

The Role of Gender in Coping with Trauma: A Comparative Study

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Abstract- *This dissertation explores how gender influences the coping mechanisms employed by individuals who have experienced trauma. The study investigates the differences in emotional, psychological, and behavioral responses between men and women, and how societal norms and gender roles shape these coping strategies. Using the method of quantitative survey the research aims to contribute to the understanding of gender-specific needs in trauma recovery and to inform gender-sensitive therapeutic interventions.*

Keywords: Trauma, Gender Differences, Coping Strategies, Addictive Behaviors, Spirituality, Emotional Expression, PTSD

INTRODUCTION

The Role of Gender in Coping with Trauma

Trauma is a pervasive experience that can have profound and long-lasting effects on individuals. It is characterized by an event or series of events that overwhelms an individual's ability to cope, causing feelings of helplessness and a diminished sense of self. Trauma can result from a range of events, including natural disasters, accidents, loss of a loved one, abuse, violence, or any other distressing event. The psychological consequences of trauma vary greatly depending on the individual's personal history, the nature of the traumatic event, and the support systems available to them.

Trauma is not merely a fleeting emotional disturbance; it can alter the psychological and physiological landscape of a person, influencing their mental health, behavior, and well-being for years or even a lifetime. When a person experiences trauma, their immediate response is governed by biological survival mechanisms. These mechanisms are driven by the autonomic nervous system and include the "fight, flight, or freeze" responses.

The trauma is initially processed through emotional centers of the brain, such as the amygdala, which

triggers the release of stress hormones like cortisol and adrenaline. This response is essential for survival in acute danger, but when the trauma is prolonged or unresolved, these stress responses become maladaptive.

For some individuals, this can lead to the development of Post-Traumatic Stress Disorder (PTSD), a debilitating condition characterized by intrusive memories, hyperarousal, avoidance behaviors, and emotional numbness. Not all individuals who experience trauma will develop PTSD, but trauma often disrupts normal functioning and requires adaptive coping mechanisms to mitigate its long-term effects.

Coping with trauma is a complex process that varies widely across individuals. Coping mechanisms are the strategies that people employ to manage the emotional, cognitive, and physiological impacts of stress. They are influenced by numerous factors, including personality traits, the nature of the trauma, social support, and cultural or societal expectations. One significant factor that has garnered considerable attention in the literature is gender, which plays a critical role in shaping how individuals respond to and cope with trauma.

Gender not only affects the psychological response to trauma but also influences the types of coping strategies that individuals use, often reflecting broader societal norms and expectations.

Research has consistently demonstrated that men and women tend to differ in their coping strategies following traumatic experiences. These differences are partly rooted in traditional gender roles, which dictate emotional expression, vulnerability, and resilience.

Men are often socialized to be stoic, self-reliant, and to suppress emotional expression, particularly emotions like sadness or fear, which are seen as signs of weakness in many cultures.

Women, on the other hand, are often socialized to be more emotionally expressive and to seek social

support in times of distress. These gendered patterns of emotional expression influence how men and women process trauma and the strategies they employ to cope with it.

Studies on gender differences in coping have revealed that women are more likely to engage in emotion-focused coping strategies, such as seeking social support, expressing emotions, and engaging in rumination.

Emotion-focused coping involves dealing with the emotional response to stress rather than directly addressing the source of the stress. This type of coping can be adaptive when the trauma is beyond the individual's control, but it may also contribute to prolonged distress if it leads to excessive rumination or avoidance of problem-solving.

For instance, women who experience trauma may be more likely to turn to friends, family, or support groups for emotional validation and comfort. They may also engage in practices like journaling, crying, or discussing their feelings with others as a way to process their emotions.

Men, by contrast, tend to favor problem-focused coping strategies, which involve taking action to change the stressful situation or reduce its impact. Problem-focused coping can be highly effective when the individual has some control over the stressor, as it allows them to address the root cause of the distress. However, this approach may not be as useful when dealing with uncontrollable traumas, such as the loss of a loved one or a natural disaster.

