

Gender Differences in Attitude Toward Trauma Survivors

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Abstract

This research examined the relation between gender and perceptions of trauma survivors. The societal expectations of males and females differ, especially when concerning emotions (Booth, McDermott, Cheng, & Borgogna, 2019). This becomes an issue when attempting to increase trauma awareness and support efforts of those seeking help. It is necessary to recognize how each gender differs in experiencing and/or perceiving trauma. We explored the relationship between self stigma, masculinity, and empathy among male and female college students. Participants included 141 students (72.3% female; 66% Caucasian). Students reported their perceptions of trauma and responses to scales through an online survey. Independent samples t-tests and correlations provided evidence of significantly more female participants viewing the female vignette as brave. There were also significantly more male participants that viewed the female vignette as mentally weak. This data provides support for the stigma males may have towards females with trauma and mental health issues.

Key Words:

Trauma, stereotypes, gender, stigma, perception

Trauma can be described as a disturbance in an individual's psychological or behavioral state due to mental or emotional stress (Merriam-Webster.com, n.d.). Traumatic events have varying degrees of impact dependent on the person experiencing them, which may lead to the requirement of some type of help. Being able to identify potentially traumatic situations and the impact they have, is crucial to navigating an efficient recovery (Paterson, 2017). As of recent years, grade schools, college campuses, and social services have been implementing "trauma-informed" ideas (Paterson, 2017). This involves informing individuals of the signs of trauma and what can be done about it (Paterson, 2017). It also serves as a way to combat the stigma surrounding trauma, so that those affected are more

likely to seek help. Reducing the stigma that surrounds traumatic experiences requires understanding of how gender influences attitudes toward victims of trauma. Which leads to the question: Does gender affect the ability to recognize the traumatic potential of an event and the need for help?

Trauma and Empathy

In Osman's study, the impact of gender (of the participant, hypothetical victim, and hypothetical assailants) and history of sexual aggression on empathy scores were evaluated (2011). The authors found that empathy was higher when the victim was a male, rather than a female. Participants that had

been a victim, showed more empathy than those that had not toward other victims. Males that were not victims showed less empathy toward male victims. There was also more empathy toward female assailants, specifically when the victim was a male. However, male participants that had been an assailant showed more empathy toward a male assailant (Osman, 2011). These results indicate the importance of considering experience when measuring empathy. As some experiences are more common for one gender compared to the other, their empathy levels may differ depending on the situation (Street & Dardis, 2018).

Gender and Empathy

In Clarke, Marks, and Lykins' study, the impact of normative emotional behavior on self-perceptions of empathy (2016). Participants were presented fabricated neurological information that stated one gender had greater empathy than the other. The results supported that females feel they are more empathetic than males. Female participants' ratings were significantly higher than those of males (Clarke et al., 2016). This result was present when females were said to have superior empathy. There was not a significant result when the information stated that males had superior empathy. The idea that females are more empathetic than males has become solidified in a way, that the participants believed it even when the information presented challenged the notion.

The influence of sex and empathy on looking from another person's perspective is evaluated in the study by Mohr, Rowe, and Blanke (2010). Participants were to imagine being in a position of a male and female figure, and a situation in which their figure is made of their own reflection. The authors hypothesize that females would be better in emotional and social perspective taking. However, their findings conflicted and did not show significant differences between males and females.

In a study by Baum, Rahav, and Sharon (2014), the risk of individuals developing secondary traumatic stress (STS) is evaluated through comparison of gender. Secondary traumatic stress was used to describe the "painful emotional effects of indirect

exposure to trauma" (Baum, et al., 2014). Males and females, from various backgrounds, that were at risk of developing STS were evaluated (Baum et al., 2014). Within the study, other studies focusing on differing populations such as: children/adults, parents/spouses, and professionals, were discussed (Baum et al., 2014). The evidence showed that women and girls, no matter the relation to the victim or the type of traumatic event, showed higher levels of STS than men and boys (Baum et al., 2014). These findings propose that there is a characteristic or disposition that puts females at a higher risk of becoming traumatized through the trauma of someone else.

