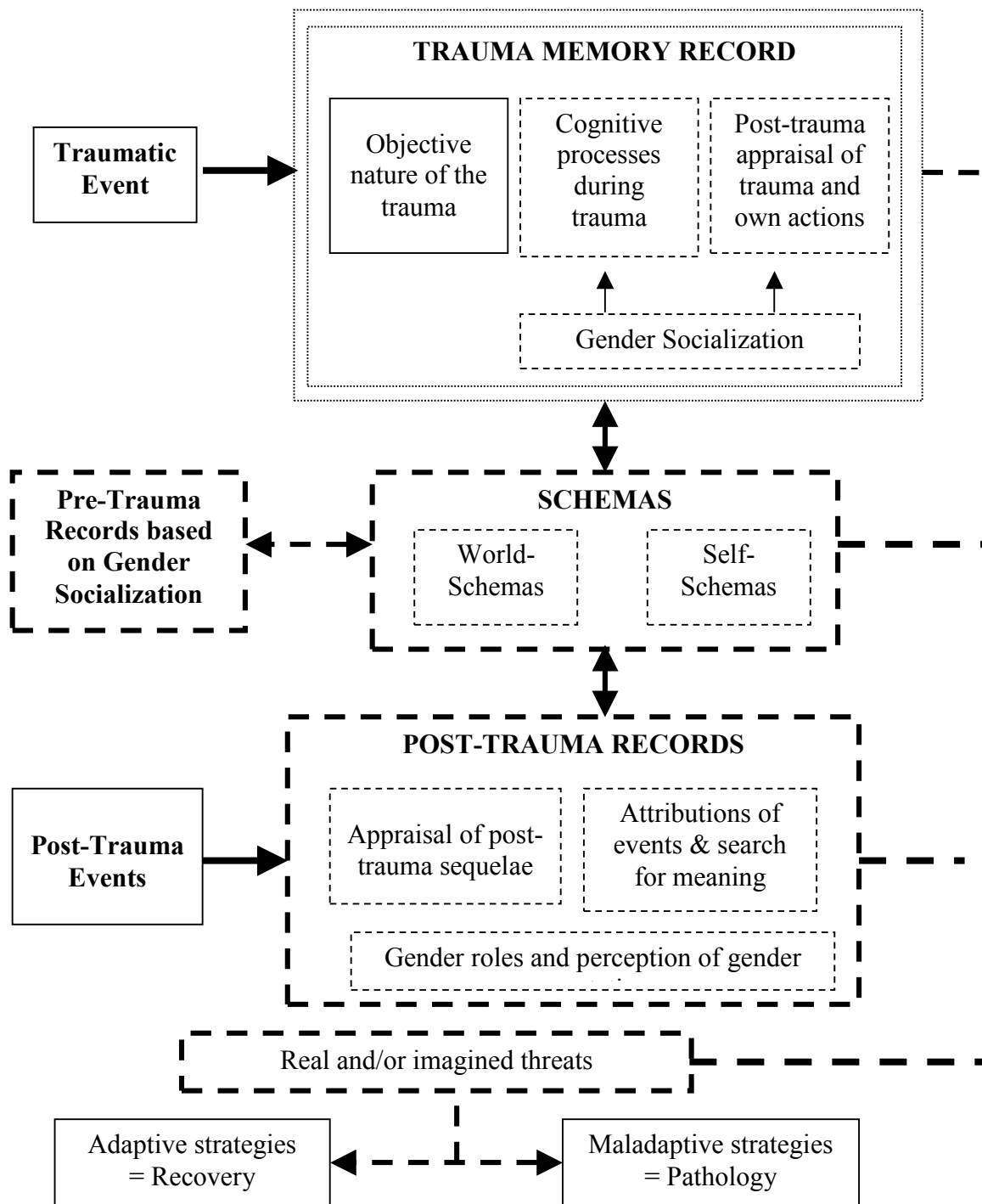


Figure 2.1: A social-cognitive model of trauma processing. Adapted from Foa & Rothbaum (1998), Ehlers & Clark (2000), Social Theories, and Cognitive Theories. Solid lines denote fixed events or processes while dashed lines denote variable events or processes.

2.4.2 Trauma Memory Records

As outlined in figure 2.1, individuals who experience traumatic events process and record objective events into their subjective memory records. These records are based on (a) the objective nature of the events, (b) cognitive processing that occurs during the event, and (c) appraisals of the event, their feelings, and their actions. For the purpose of this dissertation, the objective nature of the event includes those facts about the crime situation that exist independently of the beliefs and desires of the individual (Vogt, 1999). For example, the perpetrator had a gun that was pointed at the subject. This is an objective fact. The second part of the trauma memory record is the individual's cognitive processes during the course of the trauma (Ehlers & Clark, 2000). For the purpose of this dissertation, cognitive processing during the trauma includes any thoughts and feelings that the subject experienced during the crime. For example, the subject reports that they thought, "oh crap, I'm going to die" and felt afraid of the perpetrator. The third part of the trauma memory record is the individuals' post-event appraisals of the event and their own actions during the event (Ehlers & Clark). For the purpose of this dissertation, post-trauma appraisals are the thoughts and feelings the individual has about the crime and the way they responded during the crime. For example, if the subject reports that they feel they could have stopped the crime from occurring if only they had been braver. Both cognitive processing and appraisals are strongly influenced by gender socialization and the individual's world-schemas and self-schemas however the objective nature of the event is not.

2.4.3 Post-Trauma Memory Records

In addition to the role the trauma memory record plays in recovery, the individual's memory after the traumatic event also plays a role in whether the individual uses coping strategies that are adaptive or maladaptive. As included in figure 1, post-trauma records include appraisals of trauma related symptoms and attributions of the event. Trauma related symptoms are those experiences such as trouble sleeping, recurrent memories, physical complaints, and intensified feelings that are characteristic reactions to trauma (Kilpatrick, Veronen & Resick, 1979; Norris & Kaniasty, 1994; Rothbaum, et al., 1992). Although these feelings and experiences are typical symptoms of traumatic experiences and usually fade over time, many individuals place negative connotations to their symptoms (Kilpatrick et al.; Norris & Kniasty; Rothbaum et al.). For example, an individual may feel like they are "going crazy" in the days after the crime when they are actually exhibiting typical reactions that many crime survivors feel. Like appraisals of trauma related symptoms, attributions are a significant piece of post-trauma memory records that affect recovery. Attributions of the event are related to why the individual believes the event occurred and are linked to their search to find a meaning for their experience. For example, one individual may blame their God for putting them in the path of the criminal and another may thank their God for saving their life. Each of the components of post-trauma memory records are greatly influenced by gender roles and the perception the individual has about societal expectations. For example, if an individual in the role of caretaker believes their family expects them to be strong in the days after the crime, they may feel guilty if they break

down crying in front of the children. Appraisal of trauma symptoms, attributions for why the event occurred, the individual's perception of societal perceptions, and gender based social roles all play a significant part of trauma recovery.

2.4.4 Schemas

Schemas greatly affect all aspects of trauma memory and are greatly affected by the trauma memory. When individuals process though traumatic events, they draw on their backlog of memory representations to make sense of what's going on and then incorporate the new information into their existing network of schemas (Nurius & Berlin, 1995). Likewise, memories, interpretations of events, and perceptions about themselves, others, and the world are greatly affected by traumatic experiences (Beck, Emery, & Greenberg, 1985). Therefore, it is important to include the concept of schemas in the conceptual framework of this dissertation. The relationship between schemas and both (a) trauma memory records and (b) post-trauma memory records is reciprocal (Foa & Rothbaum, 1998). Schemas affect all aspects of trauma processing and are affected by all aspects of the trauma experience.

2.4.5 Points of Gender Difference

Using the cognitive model outlined in figure 1, one can better visualize at what points females and males differ in their cognitive processing. The first point where males and females may differ is in their appraisals and attributions. Using the diagram, appraisals occur in relation to both the actual event and to actions which they take during the event. The second point where gender differences may be present is in the roles men and women fulfill in their families, at work and with friends and the

expectations they perceive from themselves and from individuals in these three social functions. From these points where gender differences may occur comes the need for additional research. To date no published studies have addressed the interaction between cognition and gender social roles in relation to PTSD. Therefore, based on the need for further investigation, the following descriptive exploratory qualitative study addresses two primary research questions. First, what are the differences and similarities in the way men and women cognitively assess traumatic events? Second, how do differences and similarities in gender based societal roles and gender specific expectations of others play a part in trauma recovery?

CHAPTER 3

METHOD

3.1 Rationale

Information about trauma exposure and PTSD are well-established and accurately measurable using DSM-IV-TR criteria (APA, 2000). However, differences in the experiences of men and women in weeks following exposure to traumatic events are relatively unexplored. For these reasons, a qualitative phenomenological design is used to address how men and women differ in some of the constructs outlined in the conceptual framework after surviving a violent crime.

3.1.1 Purpose

The purpose of this study is to gain a better understanding of how men and women differ in their perception of the cognitive and social factors that affect recovery following trauma. Specifically, this study addresses gender differences and similarities in relation to the cognitive factors (a) appraisal of trauma and (b) appraisal of actions during event as well as the social factors (a) social roles and (b) perception of societal expectations in the weeks after experiencing a violent crime. Designed as a descriptive-exploratory non-experimental study the following dissertation incorporates a qualitative design. Findings from this research should aid in developing a better understanding of gender differences that may affect recovery from traumatic events.

3.1.2 Research Questions

The current study addressed two primary questions. First, what are the differences and similarities in the way men and women cognitively assess traumatic events? Second, how do differences and similarities in gender based societal roles and gender specific expectations of others play a part in trauma recovery?

3.1.3 Qualitative Design

The descriptive-exploratory nature of the study lends itself to qualitative phenomenological methods. Additionally, because theory about gender differences in trauma reactions is in an early conceptual stage, the research has many components of grounded theory. However, unlike true-grounded theory work, many theoretical ideas are apparent prior to beginning the study. For example, it is well established that a link exists between negative appraisals and development of PTSD following traumatic events even though gender differences in this link are not as well elucidated (Tolin & Foa, 2002; Foa, et al, 1999). Therefore, data analysis will loosely follow methods outlined in grounded theory (e.g. Creswell, 1998; Denzin & Lincoln, 1998; Maxwell, 1996).

3.1.4 Conceptual Definitions

Before continuing with a description of the methodology used, it is important to conceptually define a number of important terms.

The term “victims” and “survivors” is used interchangeably to refer to those individuals identified by the Arlington Police Department and the Arlington Victim Services unit as being affected by a serious crime including but not limited to

aggravated assault, simple assault, and robbery. Those individuals identified as being both victims and alleged perpetrators were not considered “victims” or “survivors” in this study.

Posttraumatic stress disorder includes those individuals meeting DSM-IV-TR diagnostic criteria for the condition (APA, 2000). *Trauma Symptoms* are emotional and behavioral changes that are perceived to result from exposure to traumatic events including but not limited to posttraumatic stress disorder symptomatology.

Appraisals or to appraise something means to “evaluate, or estimate the quality of something” (Berube, p. 121). In trauma research, “appraisals are essentially cognitive interpretations of information about the world or the self” (Dalglish, 2004). For purposes of this study, appraisals include ideas related to how the participant qualifies their experience.

Social Roles are “a social norm that is attached to a given social position that dictates reciprocal action” (Barker, 1999, p. 417). For purposes of this study, social roles will include any responsibilities the subjects reports based on gender, for example, caretaker, mother, and breadwinner.

Societal Expectations or to expect is to “consider obligatory, require, to presume or suppose” (Berube, p. 476). For purposes of this study, societal expectations include the subjects’ perception of societal expectations places on them based on gender.

3.2 Participants and Sampling

3.2.1 Participant Selection

The 28 participants included in this study were selected from the clients of the Arlington Police Department Victim Assistance Program who were contacted by the agency between the months October 2004 and March 2005. Only those individuals over the age of 18 who verbally agreed to participate during the Victim's Assistance routine follow-up telephone contact were interviewed. Additionally, only survivors of aggravated assault and/or aggravated robbery were considered for inclusion. Although sexual assault and domestic violence are also considered to be violent crimes and are inherently traumatic, survivors of these types of traumatic events were not included because of the distinctive nature of their experience.

Participants were contacted via telephone by the researcher to schedule interviews at the Arlington Police Department Victims' Services office or another public location. All telephone calls were made between 3 and 14 days following the crime and all interviews were held between 10 and 28 days following the crime. Upon the first 1:1 contact with the participant by the research interviewer, Subject Consent Forms (appendix A) were explained and signed. Additionally, subjects were compensated \$10.00 for meeting with the interviewer and given two informational handouts (appendix B) regardless of whether they sign the Subject Consent Form (appendix A), thereby agreeing to participate in the study, or not. The digitally recorded interviews lasted between 18 and 87 minutes, depending on how much the

participant had to say about their experiences, and followed the questions included in the measurement instrument (appendix C).

Purposeful sampling techniques were used to ensure compatibility of female and male participants. Because prior research findings indicate that similarity in type of crime experienced, relationship to the alleged perpetrator, age, and ethnicity, is important to ensure meaningful gender comparisons (e.g. Bisson & Sheppard, 1995; Brewin, Andrews, & Valentine, 2000; Solomon, 2002), the researcher attempted to find participants who are comparable in these areas prior to their being interviewed. Additionally, marital status was similar for 11 of the 14 pairs. Careful subject selection helped to provide representation from a range of demographic categories while continuing to allow for meaningful gender comparisons of trauma narratives.

3.2.2 Demographic Characteristics

The demographic characteristics of the participants are representative of the area population. Participants' ages ranged from 19 to 59 years with a mean age of 31.19 years. Ethnic diversification of the 28 participants was 64% (18) Caucasian, 22% (6) African American, and 14% (4) Hispanic. Additionally, 43% (12) of the participants were single, never married, 18% (5) were single, divorced, and 39% (11) were married at the time of the study. The types of crime experienced included 57% (16) who experienced aggravated robbery, 36% (10) who experienced aggravated assault, and 7% (2) who experienced both experiencing both aggravated robbery and aggravated assault. A firearm was used by the assailant during 64% (18) of the crimes, a knife was used by the assailant during 7% (2) of the crimes, a rock was used by the assailant

during 7% (2) of the crimes and physical strength alone (e.g. hitting, punching, and kicking) was used by the assailant during 22% (6) of the crimes. In all of the instances included in this study, the crime was committed by a stranger to the participant. At the time of the interview, none of the assailants had been identified by the police and arrested.

It is important to note that even in cases where two individuals experience the exact same event, no two survivor experiences are exactly alike. However, comparability of trauma narratives is an essential piece of this study. Therefore, care was taken to select individuals as pairs looking for similarity in details of the crime survivor experience even though the uniqueness of each experience is also noted. In 4 of the pairs (6, 7, 8, and 10) the two individuals experienced the same event. In the remaining 10 pairs (1, 2, 3, 4, 9, 11, 12, 13, and 14) the two individuals experienced comparable events. For example, both individuals included in pair 1 were survivors of a car jacking where two armed assailants approached them with a firearm. Likewise in pair 2 both individuals were present when two armed men robbed the public location where they were patronizing. In the case of the female participant she was in a fast food restaurant. In the case of the male, he was in a convenience store. Column 6 “further detail about the crime” located in Table 3.1 gives a better description of the experience similarities of the study participants.

Table 3.1 Demographic Information of Participants; Each pair consists of one male and one female participant

Pair	N=2	Classification of Crime	Ethnicity	Age range	Marital Status	Further Detail about the crime
1	M/F	Aggravated Robbery	Hispanic	21/22	Single	Carjacked at gunpoint by 2 assailants
2	M/F	Aggravated Robbery	Caucasian	23/24	Married	Robbed at gunpoint in store or restaurant
3	M/F	Aggravated Assault	Caucasian	39/40	Divorced	Drive by shooting while alone in car
4	M/F	Aggravated Robbery	Hispanic	20/20	Single	Robbed at gunpoint at store where employed
5	M/F	Aggravated Assault	African American	28/30	Single	Assaulted at bar or while leaving bar
6	M/F	Aggravated Assault/ Robbery	Caucasian	25/25	Married	Assaulted at knifepoint while car was being robbed
7	M/F	Aggravated Assault	Caucasian	59/59	Married	Assaulted in car, road rage incident
8	M/F	Aggravated Robbery	Caucasian	19/19	Single	Robbed at gunpoint in alley behind a shopping center
9	M/F	Aggravated Assault	Caucasian	34/38	Divorced	Assaulted by stranger at location regularly frequented
10	M/F	Aggravated Assault	Caucasian	26/26	Married	Assaulted in car with 2 young children in backseat
11	M/F	Aggravated Robbery	Caucasian	22/22	Single	Robbed at gunpoint at work – leadership position at work
12	M/F	Aggravated Robbery	Caucasian	58/58	Married Divorced	Robbed at gunpoint at work – leadership position at work
13	M/F	Aggravated Robbery	African American	37/38	Single Married	Robbed at gunpoint – leadership position at work
14	M/F	Aggravated Robbery	African American	22/25	Married Single	Robbed at gunpoint – robber pulled trigger on weapon

3.3 Measurement Instrument

To provide structure to the interview process a measurement instrument (appendix C) was developed for this study using theoretical ideas outlined in the conceptual framework. By following the questions outlined in the measurement instrument, the researcher made certain that each area of inquiry was addressed while allowing for comparability of the interviews. Designed as a starting point and a guide for the interview, the questions included on the measurement instrument are not meant to be inclusive of all avenues for the discussion. As is inherent with qualitative phenomenological research designs, the essences of the research findings are obtained from the open-ended nature of the interview process (Creswell, 1998; Denzin & Lincoln, 1998; Maxwell, 1996). Therefore, the researcher allowed participants to talk about experiences outside the structure of the measurement instrument. Additionally, the measurement instrument was not always followed linearly. For example, when the flow of the interview indicated that question 7 was appropriate to be asked prior to asking question 4 then question 7 was asked. The question order was flexible to meet the needs of the participants and to facilitate the flow of the interview. For this reason the time of the interviews varied from 18 min to 87 min. The average interview lasted 34 min.

