The Center for Research and Outreach

Putting Research to Work
for Military Families

Focus:
Multiple Branches

Examining the Factor Structure of PTSD Between Male and Female Veterans in Primary Care

Hall, B. J., Elhai, J. D., Grubaugh, A., Tuerk, P., & Magruder, K. (2012). Examining the factor structure of PTSD between male and female veterans in primary care. *Journal of Anxiety Disorders*, *26*(3), 409-415. doi:10.1016/j.janxdis.2011.12.015

SUMMARY: Researchers assessed possible gender differences between two prevailing posttraumatic stress disorder (PTSD) models – the emotional numbing (e.g., re-experiencing, avoidance, emotional numbing and arousal) and dysphoria (e.g., re-experiencing, avoidance, dysphoria and arousal) models – in order to establish whether one model is more generalizable with regard to both genders in a sample of trauma-exposed (any lifetime trauma) U.S. Veterans. Results suggest that the "emotional numbing" model may be best for cross-gender comparisons of PTSD.

KEY FINDINGS:

- The emotional numbing model adequately characterized female Veterans as compared to the dysphoria model and better characterized male Veterans which suggests that the emotional numbing model is the most appropriate model for cross-gender comparisons.
- Men were more likely to report combat exposure as a traumatic event, whereas women were more likely to report personal events (medical illness of a friend, childhood sexual abuse or rape, rape in adulthood, and physical attack without weapons) as a traumatic event.
- For men, younger age, ethnic minority status, and exposure to combat and physical violence were the most important potentially traumatic exposure predictors for PTSD.
- For women, adult sexual assault was the single significant experience associated with increased PTSD factor specific symptoms.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Provide support groups to Service members coping with PTSD
- Offer workshops to Service members and their families about how gender can influence PTSD symptoms
- Disseminate information regarding available resources to help Service members and their families who are coping with mental health issues

IMPLICATIONS FOR POLICIES:

Policies could:

- Continue to support research examining the utility and appropriateness of different PTSD screening tools
- Support reintegration programs that provide information and resources to Service members coping with mental health issues post-deployment
- Recommend professional development regarding how to tailor PTSD treatment for men and women

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METHODS

- Male and female Veterans who had made a health care visit during 1999 from one of four primary care clinics (i.e., Charleston and Columbia, South Carolina; Tuscaloosa and Birmingham, Alabama) were included in the sample.
- Participants were excluded if they had known dementia or were over the age of 80 years.
- Data from two random stratified studies were utilized for the current study.

PARTICIPANTS

- The sample included 878 trauma-exposed U.S. Veterans; 79% Male (average age = 62 years) and 21% Female (average age = 50 years)
- The majority of male Veterans were White (65%) or Black (32%); 54% of female Veterans were White and 44% were Black.
- Service rank or branch data were not provided.

LIMITATIONS

- he sample does not adequately represent all minority groups, therefore the results may not generalize.
- The collected measure of PTSD was self-report rather than the preferred clinical interview.
- These data were collected only at one time point (cross-sectional design), and therefore the stability of the factors over time could not be estimated.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Replicate the study with Veterans from more recent conflicts
- Assess additional traumatic event data such as time since traumatic event exposure, as well as separating traumatic experiences specific to the military from traumatic experiences specific to civilian life
- Include socio-demographic information (e.g., race/ethnicity other than White; younger age) and trauma-type (e.g., combat experience, being attacked with a weapon) when comparing symptoms of PTSD between men and women because without such consideration, rates of PTSD based on clinical cut-off scores may incorrectly classify females as having higher symptom levels than males

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