In the review composed by McLean and Anderson (2009), research was introduced that suggested that genetic and evolutionary factors provide insight into their increased likelihood of developing PTSD. In response to fear, it was argued that rather than fight-or-flight, females will sometimes utilize tend-and-befriend (Taylor et al., 2000, as cited in McLean & Anderson, 2009). Such behaviors involve utilizing nurturing techniques as a protective measure (for self and others) (McLean & Anderson, 2009). Despite this being a beneficial approach to an immediate danger, it is viewed to be an attribution to increased anxiety (Craske, 2003, as cited in McLean & Anderson, 2009). Additionally, it has been speculated that, from an evolutionary perspective, women magnify the potential risks and anticipate danger (Menzies & Clark, 1995, Thorpe & Salkovskis, 1995, as cited in McLean & Anderson, 2009). Both of these aspects provide evidence that females are able to perceive danger and feel the need to nurture/seek help.

Stereotypes and Behavior

Stereotypes have been known to alter behavior and decisions in a multitude of situations. Some of which would be dealing with personal or mental health. In a study conducted by Juvrud and Rennels (2017), the impact of gender stereotypes on help-seeking behavior is evaluated. In an experimental design, men and women's "attitudinal or personally" supported stereotypes were evaluated based on their help-seeking behavior during puzzle tasks, and previous experiences of looking for help

for a personal physical/mental health issue (Juvrud & Rennels, 2017). The results showed that there was no difference in how difficult either gender found the puzzles to be, and yet, the males were significantly less likely to present help-seeking behaviors (Juvrud & Rennels, 2017). Pederson and Vogel (2007) studied the relationship between gender role conflict and willingness to seek help. Tendency to share information that emotionally upsets them, self-stigma surrounding seeking help, and general feelings about seeking help were shown to be factors in the relationship (Pederson & Vogel, 2007). The authors concluded that if men's help seeking behavior is to be increased, there needs to be attention drawn to the reason why they do not seek help.

In the study conducted by Booth, McDermott, Cheng, and Borgogna (2019), the impact of masculinity on self-stigma in seeking help is investigated. Masculinity was measured by the Masculine Gender Role Scale (MGRS) and self-stigma was measured by scales evaluating self-compassion and self-coldness. Scoring high on the MGRS indicated low self-compassion scores and high self-coldness scores. The authors conclude that males think seeking help (and other "violations" of masculinity) negatively impacts how they feel about themselves. In 2014, the relationship between gender role conflict and stigma was addressed by Vogel, Wester, Hammer, and Downing-Matibag, and a similar trend was found. Men's willingness to suggest a friend or family member to seek help will be compared to the stigma they feel surrounds those that have sought out or utilized mental health services (Vogel, Wester, Hammer, & Downing-Matibag, 2014). The results were consistent with traditional social pressures: men felt the need to help themselves rather than seek help and felt that other men should do the same (Vogel, Wester, Hammer, & Downing-Matibag, 2014). These studies carry the pattern of men having negative feelings about themselves, and other males, admitting the need for help and attempting to receive it.

The impact of masculinity on help-seeking behavior was also evaluated by Ramaeker and Petrie (2019).

Both male athletes and non-athletes answered questionnaires that assessed conformity to masculinity norms, gender role conflict, self-stigma, mental health symptoms, and attitude and desire to seek help. The results provided evidence that athletes have higher levels of conformity to masculinity norms and gender role conflicts than non-athletes. However, for both groups self stigma was associated with masculinity norm conformity and negative feelings about seeking help. The stereotypical idea of masculinity appears to decrease the desire of males, especially those involved in sports, to seek professional help.

Valdez and Lilly (2012) evaluated the symptom of emotional constriction in female and male participants with PTSD. It is culturally normal for males to withhold emotions, so this symptom may be under-identified in males and over-identified in females (which may be a factor in why more women are diagnosed with PTSD) (Valdez & Lilly, 2012). The authors found results supporting that women experience greater emotional constriction when the traumatic experience is more severe, compared to women who have experienced less severe events. Males did not show any significant difference in expression of the symptom whether the event was more or less severe. Based on these results, including emotional responses in a vignette may increase the potential impact of stigma based on behavior.