The twelve-topic measurement instrument was designed to guide the participants through a discourse about their traumatic experience while addressing the concepts outlined in the conceptual framework. The process for the interview was based on treatment theories for survivors of traumatic events that recommend trauma

narratives start by providing factual information about the experience followed by discourse about thoughts and feelings (e.g. Mitchell & Everly, 1996). For this reason the first question was related to the objective nature of the trauma experience simply addressing what happened. Following the factual discussion about the crime, three questions related to thoughts about the experience was asked. Based on ideas outlined by Ehlers & Clark (2000) these questions address the cognitive processing concepts appraisals and attributions. After questions related to the concrete nature of the subjects' experiences, questions related to the individual's pre-event and post-event schemas and social constructs were addressed. Questions related to schema functioning were adapted from the Post-Traumatic Cognitions Inventory (Foa et al., 1999) and specifically addressed world-schemas and self-schemas prior to the trauma experience and since the trauma experience. Subsequent to the discussion about cognitive variables two-part questions pertaining to gender roles and gender socialization experiences were asked. Finally, the last four questions directly correlated with DSM-IV-TR diagnostic symptoms of reexperiencing, avoidance, and arousal and the subject's cognitive assessment of these symptoms (APA, 2000). Questions related to PTSD symptoms were used as a starting point for diagnostic questions related to explicit symptomatology including degree of discomfort and dissipation since the event. From the questions related to PTSD symptomatology, ideas about level of future symptomatology can be projected based on DSM guidelines (APA). Guiding subjects through a recantation of their trauma narratives helped ensure each theoretical construct of the

proposed inquiry is addressed while allowing individuals to provide valuable information about their unique experiences in an open format.

3.4 Methods of Data Analysis

The data analysis portion of this study consisted of two separate yet related functions. The first data analysis function was coding the interview transcripts using grounded theory methodological steps. Data analysis began with coding the individual transcripts and moved to coding gender specific categories. The coding process helped narrow the extensive information provided by qualitative interviews. These broad categories were then compared for differences and similarities in trauma themes and experiences. The second data analysis function was to use descriptive statistics to give further support to findings from the coding process. Frequencies and percentages were used to provide additional meaning to the differences and similarities identified in the coding process. As is the case with all qualitative research, the amount of information contained in the trauma narratives is rather large. To limit the scope of this manuscript, only five of the model's constructs were explored: appraisal of trauma, appraisal of actions, symptoms, social roles, and perception of societal expectations.

3.4.1 Qualitative Coding Methods

The digitally recorded interviews were transcribed by a professional transcription service and coded by the primary researcher following the grounded-theory coding method. A two stage open coding procedure was then conducted. During the first stage of the open-coding process, each line of the text from the interviews was coded into 13 categories derived from the 5 concepts outlined in the

social cognitive model (figure 2.1) and the interview questions (appendix C). Statements were coded according to (a) the words spoken, (b) the question asked, and (c) the context of meaning. Statements that coincided with more than one group were coded into both groups and checked to ensure consistency with context and meaning. After the interview text was broken into groups representing the 13 concept areas, the intact text was reviewed a second time completing line-by-line coding of each concept area, isolating the meaning of each line. Coding was organized using a 7-column grid. The speaker is identified in column 1, the interview text is identified in column 2 and concept and meaning text is coded using lines 3 through 7 (for example see appendix D).

To aid in validity of the coding process, open coding grids were reviewed by two separate individuals with an interest in victim's services and trauma research. The first review was conducted by a 28-year-old female African American Masters of Psychology student. She reviewed the coding of all 28 of the interviews and was paid \$20.00 for each of her reviews. The second review was conducted by one of the 9 Victim's Assistance Crisis Response Team members working for the Arlington Police Department Victim's assistance program. Each of the 9 employees reviewed between 2 and 4 of the interviews. These reviewers were not financially compensated for their assistance. Input from the two reviewers was added to the each of the 28 coding matrixes for consideration during the axial coding process.

Following the open coding process, axial coding was conducted on each interview transcription with the assistance of the reviewers to ensure accuracy of

meaning. Changes to the coding were discussed with the reviewers and incorporated into the matrix. During this process, a number of more specific concepts were developed within the individual categories. Data was assembled in new ways until selective coding emerged where a “story line” was written for each interview (for example see appendix E). To aid in the reliability of this process, 68% (19) of the participants were contacted via telephone to discuss the coding grids for accuracy of meaning. When appropriate, the selective coding ideas were changed to more accurately reflect the participant’s experience. The remaining 32% (9) participants were not able to be contacted for this process.

In the final step of coding, meaning categories from each interview were combined to develop a conditional matrix of differences and similarities between the pairs for each of the 13 construct areas (for example see appendix F). The meaning codes for each interview were listed in pairs on the conditional matrix. From these lists similarities and differences were extracted for each pair. Using both meaning statements and descriptive statistics, the themes that emerged were then incorporated into the final theme matrix focusing on gender specific similarities and differences that are tied to the presence and absence of trauma related symptoms (appendix G).

3.4.2 Descriptive Statistics

In addition to qualitative data analysis techniques, descriptive statistics were used to provide a deeper understanding of the data. Frequencies and percentages help group similarities and differences in trauma experiences. Using descriptive statistics helps increase the studies validity by showing the number and percentage of individuals

reporting similar and different experiences. In addition a richer understanding of gender differences can be gained by using descriptive statistics with each category included in the conditional matrix.

3.5 Validity and Reliability

As is the case with all research initiatives, validity is an important concept to address in relation to the methods used. Validity is “concerned with the extent to which a procedure is able to measure the quality it is intended to measure” (Barker, 1999, p. 507). At this point it is important to note that completing the appropriate techniques cannot ensure validity (Creswell, 1998). Validity is a goal, rather than a product (Creswell). For the current study, ideas designed to promote validity drive the research design. However, as is the case with all research, validity cannot be ensured, only strived for.

3.5.1 Threats to Validity

Description and interpretation are the primary areas where threats to validity arise in this study (Creswell, 1998). Therefore, data collection and coding efforts were designed to thwart these threats. Descriptive statistics, code reviewers, and participant checks were used to avert both inaccuracy or incompleteness of data (descriptive threats) and imposing one’s own framework or meaning rather than understanding the perspective of those studied (interpretive threats). Frequencies and percentages were the descriptive statistics used to report findings from the coded interview data. Code checking by both a paid reviewer and by victim assistance workers helped to ensure accuracy of coding processes. By structuring the research methodology around ways to

thwart the main threats to validity, the findings from this study are fundamentally stronger.

3.5.2 Threats to Reliability

In addition to validity, reliability is an important factor to address in the methods section of any research study (Creswell, 1998; Denzin & Lincoln, 1998; Maxwell, 1996). Reliability is “the dependability and consistency of scores on a test that is repeated over time” (Barker, 1999). In relation to qualitative research, reliability is related to consistency between accounts (Creswell; Denzin & Lincoln; Maxwell). It is important to note that multiple accounts of the same event may appear to have low reliability yet when taken together they provide a better understanding of the event, thus better validity (Creswell; Denzin & Lincoln; Maxwell).

The researcher used a number of methods to address issues of reliability in the current study. Careful notes were taken during the interview stage. These notes were used with the transcripts to broaden the picture outlined during the interviews. Additionally, triangulation methods including coding reviewers and using police reports as proxy documents helped show consistency and developed a more comprehensive picture of the participants’ experiences.

3.5.3 Researcher Bias

As is the case with all qualitative research, one of the most pressing validity and reliability issues is how researcher bias is addressed. The primary researcher was also the primary interviewer and the primary coder. She is a clinical social worker with 11 years of experience working with survivors of traumatic events who has spent 3 years

researching the ideas outlined in the contextual framework. She has a great deal invested in seeing the outcomes of this work represent the model. For these reasons, a number of steps were taken to limit the bias of this work including using multiple code checkers, participant feedback, stakeholder review, and descriptive statistics. Additionally, it is important to note that the model itself is not being tested because of the bias inherent with the type of qualitative methodology used. Instead, each individual construct is explored to identify differences and similarities that will then be addressed in future work with larger sample sizes and methods with greater neutrality. Finally alternative perspectives for the findings were addressed within each construct area. Even though these steps were being taken to minimize researcher bias, it is inherent and ever present in this work.

CHAPTER 4

RESULTS

In order to study some of the underlying concepts discussed in the conceptual model (figure 2.1), this qualitative phenomenological dissertation addresses two questions; first, what are the differences and similarities in the way men and women cognitively assess traumatic events and second, how do differences and similarities in gender based societal roles and gender specific expectations of others play a part in trauma recovery. Specifically, this study addresses gender differences and similarities in relation to the cognitive factors (a) appraisal of trauma and (b) appraisal of actions during event as well as the social factors (a) social roles and (b) perception of societal expectations in the weeks after experiencing a violent crime. Results of the coding process extrapolated a large a number of themes from each of the cognitive and social areas studied. To limit the scope of this manuscript, only the most apparent themes are addressed. The differences and similarities that emerge from the primary themes of each construct area can be used in future research endeavors that explore the conceptual model in greater detail.

4.1 Trauma Reactions

One of the most important things to consider when discussing reaction to traumatic events is that it is normal and expected to have a whole range of reactions including feeling bad, problems sleeping, feeling on edge, and a myriad of other behaviors and feelings that are addressed in handout 1 (appendix B). For most people, these reactions start to dissipate after a few weeks, eventually disappearing. However, for some, these reactions do not go away. Women are more likely to be in this group than men (Andrews, et al., 2003; Breslau, 2002; Brewin, et al, 2004).

The current study begins to determine gender specific cognitive and social factors that may affect recovery from trauma. To do so, PTSD diagnostic reactions are explored but, not diagnosed. Instead, reactions are differentiated into three classifications; (1) denies reactions, (2) typical reactions, and (3) concerning reactions. Participants who are classified into the category “denies reactions” deny experiencing symptoms in the *trauma symptom* portion of the interview (appendix C, questions 9, 10, and 11). Of the 7 individuals who are identified as being in this category, 1 (7.1%) is a woman and 6 (42.9%) are men. Individuals who are classified as “typical reactions” discuss having trauma symptoms but both (a) deny they causing problems in their lives and (b) report they were subsiding. Of the 17 individuals who are identified to be in this category, 9 (64.3%) are women and 8 (57.1%) are men. Individuals who are classified as “concerning reactions” discuss having trauma symptoms and either (a) state they are causing problems in their lives or (b) report they are not subsiding. Of the 4 individuals who are identified to be in this category, 4 (28.6%) are women and none

(0.0%) are men. All of the participants, regardless of symptom classification, were given informational handouts following the interview and encouraged to contact the Victim's Assistance Program for professional support.

Table 4.1 Trauma Reactions and Symptoms

Symptoms	Women	Men
Deny reactions (symptoms)	1 (7.1%)	6 (42.9%)
Typical reactions (TR)	9 (64.3%)	8 (57.1%)
TR - Reexperiencing	9 (64.3%)	8 (57.1%)
TR – Avoidance	7 (50.0%)	5 (35.7%)
TR - Arousal	9 (64.3%)	5 (35.7%)
Concerning reactions (CR)	4 (28.6%)	0 (0.0%)
CR - Reexperiencing	4 (28.6%)	0 (0.0%)
CR – Avoidance	4 (28.6%)	0 (0.0%)
CR - Arousal	4 (28.6%)	0 (0.0%)

4.2 The Cognitive Factor, Appraisal of Trauma

Appraisal of the trauma refers to the degree to which the participant feels the event was good or bad. Through the coding process, four primary themes emerge from the trauma narratives. The first to come to light is differences in how the event is classified as traumatic or not traumatic, scary or not scary. The second is how the individual believes the event is comparable to other events they have experienced in their life. The third is differences in how the participant feels the trauma affected their life (e.g. for the better, for the worse, or not at all). Finally, participants discuss appraising their experience in relation to how inevitable they feel/felt it is/was that they would be the victim of a crime.

4.2.1 Definition of the Event

The first theme to emerge regarding the construct *appraisal of trauma* is qualitative differences in how women and men view the event. Most of the men do not view the event as being traumatic or scary. For example participant 1B states, “No, I mean, I guess I deal with things in all different ways, but this is a pretty good experience, oh, not a good experience, but it wasn’t like a traumatic experience and that doesn’t bother me at all.” Likewise participant 12B observes, “It was not a traumatic event for me and it’s certainly something I didn’t want to experience... but traumatic, no.” Three of these men held this view even though they also believed their life was in jeopardy, during the event they thought they were going to die. Even those men who do view the event as traumatic (4 of 14 or 28.6%) qualify this view. For example participant 8B explains, “It was a fairly traumatic event but also I am the same, I didn’t really thought of it as a real horrible thing.” He then went on to say, “Yeah, I’d still call it traumatic just because of how intense of a situation it was, but as far as having kind of like traumatic repercussions on me emotionally or psychologically, no I wouldn’t really say it’s been traumatic in that sense.” Conversely, all of the women (14 of 14 or 100%) view the event as traumatic and/or scary. As participant 2A describes, “it was scary... it was scary... I thought ‘Oh God,’ and then I thought ‘it’s Halloween and these people are just playing,’ No, they’re really not, it is really traumatizing...”

Table 4.2 View Of Event

Appraisal	Total	Denies Reactions	Typical Reactions	Concerning Reactions
Women				
Views event as traumatic	14 (100%)	1 (7.1%)	9 (64.3%)	4 (28.6%)
Does not view event as traumatic	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Views event as scary	14 (100%)	1 (7.1%)	9 (64.3%)	4 (28.6%)
Does not view event as scary	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Men				
Views event as traumatic	4 (28.6%)	0 (0.0%)	4 (100%)	0 (0.0%)
Does not view event as traumatic	10 (71.4%)	6 (60.0%)	4 (40.0%)	0 (0.0%)
Views event as scary	3 (21.4%)	0 (0.0%)	3 (100%)	0 (0.0%)
Does not view event as scary	11 (78.6%)	6 (54.5%)	5 (45.5%)	0 (0.0%)

4.2.2 Compared To Other Events

The second theme to emerge from the construct *appraisal of trauma* is how participants view the experience in relation to other events they have experienced in their lives. For most of the women (9 of 14 or 64.3%) and some of the men (3 of 14 or 21.4%), the crime experience was considered “bad” compared to other events in their lives. As participant 2A explains, “I don’t know... I have never been a victim of any crime before. I don’t know if there is anything I could have compared it to or anything.” Conversely, for most of the men (11 of 14 or 78.6%) and some of the women (5 of 14 or 35.7%), the experience was considered to be “not as bad” as other events in their lives. When talking about being assaulted in his car participant 7B notes “this is a minor incident that doesn’t affect me that much.” Likewise, participant 12A

clarifies, “Well, you know, I’ve had things worse in my life than what happened here the other day.”

Table 4.3 Compared To Other Events

Compared to other life events	Total	Denies Reactions	Typical Reactions	Concerning Reactions
Women				
It was bad	9 (64.3%)	0 (0.0%)	5 (55.6%)	4 (44.4%)
It was not that bad	5 (35.7%)	1 (20.0%)	4 (80.0%)	0 (0.0%)
Men				
It was bad	3 (21.4%)	0 (0.0%)	3 (100%)	0 (0.0%)
It was not that bad	11 (78.6%)	6 (54.5%)	5 (45.5%)	0 (0.0%)

4.2.3 Affect On Life

The third theme to emerge from the construct *appraisal of trauma* is how the experience affects the participant’s life (e.g. for the better, for the worse, or not at all). Half of the men (7 of 14 or 50.0%) and some of the women (2 of 14 or 14.2%) feel the event changed their life for the better. For example, participant 6B believes the crime was the impetus to quit his job and find a better place to live. Similarly, participant 8A believes the experience has helped her to reach out and help others.

I really feel this experience gave us a chance to kind of talk to people and tell them, this does happen, it’s not like in the movies where it happens to big criminals and stuff like that, it happens everyday to kids like us, you know.

Conversely, over half the women (8 of 14 or 57.1%) and some of the men (2 of 14 or 14.2%) feel the event changed their life for the worse. Participant 14A makes this clear,

“It’s taken a big chunk out of my life... that’s affected me.” Participant 5A feels the same way, “I am not the same happy person I used to be when I used to go to work before all that happened. It put a big hole in my life.” Finally, some of the men (5 of 14 or 35.7%) and some of the women (4 of 14 or 28.6%) feel the event did not affect their lives in any way. When talking about being carjacked at gunpoint, driven around for an hour and told he was going to be shot, participant 1A explains, “I don’t know why I don’t feel emotional about it; I guess I should feel some kind of emotion, but I don’t. I don’t know if that’s a good thing or bad thing. I don’t think it has changed me in any way”

Table 4.4 Affect On Life

Event has changed life	Total	Denies Reactions	Typical Reactions	Concerning Reactions
Women				
For the better	2 (14.2%)	0 (0.0%)	2 (100%)	0 (0.0%)
For the worse	8 (57.1%)	0 (0.0%)	4 (50.0%)	4 (50.0%)
Not in any way	4 (28.6%)	1 (25.0%)	3 (75.0%)	0 (0.0%)
Men				
For the better	7 (50.0%)	2 (28.6%)	5 (71.4%)	0 (0.0%)
For the worse	2 (14.2%)	0 (0.0%)	2 (100%)	0 (0.0%)
Not in any way	5 (35.7%)	4 (80.0%)	1 (20.0%)	0 (0.0%)

4.2.4 Crime Just Happens

The fourth theme to emerge from the construct *appraisal of trauma* is how inevitable the participant feels it is that they would be the victim of a crime. Most of the men (8 of 14 or 57.1%) and some of the women (1 of 14 or 14.2%) believe crime

just happens in society. It was inevitable that it would eventually happen to them.

Participant 4B explains this belief rather clearly.

I mean it's kind of common. As I said, my girlfriend got robbed a couple of months ago and it just happens. People just get robbed, punched, beat-up, jumped, or something like that. It just happens... It happens around here a lot, to the majority of people and so, it just happens

Conversely, most of the women (12 of 14 or 85.7%) and some of the men (6 of 14 or 42.9%) knew crime happened, they just never thought it would happen to them. As participant 1A explains, "I mean it's a scary feeling, because you don't go out thinking that's going to happen to you, and when it does, you are more cautious and watch your surroundings." Likewise, participant 8A talks about how she always thought crime happened to other people, not her.

You always have that mindset that it's not going to happen to me, it happens to people who are in lower status than I am, and like people who are doing drugs, or you think that it is going to happen to just bad people.