Men are also more likely to engage in avoidant coping strategies, which involve efforts to avoid or escape the emotional pain associated with the trauma. Avoidant coping can take the form of substance use, withdrawal from social interactions, or distracting oneself with work or hobbies. While these strategies may offer short-term relief from distress, they often fail to address the underlying emotional impact of trauma and may even exacerbate psychological symptoms in the long term.

One significant gender difference in coping with trauma is the use of addictive behaviors. Research has shown that men are more likely to turn to substances like alcohol or drugs as a way of numbing emotional pain or avoiding distressing memories associated with trauma. This tendency is often linked to societal norms that discourage emotional vulnerability in men,

leading them to seek escape through substances rather than confronting their emotions directly.

In contrast, women are more likely to engage in spiritual or religious coping, finding solace in prayer, meditation, or other forms of spiritual practice. Spirituality can provide a sense of meaning and purpose in the aftermath of trauma, offering individuals a way to make sense of their suffering and find hope for the future.

Gender differences in coping with trauma are not only shaped by societal norms but are also influenced by biological factors. Research has indicated that men and women differ in their neurobiological responses to stress and trauma.

For example, studies have shown that women may be more prone to develop PTSD following trauma due to differences in the functioning of the hypothalamic-pituitary-adrenal (HPA) axis, which regulates the body's stress response. Women's hormonal cycles, particularly fluctuations in estrogenic, have been linked to heightened emotional reactivity and greater sensitivity to stress, potentially making them more vulnerable to the emotional impact of trauma.

Conversely, men's stress response systems are often more activated by threats to physical integrity, which may explain their tendency to engage in more risk-taking or externalizing behaviours in response to trauma.

Despite these general trends, it is essential to recognize that not all men and women conform to traditional gender roles in their coping strategies.

Many factors, such as personality, past experiences, and cultural background, play a significant role in shaping how individuals respond to trauma. Moreover, the concept of gender is not binary, and there is growing recognition of the experiences of individuals who do not identify strictly as male or female.

Intersectionality—the idea that gender intersects with other aspects of identity, such as race, ethnicity, socioeconomic status, and sexual orientation—also plays a crucial role in shaping coping mechanisms.

For example, women of color or LGBTQ+ individuals may face additional stressors, such as discrimination or marginalization, which can compound the psychological impact of trauma and influence coping strategies.

As trauma research continues to evolve, it is becoming increasingly clear that a one-size-fits-all approach to understanding coping mechanisms is inadequate.

Gender differences are just one piece of the puzzle, and a comprehensive understanding of how individuals cope with trauma requires considering a broad range of factors, including individual personality traits, the nature of the trauma, and the social and cultural context in which the individual is embedded.

Nevertheless, the role of gender remains a critical area of focus, as it provides valuable insights into the diverse ways people respond to and recover from traumatic events.

Hence trauma is a deeply complex experience that affects individuals in profound and varied ways. Gender plays a significant role in shaping how individuals cope with trauma, with men and women often employing different strategies that reflect broader societal norms and expectations.

While women may be more likely to seek emotional support and engage in spiritual practices, men are more inclined to rely on problem-solving or avoidant behaviors, such as substance use. Understanding these gendered patterns of coping can help inform the development of more effective interventions and support systems for trauma survivors.

However, it is crucial to recognize the diversity of experiences within gender groups and to consider the intersectional factors that influence coping mechanisms. Ultimately, a nuanced approach to trauma and coping is essential for fostering resilience and healing in the aftermath of distressing events.

NEED FOR RESEARCH

- **Personalized Support**
Understand how men and women cope differently with trauma to provide more personalized and effective mental health support.
- **Improved Interventions**
Enhance therapeutic approaches by tailoring interventions to the unique coping needs of individuals based on their gender.
- **Prevention Strategies**
Develop strategies to prevent mental health issues by considering gender-specific risk and protective factors related to trauma.

RESEARCH GAP

1. **Limited Comprehensive Studies:** Studies like, Green, B. L., & McFarlane, A. C. (2018). *Trauma and Health: Physical Health Consequences of Exposure to Extreme Stress*, often focus on broad aspects of trauma or specific populations, leaving gaps in our understanding of the nuanced interactions between gender and coping strategies.