Wendt and Shafer (2016) conducted a study that evaluated males and females' responses to vignettes about individuals (male or female) that are potentially suffering from mental illness. They were to determine if they would endorse that individual's decision to seek help from an informal (family, friends, religious leader) or formal source (mental health professional). The authors found that there was no significant difference between males and females when supporting a decision for a male or a female to seek help from an informal source (Wendt & Shafer, 2016). Both genders agreed that those suffering from schizophrenia should seek help from a formal source. However, males significantly differed from females in that they decided that individuals suffering from depression should go to

informal counseling, not formal (Wendt & Shafer, 2016). This leads to the question if it is the emotional aspect of depression, and the stigma around male expression of emotion, that makes them feel that it should be handled in an informal way. In the meta-analysis conducted by Nam et. al (2010), a similar hypothesis was evaluated, but the factor of race was considered as well. Across all races considered (Caucasian American, Asian, and Asian American), females were more supportive of seeking psychological assistance.

Stereotypes and Perception

In general, there are some events that men are more likely to encounter than females, which means that they may be more likely to experience certain trauma (Street & Dardis, 2018). However, the traumatic events that women are likely to encounter are typically more predictive of developing post-traumatic stress disorder (PTSD) (Street & Dardis, 2018). In a study conducted by Tolin and Foa (2006), evidence showed that males reported more traumatic experiences (nonsexual abuse, accidents, nonsexual assault, war, etc.), but females were almost twice as likely to be diagnosed with PTSD in their lifetime. Although, the two experiences females reported more were sexual assault and abuse (Tolin & Foa, 2006). Female trauma victims were also noted to see the world as more dangerous than male victims (Tolin & Foa, 2002). Based on these studies, women may be more likely to recognize the danger or trauma in a vignette.

Seem and Clark (2006) investigated what males and females (in counseling programs) perceived as a healthy adult woman, a healthy adult man, and a healthy adult in general. They found that males viewed females that were stereotypically feminine, were healthier than those that were not. However, more masculine traits were used to identify a healthy female among male and female participants. For a healthy adult male, both males and females perceived solely stereotypical descriptions as indicative of health. This shows how gender stereotypes impact the perceptions of mental health.

Contrary to the previously mentioned studies, the experiments conducted by Moss and Miller (2016), yielded results of positive male outlook on seeking help. When evaluating vignettes about a male facing depression and either deciding to seek help, or to handle the issue on their own, participants had more supportive and less stigmatizing responses for the decision to get help. The authors suggested that this may still be due to gender stereotypes. Their reasoning follows the idea of “real” men taking responsibility and getting the help they need, rather than cowering away from the challenge. Gender stereotypes remain influential on the outlook of seeking help in this data.

Current Study

Based on the literature reviewed, specifically the studies conducted by Baum et al., (2014) and Tolin and Foa (2006), we hypothesize that females are more likely to recognize the traumatic impact an event might have, and the need to seek help after such an event. Additionally, we hypothesize that males will be more accepting of females suffering trauma and receiving help, and less accepting of males. This hypothesis is derived from the findings of Booth, McDermott, Cheng, and Borgogna (2019).

Method

Participants

The participants in this study consisted of 141 college student volunteers, however only 128 completed the survey. The participants included 102 females and 26 males, between the ages of 18 and 60. Participants self-identified as African American/Black (7.8%), Asian American/Pacific Islander (4.3%), Caucasian (66%), Hispanic/Latino (2.8%) and Other (9.9%).

Measures/Materials

To measure how the participants felt about personally looking for help, a 10-item scale, called the Self-Stigma of Seeking Help Scale (Vogel, Wade, & Haake, 2006), was used. Participants rated each statement according to how much they felt it

describes them on a Likert-type scale ranging from, 1- (*Strongly Disagree*) to 5- (*Strongly Agree*). An example item is “I would feel inadequate if I went to a therapist for psychological help”. Cronbach’s alpha showed the scale reached an acceptable level of consistency and reliability $\alpha=.850$.