Table 4.5 Crime Just Happens

Compared to other life events	Total	Denies Reactions	Typical Reactions	Concerning Reactions
Women				
Knew they would be the victim of crime sometime, it was inevitable	2 (14.2%)	1 (50.0%)	1 (50.0%)	0 (0.0%)
Didn't think they would ever be a crime victim, it couldn't happen to them	12 (85.7%)	0 (0.0%)	8 (66.7%)	4 (33.3%)
Men				
Knew they would be the victim of crime sometime, it was inevitable	8 (57.1%)	4 (50.0%)	4 (50.0%)	0 (0.0%)
Didn't think they would ever be a crime victim, it couldn't happen to them	6 (42.9%)	2 (33.3%)	4 (66.7%)	0 (0.0%)

4.2.5 Gender Differences

Men and women qualitatively appraise their crime experience differently. The women in this study are more likely than men to view their experience as traumatic (100% of women verses 28.4% of men), view the experience as scary (100% of women verses 21.4% of men) and, say the experience was bad compared to other things that have happened in their lives (64.3% of women verses 21.4% of men). Conversely, men are more likely than women to say the event had no affect on their life (35.7% of the men and 28.6% of the women) or changed life for the better (50.0% of men verses 14.2% of women). Finally, men are more likely to talk about crime as something that just happens in society knowing that it would eventually happen to them (57.1% of men verses 14.2% of women) whereas women are more likely to think it won't happen to them (42.9% of men verses 85.7% of women).

4.3 The Cognitive Factor, Appraisal of Actions

Appraisal of actions during the event refers to the subjective way the individual feels about their behavior during the crime experience. Through the coding process two primary themes emerge from the trauma narratives. The first is related to how the individual interacted with the assailant by cooperating, fighting back, or running away. The second is related to how the individual affectively responded at the time of the event by either remaining calm or responding emotionally. With both of these themes, differences are found in how men and women qualitatively view their actions as being either good or bad, right or wrong. Similarly, gender differences are found in the relationship between the participant's actions, their qualitative assessment of these actions and their trauma symptoms.

4.3.1 Interacting With the Assailant

The first theme to emerge from the construct *appraisal of actions* is the way the participant interacted with the assailant. Three approaches are taken when talking about this theme. First, 13 (46.4%) participants discuss cooperating with the assailants, not fighting back. Second, 8 (28.6%) participants discuss defending themselves by fighting back in some way. Third, 7 (25.0%) participants discuss having no direct interaction with their assailant; neither cooperating nor fighting back. Contradicting reports about whether the participant believes their behavior was correct or not also emerges from this theme. Interestingly, more of the men believe that taking action against the assailant was the correct behavior and more of the women believe that cooperating with the assailant or fleeing the scene was the correct behavior.

Table 4.6 Interaction with the Assailant

Action	Total	Glad they did	Wish they didn't
Women			
Cooperated	8 (57.1%)	8 (57.1%)	0 (0.0%)
Fought back	1 (7.1%)	1 (7.1%)	0 (0.0%)
No interaction	5 (35.7%)	5 (35.7%)	0 (0.0%)
Men			
Cooperated	5 (35.7%)	2 (14.3%)	3 (21.4%)
Fought back	7 (50.0%)	6 (43%)	1 (7.1%)
No interaction	2 (14.3%)	0 (0%)	2 (14.3%)

4.3.1.1 Cooperating with the Assailant

The first approach participants take when discussing their interactions with the assailant is cooperating (e.g. doing what the assailant wants). As participant 2B describes, “I just instantly submitted to what he wanted me to do.” Likewise, participant 11A explains, “I think I handled myself well all the way around, gave them everything they wanted, I was not going to fight with them.” Of the 14 participants who discuss cooperating with the assailant(s), 8 are women and 6 are men. What is interesting is that all 8 of the women (100%) and 2 of the 5 men (40.0%) who discuss cooperating believe it was the right thing to do. As participant 2A reports, “so I don’t view myself in anyway... I just thank God I didn’t do anything stupid.” Likewise participant 11A explains,

I think what happened everybody did the right thing... Nobody tried to be brave, nobody tried to call the cops because I think they came in, got what

they wanted, and they got it and left and didn't hurt anybody. And I thought if somebody would have tried to call the cops, you don't know what they were going to do, run out or plan to take someone hostage or something. I would have been the one because I am pregnant, I'm glad nobody tried to be brave. But I think I handled myself well all the way around, gave them everything they wanted.

However, not all of those participants who cooperated are glad they did, 3 of the 5 men (60.0%) who reported to cooperate also discuss how they wish they would have somehow behaved differently. The same individual who instantly submitted in the earlier statement (participant 2B) clarifies his feelings.

That night when it happened, yeah I wanted to rewind the whole day and pause it to where he walked in, and just go off. I wish I had beat the living shit out of every single one of those mother-fuckers.

Likewise, another man who was robbed while working at a store (participant 8B) was told during job training that when in a robbery situation, employees who did not cooperate with robbers will be fired. For this reason, during the robbery, he cooperated and did not fight back. However in his narrative he discusses wishing he had somehow done so stating; "and then there's things that I wish I would, I know that... in a moral sense I didn't do the right thing... it's just personal things, personal feelings on my own that I wish I had done." He then went on to discuss the size of the assailant stating that he "could have taken him over."

Table 4.7 Cooperated With Assailant

Action	Total	Denies Reactions	Typical Reactions	Concerning Reactions
Women				
Cooperated Total	8 (57.1%)	1 (12.5%)	5 (62.5%)	2 (25.0%)
Cooperated, Glad they did	8 (57.1%)	1 (12.5%)	5 (62.5%)	2 (25.0%)
Cooperated, Wish they hadn't	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Men				
Cooperated Total	5 (35.7%)	2 (40.0%)	3 (60.0%)	0 (0.0%)
Cooperated, Glad they did	2 (14.3%)	2 (100%)	0 (0.0%)	0 (0.0%)
Cooperated, Wish they hadn't	3 (21.4%)	0 (0.0%)	3 (100%)	0 (0.0%)

4.3.1.2 Self Defense Through Fighting Back

The second approach participants take when discussing their interactions with the assailant is to defend themselves through fight back (e.g. either overtly fighting the assailant or cooperating with the assailants as a means to turn the tables and get the upper hand). When discussing being attacked while leaving a bar participant 5B states “my defense mechanisms set in.” Likewise, participant 7B explains “all I could think of was mounting some sort of defense because the guy was acting like he was going to climb in the car.” Both of these men defended themselves and their attacker ran away.

Of the 8 (28.5%) participants discussing self-defense and/or fighting back, 1 was a woman (12.5%) and 7 were men (87.5%). It is interesting to note that 7 (87.5%) of the individuals (6 men and 1 woman) who fought back were glad they did and even a little proud of their actions. Participant 1B cooperated with the carjackers but feels he

fought back by remaining in control explains, “I had the upper hand... I was calm... I talked myself out of it... I was in control.” Likewise Participant 6B confronted two individuals breaking into his car stating “my wife thinks I shouldn’t have gone out to confront them but I would go out and confront them again.” Only one of the individuals who fought back regrets his decision. Clarifying his actions participant 12B states, “confronting the attacker was stupid... it was the wrong choice... I was just naive and dumb for letting it escalate the way it did.”

Table 4.8 Self Defense Through Fighting Back

Action	Total	Denies Reactions	Typical Reactions	Concerning Reactions
Women				
Fought back	1	0	0	1
Total	(7.1%)	(0.0%)	(0.0%)	(100%)
Fought back	1	0	0	1
Glad they did	(7.1%)	(0.0%)	(0.0%)	(100%)
Fought back	0	0	0	0
Wish they hadn’t	(0.0%)	(0.0%)	(0.0%)	(0.0%)
Men				
Fought back	7	3	4	0
Total	(50.0%)	(42.9%)	(57.1%)	(0.0%)
Fought back	6	2	4	0
Glad they did	(42.9%)	(33.3%)	(66.7%)	(0.0%)
Fought back	1	1	0	0
Wish they hadn’t	(7.1%)	(100%)	(0.0%)	(0.0%)

4.3.1.3 No Interaction with the Assailant

The third approach participants take when discussing their interactions with the assailant is to not interact, they neither cooperated nor fought back (e.g. the assailant attacked and either they or the assailant ran away). In 6 of the 7 instances where participants discussed this type of non-interaction with the assailant, they reported to run for cover or safety. For example, participant 9A states “I was anxious, nervous,

there was the fight or flight response...” she chose flight. Likewise, participant 3A talks about her reaction to a drive by shooting of her truck.

I was outside and I felt shooting occurring out in front of my truck, and I was there in the parking lot, and one of them had a black gun, and the first car was leaving and next thing I know, I mean gun shots started going off and my truck got hit and I was standing at the back of my truck, and I just started running back into the apartment.

Of the 7 participants who discussed this form of response (25.0%), 5 are women (71.4%) and 2 are men (28.6%). All 5 of the women feel it was the only course of action they could take at the time. However, both of the men discuss wishing they had somehow responded differently at the time of the attack. Participant 10B explains this feeling when talking about being assaulted while a passenger in his car. At the first sign of trouble his wife sped away leaving the attacker behind.

I wanted her to turn around, so I can get a good look at the people but she didn't want to.... I just wish I would have seen who did it and then been able to point out where they were running, towards the apartment or to a general location.

Table 4.9 No Interaction with the Assailant

Action	Total	Denies Reactions	Typical Reactions	Concerning Reactions
Women				
No interaction	5	0	4	1
Total	(35.7%)	(0.0%)	(80.0%)	(20.0%)
No interaction	5	0	4	1
Glad they did	(35.7%)	(0.0%)	(80.0%)	(20.0%)
No interaction	0	0	0	0
Wish they hadn't	(0.0%)	(0.0%)	(0.0%)	(0.0%)
Men				
No interaction	2	1	1	0
Total	(14.3%)	(50.0%)	(50.0%)	(0.0%)
No interaction	0	0	0	0
Glad they did	(0.0%)	(0.0%)	(0.0%)	(0.0%)
No interaction	2	1	1	0
Wish they hadn't	(14.3%)	(50.0%)	(50.0%)	(0.0%)

4.3.1.4 Connection Between Interaction and Reaction

There is a connection between the way the individual interacted with the assailant (cooperated, fought back, or no interaction) and the reaction they discuss having to the event. Of the 8 women who cooperated, 1 (12.5%) denies having a reaction, 5 (62.5%) report having a typical reaction and 2 (25.0%) report having a concerning reaction. Of the 5 women who discuss no interaction, none (0.0%) deny having a reaction, 4 (80.0%) report having a typical reaction and 1 (20.0%) report having a concerning reaction. The remaining woman discusses fighting back, defending herself and reports having concerning reaction to the event. Of the 5 men who cooperated, 2 (40.0%) deny having a reaction, 3 (60.0%) report having a typical reaction and none (0.0%) report having a concerning reaction. Of the 7 men who discuss fighting back, 3 (42.9%) deny having a reaction, 4 (57.1%) report having a typical reaction and none (0.0%) report having a concerning reaction. Of the 2 men who

discuss no interaction, 1 (50.0%) deny having a reaction, 1 (50.0%) report having a typical reaction and none (0.0%) report having a concerning reaction.

4.3.1.5 Actively Defended Themselves

Understanding participant behavior at the time of the event in terms whether they actively defended themselves (e.g. fought back) or did not (e.g. cooperated or were unable to interact) is an alternate way to conceptualize the same information addressed in the preceding section, “*interacting with the assailant.*” Of the male participants 7 (50.0%) acted against the assailant while 5 (35.7%) did not and wish they had. This is in sharp contrast to the one female (7.1%) participant who fought back with none reporting that they wish they had.

Table 4.10 Action Verses Inaction

Behavior	Women	Would not change	Would change their
		their behavior	behavior
		Women	
Defense: fought back	1 (7.1%)	1 (100%)	0 (0.0%)
No defense: cooperation or flight	13 (92.9%)	13 (100%)	0 (0.0%)
		Men	
Defense: fought back	7 (50.0%)	6 (85.7%)	1 (14.2%)
No defense: cooperation or flight	7 (50.0%)	2 (28.6%)	5 (71.4%)

4.3.2 Affective Reactions

The second theme to emerge from the construct *appraisal of actions* is how the participant affectively responded at the time of the event. Three distinct actions are addressed when talking about this theme. The first is not acting emotionally, remaining

calm through the entire event. The second is crying at some point during the event. The third is getting angry during the event. Those individuals reporting to either cry or get angry also discuss remaining calm for some or most of the event. However, for a period during the crime experience (commission to reporting), they talk about having an affective reaction. From these themes, differences in how men and women qualitatively view their affective reactions as either “okay” or “not okay” emerge.

Sharp gender distinctions appear when looking at the participant’s affective reactions during the event. Most of the women (9 of 14 or 64.3%) discuss crying at some point during the event while none of the men (0 of 14 or 0.0%) report similar behavior. Participant 11A who was robbed while working at a restaurant explains, “Yeah I was not embarrassed or nothing. I was freaking out, I was crying.” In discussing the reporting of a “road rage” related assault participant 7A states, “while the police were there doing their report, I came unglued... I think he said I just sort of made this strange noise and all of a sudden the damn broke.” Contrastingly, most of the men either deny affective experience in their trauma narratives (8 of 14 or 57.1%) while only 2 of the women (14.3%) deny experiencing an affective reaction. Participant 8B, a 19-year-old male robbed at gunpoint says, “you think you will get scared and start screaming but, I didn’t.” It is important to note that both of the women who deny affective response are in leadership positions at their place of employment which, consequently, is also where the crime occurred. Finally, some of the men discuss getting angry during the course of events (3 of 14 or 21.4%) while none of the women (0 of 14 or 0.0%) discuss similar experiences. Interestingly, of the 9 women who

reported crying during the event, 4 (44.4%) discuss getting angry in the following days and weeks. For example, when talking about having to replace the contents of her stolen wallet participant 2A explains, "... after that I was like, I'm really pissed off now. I'm really pissed off." She then went onto discuss having to replace her drivers license and other identification from her wallet. Another interesting result is that all of the participants, regardless of affective reaction, believe their reaction was acceptable. None were embarrassed or ashamed about how they responded during the event.

Table 4.11 Affective Behavior

Action	Women	Women Reaction was okay	Men	Men Reaction was okay
Affect denied	2 (14.3%)	2 (14.3%)	8 (57.1%)	8 (57.1%)
Cried	9 (64.3%)	9 (64.3%)	0 (0.0%)	0 (0.0%)
Anger	0 (0.0%)	0 (0.0%)	3 (21.4%)	3 (21.4%)
Not discussed	3 (21.4%)	0 (0.0%)	3 (21.4%)	0 (0.0%)

4.3.3 Gender Differences

Men and women participants differently appraise what the correct action during the crime event was. The women in this study are more likely than men to believe that cooperating with the assailant or fleeing from the scene is the correct thing to do (92.9% of women verses 28.6%). Conversely, the men in this study are more likely to believe that defending them self or somehow fight back is the correct thing to do (71.4% of men verses 7.1% of women). Additionally, most of the women (9 of 14 or 64.3%) discussed

responding to the event by crying and are not ashamed of it whereas none of the men (0 of 14 or 0.0%) discussed similar behavior.

4.4 The Social Factor, Social Roles

Social roles are defined as “a social norm that is attached to a given social position that dictates reciprocal action” (Barker, 1999, p. 417). For purposes of this research, social roles include any social position the participants discuss, for example, caretaker, worker, and breadwinner. Five distinct themes emerge from the coding process. The first theme relates to the responsibilities the participants feel they have with those whom they are the closest (e.g. caretaker, provider, and/or protector). The second theme connects job satisfaction with the support employers provide following the experience. The third theme links level of leadership responsibility to trauma reactions. The fourth theme deals with changing relationships and changing responsibilities. From each of these categories distinct differences emerge in how women and men discuss the roles that affect their lives and their recovery.

4.4.1 Responsibility to Loved Ones

The first theme to emerge from the construct *social roles* is that of the responsibility participants feel to their loved ones. Three distinct areas of responsibilities are addressed within the trauma narratives: caretaker, provider, and protector. From each of these areas, gender differences arise that then connect to trauma symptoms. An alternative perspective of this theme is to look for the responsibility themes within the trauma reaction categories. By looking at this theme from a variety of perspectives, differing connections are found.

Table 4.12 Responsibility To Loved Ones

Responsibility	Total	Denies	Typical	Concerning
	Women	Reactions	Reactions	Reactions
	Women			
Caretaker	11 (78.6%)	0 (0.0%)	8 (72.7%)	3 (27.3%)
Provider	7 (50.0%)	0 (0.0%)	4 (57.1%)	3 (42.9%)
Protector	1 (7.1%)	0 (0.0%)	1 (100%)	0 (0.0%)
Caretaker and Provider	7 (50.0%)	0 (0.0%)	4 (57.1%)	3 (42.9%)
Caretaker and Protector	1 (7.1%)	0 (0.0%)	1 (100%)	0 (0.0%)
Provider and Protector	1 (7.1%)	0 (0.0%)	1 (100%)	0 (0.0%)
Caretaker, Provider, and Protector	1 (7.1%)	0 (0.0%)	1 (100%)	0 (0.0%)
Denies Family Responsibilities	4 (28.6%)	1 (25%)	2 (50.0%)	1 (25%)
	Men			
Caretaker	1 (7.1%)	0 (0.0%)	1 (100%)	0 (0.0%)
Provider	7 (50.0%)	4 (57.1%)	3 (42.9%)	0 (0.0%)
Protector	8 (57.1%)	5 (62.5%)	3 (37.5%)	0 (0.0%)
Caretaker and Provider	1 (7.1%)	0 (0.0%)	1 (100%)	0 (0.0%)
Caretaker and Protector	1 (7.1%)	0 (0.0%)	1 (100%)	0 (0.0%)
Provider and Protector	7 (50.0%)	4 (57.1%)	3 (42.9%)	0 (0.0%)
Caretaker, Provider, and Protector	1 (7.1%)	0 (0.0%)	1 (100%)	0 (0.0%)
Denies Family Responsibilities	6 (42.9%)	2 (33.3%)	4 (66.7%)	0 (0.0%)

4.4.1.1 Caretaker Responsibilities

The first area participants discuss in relation to responsibilities to loved ones is that of a caretaker, (e.g. caring for children and/or disabled relatives). Most of the women (11 of 14 or 78.6%) and one of the men (1 of 14 or 7.1%) discuss having caretaker responsibilities. Participant 2A explain this well.

I have so much responsibility, I am a mother, I am a wife, I mean, I do everything for my husband, I do everything for my daughter and it is like, I am the one who deals with financial stuff, I am the one who deals with the emotional stuff, I am the one who does everything, when my daughter cries or she wakes up in the middle of the night, I am the one that's right there.