2. **Longitudinal Studies:** Even in studies like, Koenen, K. C., & Widom, C. S. (2009). *A Longitudinal Study of Childhood Exposure to Maltreatment and the Risk for Posttraumatic Stress Disorder*, there is a notable scarcity of longitudinal research that tracks individuals over time, examining how coping strategies evolve and adapt as individuals move through different stages of trauma recovery.

3. **Positive Coping Strategies:** Much of the existing research like Masten, A. S. (2014). *Ordinary Magic: Resilience in Development*, has primarily focused on maladaptive coping strategies or the negative impact of trauma.. Investigating how men and women may leverage strengths and positive coping mechanisms can provide a more balanced understanding of gender and trauma resilience term interventions

RESEARCH QUESTION

Does gender influence or impact the selection of coping strategies employed by men and women in the aftermath of traumatic experiences?

OBJECTIVES

1. **Investigate Coping Strategies:** To investigate the coping strategies employed by men and women in the aftermath of traumatic experiences.
Also, investigate the coping strategies by considering both adaptive and maladaptive coping mechanisms, such as problem-solving, emotional expression, avoidance, and substance use.
2. **Identify Gender-Specific Coping:** Investigate whether there are gender-specific coping patterns or if individuals of different genders tend to use similar coping strategies.

METHODOLOGY

Research Design

Research Approach: The respondents will be people who are interested to co-operate. To collect the data we

will use a questionnaire method. The questionnaire used will be Brief Cope Questionnaire. The questionnaire has been modified by consolidating questions that addressed similar themes, thereby reducing the total number of questions from 28 to 14..

Sample Selection and Description

The sample consists of 160 participants (80 men and 80 women) who have experienced trauma.

The samples for this study will be limited to Bangalore urban alone. The sample will include ages from 18-60 and who have experienced trauma related to Grief and Loss

Data Analysis Techniques

Quantitative data are analysed using statistical methods like independent t-test.

Ethical Considerations

The study adhered to ethical guidelines, including informed consent, confidentiality, and the right to withdraw from the study at any time.

Statistical tool:

Independent T-Test: Overview

The independent t-test, also known as the two-sample t-test or Student's t-test, is a statistical test used to compare the means of two independent groups to determine whether there is a statistically significant difference between them. This test is widely used in research when you want to test hypotheses about the differences between two groups.

Key Assumptions of the Independent T-Test:

1. Independence: The two groups being compared should be independent of each other (no participant can be in both groups).

2. Normal Distribution: The data in each group should be approximately normally distributed.
3. Equal Variances: The variance (spread) of the two groups should be similar (this is tested by Levene's Test for Equality of Variances).

Reason for using the T-Test

1. Two Independent Groups: This research compares two independent groups (men and women) regarding their coping mechanisms. Since the data from men and women are independent of each other, the independent t-test is the appropriate statistical method.
2. Mean Differences: The independent t-test is designed specifically to determine whether the means of two groups are statistically different. In this case, it helps analyze whether men and women use certain coping strategies (e.g., addictive behaviors, acceptance, spirituality) significantly differently.
3. Clear Hypothesis Testing: If the research hypotheses suggest that men and women cope differently with trauma, the t-test will allow to test this assumption. It will tell if the differences in means (coping scores) between genders are significant.

DATA ANALYSIS AND RESULT

To assess the impact of gender on coping with trauma, I distributed the following questionnaire to 160 participants, evenly divided between 80 males and 80 females. The collected data was then analysed, and the resulting scores are presented below

SL#	Questions	Mean value for men	Standard deviation for men	Mean value for women	Standard deviation for women
1	In such events, I have been saying to myself "this isn't real" and been refusing to believe that it has happened	2.16	0.967	2.06	1.03
2	I have been comfortable in receiving emotional support, comfort and understanding from others	2.41	0.946	2.61	1.08
3	I have been engaging in activities like watching movies, TV, reading, daydreaming, sleeping, or shopping to distract myself and think about it less	2.88	1.08	2.95	0.96
4	I have been making jokes and making fun of the situation	1.93	1.01	1.8	1.013
5	I have been taking action to try to make the situation better by concentrating my efforts on doing something about the situation I am in.	2.58	0.998	2.85	1.094