Participants also completed the Abbreviated Masculine Gender Role Stress Scale (Swartout, Parrott, Cohn, Hagman, & Gallagher, 2015), a 15-item scale that is highly correlated with validity constructs such as: masculine identity, hyper masculinity, and trait aggression. Each statement was rated on a 6-point Likert scale (0 = *not at all stressful* to 5 = *extremely stressful*). An example item of this scale is “Admitting that you are afraid of something”. Cronbach’s alpha showed the scale reached an acceptable level of consistency and reliability $\alpha=.845$.

The Multi-Dimensional Emotional Empathy Scale (Caruso & Mayer, 1998), a 30 item Likert-type scale to evaluate the empathy of participants was also used. Participants read statements and rated how much each item relates to them, 1 (*strongly agree*) to 5 (*strongly disagree*). An example item is “The suffering of others deeply disturbs me”.

After reading the vignettes, participants answered 3 questions for each one. For the first question, they decided if the individual in the vignette (Layla or Mark) will become traumatized, 1 (*strongly disagree*) to 7 (*strongly agree*). They then rated which descriptors they believed would apply to the individual if they decided to seek help from a therapist, 1 (*not at all*) to 7 (*completely*). Examples of the descriptors are “Brave” and “Crazy”, all of which are based on the participants’ opinions. The last question was about how they viewed their decision to get counseling, rating 3 statements, 1 (*strongly disagree*) to 7 (*strongly agree*). An example of one of the statements is “Reasonable, it may be useful.” Cronbach’s alpha showed the scale reached an acceptable level of consistency and reliability $\alpha=.915$.

Procedure

Participants completed an experiment administered through Qualtrics. Upon beginning the study, they were first asked to provide implied consent. After doing so, they were assigned to 1 of 2 conditions, in which they read a vignette about an individual (Mark or Layla) having experienced a potentially traumatic event. The conditions differ in regard to what order the vignettes are presented: Male than female, or female than male. Below are the vignettes they read.

“Layla, a 21-year-old, and her best friend, Marissa, share an apartment. One morning, she wakes up to the smell of smoke in the apartment. She rushes to help her best friend out of the building. Layla has managed to get out with a few singes on her clothes, but her friend has suffered serious burns. An ambulance arrives and takes Marissa away, leaving Layla uncertain of her friend’s health status.”

“Mark is a 20-year-old and decides to take his younger sister, Camryn, fishing. While out on the water, a storm quickly approaches. The waves overwhelm their boat and cause it to cap-size. Mark manages to resurface and struggles to find Camryn. After a few minutes, he spots her and is able to get her shore. He performs CPR while he waits for help to come.”

After reading this vignette, participants completed the survey as described above. Participants also completed some demographic questions about their gender, ethnicity/race, and age.

Results

To evaluate the first hypothesis, if females were more likely to recognize the traumatic impact an event might have, an empathy scale was used. An independent samples t-test found significant differences between empathy levels of females, ($M = 3.87$, $SD = .639$) and males, ($M = 3.53$, $SD = .56$), $t(126) = 2.503$, $p = .014$. A Pearson correlation indicated a weak, negative, and significant relationship between empathy and ratings of if therapy was unnecessary for the individual, $r(119) = -.288$, $p = .001$. A paired samples t-test found significant differences between ratings of likelihood of trauma for Mark ($M = 5.35$, $SD = 1.47$) and

ratings of likelihood of trauma for Layla ($M = 3.24$, $SD = 1.13$), $t(133) = 16.41$, $p < .001$. An independent samples t-test found non-significant differences between the ratings of likelihood of trauma for females, ($M = 4.30$, $SD = 1.01$) and males, ($M = 4.25$, $SD = 1.23$), $t(126) = .212$, $p = .833$. These analyses fail to support the hypothesis.

To evaluate the second hypothesis, if males would be more accepting of females suffering trauma and receiving help than of males, the self stigma and MGRS-A scales were used.