Of the 11 women who discuss caretaker responsibilities 8 (72.7 %) also report typical reactions to the event and 3 (27.3%) also report concerning reactions to the event. The one man discussing caretaker responsibilities reports a typical reaction to the event.

4.4.1.2 Provider Responsibilities

The second area participants discuss in relation to responsibilities to loved ones is that of provider, (e.g. being the primary individual who brings money into the home). Half of the women (7 of 14 or 50.0%) and half of the men (7 of 14 or 50.0%) discuss being the provider for their family. Participant 5A explain this well.

Yeah! I am trying to do my best because my grandma, she is diabetic and I try to help as much as I can with the bills and stuff and I am not

making enough. I try and make the money stretch and do what I can. I am the only one working in my house so...

Interestingly, all of the women discussing provider responsibilities (7 of 7 or 100%) and none of the men of discussing provider responsibilities (0 of 7 or 0%) also discuss having caretaker responsibilities. Of the 7 women who discussed having provider responsibilities, 4 (57.1%) report typical reactions to the event and 3 (42.9%) report concerning reactions to the event. Of the 7 men who discuss caretaker responsibilities 4 (57.1%) deny having reactions to the event and 3 (42.9%) report typical reactions to the event.

4.4.1.3 Protector Responsibilities

The third area participants discuss in relation to responsibilities to loved ones is that of a protector, (e.g. shielding family members from harm). One of the women (1 of 14 or 7.1%) and over half of the men (8 of 14 or 57.1%) discuss being a protector. As participant 6B states, "...because that's what I am, I am just going to try and protect, especially now I am going to protect my wife and our baby." Likewise, participant 8B states "from the whole standpoint of being her boyfriend, you want to be able to protect her as much as you can, so you know." It is also of interest to note that the one women (1 of 1 or 100%) and most of the men who discuss protector responsibilities (7 of 8 or 87.5%) also discuss having provider responsibilities. Similarly, of all 28 participants, only one of the women (7.1%) and one of the men (7.1%) discuss all three areas of responsibilities; caretaker, provider, and protector.

4.4.1.4 Alternate View

An alternate view of the responsibilities to loved one's theme is to look for the responsibilities themes within the trauma reaction categories. By changing this perspective, robust connections are found. Of the 9 women reporting typical reaction to the trauma, 8 (88.9%) discuss caretaker responsibilities, 3 (33.3%) discuss provider responsibilities, 3 (33.3%) discuss caretaker and provider responsibilities, 1 (11.1%) discusses protector responsibilities, and 1 (11.1%) discusses all three responsibilities, caretaker, provider, and protector. Of the 8 men reporting typical reactions to the trauma, 1 (12.5%) discusses caretaker responsibilities, and 3 (37.5%) discuss provider responsibilities, 4 (50.0%) discuss protector responsibilities, 3 (37.5%) discuss both provider and protector responsibilities, and 1 (12.5%) discusses all three, caretaker provider, and protector responsibilities. Of the 4 women reporting concerning reactions to the trauma, 3 (75.0%) discuss caretaker responsibilities, the same 3 (75.0%) discuss provider responsibilities and none discussed protector responsibilities. It is noted that 8 of the 9 women reporting typical reactions to the trauma (88.9%) and 3 of the 4 women reporting concerning reactions to the trauma (75.0%) discuss caretaker responsibilities. Likewise, 3 of the 9 women reporting typical reactions to the trauma (33.3%) and 3 of the 4 women reporting concerning reactions to the trauma (75.0%) discuss both provider and caretaker responsibilities. Alternately, 4 of the 6 men denying reactions to the event (66.6%) and 3 of the 8 men reporting typical reactions to the event (37.5%) also report provider responsibilities.

Table 4.13 Trauma Reactions Linked to Responsibilities

Responsibility	Deny Reaction Women N=1	Deny Reaction Men N=6	Typical Reaction Women N=9	Typical Reaction Men N=8	Concern Reaction Women N=4
Caretaker	0 (0.0%)	0 (0.0%)	8 (88.9%)	1 (12.5%)	3 (75.0%)
Provider	0 (0.0%)	4 (66.6%)	3 (33.3%)	3 (37.5%)	3 (75.0%)
Protector	0 (0.0%)	4 (66.6%)	1 (11.1%)	4 (50.0%)	0 (0.0%)
Caretaker and Provider	0 (0.0%)	0 (0.0%)	3 (33.3%)	1 (12.5%)	3 (75.0%)
Caretaker and Protector	0 (0.0%)	0 (0.0%)	1 (11.1%)	1 (12.5%)	0 (0.0%)
Provider and Protector	0 (0.0%)	4 (66.6%)	1 (11.1%)	3 (37.5%)	0 (0.0%)
Caretaker, Provider, and Protector	0 (0.0%)	0 (0.0%)	1 (11.1%)	1 (12.5%)	0 (0.0%)
Denies Family Responsibilities	1 (100%)	2 (33.3%)	2 (22.2%)	4 (50.0%)	1 (25%)

4.4.2 Job Satisfaction and Employer Support

The second theme to emerge from the construct *social roles* connects job satisfaction with employer support which also affects response to trauma. Most of the women (10 of 14 or 71.4%) and most of the men (10 of 14 or 71.4%) discuss being satisfied with their employment situation. Of those who are satisfied with their employment situation, all 20 believe their employer was supportive in the days and weeks following their crime experience. For example, when discussing interactions with her supervisor, participant 12A states, “But, it has gotten a lot better because I talk to my supervisor a lot, and she helped me a lot, to deal with it. She is like, well it is not

you, everything is going to be okay.” Similarly, when talking about his employment situation participant 2B notes “the main concern of the company and me is... me... how am I doing...”

Conversely, some of the women (4 of 14 or 28.6%) and some of the men (4 of 14 or 28.6%) discuss being dissatisfied with their employment situation. Of those who are dissatisfied with their employment situation, most of the women (3 of 4 or 75.0%) and half of the men (2 of 4 or 50.0%) do not believe their employer was supportive following their experience. Participant 5A addresses this when talking about her employer.

I was really upset because when I woke up; I would expect... if anybody, my manager is responsible for me. I would expect it for him to be there, standing by my side when I woke up, instead of a dancer and a bartender. He was never there. They said, he called but it is not the same as him being there when you are responsible for me.

Likewise, participant 11B discusses not being able to take time off after the robbery.

But, like I said, our store is completely understaffed, we've got the district manager coming on Wednesday and he is already really disappointed with our store, we are trying to and its just.... I need to take a break, I just can't.

The one remaining woman and two remaining men who discuss dissatisfaction with their employment situation were unemployed at the time of their experience.

Connections between employment dissatisfaction and concerning trauma symptoms were found. All four of the women reporting dissatisfaction with their employment situation also report concerning trauma reactions (4 of 4 or 100%). Conversely, three of the men reporting dissatisfaction with their employment situation also report typical trauma reactions (3 of 4 or 75.0%) while the remaining man dissatisfied with his employment situation denies reactions to the trauma (1 of 4 or 25.0%).

Table 4.14 Job Satisfaction and Employer Support

Employment	Total Women	Denies Reactions	Typical Reactions	Concerning Reactions
Women				
Happy/content with employment situation	10 (71.4%)	1 (10.0%)	9 (90.0%)	0 (0.0%)
Unhappy with employment situation – wants change	4 (28.6%)	0 (0.0%)	0 (0.0%)	4 (100%)
Employer supportive (giving time to recover)	8 (57.1%)	1 (12.5%)	7 (87.5%)	0 (0.0%)
Employers not supportive (expect things to be same)	3 (21.4%)	0 (0.0%)	0 (0.0%)	3 (100%)
Support at work not addressed or not applicable	3 (21.4%)	0 (0.0%)	2 (66.7%)	1 (33.3%)
Men				
Happy/content with employment situation	10 (71.4%)	4 (40.0%)	6 (60.0%)	0 (0.0%)
Unhappy with employment situation – wants change	4 (28.6%)	1 (25.0%)	3 (75.0%)	0 (0.0%)
Employer supportive (giving time to recover)	10 (71.4%)	4 (40.0%)	6 (60.0%)	0 (0.0%)
Employers not supportive (expect things to be same)	2 (14.3%)	0 (0.0%)	2 (100%)	0 (0.0%)
Support at work not addressed or not applicable	2 (14.3%)	2 (100%)	0 (0.0%)	0 (0.0%)

4.4.3 Leadership Responsibility

The third theme to emerge from the construct *social roles* links leadership responsibility to trauma reactions. Most of the men (9 of 14 or 64%) and some of the women (5 of 14 or 35.7%) discuss having leadership responsibilities at work, at school, in the community, and/or with friends. Of the 10 men discussing these responsibilities, half (5 of 10 or 50.0%) deny reactions to the trauma and half (5 of 10 or 50.0%) report typical reactions to the trauma. Of the 5 women discussing these responsibilities, most (4 of 5 or 80.0%) reports typical reactions to the trauma and one (1 of 5 or 20.0%) denies reactions to the trauma, none (0 of 5 or 0.0%) report concerning trauma reactions.

Looking at this from a different perspective, most of the men denying reactions to the trauma also report feeling leadership responsibilities (5 of 6 or 83.3%). Likewise, none of the women reporting concerning reactions to the trauma discuss leadership responsibilities (0 of 4 or 0.0%) whereas all of the women denying reactions to the trauma also report feeling leadership responsibilities (1 of 1 or 100%). It is interesting to note that the women discussing typical reactions to the trauma and leadership responsibilities also report fewer symptoms than those with typical reactions to the trauma and no leadership.

Table 4.15 Leadership Responsibility

Leadership	Total	Denies Reactions	Typical Reactions	Concerning Reactions
Women				
Discusses leadership responsibilities	5 (35.7%)	1 (20.0%)	5 (40.0%)	0 (0.0%)
Does not discuss leadership responsibilities	9 (64.3%)	0 (0.0%)	5 (55.5%)	4 (44.5%)
Men				
Discusses leadership responsibilities	9 (64.3%)	4 (44.5%)	5 (55.5%)	0 (0.0%)
Does not discuss leadership responsibilities	5 (35.7%)	2 (40.0%)	3 (60.0%)	0 (0.0%)

4.4.4 Changed Relationships and Changed Responsibilities

The fourth theme to emerge from the construct *social roles* deals with changed relationships and changed responsibilities. None of the men (0 of 14 or 0.0%) discuss changed relationships since the event while 4 of the women (4 of 14 or 28.6%) discuss this theme. All of the participants who discuss this theme also report concerning reactions to the trauma (4 of 4 or 100%). Similarly, none of the participants feel their responsibilities had changed as a result of the trauma (0 of 28 or 0.0%). Interestingly, participants showing concerning reactions (4 of 4 or 100%) also discussed being pushed by their responsibilities. Participant 14A explains this idea while discussing her decision to return to work after the event.

Ever since then like when I went back to work, I went back to work the next day because I felt like I was obligated to and I didn't think I was ready to but I just felt like I was obligated to.

Participant 5A discusses a similar experience when talking about her decision to return to work after the event.

I am hurt and I was taking my medication and stuff at work but I had to force myself to go back. I couldn't stay and lay around, because it was not going to help the family out. I had to do what I had to do even with migraines and everything; I just had to keep pushing... I am not going to let that take me away from my responsibilities and my job.

4.5 The Social Factor, Expectations

To expect something is to “consider obligatory, require, to presume or suppose” (Berube, p. 476). For purposes of this research, societal expectations include the expectations participants place on themselves and the expectations they perceive as being placed on them by others. The measurement instrument breaks the concept of social expectations into two distinct categories; *expectations of self* to refer to way the participant believes they should deal with the traumatic event and *perceived expectations of others* to refer to the way the participant perceives others expect them to deal with the traumatic event. This distinction continues to be important when coding the narratives. However, many of the themes that emerge from the coding process of the two concepts are interrelated. For this reason, the findings of the two related concepts are presented together.

Through the coding process four primary themes emerge. First, most of the participants discuss the expectation that they will to “be strong” and recover from their experience. Many of the men discussed this feeling as being internally driven (expectations of self) while women were more split discussing both internally (expectations of self) and externally (perceived expectation of others) driven

expectations. Second, many of the participants discuss an expectation that they can make (or force) their bad feelings and/or trauma symptoms to go away. Third, related to the second theme, gender differences emerge in whether participants believe it is alright for them to struggle to get past the event. Finally, a number of the participants discuss gender specific expectations for the way they believe men and women should (are suppose to) respond to traumatic events.

4.5.1 Being Strong

The first theme to emerge from the construct *expectations* deals with the expectation the participant perceives that they should somehow “be strong” after the event. Most of the participants (22 of 28 or 78.6%) discuss an expectation that they will “be strong” and recover. For example, participant 10A says, “I just have to be strong and cope with it.” Likewise, participant 13A states, “I am going to be strong and just go on, get back to my normal routine.” No gender differences are noted in the presence of this theme with most of the men (11 of 14 or 78.6%) and most of the women (11 of 14 or 78.6%) discussing it in some respect. However, gender differences are found in where these expectations are generated. All 11 of the men who talk about this theme (100%) discuss feeling it internally. As participant 6B explains “I need to be strong... that is the way I am dealing with it. It’s the type of person I am, I guess in the inside.” Likewise, 4 of the 11 women discussing this theme (36.4%) also discuss this expectation as being internal. Participant 2A says “I have to be strong because I am a strong a person, I was raised that way.” However, the women are more split than the men in where this expectation is coming from. Most of the women discussing this

theme (7 of 11 or 63.6%) feel external pressure (perceived expectation of others) to “be strong.” Participant 13A discusses this theme in relation to her employers.

They expect me to kind of be strong and deal with it, still be able to do my job. So I said to myself, I am going to be strong and just go in, work and try to do my normal routine and stuff.

Table 4.16 Being Strong

	Total	Denies Reactions	Typical Reactions	Concerning Reactions
Women				
Talked about the need to “be strong,” keep going, get over it	11 (78.5%)	1 (9.1%)	6 (54.5%)	4 (36.4%)
Internal influence to “be strong,” keep going, get over it	4 (28.6%)	1 (25.0%)	3 (75.0%)	0 (0.0%)
External influence to “be strong,” keep going, get over it	7 (50.0%)	0 (0.0%)	3 (42.9%)	4 (57.1%)
Did not address theme need to “be strong,” keep going, get over it	3 (21.4%)	0 (0.0%)	3 (100%)	0 (0.0%)
Men				
Talked about the need to “be strong,” keep going, get over it	11 (78.5%)	5 (45.5%)	6 (54.5%)	0 (0.0%)
Internal influence to “be strong,” keep going, get over it	11 (100%)	5 (35.7%)	6 (42.9%)	0 (0.0%)
External influence to “be strong,” keep going, get over it	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Did not address theme need to “be strong,” keep going, get over it	3 (21.4%)	1 (33.3%)	2 (66.7%)	0 (0.0%)

4.5.2 Force Bad Feelings Away

The second theme to emerge from the construct expectations deals with the belief that the participant can and will force their bad feelings away. Most of the participants (23 of 28 or 82.1%) discuss having this expectation. Participants primarily discuss this theme in terms of pushing the thoughts out of their mind and making themselves “be normal” again. Participant 2A explains this idea in her narrative.

If you allow something to sit there, dwell long enough, well, yes that's going to affect you more, and that's probably why we should put it right back there, put it in the Rolodex and don't even think about it.

Likewise, participant 2B explains a similar belief.

It affects you when you let it affect you, when you think about it. You know if you constantly dwell on it you'll fall deeper and deeper into depression. But, if you get your mind off it with extra curricular activities like games, focusing on other important things, not that'll being robbed is not important but bills are more important, getting the house cleaned, changing the kitty litter, taking out to trash, there is a whole lot more important things to do. You still need to move forward.

These feelings are discussed as being driven from both internal and external sources.

For example, participant 14A discusses this as being an external expectation.

I really cannot talk about it because my sister is like 'that's television girl you don't really feel like that, you are really not scared, you really are not having those problems.' So, I try to convince myself that I am not... it doesn't work.

Conversely, participant 8A discusses it as being an internal expectation stating "this does happen and it happened to me and I can sulk about it for a long time or I can just get over it, realize that that's life."

Table 4.17 Make Bad Feelings Go Away

Forcing symptoms / bad feelings away	Total	Denies Reactions	Typical Reactions	Concerning Reactions
Women				
Discuss feeling this	13 (92.9%)	4 (30.1%)	5 (38.5%)	4 (30.1%)
Denying they have symptoms or are upset	1 (7.1%)	0 (0.0%)	1 (100%)	0 (0.0%)
Men				
Discuss feeling this	10 (71.4%)	2 (20.0%)	8 (80.0%)	0 (0.0%)
Deny they have symptoms or are upset	4 (28.6%)	4 (100%)	0 (0.0%)	0 (0.0%)

4.5.3 Okay or Not Okay to Struggle

The third theme to emerge from the construct *expectations* deals with the participants belief regarding whether it is or is not alright for them to struggle with memories, feelings, thoughts and/or other symptoms after their experience. All of the men (14 of 14 or 100%) believe it would be wrong to have problems moving past their experience. When asked about this topic participant 1B explains, “It’s okay for other people to take similar things badly but it’s not okay if I take this badly.” Similarly, participant 6B states “if I was struggling to get past it I would have thought that there is something wrong with me.” This is true for those who are having trouble getting past the event and those who are not. Participant 11B reports that having symptoms he is experiencing “is wrong, because it is not normal. I didn’t have these before, so....” Whereas, participant 7B does not report having a reaction to the trauma stating “you don’t, I hope, let it affect your life. I would be really worried if I was, but no, I am not.” Differently, women are split regarding whether it is or is not alright for them to struggle memories, feelings, thoughts and/or other symptoms. Half of the women (7 of 14 or 50.0%) believe it is fine and

normal to feel that way. As participant 10A explains, “it’s okay to admit when you’re upset, everyone reacts differently. The other half (7 of 14 or 50.0%) believe it is not alright. As participant 2A states, “people who get upset can’t control it, I need to control it.”