6	I have been taking help and advice from other people about what to do	2.61	0.969	2.41	1.02
7	I have been giving up trying to deal with it and have been giving up the attempt to	2.02	1.012	2.13	1.075
8	I have been expressing my negative feelings and saying things to let my unpleasant feelings escape	2.32	1.058	2.433	1.059
9	I have been trying to see things more positively and finding something good in what's happening	2.66	0.967	2.9	1.025
10	I have been carefully considering my next steps and devising a plan to accomplish it.	2.51	1.026	2.76	1.031
11	I have been using addictive behaviors or substances like alcohol or other drugs to help me get through it and to make myself feel better	1.59	0.802	1.18	0.579
12	I have been accepting the reality of the fact that it has happened and learning to live with it.	2.65	0.924	3.25	0.85
13	I have been criticizing and blaming myself for things that happened*	2.28	1.051	2	1.031
14	I have been trying to find comfort in my religion or spiritual beliefs and have been praying or meditating	2.65	1.119	3.11	1.069

METHODOLOGY

An independent samples t-test was conducted for each coping mechanism to determine if there were significant differences between the mean scores of men and women. The sample size for each group was 80, and the data included mean values and standard deviations for both genders across 14 different coping strategies.

Steps in generating the results:

1. Understand the Data:
 - o We have mean values and standard deviations for two groups (men and women) on various coping mechanisms.
 - o The sample sizes for both groups are equal (80 men and 80 women).
2. Formulate the Hypotheses:
 - o Null Hypothesis :°There is no significant difference between men and women in the given coping mechanism (e.g., the mean score for men equals the mean score for women).
 - o Alternative Hypothesis :There is a significant difference between men and women in the given coping mechanism (e.g., the mean score for men does not equal the mean score for women).
3. Calculate the t-Statistic (For Question 1)
 - a. Extract the Data:
 - o Mean for Men : 2.16

- o Standard Deviation for Men : 0.967
- o Sample Size for Men :80
- o Mean for Women : 2.06
- o Standard Deviation for Women : 1.03
- o Sample Size for Women : 80

b. The t-statistic is calculated using the following formula

$$t = (\bar{x}_1 - \bar{x}_2) / \sqrt{[(s_1^2 / n_1) + (s_2^2 / n_2)]}$$

$$t = (2.16-2.06) / \sqrt{[(0.967)^2 / 80] + [(1.03)^2 / 80]}$$

$$t = (2.16-2.06) / \sqrt{[(0.935089/80)+(1.0609/80)]}$$

$$t = (2.16-2.06) / \sqrt{[0.011688+0.01326125]}$$

$$t = (2.16-2.06) / \sqrt{[0.02494925]}$$

$$t = (2.16-2.06) / 0.157953$$

$$t = 0.1 / 0.157953$$

$$t = 0.633$$

c. Calculate the Degrees of Freedom: The degrees of freedom for the t-test can be calculated as:

$$df = n_1 + n_2 - 2$$

$$df = 80 + 80 - 2 = 158$$

d. Determine the p-Value: The p-value is obtained by comparing the calculated t-statistic with the critical value from the t-distribution table. Since the table does not have df values above 120, we will use the df closest to 158, ie 120. The α value for this is 0.05

e. To calculate the p value, I have used a p value calculator for each t value with a corresponding df of 158.

f. The p value for this score is 0.528

RESULTS

1. "This isn't real":

Based on the t-value of 0.633 and a p-value of 0.528, the results are not statistically significant, indicating insufficient evidence to reject the null hypothesis. Therefore, no meaningful difference or effect was detected in this analysis

Following the same above procedure, the t values are calculated for the remaining questions also. The details and conclusions are as below.