Self-stigma

An independent samples t-test found non-significant differences between the self stigma scores for females, ($M = 2.313$, $SD = .787$) and males, ($M = 2.315$, $SD = .731$), $t(126) = -.012$, $p = .990$. Pearson correlations indicated weak, negative, and significant relationships between self-stigma scores and how brave the individuals in the vignettes were rated, $r(96) = -.211$, $p = .037$ for females, and $r(24) = -.392$, $p = .047$ for males. Pearson correlations indicated weak, positive relationships that were not significant, between self-stigma scores and how crazy the individuals in the vignettes were rated, $r(94) = .179$, $p = .082$ for females, and $r(24) = .350$, $p = .079$ for males. Pearson correlations indicated weak, negative, and significant relationships between self-stigma scores and how intelligent the individuals in the vignettes were rated, $r(94) = -.308$, $p = .002$ for females, and $r(24) = -.523$, $p = .006$ for males. Pearson correlations indicated weak, positive, and significant relationships between self-stigma scores and how mentally weak the individuals in the vignettes were rated, $r(94) = .204$, $p = .046$ for females; and a moderate, positive relationship for males, $r(24) = .544$, $p = .004$. Pearson correlations indicated weak, negative relationships that were not significant, between self-stigma scores and how normal the individuals in the vignettes were rated, $r(99) = -.166$, $p = .097$ for females, and $r(24) = -.339$, $p = .09$ for males. Pearson correlations indicated weak, positive relationships that were not significant, between self-stigma scores and ratings of if therapy was unnecessary for the individual, $r(92) = .148$, $p = .153$ for females, and $r(24) = .231$, $p = .256$ for

males. Pearson correlations indicated a weak, positive relationship that was not significant, between self-stigma scores and ratings of if therapy was reasonable for the individual, $r(98) = .069$, $p = .497$ for females; and a weak, negative, and significant relationship between the same variables for males, $r(24) = -.439$, $p = .025$. Pearson correlations indicated a weak, negative relationship that was not significant, between self-stigma scores and ratings of if therapy was needed for the individual, $r(96) = -.081$, $p = .426$ for females; and a weak, positive relationship that was not significant between the same variables for males, $r(24) = .084$, $p = .684$. These analyses partially supported the hypothesis.

MGRS-A

Pearson correlations indicated weak, negative relationships that were not significant, between MGRS-A scores and how brave the individuals in the vignettes were rated, $r(96) = -.113$, $p = .270$ for females, and $r(24) = -.028$, $p = .892$ for males. Pearson correlations indicated a weak, positive relationship that was not significant, between MGRS-A scores and how crazy the individuals in the vignettes were rated, $r(94) = .185$, $p = .071$ for females; and a moderate, positive relationship that was significant between the same variables for males, $r(24) = .586$, $p = .002$. Pearson correlations indicated weak, negative relationships that were not significant, between MGRS-A scores and how intelligent the individuals in the vignettes were rated, $r(94) = -.116$, $p = .262$ for females, and $r(24) = -.099$, $p = .631$ for males. Pearson correlations indicated a weak, positive relationship that was not significant, between MGRS-A scores and how mentally weak the individuals in the vignettes were rated, $r(94) = .169$, $p = .100$ for females; and a weak, positive, and significant relationship for males, $r(24) = .419$, $p = .033$. Pearson correlations indicated a weak, negative relationship that was not significant, between MGRS-A scores and how normal the individuals in the vignettes were rated, $r(99) = -.205$, $p = .807$ for females; and a weak, negative, and significant relationship between the same variables for males, $r(24) = -.401$, $p = .042$. Pearson correlations indicated weak, positive

relationships that were not significant, between MGRS-A scores and ratings of if therapy was unnecessary for the individual, $r(92) = .141, p = .175$ for females, and $r(24) = .228, p = .263$ for males. Pearson correlations indicated weak, negative relationships that were not significant, between MGRS-A scores and ratings of if therapy was reasonable for the individual, $r(98) = -.212, p = .551$ for females, and $r(24) = -.212, p = .297$ for males. Pearson correlations indicated a weak, negative relationship that was not significant, between MGRS-A scores and ratings of if therapy was necessary for the individual, $r(96) = -.064, p = .529$ for females; and a weak, positive relationship that was not significant between the same variables for males, $r(24) = .134, p = .513$. These analyses partially supported the hypothesis.