Table 4.18 Okay or Not Okay to Struggle

Expectation	Total	Denies Reactions	Typical Reactions	Concerning Reactions
Women				
It is not alright if they struggled to get past the event	7 (50.0%)	1 (14.2%)	2 (28.6%)	4 (57.1%)
It is alright if they struggled to get past the event	7 (50.0%)	0 (0.0%)	7 (100%)	0 (0.0%)
Men				
It is not alright if they struggled to get past the event	14 (100%)	6 (42.9%)	8 (57.1%)	0 (0.0%)
It is alright if they struggled to get past the event	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)

4.5.4 Stereotypical Expectations

The fourth theme to emerge from the construct *expectations* deals with the participants’ discussion of stereotypical expectations about showing fear and emotion. Two of the female participants talk about how many women feel they can show emotion whereas many men feel they cannot. As participant 1A explains, “Men have to be strong but women are allowed to feel it.” Likewise, participant 2A notes, “it’s OK for women to cry, it’s not OK for men to cry.” Similarly, one of the women and one of the men address gender expectations related to fear. Participant 11A says “so I think with girls it’s more accepted to be scared but for guys it is not,. I think that girls are just, it’s more accepted for them to be scared...” Likewise, participant 9B states “men can deal

with it better than women” and “it is just a manly thing about it. I know I don’t have a lot of fears, I don’t fear anything really.”

In addition to statements about showing emotions some of the participants talk about gender based expectations of men while still others discussed the expectations they have for themselves in stereotypical terms. As participant 2B notes “men are suppose to be the rock, the stable one.” Similarly, participant 12B talks about how some guys need to do the “macho bit.” Participant 3B discusses feeling that women are treated differently during criminal attacks and that “women are a little bit more naïve than men.” Participant 5B is angry at the attackers “there were four of them, if they wanted to play fair or something, they could have come one at a time, but there were four... it was like, it makes you angry, as a man.” Likewise, 5 of the men do not directly talk about gender roles but implied stereotypical male responses. For example participant 4B explains “if I had acted scared or made a big deal of the robbery I would feel weak.” He then goes on to talk about how his friends would respond to him if he were to act this way saying “yeah, they would probably call me a punk or something, they’d call me weak.” Participant 11B talks about “taking the guy over” and participant 14B talks about being “Gung Ho” and taking care of himself.

4.6 In Summary

In the weeks after experiencing a violent crime men and women discuss the themes related to the four constructs explored in this study differently. Men and women take contrasting perspectives when appraising the trauma itself and the appropriate actions to take during the event. Most of the women define the event as being traumatic

and scary whereas most of the men do not. Additionally, women discuss believing that cooperating with the assailant or not interacting with the assailant is the correct action to take whereas men discuss a belief that fighting back is correct. Likewise, men and women discuss having different social roles and different expectations for their behavior. Women are more likely to discuss caretaker responsibilities whereas men are more likely to discuss provider responsibilities. From these differences, important themes emerge related to each construct area that can be explored in future theoretical and research endeavors.

CHAPTER 5

DISCUSSION

5.1 Introduction

Two questions are addressed in this dissertation. First, what are the differences and similarities in the way men and women cognitively assess traumatic events and second, how do differences and similarities in gender based societal roles and gender specific expectations of others play a part in trauma recovery. Findings of this qualitative exploratory study uncover differences in the way men and women appraise both their experience and their actions during that experience. Additionally, differences and similarities are found in the roles men and women have within their family, at work and with their friends. Finally, men and women discuss what they feel is expected of them in the weeks after experiencing a violent crime differently. Even though a large number of themes are extrapolated from each of the cognitive and social constructs studied, only the primary themes are discussed in this work. From these primary themes, implications for practice and research are also explored.

5.1.1 Trauma Symptoms

Trauma symptoms are an important factor to consider when discussing the findings because the ultimate purpose of this research is to help determine why women are at greater risk for PTSD than men. However, the small sample size and exploratory-

descriptive nature of this work make connections between the constructs explored and PTSD difficult to determine. Still, because the connections are important they are addressed throughout this narrative. Never the less, caution is noted as these connections are mostly theoretical.

5.2 Question One

In discussing the first research question, *what are the differences and similarities in the way men and women cognitively assess traumatic events*, findings are broken into the two constructs explored. The first construct contained within this question is the cognitive appraisal of the trauma. Interestingly, men and women use different perspectives when describing their view of the crime experience. The second construct contained within this question is the cognitive appraisal of the individual's actions during the crime experience. Men and women discuss their actions during the event and the appraisal of those actions differently. From these two constructs, connections to trauma recovery are made that may help to explain why women are at greater risk for developing PTSD than men.

5.2.1 Cognitive Construct, Appraisal of Trauma

When first conceptualizing the findings of the four themes that emerge from coding the *appraisal of trauma* concepts, it is helpful to think about them as dichotomous (see table 5.1). For example, the event is viewed as traumatic or not traumatic, scary or not scary. In looking at the themes in this way you can visualize that women are more likely to verbalize their appraisal of the event in unfavorable terms using powerless language (e.g. "bad," "traumatizing" or, "scary"). Conversely, men

appear to verbalize their appraisal of the event by minimizing the experience using powerful language (e.g. “it was just not that bad,” “I wouldn’t call it traumatizing,” or “I could have taken him”). These findings are congruent with much of the literature on male definition of fear. Although research in this area is preliminary, findings from those studies that have been published indicate that men report lower feelings of fear than women in similar events, like motor vehicle accidents (e.g., Ehlers, Mayou & Bryant, 1998) and child sexual assault (e.g., Rind, Tromovich & Bauserman, 1998). Additionally, a growing body of research addresses the idea that the social experience of being a man or a boy discourages both feeling and expressing fear related emotions (e.g. Brebner, 2003; Fischer & Rodriguez-Mozquera, 2001; Jakupcak, Salters, Gratz, & Roemer, 2003; Planet, Hyde, Keltner, & Devine, 2000). Instead, men tend to report more powerful feelings such as anger and less likely to report more powerless feelings such as sadness or fear (Fischer, Rodriguez-Mozquera, van Vianen, & Manstead, 2004). In appraising their crime experience, the participants in this study seem to have followed these previous findings.

At first glance these themes appear simple. However, in practice, they are rather complex and interrelated. In the current study three of the men denying that the experience was traumatic held this view even though they also believed their life was in jeopardy during the event. On the surface, it doesn’t make sense, they thought they were going to die, yet the experience wasn’t traumatic. These contradictions may be the result of the outcomes of the event. As participant 1A explains, “I just think I got away with it. Probably if I would have been wounded or something, then I would have a

different story.” Another explanation may be that the contradictions are the result of deeply embedded socialization experiences and not the actual level of danger inherent in a situation. As will be addressed in subsequent sections of this discussion, both the men and the women who participated in this study discuss receiving internal and external messages about the way they should respond to their “trauma” experience. It is likely that all of these factors interrelate, therefore resulting in the different perspectives men and women use when appraising their crime experience.

Table 5.1 Appraisal of Trauma Comparisons

Women			Men	
Traumatic	vs.		Not Traumatic	
Scary	vs.		Not Scary	
Bad compared to other events	vs.		Not bad compared to other events	
Life changed for the worse	vs.		Life not changed or changed for the better	
Never think crime will happen to you	vs.		Think crime can/will happen to you, sometime	

5.2.2 Cognitive Construct, Appraisal of Actions

As is the case with the first construct explored, to is helpful to begin conceptualizing the themes that emerge from coding *appraisal of actions* as dichotomous (see table 5.2). Men and women use different approaches when discussing their behavior during the trauma. Women participants are more likely to verbalize their actions during the event in using powerless terms (e.g. “gave them everything they wanted, I was not going to fight with them”). Conversely, men participants are more likely to verbalize their actions during the event using powerful terms (e.g. “I had the

upper hand... I was calm...,” or “I would go out and confront them again”). These findings may be linked to research related to perception of risk. For example, Smith and Torstensson (1997) found evidence that men are likely to “discount” feelings of both fear and risk. Likewise, Mesch (2000) concluded that individuals who indicate higher perception of risk demonstrate lower risk behaviors (i.e. not going out at night alone). Therefore, because men have lower fear, they may perceive that powerful actions such as fighting back and self defense are appropriate whereas women may have higher fear therefore perceiving that powerless actions such as cooperation and flight are appropriate (Mesch).

Table 5.2 Appraisal of Actions Comparisons

Women	vs.	Men
Cooperated or did not interact with assailant	vs.	Fought back and defended self against assailant
Believe cooperation and/or flight is correct response	vs.	Believe fighting back and defended self against assailant is correct response
Crying during event is okay	vs.	Remaining calm is expected

As is the case with the themes that addressed in the previous section, the themes that emerge from *appraisal of action* appear simple at first. However, in practice they are more complex and interconnected than they seem. Appraisal of actions themes appear to be closely tied to the appraisal of trauma themes. For example, most of the women participants (9 of 14 or 63.4%) discuss crying during the event and thinking that it was okay while none of the men participants discuss similar experiences. Likewise, more of the men “fought back” and defended themselves, while more of the women

cooperated with the assailant or did not interact with the assailant. Indeed, 5 of the 7 men who either cooperated or did not interact also discuss wishing they could have done something more, like fight back while none of the women discuss similar feelings. These findings are related to the ideas previously discussed about how the social experience of being a man or a boy discourages both feeling and expressing fear related emotions (e.g. Brebner, 2003; Fischer & Rodriguez-Mozquera, 2001; Jakupcak, Salters, Gratz, & Roemer, 2003; Planet, Hyde, Keltner, & Devine, 2000). Indeed one study has found that fathers reported to punish boys for expressing sadness and fear while they rewarded girls for similar expressions (Garside & Klimes-Dougan, 2002). It very well may be that from this socialization, men and women form their differing ideas about both the correct action during crime experiences and the way to appraise these experiences.

5.2.3 *Connecting Cognitive Constructs to PTSD*

Connecting the themes expressed by men and women in this study to the body of PTSD research may shed some light as to why women are at greater risk for developing PTSD than men. Specifically, the women participants discuss their appraisal of the trauma in unfavorable terms using powerless language. Some of the research on trauma reactions indicates the feeling of powerlessness is a risk factor for PTSD (Dirkzwager, Bramsen, & van der Ploeg, 2005). Indeed, cognitive behavioral theory addresses the idea changing the construct *powerless victim* improves one's mental health (Granvold, 1995). Therefore, women may be at greater risk for PTSD because of the way they appraise the event. Similarly, some of the trauma research addresses action as a protective factor. Individuals who take ownership of their role in

events such as survivors of motor vehicle accidents who consider themselves responsible (Delahanty, Herberman, Craig, Hayward, Fullerton, Ursano, & Baum, et al., 1997) and rape victims who feel empowered to take control of their lives following an assault (Frazier, & Schauben, 1994) are at reduced risk for developing PTSD.

An alternate way to view gender differences in appraisal of the trauma is that men may be able to detach themselves from the experience whereas women may take the event more personally. Expanding on already existing cognitive models, DePrince and Freyd (2002) propose a theory that women are more likely than men to experience betrayal as result of trauma. Although the underlying assertion of this theory that women are more likely than men to be perpetrated against by a caregiver or acquaintance (DePrince & Freyd) is incongruent with the current work, the idea that women may take the event more personally and somehow feel betrayed in an interesting conceptualization of this theme. It is entirely possible that differences in the way men and women internalize the event (being detached verses talking it personally) becomes apparent in both in the way they appraise the event and how they recover.

5.3 Question Two

In discussing the second research question, how do differences and similarities in gender based societal roles and gender specific expectations of others play a part in trauma recovery, findings are broken into the two constructs explored. The first construct contained within this question is the social roles participants hold in their families, at work, and with friends. Men and women discuss different responsibilities with their loved ones yet, similar levels of job satisfaction. The second construct

contained within this question is the expectations participants both have and perceive about the way they should respond to the event. Men and women discuss similar expectations for themselves that are driven from different sources. Similarly, men and women discuss different appraisals of whether or not it is alright to struggle after the event. From these two constructs, connections to trauma recovery are made that may help to explain why women are at greater risk for developing PTSD.

5.3.1 Social Construct, Social Roles

The relationship participants have with their loved ones is the first theme that emerges from coding *social roles*. Although it is helpful to first think of the social roles participants discuss as categorical, it quickly becomes apparent that these roles are not so easily reduced. Indeed, most of the women discuss caretaker responsibilities while most of the men discuss protector responsibilities. Both men and women equally discuss provider responsibilities. Superficially this appears simple and stereotypical, women take care of others, men protect. However, in actuality, these themes are rather complex.

The construct caretaker has time and emotional implications that are qualitatively different from that of protector and/or provider. Caretaker responsibilities encompass childcare, adult care, emotional care, meal preparation, home cleaning, and all the daily family life responsibilities that are often considered mundane. Protector responsibilities encompass keeping their loved one from harm while provider responsibilities encompass making money to support the family. These three constructs although seemingly comparable, are worlds apart in relation to the time and emotional output they entail. Caretaker responsibilities simply take more time and emotional

energy than the two other family responsibilities discussed. Likewise, the responsibility protector implies the individual is protecting someone from harm. That individual is likely to provide emotional support and caretaker responsibilities as well as being “protected” while the role caretaker does not necessarily have the same implications.

In addition to caretaker responsibilities, seven of the women also discuss provider responsibilities in their families. These responsibilities of both caring for the family and providing income to the home takes added time and energy. Indeed, Gjerdingen, McGovern, & Bekker (2000) found women to have a greater total and diffusely distributed workload than men. They postulated that these heavy workloads may adversely affect women’s health and marital happiness. It is quite possible that with the roles held by women in modern society, they simply do not have the time or energy to seek out emotional support from others and/or take time for to recover after a traumatic event.

An interesting finding of the current work is the relative protective factor that being in a leadership position has for the participants. None of the individuals who discussed leadership roles at work, school or with friends showed concerning reactions to the trauma. Indeed, the women discussing typical reactions to the trauma and leadership responsibilities report fewer symptoms than women with typical reactions to the trauma and no leadership responsibilities. The literature on the differences between male and female leadership opportunities shows that women still face subtle (and not so subtle) discrimination in attaining roles with substantial authority (e.g. Eagly, 2003; Elliot & Smith, 2004; Kras, & Yonay, 2000). Therefore, it is likely that women in these positions will have personality structures that make them either inherently more able to

deal with traumatic incident or less likely to discuss these beliefs for fear of looking week. Indeed, it may even be a combination of the two.

5.3.2 Social Construct, Expectations

As was done with the two cognitive constructs explored, it is helpful to initially conceptualize the themes that emerge from coding *expectations* as dichotomous (see figure 5.3). Also, as with the cognitive construct themes, men and women use different approaches when discussing the expectations they have for themselves and feel from others in the weeks following the crime experience. First, men and women discuss the expectation that they will be strong and deal with the event as coming from different places, internal vs. external. Second, women discuss the idea of struggling to get past the trauma as being okay and normal while men seem to feel it is not okay. From these two themes, connections to PTSD are made.

Table 5.3 Expectation Differences

Women	Men
Feels others expect them to be strong	Internally expects self to be strong
It's okay to struggle	It's not okay to struggle

The first apparent difference notes in coding *expectations* is the way men and women describe the expectation they will “be strong” and recover from the event. Women appear to receive these messages from external sources in the days following the event while men appear to internally feel the same messages. From earliest childhood men are trained to suppress emotional distress and resist asking for help (Brooks, 1998). It is quite possible that women in caretaker and provider roles are being told that they need to keep going because others see that they are struggling to meet their responsibilities at home and work while men may not be willing to show others they are having problems. An inverse way to look at this construct is that after experiencing a traumatic event women are hearing the messages for the first time that men have consistently heard throughout their lifetime. Therefore, women discuss the messages as being from others while men have internalized them to such an extent that they no longer see them as coming from other sources. Either way, some of the women participants perceive these messages differently than the men participants.

The second difference is the way men and women describe the acceptability of having problems after their crime experience. Women appear to believe it is alright to struggle while men do not. These findings are similar to those found with *appraisal of trauma* and *appraisal of actions* constructs. It is quite possible that because the social experience of being a man or a boy discourages both feeling and expressing fear related emotions (e.g. Brebner, 2003; Fischer & Rodriguez-Mozquera, 2001; Jakupcak, Salters, Gratz, & Roemer, 2003; Planet, Hyde, Keltner, & Devine, 2000) it would also discourage the belief that experiencing symptoms after a crime event was acceptable.

Therefore men discuss the belief that typical symptoms people experience following a trauma are not alright to have while women discuss the opposite.

5.3.3 Connecting Social Constructs to PTSD

Connecting the two social constructs outlined to trauma literature is difficult because only a few previous studies have included concepts related to the manner in which the challenges of being a female impact the level of stress women feel during and after traumatic events (e.g., Kelly, Herzog-Simmer & Harris, 1994; Solomon, 2002; Wagner, Wolfe, Rotnitsky, Proctor and Erickson, 2000). Even though none of these studies identified made social roles and or societal expectations a main, or even a major part of their methodological design, two make notations that are relevant to the current finding that most of the women participants identify caretaker responsibilities in their lives whereas only one of the men identifies such a role. The first implies that parenting adds stress to the lives of military women prior to, during, and after military deployment (Kelly et al, 1994). The second indicates that an aspect of being married, such as supporting others, negatively affects women's ability to manage their trauma recovery following a natural disaster (Solomon, 2002). If this is correct it will help the link between women's roles and PTSD. High expectations of nurturance may have a negative impact on women's psychological health. Finding 3 of the 4 individuals in the current study who report concerning reactions to the trauma also discuss having both caretaker and provider responsibilities in their family further supports this idea.

The findings of the current work are consistent with much of the literature on PTSD risk factors that points to the idea that the lack of social support and or negative

social interactions is a significant PTSD risk factor (Brewin et al., 2000; Ozer, Best, Lipsey, & Weiss, 2003). While studying a population of trauma survivors Andrews et al., (2003) found lack of support was a predictor for PTSD in both women and men but to a greater extent for women. Because of the supportive role that many women play in their families, they may not have the time or resources to seek out support for themselves or to take adequate care of their own emotional needs following traumatic events, therefore increasing their overall risk. Likewise the externally driven expectations of others may push women to keep going when they may actually need to take time and be supported by others.

5.4 Implications

Understanding qualitative differences and similarities in male and female trauma experiences has implications for social work practice and further research. Findings from the current study enriches the knowledge base about gender experiences following exposure to a traumatic event can then be used in social work treatment and policy initiatives. Also, insight into links between gender specific social and cognitive experiences should be used to facilitate additional research activities that may then help expand further theory, practice, and policy initiatives.

5.4.1 Social Work Practice

Practically, broadening awareness of the subjective gender specific trauma experiences of survivors of violent crime is important for social work treatment and policy. In the treatment setting understanding how male and female trauma experiences differ from and are similar to each other can help social workers tailor therapeutic strategies to the specific needs of the client thus aiding in the therapeutic recovery

process. Discerning qualitative differences between male and female trauma survivors can also be used to help social workers understand how to prevent adverse outcomes for clients in the days and weeks immediately following the traumatic event. In the policy setting, understanding how social roles and expectations play a part in the cognitive differences of crime survivors can guide meaningful policy changes in relation to criminal justice procedures. Policy regarding funding and legal implications for trauma survivors can also be guided by a deeper understanding of gender specific experiences.