2. Comfortable with emotional support:

t value = 1.246

p value= 0.215

Women (M = 2.61, SD = 1.08) reported higher comfort in receiving emotional support than men (M = 2.41, SD = 0.95), but this difference was not statistically significant

Based on the t-value of 1.246 and a p-value of 0.215, the results are not statistically significant, indicating insufficient evidence to reject the null hypothesis. Therefore, no meaningful difference or effect was detected in this analysis

3. Distracting activities:

t value = 0.433

p value= 0.665

Both men (M = 2.88, SD = 1.08) and women (M = 2.95, SD = 0.96) engaged in activities like watching TV or shopping to distract themselves, with no significant gender difference. Based on the t-value of 0.433 and a p-value of 0.665, the results are not statistically significant, indicating insufficient evidence to reject the null hypothesis. Therefore, no meaningful difference or effect was detected in this analysis.

4. Making jokes

t value = 0.813

p value = 0.418

The mean score for men (M = 1.93, SD = 1.01) was slightly higher than for women (M = 1.80, SD = 1.01), but based on the t-value of 0.813 and a p-value of 0.418, the results are not statistically significant, indicating insufficient evidence to reject the null

hypothesis. Therefore, no meaningful difference or effect was detected in this analysis

5. Taking action to make things better

t value: 1.631

p value: 0.105

Women (M = 2.85, SD = 1.09) were more likely to take action than men (M = 2.58, SD = 1.00), but the difference did not reach statistical significance.

Based on the t-value of 1.631 and a p-value of 0.105, the results are not statistically significant, indicating insufficient evidence to reject the null hypothesis. Therefore, no meaningful difference or effect was detected in this analysis

6. Taking help and advice

t value=1.271

p value: 0.205

Based on the t-value of 1.271 and a p-value of 0.205, the results are not statistically significant, indicating insufficient evidence to reject the null hypothesis. Therefore, no meaningful difference or effect was detected in this analysis

7. Giving up trying to deal with it

t value:0.666

p value:0.506

Women (M = 2.13, SD = 1.08) reported slightly higher tendencies to give up than men (M = 2.02, SD = 1.01), but the difference was not significant

Based on the t-value of 0.666 and a p-value of 0.506, the results are not statistically significant, indicating insufficient evidence to reject the null hypothesis. Therefore, no meaningful difference or effect was detected in this analysis

8. Expressing negative feelings

t value:0.675

p value:0.501

Both genders reported similar tendencies in expressing negative feelings, with no significant difference

Based on the t-value of 0.675 and a p-value of 0.501, the results are not statistically significant, indicating insufficient evidence to reject the null hypothesis. Therefore, Both genders reported similar tendencies in expressing negative feelings, with no significant difference

9. Seeing things positively

t value:1.523

p value: 0.130

Women (M = 2.90, SD = 1.03) were more inclined to see things positively compared to men (M = 2.66, SD = 0.97), but the difference was not statistically significant.

Based on the t-value of 1.523 and a p-value of 0.130, the results are not statistically significant, indicating insufficient evidence to reject the null hypothesis.

10. Considering next steps

t value:1.537

p value:0.126

Women (M = 2.76, SD = 1.03) scored higher in carefully considering their next steps than men (M = 2.51, SD = 1.03), but the difference was not statistically significant.

Based on the t-value of 1.537 and a p-value of 0.126, the results are not statistically significant, indicating insufficient evidence to reject the null hypothesis

11. Using addictive behaviors

t value:3.707

p value:0.0003

Men (M = 1.59, SD = 0.80) reported significantly higher use of addictive behaviours compared to women (M = 1.18, SD = 0.58), with this difference being statistically significant

With a t-value of 3.707 and a p-value of 0.0003, the results are statistically significant, indicating strong evidence that men are more likely than women to use addictive behaviours as a coping mechanism for trauma. The low p-value suggests that this difference is highly unlikely to be due to chance, supporting the conclusion that gender plays a significant role in the likelihood of using addictive behaviours to cope with trauma, with men being more prone to this behaviour than women.

12 Accepting reality

t value:4.274

p value:0.00003

Women (M = 3.25, SD = 0.85) were significantly more likely to accept the reality of their situation than men (M = 2.65, SD = 0.92), with this difference being highly significant.

With a t-value of 4.274 and a p-value of 0.00003, the results are highly significant, indicating strong evidence that women are significantly more likely than

men to accept the reality of their situation. The low p-value supports the conclusion that this observed difference is unlikely to be due to chance, highlighting that women show a notably higher tendency to accept their situation compared to men.