Discussion

We found that there were significant differences between empathy levels of male and female participants, with female levels being higher. There was also some evidence of higher empathy levels indicating lower ratings of if therapy was unnecessary for the individual. These findings are similar to those found in the study conducted by Baum, Rahav, and Sharon (2014) and Wendt and Shafer (2016). They found that females were more susceptible to STS than males (Baum et. al, 2014) and that males significantly differed from females, and supported informal help, rather than formal counseling (Wendt & Shafer, 2016). Together, these studies indicate that females are more inclined to be aware of traumatic impact, and support efforts to look for professional psychological help.

We also found that there were not significant differences between male and female self-stigma levels. However, there were significant correlations between self stigma and ratings of how brave, intelligent, and mentally weak individuals in the vignettes were. Those with high levels of self stigma rated individuals as less brave and intelligent, and more mentally weak. There was also a significant negative correlation between MGRS-A scores of males and how mentally weak, crazy, and normal (according to participant opinion) individuals were. Males felt that individuals were

more mentally weak and crazy, and less normal for experiencing trauma and deciding to attend therapy. These findings are similar to the results found in the study conducted by Vogel, Wester, Hammer, and Downing-Matibag (2014). In their study, they found that men felt the need to help themselves rather than seek help, and supported other men choosing to do the same. Together, these studies show that those with higher MGRS-A scores, which were males in our study, are less supportive of individuals seeking psychological help. Although, there were no significant differences between male and female participants' rating of how unnecessary/reasonable/necessary getting professional therapeutic help was. These results are similar to those in Mohr, Rowe, and Blanke (2010) and Moss and Miller (2016). They found there is not a gender difference in emotional and social perspective taking (Mohr et. al, 2010) and that males supported help-seeking behaviors (Moss & Miller, 2016). Considering these studies, it is shown that there is no significant difference between the ability of either gender to make emotional and social perceptions of others. These studies also show that there is no significant difference in male and female support of individuals (male or female) seeking help.

Limitations of study

There were several limitations in our study. First, the sample size of our data was not large enough to generalize to other college students. The diversity of our sample was also limited. More than half of the participants identified as Caucasian, limiting how much these results may be generalized to other ethnic groups. There were also notably more female participants than male. This limits how well male perceptions are represented in the data and prevents the results from being generalized to other male college students.

Additionally, our study collected data utilizing a self-reported questionnaire. Social desirability may have influenced participant's ratings of individuals and their therapy choices. They may have recognized their own biases during the survey and answered in a way that would not reflect it. This study also utilized a within-subjects design, which

has limitations over time. Also, though ethnicity in the vignettes was not specified, the names used could have been perceived as belonging to one specific ethnic group. This may have impacted participants' perception of the individual's trauma/mental health, attributing their trauma to their ethnicity rather than their gender.

Conclusions

Implications

There were very few significant differences between the genders and their evaluations of the individuals in the vignettes. This may suggest that there is a general decrease in stigma surrounding our society's view of trauma among both males and females. A society that is understanding of all people experiencing trauma, and supportive of them receiving help, is crucial in the development of more efficient awareness and treatment plans. It is also important to note the significance of females being perceived as mentally weak by more males, in a sample where substantially less males participated. This brings attention to the possible persistence of stigma associated with gender stereotypes. It may also shed light on potential bias between male clinicians and female clients. If male clinicians also perceive females seeking help as mentally weak, their diagnoses and treatment may be more severe and inaccurately address their needs. Recognizing this may help clinicians to be aware of their biases and more accurately identify and help their client's problems.

Future Research

Further studies could create and use more "equal" vignettes. The relationships presented in the vignettes of the current study differed, which may have caused participants to consider something other than gender in their responses. Having both vignettes have only sibling or only friend relationships may produce more comparable results, giving more insight into response differences between the genders of participants. It may also be beneficial to have the vignettes more balanced regarding the severity of the events. Participants may have perceived one event as less traumatic than

the other, regardless of the gender of the individuals involved. A study using the same event but alternating the gender of the individual involved amongst participants may provide results that could address this issue.

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