5.4.2 Future Research

The most promising implications coming from the findings are related to future research initiatives. The deeper understanding of how links between social experiences, cognitive experiences, and gender play a role in trauma recovery should be used to guide a variety of meaningful research avenues. Of particular interest to this researcher is the development of measurement instruments that can account for unique social and cognitive experiences specific to each gender. Specifically, ideas related to the way individuals appraise the experience of trauma and their actions during the event should be combined with social roles, responsibilities, and expectations using both qualitative and quantitative methodology. By using the findings of this study to develop an instrument that quantitatively measures these constructs, structural equation modeling can then be used to test the theory outlined in the conceptual framework. From this, a greater awareness of the qualitative and quantitative differences of male and female trauma survivors may shed light into the entire phenomena of PTSD. From future research initiatives social work theory and practice endeavors can be enhanced.

5.5 Limitations

Although the findings of this study have important implications to social work practice and research, it also has four primary limitations that may affect its importance: (1) researcher bias, (2) generalizability, (3) subject self selection and (4) reliance on subject's memory. Due to the qualitative nature of current work, the potential for researcher bias is significant, likely and built into the research design. The primary interviewer is also the primary researcher and has a great deal of invested interest in the outcomes of the study. For this reason, multiple means to limit this concern are taken including triangulation, feedback, stakeholder review, and descriptive statistics. Generalizability is also affected because the subject selection process is purposeful, not random and the sample size is small (N=28). This method was selected because it is the most practical way to ensure representation from a range of subjects reflecting comparable ethnic, marital status, and ages. Additionally, due to the large amount of information each subject provides, a small sample size is both practical and methodologically congruent. Unfortunately these methods also lead to subject self selection which could not be avoided. Finally, the study depends on the subjects' post-trauma memory to determine pre-trauma cognitive processes, gender identities, and social roles limit the current study. Reliance on the subject's post-trauma memory is concerning because the experience of the trauma may affect the way the individual views their pre-trauma experiences. Unfortunately, this could not be alleviated because it is impossible to predict who will experience a crime prior to the event happening. Therefore, an element of caution will be taken when interpreting pre-trauma

information. Although these three primary factors limit the findings of the current work, they are ethically and practically unavoidable. Therefore, caution should be taken when implementing the findings of this study in the social work practice and policy arenas.

5.6 In Conclusion

Despite the limitations, the findings of the current study have important practical implications to the field of social work. Differences in the way men and women appraise their crime experience and their actions during that experience can be used in the practice setting to both prevent and treat PTSD. Likewise, understanding the unique social experiences of men and women can help therapists and policy makers tailor programs that will best help those exposed to crime. Finally, the outcomes of this study should be used to create instruments that will measure the themes found in this study in such a way that structural equation modeling can be used to test the model found in the conceptual framework. From these research implications, the findings of the current work can be used to help explain why women are at greater risk for developing PTSD following exposure to traumatic events than men.

APPENDIX A

INFORMED CONSENT

SUBJECT CONSENT FORM

I have been asked to participate as a subject in the research project entitled Trauma Narratives under the direction of The Department of Social Work, Dr. Peter Lehmann

PURPOSE OF THE STUDY: I understand that the reason for this study is to gain insight into differences between men and women in the way they react to traumatic events. Particularly, differences in the way people think about the event and the effect other people have on them. Findings from this study will help to explain the reason for gender differences in rates of posttraumatic stress disorder.

PROCEDURES: The researcher will interview subjects comparing differences between the trauma narratives of men and the trauma narratives of women. The interviews will be audio taped and transcribed using a professional transcription service. These transcriptions will then be compared for differences and similarities in how men and women describe their traumatic experiences.

NUMBER OF SUBJECTS PARTICIPATING: Between 16 and 40 subjects will be included in this study.

RISKS OF PARTICIPATION: I understand that the potential risks from participating in the study are related to talking about the traumatic event. If I become upset, the researcher will talk to me in a soothing manner. However, I understand the researcher will not be doing therapy with me. If I want or need therapy services at this time or in the future I understand that I will need to contact the Arlington Police Department Victim's Services program staff for referral information and additional services.

BENEFITS TO THE SUBJECT: I understand that I will receive two handouts describing normal responses to traumatic events, how to take care of themselves, and where I can go to receive helping services.

SUBJECT STIPEND FOR PARTICIPATION: I understand that I will be paid in the amount of \$10.00 for participation in this study whether I agree to complete the interview or not.

COSTS OF PARTICIPATION: I will incur no costs by participating in the study.

STANDARD CLAUSES

1. I understand that informed consent is required of all persons in this project.
2. The principal and alternate procedures, have been identified and explained to me in language that I can understand.
3. The risks and discomforts from the procedures have been explained to me.
4. The expected benefits from the procedures have been explained to me.

5. An offer has been made to answer any questions that I may have about these procedures. If I have any questions before, during or after the study, I may contact Dr. Peter Lehmann at (817) 272-5226 or the interviewer/researcher Cathy Simmons at (817) 272-3181.

6. I have been told that I may refuse to participate or stop my participation in this project at any time. All new findings during the course of this research which may influence my desire to continue or not to continue to participate in this study will be provided to me as such information becomes available.

7. If I am injured or have a bad reaction because of this research, I should immediately contact one of the personnel listed in Clause 5 above. No additional compensation will be provided. Agreeing to this does not mean I am giving up any legal rights that I may have.

8. If I have any questions regarding my rights as a subject participating in this study or research-related injury, I may contact Office of Research Compliance at (817) 272-3723.

9. I have a right to privacy, and all information that is obtained in connection with this study and that can be identified with me will remain confidential as far as possible within state and federal law. However, information gained from this study that can be identified with me may be released to no one other than the investigators and my physician. The results of this study may be published in scientific journals without identifying me by name.

10. I understand that if I reveal any forms of child abuse or threats to physically harm another person, the interviewer has the legal responsibility to contact the appropriate authorities.

I voluntarily agree to participate as a subject in the above named project. I understand that I will be given a copy of the consent form I have signed.

Date

Signature of Subject

Using language that is understandable and appropriate, I have discussed this project and the items listed above with the subject and/or his/her authorized representatives.

Date

Signature of Principal Investigator

I have received the \$10.00 stipend from the principal investigator.

Date

Signature of Subject

APPENDIX B

PARTICIPANT HANDOUTS

CRITICAL INCIDENT STRESS OVERVIEW

By surviving a violent crime, you have experienced a traumatic event. (Any incident that causes you to experience strong emotional reactions which have the potential to interfere with your ability to function either at the scene or later.) Even though the event may be over, you may now be experiencing or will experience later some strong emotional reactions. It is very common, in fact NORMAL for people to experience emotional aftershocks when they have passed through this type of event.

Sometimes the emotional aftershocks, also called stress reactions, appear immediately after the traumatic event. In some cases, weeks or months may pass before the stress reactions appear.

The signs and symptoms of a stress reaction may last a few days, a few weeks, a few months and occasionally longer depending on the severity of the traumatic event. With the support of loved ones and an understanding of what's happening, these stress reactions will pass more quickly. Occasionally, assistance from a professional counselor may be necessary. This does not imply craziness or weakness. It simply indicates that the particular event was just too powerful. Think of it as a circuit breaker in an electrical system that disconnects, rather than risking an overload to the entire system. The circuit breaker has done its job by temporally disconnecting. The system is still intact. All that's needed to fix it is a normal reset. For stress reactions, this reset can be accomplished by talking about the event.

If you feel you would like to talk about the event in greater detail or would like to receive counseling services please contact Arlington Victim Services at (817) 459-5340. Or, check out the Arlington Police Department Victim's Assistance website at www.arlingtonpd.org

Here are some common signs and signals of stress reaction to look for.

<u>PHYSICAL</u>	<u>COGNATIVE</u>	<u>EMOTIONAL</u>	<u>BEHAVIORIAL</u>
Fatigue	Blaming someone	Anxiety	Change in
Nausea	Confusion	Guilt	activity
Muscle tension	Poor attention	Grief	Withdraw
Muscle tremors	Poor decisions	Denial	Suspiciousness
Twitches	Over alertness	Severe pain (rare)	Alcohol
Chest pain	Lowered alertness	Emotional shock	consumption
Difficulty	Poor concentration	Fear	Inability to rest
breathing	Memory problems	Uncertainty	Antisocial acts
Elevated blood	hyperviligance	Loss of emotional	Pacing
pressure	Increased/decreased	control	Emotional
Rapid hear rate	awareness	Depression	Outbursts
Thirst	Nightmares	Apprehension	

THINGS YOU CAN DO TO HELP YOURSELF

Practical common sense suggestions... that work

“IT’S OKAY”

- Remember you are experiencing an extraordinary event.
- Just like others who’ve experienced similar events, it’s okay to have stress reactions
- **You’re not going crazy**
- Give yourself permission to feel bad, scared and unsure
- Just like the flu, traumatic stress has to run it’s course
- Unwanted thoughts, dreams or flashbacks are normal too.
- Accept them as part of healing. They should decrease over time. In most ways they are an adaptive and healing part of the process

“STAY IN TOUCH WITH OTHERS”

- Don’t isolate yourself
- Talk through feelings you may be having with others. Talk is healing medicine
- Allow supportive people to assist you
- Reach out to people who care; family, friends, co-workers, counselors
- Don’t wait to ask for help if you want or need it

“STAY ACTIVE”

- Maintain a normal, active and productive schedule, modify as necessary
- Physical exercise (within your normal limits) is one of the best ways to reduce stress
- Do things you enjoy

“HELP OTHERS”

- Realize that those around you may also be under stress
- Help your co-workers. Ask how they are doing.
- Assist family members who may be experiencing stress with you

“TAKE CARE OF YOURSELF”

- Have some relaxing times
- Don’t abuse alcohol, or drugs. They hinder and delay you recovery
- Eat well-balanced and regular meals (even if you don’t feel like it)
- Get plenty of rest, remembering that sleep disturbance is common
- Avoid hazardous activities

APPENDIX C

MEASUREMENT INSTRUMENT

ID: _____ INITIALS: _____ DATE: _____

Age: _____ Marital Status: _____ Ethnicity: _____

Date of Event: _____ Type of Event: _____

Number of children: _____ What are their ages?

Do your children live with you? Yes/No Informed Consent Reviewed and signed? Yes/
No

Questions to be used to guide the interview: Because of the phenomenological nature of this study, all questions may be followed up with additional probing questions. Additionally, questions may be re-phrased during the interview to better fit the client's understanding and use of terminology. For example, if a respondent said that she was "car-jacked", 2 might be phrased as: "What were your thoughts while you were being car jacked?"

1.) In your own words, please describe the event you experienced.

APPRAISALS AND ATTRIBUTIONS

2.) What were your thoughts during the event? (appraisals)

3.a.) Do you believe there is a reason that the event happened? (attributions)

3.b.) Could you tell me more about these reasons?

4.a.) How has the experience affected your life? (appraisals)

4.b.) What has changed since the event? (appraisals)

ID: _____ INITIALS: _____ DATE: _____

SCHEMAS

- 5.a.) Since the event occurred, have you had any problems? (self-schema)
- 5.a.i.) If so, how are you dealing with these problems? (self-schema)
- 5.b.) How have you been dealing with normal aspects of your life (self-schema)
- 5.b.) How is this different from before the event occurred? (pre-event self-schema)

- 6.a.) Since the event occurred, how has your view of the world changed? (world-schema)
- 6.b.) How is this different from before the event occurred? (pre-event world-schema)

SOCIAL CONSTRUCTS

- 7.a.) What responsibilities do you have in your family? At work? With your friends? (social roles)
- 7.b.) How have these responsibilities changed since the event occurred? (pre-event social roles)

- 8.a.) How do you feel others expect you to behave since the event occurred? (perceived social expectations)
- 8.b.) How do you believe you should behave since the event occurred? (perceived social expectations)
- 8.c.) How has this changed since the event? (pre-event perceived social expectations)

ID: _____ INITIALS: _____ DATE: _____

TRAUMA SYMPTOMS

9.a.) How often do you find yourself thinking about the event or parts of the event?

9.b.) Are you dreaming about the event?

9.c.) Do you ever feel like you are reliving the event?

9.d.) Do you feel distressed when you think, dream about, or relive the event?

(Additional probing diagnostic questions about the specific reexperiencing symptoms that the subject identifies may be asked such as “What are your dreams about the carjacking like?” or “Could you describe the way reliving the event feels?”) (reexperiencing)

10.a.) Since the event, have you been avoiding thoughts, places, and things that remind you of the event?

10.b.) Have you been having problems remembering parts of the event?

10.c.) Are you able to participate in your regular activities such as hobbies or family life?

10.d.) Are you able to feel things like love and caring the same as before the event?

10.e.) Do you feel like your future is has been changed?

(Additional probing diagnostic questions about the specific avoidance symptoms that the subject identifies may be asked such as “How has your participation in family activities changed” or “Could you describe the way your feelings have changed?”) (avoidance)

11.a.) Since the event, are you feeling easily startled?

11.b.) Have you had trouble sleeping since the event?

11.c.) Are you feeling more on edge than normal?

11.d.) Since the event, are you feeling irritable or angry more often than before the event?

11.e.) Are you having difficulty concentrating?

(Additional probing diagnostic questions about the specific arousal symptoms that the subject identifies may be asked such as “What kinds of things are you blowing up at?” or “Could you describe the way reliving the event feels?”) (increased arousal)

APPRAISAL OF SYMPTOMS

12.a.) Have these symptoms been getting better, getting worse, or staying the same since the event?

12.b.) How do you feel these symptoms we just talked about compare with the symptoms other people experience following similar events?

(If appropriate, some of the symptoms will be rephrased to probe for qualifiers for example, “Have you been feeling less on edge this week than you did the week the event happened?” or “Even though I know it’s still difficult to take care your family since the carjacking, has it been getting easier as each day passes?”) (appraisals)

APPENDIX D

EXAMPLE OF OPEN CODING GRID

2A Open Coding Page 18

Speaker	Statement	Construct Area (a) Meaning Codes	Construct Area (a) Meaning Codes	Construct Area (a) Meaning Codes	Construct Area (a) Meaning Codes	Construct Area (a) Meaning Codes
Participant	I am just glad, I was by myself and it happened in the blink of an eye and it was just over and done with, and that was it, and nothing was hurt and he didn't take my life, he didn't... but he was looking to make money... and he didn't get none....	<u>Appraisal of Actions</u> (a) Glad she didn't bring daughter with her				
Interviewer	How has this experience affected your life?	<u>Question 4</u>				
Participant	Well! Actually it has. I don't want to really go anywhere by myself. I was like, I'll go with my friend and I am going to take my husband. I really don't want to go anywhere by myself. I don't really,	<u>Appraisal of Trauma</u> (a) It has changed her life (b) doesn't want to go out anymore	<u>Avoidance Symptoms</u> (a) Doesn't leave home alone anymore			

2A Open Coding Page 19

Speaker	Statement	Construct Area (a) Meaning Codes	Construct Area (a) Meaning Codes	Construct Area (a) Meaning Codes	Construct Area (a) Meaning Codes	Construct Area (a) Meaning Codes
Participant	<p>I always double look at people when they come around and whether he is going to do this, or what if this happens and its kind of scary, I'm not going to actually let it control my life. I am just going to....</p> <p>I don't want to go anywhere by myself and I am not going to but... I am not going to let the event just shelter me in the house and let it control me and tell me I am too scared to do this.</p> <p>Maybe in 2 years, I'll be able to go out by myself but other than that that's the only way, it has affected me.</p> <p>I don't really want to go anywhere by myself.</p>	<p><u>Arousal Symptoms</u> (a) Doesn't leave home alone anymore</p> <p><u>Appraisal of Symptoms</u> (a) Won't let it control my life</p> <p><u>Avoidance Symptoms</u> (a) Doesn't leave home alone anymore</p> <p><u>Appraisal of Symptoms</u> (a) It is going to take a long time to recover</p> <p><u>Avoidance Symptoms</u> (a) Doesn't go places alone</p>	<p><u>Appraisal of Symptoms</u> (a) Avoidance symptoms are bad</p>			

2A Open Coding Page 20

Speaker	Statement	Construct Area (a) Meaning Codes	Construct Area (a) Meaning Codes	Construct Area (a) Meaning Codes	Construct Area (a) Meaning Codes	Construct Area (a) Meaning Codes
Interviewer	Do you think it's negatively affected your life?	<u>Question 4</u>				
Participant	In a way, I was thinking that a piece of my security,	<u>Appraisal of Trauma</u> (a) It took a piece of my security				
	like when someone comes in when you are out in a restaurant, you are always like this. Okay! Wait a minute... you tense up... okay, you think... what's he going to do have you come to eat or are you going to do something stupid or...	<u>Appraisal of Trauma</u> (a) It took a piece of my security (b) Changed life				
	It's just taken a piece of the security that you thought nobody could ever take and that's all it does.	<u>Appraisal of Trauma</u> (a) It took a piece of my security				
	It's just careless people... they just hurt people for no reason.	<u>Appraisal of Trauma</u> (a) Robbers hurt people for no reason				

2A Open Coding Page 21

Speaker	Statement	Construct Area (a) Meaning Codes	Construct Area (a) Meaning Codes	Construct Area (a) Meaning Codes	Construct Area (a) Meaning Codes	Construct Area (a) Meaning Codes
Interviewer	Do you think there are any positive things that have come out of it?	<u>Clarification Question</u>				
Participant	Well! Positive is, I am still alive. I cherish my family more and I cherish them even more than before. I want to be with my family more and.. nothing really positive could come out of it, except for my family.	<u>Appraisal of Trauma</u> (a) I'm still alive	<u>Appraisal of Trauma</u> (a) Nothing positive came out of this			
Interviewer	Since the event happened, have you changed the way you view yourself?	<u>Question 5</u>				
Participant	No! Not really. I have always been myself, the same way even though people make mistakes.	<u>Self-Schema</u> (a) No change	<u>Self-Schema</u> (a) No change			