13 Criticizing and blaming self:

T value: 1.701

P value: 0.091

Men (M = 2.28, SD = 1.05) tended to criticize and blame themselves more than women (M = 2.00, SD = 1.03), though this difference approached but did not reach statistical significance.

Based on the t-value of 1.701 and a p-value of 0.091, the results are not statistically significant, indicating insufficient evidence to reject the null hypothesis

14. Comfort in religion or spirituality

T value: 2.659

P value: 0.009

Women (M = 3.11, SD = 1.07) reported significantly higher comfort in religion or spirituality compared to men (M = 2.65, SD = 1.12), with this difference being statistically significant.

With a t-value of 2.659 and a p-value of 0.009, the results are statistically significant. This indicates that women are significantly more likely than men to find comfort in spirituality. The low p-value suggests that this difference is unlikely to be due to random chance, supporting the conclusion that women have a higher tendency to seek comfort through spirituality compared to men.

DISCUSSION

The analysis reveals significant gender differences in three key coping mechanisms:

1. Use of Addictive Behaviours: Men were significantly more likely to resort to addictive behaviours as a coping mechanism. This finding may suggest that men are more prone to externalizing behaviours in response to trauma, potentially as a means of numbing or escaping emotional pain.
2. Acceptance of Reality: Women were significantly more inclined to accept the reality of the traumatic event. This higher acceptance might indicate a more adaptive coping strategy, where women are better able to integrate the traumatic experience

into their lives, possibly leading to better long-term adjustment.

3. **Comfort in Religion or Spirituality:** Women found significantly more comfort in religion or spirituality than men. This difference aligns with existing literature suggesting that women are more likely to use religious or spiritual practices as a means of coping with stress and trauma.

While other coping mechanisms did not show significant gender differences, the tendencies observed in those areas also provide valuable insights. For instance, women's slightly higher inclination to take action or consider next steps, and men's slightly higher self-criticism, although not statistically significant, point to nuanced differences that may still have practical implications in therapeutic settings.

SUMMARY OF FINDINGS

This study focused on exploring the role of gender in coping with trauma, revealing significant differences in how men and women respond to traumatic experiences. The key findings are summarized as follows:

1. **Men's Coping Mechanisms:**
 - The analysis showed that men are more likely to engage in addictive behaviours as a means of coping with trauma. This tendency suggests that men may favour coping mechanisms that avoid confronting or processing emotions. These behaviours may include substance use, gambling, or other externalized, potentially harmful activities. This aligns with existing literature that associates masculinity norms with a preference for problem-focused or avoidant coping strategies.
2. **Women's Coping Mechanisms:**
 - Women were found to cope with trauma in notably different ways. They were significantly more inclined to accept the reality of the traumatic event, indicating an adaptive, emotion-focused coping style. Acceptance is widely regarded as a constructive coping mechanism that can lead to psychological resilience.
 - Additionally, women showed a stronger tendency to find comfort in religion or spirituality. This may reflect their reliance on meaning-making processes and community

support that often accompanies religious or spiritual practices.

3. **Other Coping Mechanisms:**
 - Interestingly, the study found no significant gender differences in several other coping strategies, such as seeking emotional support, engaging in distracting activities, using humour to cope, taking action, or seeking help from others. This suggests that in some areas, men and women may share common approaches to managing trauma, particularly in socially supported or action-oriented coping mechanisms.

These results indicate that while gender plays a role in some coping behaviors, other factors such as personality, environment, or the nature of the trauma itself may influence the use of certain strategies more than gender alone.

IMPLICATIONS OF STUDY

1. **Targeted Interventions:** Understanding gender-specific coping mechanisms allows for the development of tailored therapeutic interventions. For instance, women might benefit more from support groups and emotional processing, while men might need strategies focused on addressing avoidance and substance use.
2. **Improved Clinical Outcomes:** By integrating gender considerations into treatment plans, clinicians can improve treatment efficacy and outcomes. Tailoring therapies to gender-specific coping styles can enhance engagement and effectiveness in trauma recovery.
3. **Enhanced Support Systems:** The findings can guide the creation of more effective support systems and resources. For example, community programs can be designed to address the specific needs of each gender, such as men's workshops on emotional expression and women's groups for dealing with self-blame.
4. **Policy Development:** Insights from the study can inform policy development in mental health services, ensuring that gender differences are accounted for in mental health guidelines and policies. This can lead to more equitable access to care and resources.
5. **Education and Training:** The study highlights the importance of gender sensitivity in mental health

education and training. Training programs for mental health professionals can include modules on gender differences in coping and trauma responses.