APPENDIX E

EXAMPLE OF AXIAL CODING MATRIX

Participant 1B Axial Coding Matrix Page 3

TRAUMA MEMORY RECORD			
Objective Nature of Trauma Process of Events	Cognitive Processing During Trauma	Post-Trauma Appraisal of Actions	Post Trauma Appraisal of Trauma
Walking out of Parks Mall	⇒ Normal day, I'm going to look good tonight in my new shirt	⇒ I didn't do anything wrong	It was going to happen sooner or later
Two gentlemen approached him with gun and told him to get into the car	⇒ Stunned -They're going to kill me - I'm going to die tonight -If I'm calm they won't shoot me	⇒ I was calm	could have happened to anybody
Drove around DFW area. Was told that they ere going to shoot him.	⇒ They don't know what to do with me - This is fake - These guys are kids - These guys are like my buddies but, they weren't	⇒ I have the upper hand	The event hasn't changed my life The event wasn't traumatic
AC was off in car, he told them how to work the car radio and AC unit	⇒ It's hot in this car - They want it to be hot to avoid leaving fingerprints - They don' know what they're doing	⇒ I am in control	Loosing my car was horrible, loosing my stuff was bad but the event was not that bad, not traumatic
One of the carjackers had his food on Participant's back and gun to his head. Then someone drove by	⇒ They don't know what to do with me - someone drove by..."ooh, ooh, thank God"	⇒ I was calm I talked myself out of it	It wasn't that bad, it could have been worse
He ran off and jumped fence while they were shooting at him. , and ran to a woman's house where he called the police	⇒ Instinctively ran - Oh shit, they're shooting at me...	⇒ Running was the right thing to do	"I could have died"
He ran to a woman's house where he called the police	⇒ I could have died tonight	⇒ "got away with it"	

Participant 1B Axial Coding Matrix Page 4

Post-Trauma Records			
Gender Roles	Expectations of Self	Perceived Expectations of Others	Attributions Why Event Happened
Assistant Manager at a Tire Store Single Person Friend Person in Family Son Boyfriend Father figure No change in social roles	I should be able to go out as usual, other people think I shouldn't - Normal life "I don't know how I'm suppose to act or anything" It's OK if I'm upset about loosing my stuff, It's not OK if I'm upset about the experience It's bad to avoid the location because of the event but it's ok to avoid the location if you believe something else is going on Some people will take similar things badly - It's bad to avoid the location because of the event but it's ok to avoid the location if you believe something else is going on - "It's okay for other people to take similar things badly but it's not okay if I take this badly" - Some people will take similar things badly It doesn't (won't) affect me I should be able to go out as usual	Other people think I shouldn't People think I should be upset Family has no expectations Some people will take similar things badly Some people expect you to flip-out Other people expect me to look around "when I leave from somewhere" "Yeah! The think that I'm suppose to act like, you know, you tell people what happened and they are like "are you are okay, are you okay." "Like you seem pretty happy for what just happened." "I guess they didn't expect me to feel happy and be out hunting a couple of days later, that didn't change."	They wanted his rims People want my nice stuff Bad luck Because I have things people want "it could happen to anybody. Because if my mom would have a car, then she would have got car jacked."

Participant 1B Axial Coding Matrix Page 5

Schemas	
World-Schema	Self -Schema
Some neighborhoods are bad	The event has not changed my life
The world is dangerous	Possible... I'm not going to admit that the event changed life
It was going to happen sooner or later	I'm confident
	Good self-esteem
	Materialistic

Symptoms
<u>Reexperiencing</u>
Denies dreams
Denies intrusive thoughts
Denies Nightmares
<u>Avoidance</u>
Denies avoiding place, things, reminders because of event – denial? - Second guessing?
<u>Arousal</u>
Denies arousal symptoms
<u>Qualifiers</u>
Denies symptoms

APPENDIX F

EXAMPLE OF SELECTIVE CODING MATRIX

Selective Coding Matrix, Gender Roles Page 3

Pair	A	B	Similarities	Differences
1	<p><u>Family</u> a. Caretaker – single mother – protector - bill payer b. Dependant Daughter – parents help with bills, childcare – was living with boyfriend but recently moved back in with parents</p> <p><u>Work</u> a. Warehouse worker b. Temporary job to get by, wants to go to college</p> <p><u>Friends</u> a. Little time for friends b. Girlfriend</p> <p><u>Changes</u> a. Discussed relationships with mother and boyfriend have changed because of event</p>	<p><u>Family</u> a. Single Person – cares for self b. Son – financially independent – was living with girlfriend but recently moved back in with parents, temporarily</p> <p><u>Work</u> a. Assistant Manager of Tire Store b. He likes his job, what he trained to do</p> <p><u>Friends</u> a. Most of his free time spent with friends b. Friend - Boyfriend</p> <p><u>Changes</u> b. Reported that there has been no change in his social roles or responsibilities because of event</p>	<p><u>Family</u> A&B – Both recently moved back in with their parents</p> <p>A&B – Both are single, never married</p> <p><u>Work</u></p> <p><u>Friends</u> A&B – Both are in a meaningful long term relationship</p> <p><u>Changes</u> A&B – Both believe there’s been no change in responsibilities since the event</p>	<p><u>Family</u> A – She cares for her children, is responsible for her children - financially dependant on her family B – He is not a caretaker - financially independent from his family</p> <p><u>Work</u> A – She feels her job is temporary, wants to go to college - Leadership not addressed B – He likes his job, what he trained to do - leadership position at work</p> <p><u>Friends</u> A – She has little time to spend with friends B – Most of his free time is spent with friends</p> <p><u>Changes</u> A – Feels relationships with mother and boyfriend have changed because of event B –No relationships have changes since event</p>

Selective Coding Matrix, Gender Roles Page 4

Pair	A	B	Similarities	Differences
2	<p><u>Family</u> a. Mother – Wife – Caretaker - Deals with the financial and emotional stuff - Family budget manager - “I am the one who does everything” – I’m the Backbone of family – “Too much responsibility” b. Daughter - All of the women in my family are the backbone</p> <p><u>Work</u> a. Housewife b. Is happy with her work situation</p> <p><u>Friends</u> a. Good social support network –Friend and roommate</p> <p><u>Changes</u> a. Reported that there has been no change in her social roles or responsibilities because of event</p>	<p><u>Family</u> a. Married - Husband - Helps around house – Homeowner – supports wife (provider) b. Son – close to extended family</p> <p><u>Work</u> a. Convenience store worker - Person without health insurance b. Wants a job with better hours and health insurance</p> <p><u>Friends</u> b. Friend and roommate - Good social support network</p> <p><u>Changes</u> a. Reported that there has been no change in his social roles or responsibilities because of event</p>	<p><u>Family</u> A&B – both are close to their extended family</p> <p><u>Work</u> A&B – neither discussed leadership positions</p> <p><u>Friends</u> A&B – both share a home with another couple to make ends meet A&B – both feel they have a good support network</p> <p><u>Changes</u> A&B – Neither feel the event has changed the responsibilities they have in their family – both continue to meet these responsibility</p>	<p><u>Family</u> A – She discussed her family responsibilities as being in the primary caretaker role “I am the one who does everything” – I’m the Backbone of family – “Too much responsibility” B – He discussed responsibilities as being provider</p> <p><u>Work</u> A – She works in the home only, does not work outside the home is content with this B – He would like a job with better hours and benefits</p> <p><u>Friends</u> No differences noted</p> <p><u>Changes</u> No differences noted</p>

Selective Coding Matrix, Gender Roles Page 5

Pair	A	B	Similarities	Differences
3	<p><u>Family</u> a. Divorced - Mother of adult daughters – Grandmother – estranged from oldest daughter, close to youngest daughter b. Daughter Estranged from family of origin – Lives with disabled uncle - Afraid to tell family about the incident - Ongoing problems with family</p> <p><u>Work</u> a. Unemployed b. Is looking for work but has no current prospects</p> <p><u>Friends</u> a. Denies spending time with friends b. Is not in a dating relationship at this time</p> <p><u>Changes</u> a. Reported that there has been no change in her social roles or responsibilities because of event</p>	<p><u>Family</u> a. Divorced - Father to adult children/daughters – grandfather b. Son to elderly parents – “close” to family but won’t tell them about what happened - brother</p> <p><u>Work</u> a. Military-Army NCO - High responsibility at work b. Likes his job – is eligible to retire this year but may stay active because of the event</p> <p><u>Friends</u> a. Has friends, most social system through work b. Boyfriend</p> <p><u>Changes</u> a. Reported that there has been no change in his social roles or responsibilities because of event</p>	<p><u>Family</u> A&B – Both are divorced, grandparents, and parents to adult children</p> <p><u>Work</u></p> <p><u>Friends</u></p> <p><u>Changes</u> A&B – Neither believe their social roles or responsibilities have changes since event</p>	<p><u>Family</u> A – She is estranged from her family of origin and her oldest daughter – has not told them about the shooting B – Although he stated he was close to his family, he does not want to tell them about the event because he feels it will make them uncomfortable</p> <p><u>Work</u> A – She is unemployed with no prospects – unhappy with situation B – He has a job with high responsibility – content/happy with situation - leadership</p> <p><u>Friends</u> A – She is not in a dating relationship and does not have many friends B – He is in a dating relationship and has a good support network</p> <p><u>Changes</u> No differences noted</p>

Selective Coding Matrix, Gender Roles Page 6

Pair	A	B	Similarities	Differences
4	<p><u>Family</u> a. Single, never married b. Only daughter of protective parents – lives with parents</p> <p><u>Work</u> a. Non-managerial worker in shoe store – College student on break - Helps customers b. Happy with lifestyle - Works because she wants to - Work’s 2 jobs</p> <p><u>Friends</u> a. Most of her free time spent with friends –Person friends can depend on - supportive friend – school leader - “I’m pretty much at school, work or with my friends” b. Not in a dating relationship</p> <p><u>Changes</u> a. Reported that there has been no change in her social roles or responsibilities because of event</p>	<p><u>Family</u> a. Single, never married b. Son – lives with parents</p> <p><u>Work</u> a. Nighttime closer at Subway – college student b. Carefree lifestyle - does not want to make changes in his life</p> <p><u>Friends</u> a. Most of his free time spent with friends - Friend b. Boyfriend -</p> <p><u>Changes</u> a. Reported that there has been no change in his social roles or responsibilities because of event</p>	<p><u>Family</u> A&B – Both are single, never married A&B – Both live with their parents, emotionally and financially dependant</p> <p><u>Work</u> A&B – Both have non-managerial retail/restaurant jobs and are college students A&B – Both have a “carefree life” – happy with work and school - social leaders in school, with friends, and at work</p> <p><u>Friends</u> A&B – Both spend most of their time with friends – good support network</p> <p><u>Changes</u> A&B – Both deny changes in roles and responsibilities since event</p>	<p><u>Family</u> No differences noted</p> <p><u>Work</u> No differences noted</p> <p><u>Friends</u> A – She is not in a dating relationship and is alright with it B – He is in a dating relationship and is alright with it A – Sees herself as a school leader – organizer of her circle of friends B – Did not discuss leadership</p> <p><u>Changes</u> No differences noted</p>

Selective Coding Matrix, Gender Roles Page 7

Pair	A	B	Similarities	Differences
5	<p><u>Family</u> a. Single, never married - Single Mother - Helps son with homework b. Daughter – lives with grandmother, cousin, and cousin’s daughter – primary breadwinner for family – helps cousin with baby – oldest grandchild - house cleaner – Caretaker - budget manager</p> <p><u>Work</u> a. Waitress at nightclub b. Wants another job but does not know where to look – does not feel supported by work</p> <p><u>Friends</u> a. Friend – party person - Friends don’t really come around anymore - Does not “go out and have fun” anymore b. Lives with boyfriend</p> <p><u>Changes</u> a. No change in her work responsibilities because of event b. Struggling to meet social roles & family responsibilities since event - both expect her to be the way she was before</p>	<p><u>Family</u> a. Single, never married b. Parents are both deceased - Lives with his cousins, not dependent more like roommates – brother - brothers live in CA</p> <p><u>Work</u> a. Factory worker b. Is happy with his place of employment - was changing jobs at work but has been unable to go since attack</p> <p><u>Friends</u> a. He has few friends because he is new to the area b. Is dating someone</p> <p><u>Changes</u> a. Reported that there has been no change in his social roles or responsibilities because of event</p>	<p><u>Family</u> A&B – Both are single, never married</p> <p>A&B – Both live with extended family members</p> <p><u>Work</u> A&B – Neither discussed leadership positions</p> <p><u>Friends</u> A&B Both are in dating relationship</p> <p><u>Changes</u> A&B – Both deny changes expected responsibilities since event</p>	<p><u>Family</u> A – She has an 8 year old son B – He does not have children A – Her grandmother and cousin live with her – financially supports/is responsible for them B – His parents are both deceased – is not responsible for the care of others - He does not financially support family (“roommates”)</p> <p><u>Work</u> A – She is unhappy with her job – unsure where to look for another – not supported by work B – He is happy with work – feels support</p> <p><u>Friends</u> A – She has extensive friend network but is unable to lean on them at this time B – He has few friends because he is new to the area</p> <p><u>Changes</u> A – Struggling to meet social and family responsibilities B – He feels no change</p>

APPENDIX G

THEME MATRIXES

Table G.1 Theme Table for Trauma Reactions

	Reactions	Women	Frequency and Percent women	Men	Frequency and Percent men
1	Deny symptoms	4	1 (7.1%)	1, 4, 7, 10, 12, 13	6 (42.9%)
2	Typical reactions (TR)	2, 6, 7, 8, 9, 10, 11, 12, 13	9 (64.3%)	2, 3, 5, 6, 8, 9, 11, 14	8 (57.1%)
2.a.	TR - Reexperiencing	2, 6, 7, 8, 9, 10, 11, 12, 13	9 (64.3%)	2, 3, 5, 6, 8, 9, 11, 14	8 (57.1%)
2.b.	TR – Avoidance	2, 6, 8, 9, 10, 11, 13	7 (50.0%)	3, 5, 6, 11, 14	5 (35.7%)
2.c.	TR - Arousal	2, 6, 7, 8, 9, 10, 11, 12, 13	9 (64.3%)	2, 3, 6, 11, 14	5 (35.7%)
3	Concerning reactions (CR)	1, 3, 5, 14	4 (28.6%)	---	0 (0%)
3.a.	CR - Reexperiencing	1, 3, 5, 14	4 (28.6%)	---	0 (0%)
3.b.	CR – Avoidance	1, 3, 5, 14	4 (28.6%)	---	0 (0%)
3.c.	CR - Arousal	1, 3, 5, 14	4 (28.6%)	---	0 (0%)

Table G.2 Theme Table for Women’s Appraisal of Trauma

	Theme	Women who discussed theme	Women total	Women deny	Women typical	Women concerning
1.a	Views event as traumatic	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14	14 (100%)	1 (7.1%)	9 (64.3%)	4 (28.6%)
1.b	Does not view event as traumatic	None	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
2.a	Views event as scary	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14	14 (100%)	1 (7.1%)	9 (64.3%)	4 (28.6%)
2.b	Does not view event as scary	None	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
3.a	Reported the event was angering	2, 9	2 (14.2%)	0 (0.0%)	2 (14.2%)	0 (0.0%)
3.b	Denies the event was angering	None	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
3.c	Angering not addressed	1, 3, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14	12 (85.7%)	1 (7.1%)	7 (50.0%)	4 (28.6%)
4.a	Feels life was in jeopardy during event	1, 2, 3, 5, 6, 8, 9, 11, 13, 14	10 (71.4%)	0 (0.0%)	6 (42.9%)	4 (28.6%)
4.b	Did not feel life was in jeopardy during event	4, 7, 10, 12	4 (28.6%)	1 (7.1%)	3 (21.4%)	0 (0.0%)
5.a	Compared to other life events, it was bad	1, 2, 3, 5, 6, 9, 11, 13, 14	9 (64.3%)	0 (0.0%)	5 (35.7%)	4 (28.6%)
5.b	Compared to other life events, it was not that bad	4, 7, 8, 10, 12	5 (35.7%)	1 (7.1%)	4 (28.6%)	0 (0.0%)
6.a	Felt “the event could have been worse”	1, 2, 3, 4, 6, 8, 9, 10, 11, 12, 13, 14	12 (85.7%)	1 (7.1%)	8 (57.1%)	3 (21.4%)
6.b	Does not feel “the event could have been worse”	5	1 (7.1%)	0 (0.0%)	0 (0.0%)	1 (7.1%)
7.a	Event has changed their life for the better	6, 8	2 (14.2%)	0 (0.0%)	2 (14.2%)	0 (0.0%)
7.b	Event has changed their life for the worse	1, 2, 3, 5, 9, 10, 13, 14	8 (57.1%)	0 (0.0%)	4 (28.6%)	4 (28.6%)
7.c	Event has not changed their life in any way	4, 7, 11, 12	4 (28.6%)	1 (7.1%)	3 (21.4%)	0 (0.0%)
8.a	Knew they would be the victim of crime sometime, it was inevitable	4, 12	2 (14.2%)	1 (7.1%)	1 (7.1%)	0 (0.0%)
8.b	Didn’t think they would ever be a crime victim, it couldn’t happen to them	1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 13, 14	12 (85.7%)	0 (0.0%)	8 (57.1%)	4 (28.6%)

Table G.3 Theme Table for Men's Appraisal of Trauma

	Theme	Men who discussed theme	Men total	Men deny	Men typical	Men concerning
1.a	Views event as traumatic	2, 3, 5, 8	4 (28.6%)	0 (0.0%)	4 (28.6%)	0 (0.0%)
1.b	Does not view event as traumatic	1, 4, 6, 7, 9, 10, 11, 12, 13, 14	10 (71.4%)	6 (42.9%)	4 (28.6%)	0 (0.0%)
2.a	Views event as scary	2, 3, 5	3 (21.4%)	0 (0.0%)	3 (21.4%)	0 (0.0%)
2.b	Does not view event as scary	1, 4, 6, 7, 8, 9, 10, 11, 12, 13, 14	11 (78.6%)	6 (42.9%)	6 (42.9%)	0 (0.0%)
3.a	Reported the event was angering	2, 3, 5,	3 (21.4%)	0 (0.0%)	3 (21.4%)	0 (0.0%)
3.b	Denies the event was angering	None	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
3.c	Angering not addressed	1, 4, 6, 7, 8, 9, 10, 11, 12, 13, 14	11 (78.6%)	6 (42.9%)	0 (0.0%)	0 (0.0%)
4.a	Feels life was in jeopardy during event	1, 2, 3, 5, 6, 13	6 (42.9%)	2 (14.2%)	4 (28.6%)	0 (0.0%)
4.b	Did not feel life was in jeopardy during event	4, 7, 8, 9, 10, 11, 12, 14	8 (57.1%)	4 (28.6%)	4 (28.6%)	0 (0.0%)
5.a	Compared to other life events, it was bad	2, 3, 5	3 (21.4%)	0 (0.0%)	3 (21.4%)	0 (0.0%)
5.b	Compared to other life events, it was not as bad	1, 4, 6, 7, 8, 9, 10, 11, 12, 13, 14	11 (78.6%)	6 (42.9%)	6 (42.9%)	0 (0.0%)
6.a	Feels "the event could have been worse"	1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 12, 13, 14	13 (92.9%)	6 (42.9%)	7 (50.0%)	0 (0.0%)
6.b	Does not feel "the event could have been worse"	5	1 (7.1%)	0 (0.0%)	1 (7.1%)	0 (0.0%)
7.a	Event has changed their life for the better	2, 3, 6, 8, 12, 13, 14	7 (50.0%)	2 (14.2%)	6 (42.9%)	0 (0.0%)
7.b	Event has changed their life for the worse	2, 5, 9	3 (21.4%)	0 (0.0%)	3 (21.4%)	0 (0.0%)
7.c	Event has not changed their life in any way	1, 4, 7, 10, 11	5 (35.7%)	4 (28.6%)	1 (7.1%)	0 (0.0%)
8.a	Knew they would be the victim of crime sometime, it was inevitable	1, 2, 4, 6, 7, 8, 9, 10	8 (57.1%)	4 (28.6%)	4 (28.6%)	0 (0.0%)
8.b	Didn't think they would ever be a crime victim, it couldn't happen to them	3, 5, 11, 12, 13, 14	6 (42.9%)	2 (14.2)	4 (28.6%)	0 (0.0%)

Table G.4 Theme Table for Women's Appraisal of Their Actions during the Trauma

	Theme	Women who discussed theme	Women total	Women deny	Women typical	Women concerning
1.a	Cooperated with the perpetrator – did not fight back	1, 2, 4, 8, 11, 12, 13, 14	8 (57.1%)	1 (7.1%)	5 (35.7%)	2 (14.3%)
	Those who cooperated and are glad they did	1, 2, 4, 8, 11, 12, 13, 14	8 (57.1%)	1 (7.1%)	5 (35.7%)	2 (14.3%)
	Those who cooperated and wish they hadn't	None	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
1.b	Did not cooperate with the perpetrator – somehow fought back	5	1 (7.1%)	0 (0.0%)	0 (0.0%)	1 (7.1%)
	Those who did not cooperate and are glad they did	5	1 (7.1%)	0 (0.0%)	0 (0.0%)	1 (7.1%)
	Those who did not cooperate and wish they had	None	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
1.c	Not able to interact with assailant, flight response	3, 6, 7, 9, 10	5 (35.7%)	0 (0.0%)	4 (28.6%)	1 (7.1%)
	Flight response and are glad they did	3, 6, 7, 9, 10	5 (35.7%)	0 (0.0%)	4 (28.6%)	1 (7.1%)
	Flight response and wish they had not	None	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
2.a	Defense: fought back	5	1 (7.1%)	0 (0.0%)	0 (0.0%)	1 (7.1%)
2.b	No defense: cooperation or flight	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14	13 (92.9%)	1 (7.1%)	9 (64.3%)	3 (21.4%)
3.a	Believes they handled the situation correctly – would not change their behavior	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14	14 (100%)	1 (7.1%)	9 (64.3%)	4 (28.6%)
3.b	Believes they did not handle the situation correctly – would somehow change their behavior	None	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
4.a	Feels they remained calm through entire event– did not respond emotionally	12, 13	2 (14.3%)	0 (0.0%)	2 (14.3%)	0 (0.0%)
4.b	Feels they did not remain calm through entire event– responded tearfully	1, 2, 3, 4, 7, 8, 10, 11, 14	9 (64.3%)	1 (7.1%)	5 (35.7%)	3 (21.4%)
4.c	Feels they did not remain calm through entire event– responded with anger	None	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
4.d	Affective response not addressed in narrative	5, 6, 9	3 (21.4%)	0 (0.0%)	2 (14.3%)	1 (7.1%)

Table G.5 Theme Table for Men's Appraisal of Their Actions During the Trauma

	Theme	Men who discussed theme	Men total	Men deny	Men typical	Men concerning
1.a	Cooperated with the perpetrator – did not fight back	2, 4, 8, 11, 13	5 (35.7%)	2 (14.3%)	3 (21.4%)	0 (0.0%)
	Those who cooperated and are glad they did	4, 13	2 (14.3%)	2 (14.3%)	0 (0.0%)	0 (0.0%)
	Those who cooperated and wish they hadn't	2, 8, 11	3 (21.4%)	0 (0.0%)	3 (21.4%)	0 (0.0%)
1.b	Did not cooperate with the perpetrator – somehow fought back	1, 3, 5, 6, 7, 12, 14	7 (50.0%)	3 (21.4%)	4 (28.6%)	0 (0.0%)
	Those who did not cooperate and are glad they did	1, 3, 5, 6, 7, 14	6 (42.9%)	2 (14.3%)	4 (28.6%)	0 (0.0%)
	Those who did not cooperate and wish they had	12	1 (7.1%)	1 (7.1%)	0 (0.0%)	0 (0.0%)
1.c	Not able to interact with assailant, flight response	9, 10	2 (14.3%)	1 (7.1%)	1 (7.1%)	0 (0.0%)
	Flight response and are glad they did	None	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
	Flight response and wish they had not	9, 10	2 (14.3%)	1 (7.1%)	1 (7.1%)	0 (0.0%)
2.a	Defense: fought back	1, 3, 5, 6, 7, 12, 14	7 (50.0%)	3 (21.4%)	4 (28.6%)	0 (0.0%)
2.b	No defense: cooperation or flight	2, 4, 8, 9, 10, 11, 13	7 (50.0%)	3 (21.4%)	4 (28.6%)	0 (0.0%)
3.a	Believes they handled the situation correctly – would not change their behavior	1, 3, 4, 5, 6, 7, 13, 14	8 (57.1%)	4 (28.6%)	4 (28.6%)	0 (0.0%)
3.b	Believes they did not handle the situation correctly – would somehow change their behavior	2, 8, 9, 10, 11, 12	6 (42.9%)	2 (14.3%)	4 (28.6%)	0 (0.0%)
4.a	Feels they remained calm through entire event– did not respond emotionally	1, 2, 4, 7, 8, 10, 11, 13	8 (57.1%)	5 (35.7%)	3 (21.4%)	0 (0.0%)
4.b	Feels they did not remain calm through entire event– responded tearfully	None	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
4.c	Feels they did not remain calm through entire event– responded with anger	3, 12, 14	3 (21.4%)	1 (7.1%)	2 (14.3%)	0 (0.0%)
4.d	Affective response not addressed in narrative	5, 6, 9	3 (21.4%)	0 (0.0%)	3 (21.4%)	0 (0.0%)

Table G.6 Theme Table for Women's Social Roles

	Theme	Women who discussed theme	Women total	Women deny	Women typical	Women concerning
1.a	Family caretaker responsibilities	1, 2, 5, 6, 7, 9, 10, 11, 12, 13, 14	11 (78.6%)	0 (0.0%)	8 (57.1%)	3 (21.4%)
1.b	Family provider responsibilities	1, 5, 9, 10, 11, 13, 14	7 (50.0%)	0 (0.0%)	4 (28.6%)	3 (21.4%)
1.c	Family protector responsibilities	9	1 (7.1%)	0 (0.0%)	1 (7.1%)	0 (0.0%)
1.d	Family caretaker and provider responsibilities	1, 5, 9, 10, 11, 13, 14	7 (50.0%)	0 (0.0%)	4 (28.6%)	3 (21.4%)
1.e	Family caretaker and protector responsibilities	9	1 (7.1%)	0 (0.0%)	1 (7.1%)	0 (0.0%)
1.f	Family protector and provider responsibilities	9	1 (7.1%)	0 (0.0%)	1 (7.1%)	0 (0.0%)
1.g	Family caretaker, protector, & provider responsibilities	9	1 (7.1%)	0 (0.0%)	1 (7.1%)	0 (0.0%)
1.h	No family responsibilities at this time	3, 4, 8, 9	4 (28.6%)	1 (7.1%)	2 (14.3%)	1 (7.1%)
2.a	Dependant on family of origin	1, 4, 8	3 (21.4%)	1 (7.1%)	1 (7.1%)	1 (7.1%)
2.a	Members of family of origin dependant on them	5, 11, 14	3 (21.4%)	0 (0.0%)	1 (7.1%)	2 (14.3%)
2.b	Independent from family of origin	2, 3, 6, 7, 9, 10, 12, 13	8 (57.1%)	0 (0.0%)	7 (50.0%)	1 (7.1%)
3.a	Happy/content with employment situation	2, 4, 6, 7, 8, 9, 10, 11, 12, 13	10 (71.4%)	1 (7.1%)	9 (64.3%)	0 (0.0%)
3.b	Unhappy with employment situation – wants change	1, 3, 5, 14	4 (28.6%)	0 (0.0%)	0 (0.0%)	4 (28.6%)
4.a	Employer supportive (giving time to recover)	4, 6, 7, 8, 10, 11, 12, 13,	8 (57.1%)	1 (7.1%)	7 (50.0%)	0 (0.0%)
4.b	Employer not supportive (expect things to be same)	1, 5, 14	3 (21.4%)	0 (0.0%)	0 (0.0%)	3 (21.4%)
4.c	Support at work not addressed or not applicable	2, 3, 10	3 (21.4%)	0 (0.0%)	2 (14.3%)	1 (7.1%)
5.a	Leadership position at work, with friends, or in community	4, 8, 11, 12, 13	5 (35.7%)	1 (7.1%)	5 (35.7%)	0 (0.0%)
5.b	Leadership not addressed	1, 2, 3, 5, 6, 7, 9, 10, 14	9 (64.3%)	0 (0.0%)	5 (35.7%)	4 (28.6%)
6.a	Feels content with social life	2, 4, 6, 7, 8, 9, 10, 11, 12, 13	10 (71.4%)	1 (7.1%)	9 (64.3%)	0 (0.0%)
6.b	Does not feels content with social life	1, 3, 5, 14	4 (28.6%)	0 (0.0%)	0 (0.0%)	4 (28.6%)
7.a	Responsibilities changed since event	None	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
7.b	Responsibilities not changed since event	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14	14 (100%)	1 (7.1%)	9 (64.3%)	4 (28.6%)
8.a	Relationships changed since event	1, 3, 5, 14	5 (35.7%)	1 (7.1%)	0 (0.0%)	4 (28.6%)
8.b	Relationships not changed since event	2, 6, 7, 8, 9, 10, 11, 12, 13	9 (64.3%)	0 (0.0%)	9 (64.3%)	0 (0.0%)

Table G.7 Theme Table for Men's Social Roles

	Theme	Men who discussed theme	Men total	Men deny	Men typical	Men concerning
1.a	Family caretaker responsibilities	9	1 (7.1%)	0 (0.0%)	1 (7.1%)	0 (0.0%)
1.b	Family provider responsibilities	2, 6, 7, 9, 10, 12, 13	7 (50.0%)	4 (28.6%)	3 (21.4%)	0 (0.0%)
1.c	Family protector responsibilities	2, 6, 7, 8, 9, 10, 12, 13	8 (57.1%)	5 (35.7%)	3 (21.4%)	0 (0.0%)
1.d	Family caretaker and provider responsibilities	9	1 (7.1%)	0 (0.0%)	1 (7.1%)	0 (0.0%)
1.e	Family caretaker and protector responsibilities	9	1 (7.1%)	0 (0.0%)	1 (7.1%)	0 (0.0%)
1.f	Family protector and provider responsibilities	2, 6, 7, 9, 10, 12, 13	7 (50.0%)	4 (28.6%)	3 (21.4%)	0 (0.0%)
1.g	Family caretaker, protector, & provider responsibilities	9	1 (7.1%)	0 (0.0%)	1 (7.1%)	0 (0.0%)
1.h	No family responsibilities	1, 3, 4, 5, 11, 14	6 (42.9%)	2 (14.3%)	4 (28.6%)	0 (0.0%)
2.a	Dependant on family of origin	1, 4, 8, 11	4 (28.6%)	2 (14.3%)	2 (14.3%)	0 (0.0%)
2.a	Members of family of origin dependant on them	9	1 (7.1%)	0 (0.0%)	1 (7.1%)	0 (0.0%)
2.b	Independent from family of origin	2, 3, 5, 6, 7, 10, 12, 13, 14	9 (64.3%)	5 (35.7%)	4 (28.6%)	0 (0.0%)
3.a	Happy/content with employment situation	1, 3, 4, 5, 7, 8, 9, 12, 13, 14	10 (71.4%)	4 (28.6%)	6 (42.9%)	0 (0.0%)
3.b	Unhappy with employment situation – wants change	2, 6, 10, 11	4 (28.6%)	1 (7.1%)	3 (21.4%)	0 (0.0%)
4.a	Employer supportive (giving time to recover)	1, 2, 3, 4, 5, 8, 9, 12, 13, 14	10 (71.4%)	4 (28.6%)	6 (42.9%)	0 (0.0%)
4.b	Employers not supportive (expect things to be same)	6, 11	2 (14.3%)	0 (0.0%)	2 (14.3%)	0 (0.0%)
4.c	Support at work not addressed or not applicable	7, 10	2 (14.3%)	2 (14.3%)	0 (0.0%)	0 (0.0%)
5.a	Leadership position at work, with friends, or in community	1, 3, 4, 7, 8, 9, 11, 12, 13, 14	10 (71.4%)	5 (35.7%)	5 (35.7%)	0 (0.0%)
5.b	Leadership not addressed	2, 5, 6, 10	4 (28.6%)	1 (7.1%)	3 (21.4%)	0 (0.0%)
6.a	Feels content with social life	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 13, 14	13 (92.9%)	6 (42.9%)	7 (50.0%)	0 (0.0%)
6.b	Does not feels content with social life	11	1 (7.1%)	0 (0.0%)	1 (7.1%)	0 (0.0%)
7.a	Responsibilities changed since event	None	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
7.b	Responsibilities not changed since event	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14	14 (100%)	6 (42.9%)	8 (57.1%)	0 (0.0%)
8.a	Relationships changed since event	None	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
8.b	Relationships not changed since event	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14	14 (100%)	6 (42.9%)	8 (57.1%)	0 (0.0%)

Table G.8 Theme Table for Women’s Reported Expectations

	Theme	Women who discussed theme	Women total	Women deny	Women typical	Women concerning
1.a	Believe they can force symptoms/feeling upset away	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14	13 (92.9%)	4 (28.6%)	5 (35.7%)	4 (28.6%)
1.b	Denies having symptoms/being upset	12	1 (7.1%)	0 (0.0%)	1 (7.1%)	0 (0.0%)
2.a	It’s not alright if they struggled to get past the event	1, 2, 3, 4, 5, 7, 14	7 (50.0%)	1 (7.1%)	2 (14.2%)	4 (28.6%)
2.b	It is alright to struggle to get past the event	6, 8, 9, 10, 11, 12, 13	7 (50.0%)	0 (0.0%)	7 (50.0%)	0 (0.0%)
3.a	Talked about the need to “be strong,” keep going	1, 2, 3, 4, 5, 8, 9, 11, 12, 13, 14	11 (78.5%)	1 (7.1%)	6 (42.9%)	4 (28.6%)
3.b	Internal influence to “be strong,” keep going	2, 4, 8, 12	4 (28.6%)	1 (7.1%)	3 (21.4%)	0 (0.0%)
3.c	External influence to “be strong,” keep going	1, 3, 5, 9, 11, 13, 14	7 (50.0%)	0 (0.0%)	3 (21.4%)	4 (28.6%)
3.d	Did not address theme need to “be strong,” keep going	6, 7, 10	3 (21.4%)	0 (0.0%)	3 (21.4%)	0 (0.0%)
4.a	Directly addressed feelings about what is expected of men and women	1, 2, 9, 11, 14	5 (35.7%)	3 (21.4%)	0 (0.0%)	2 (14.2%)
4.b	Indirectly addressed feelings about what is expected of men and women	6	1 (7.1%)	0 (0.0%)	1 (7.1%)	0 (0.0%)
4.c	What is expected of men and women neither directly nor indirectly addressed	3, 4, 5, 7, 8, 10, 12, 13	7 (50.0%)	0 (0.0%)	5 (35.7%)	2 (14.2%)

Table G.9 Theme Table for Men's Reported Expectations

	Theme	Men who discussed theme	Men total	Men deny	Men typical	Men concerning
1.a	Believe they can force symptoms/feeling upset away	2, 3, 4, 5, 6, 7, 8, 9, 11, 14	10 (71.4%)	2 (14.2%)	8 (57.1%)	0 (0.0%)
1.b	Denies having symptoms/being upset	1, 10, 12, 13	4 (28.6%)	4 (28.6%)	0 (0.0%)	0 (0.0%)
2.a	It's not alright if they struggled to get past the event	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14	14 (100%)	6 (42.9%)	8 (57.1%)	0 (0.0%)
2.b	It is alright to struggle to get past the event	None	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
3.a	Talked about the need to "be strong," keep going, get over it	1, 2, 4, 5, 6, 7, 8, 9, 11, 12, 13	11 (78.6%)	5 (35.7%)	6 (42.9%)	0 (0.0%)
3.b	Internal influence to "be strong," keep going, get over it	1, 2, 4, 5, 6, 7, 8, 9, 11, 12, 13	11 (78.6%)	5 (35.7%)	6 (42.9%)	0 (0.0%)
3.c	External influence to "be strong," keep going, get over it	None	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
3.d	Did not address theme need to "be strong," keep going, get over it	3, 10, 14	3 (21.4%)	1 (7.1%)	2 (14.2%)	0 (0.0%)
4.a	Directly addressed feelings about what is expected of men and women	2, 3, 5, 9, 12	5 (35.7%)	1 (7.1%)	4 (28.6%)	0 (0.0%)
4.b	Indirectly addressed feelings about what is expected of men and women	1, 4, 6, 7, 11, 14	6 (42.9%)	3 (21.4%)	3 (21.4%)	0 (0.0%)
4.c	What is expected of men and women neither directly nor indirectly addressed	8, 10, 13	3 (21.4%)	2 (14.2%)	1 (7.1%)	0 (0.0%)

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BIOGRAPHICAL INFORMATION

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