6. **Prevention Strategies:** Knowledge of how different genders cope with trauma can aid in designing preventive strategies to mitigate trauma's impact. For instance, early intervention programs can be developed to address specific risk factors associated with each gender.
7. **Informed Research Directions:** The study's findings can help shape future research directions, highlighting areas where gender differences in coping mechanisms need further exploration or where existing theories may require refinement.
8. **Public Awareness:** Raising public awareness about gender differences in coping with trauma can reduce stigma and promote more understanding and supportive attitudes towards those experiencing trauma.
9. **Customized Coping Resources:** The study can lead to the development of customized coping resources, such as self-help materials or online tools, that cater to the specific needs of men and women in managing trauma.
10. **Comprehensive Trauma Models:** Incorporating gender differences into trauma models can lead to more comprehensive and accurate models of trauma response and recovery. This can improve the theoretical frameworks used to understand trauma and develop interventions.

These implications highlight the importance of considering gender differences in trauma research and practice, aiming to enhance the support and treatment available to individuals affected by trauma.

FINAL THOUGHTS

This study sheds light on the important role that gender plays in shaping how individuals cope with traumatic events. The findings suggest that men tend to rely on more potentially harmful coping mechanisms, such as addiction, while women are more likely to use healthier strategies, like accepting their trauma and turning to spirituality. These differences have meaningful implications for both trauma theory and practice.

Understanding these gendered differences highlights the importance of gender-sensitive interventions in

trauma care. Programs that cater specifically to the coping styles of men and women may be more effective in promoting healing and recovery. For example, men may benefit from interventions that encourage emotional expression and provide alternatives to addictive behaviors, while women might benefit from further supporting their reliance on acceptance and spiritual practices.

In conclusion, this research contributes to a growing body of knowledge on the role of gender in trauma recovery. It also opens new pathways for future research to deepen our understanding of how gender, culture, and social factors interact to shape coping mechanisms. By continuing to explore these areas, future studies can provide valuable insights to inform trauma treatment and support services for both men and women.

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Appendices

Appendix A:

https://docs.google.com/forms/d/e/1FAIpQLSdQv2wnftfu_xhE7MOCNfMHD5lu6iHyjSiAWpQvVEsDg538Y5g/viewform

The Questionnaire that was used to gather data for this project is in the link mentioned above.

Socio Demographic data

Name:

Age:

Gender:

Encountered some kind of trauma

Below are 14 questions, and based on the questions you may choose an option from the options:

- ✓ I haven't been doing this at all
- ✓ I've been doing this a little bit
- ✓ I've been doing this a medium amount
- ✓ I've been doing this a lot

1. In such events, I have been saying to myself "this isn't real" and been refusing to believe that it has happened
2. I have been comfortable in receiving emotional support, comfort and understanding from others
3. I have been engaging in activities like watching movies, TV, reading, daydreaming, sleeping, or shopping to distract myself and think about it less
4. I have been making jokes and making fun of the situation
5. I have been taking action to try to make the situation better by concentrating my efforts on doing something about the situation I am in.
6. I have been taking help and advice from other people about what to do
7. I have been giving up trying to deal with it and have been giving up the attempt to
8. I have been expressing my negative feelings and saying things to let my unpleasant feelings escape
9. I have been trying to see things more positively and finding something good in what's happening
10. I have been carefully considering my next steps and devising a plan to accomplish it.
11. I have been using addictive behaviours or substances like alcohol or other drugs to help me get through it and to make myself feel better
12. I have been accepting the reality of the fact that it has happened and learning to live with it.
13. I have been criticizing and blaming myself for things that happened
14. I have been trying to find comfort in my religion or spiritual beliefs and have been praying or meditating.