Researchers assessed possible gender differences between two prevailing Post Traumatic 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 (re-experiencing, avoidance, emotional numbing, and arousal) 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:
- Providers may benefit from professional development to learn about how to tailor PTSD treatment for men and women given that men and women tend to report different types of traumatic events.
- Providers that work with military families may consider how to implement components related to awareness of PTSD and how gender may impact symptoms and screening measures.

Implications for Policies:
- Resources could be directed to evaluate the utility and appropriateness of different PTSD screening tools used across a broad range of Service members given that PTSD factor scores were influenced not only by combat experience, but by other experiences as well (e.g., sexual assault)—particularly for women.

Avenues for Future Research:
- The study could be replicated in Veterans from more recent conflicts and more ethnically diverse samples using longitudinal study designs.
- Futures studies could include 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.
- Socio-demographic information (e.g., race/ethnicity other than White; younger age) and trauma-type (e.g., combat experience, being attacked with a weapon) should be included when comparing symptoms of PTSD between men and women. Without such consideration, rates of PTSD based on clinical cut-off scores may incorrectly classify females as having higher symptom levels than males.
Participants were identified if they 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).

Confirmatory factor analysis was used to determine the best four-factor model of PTSD for both men and women.

The sample included 878 trauma-exposed U.S. Veterans; 79% Male (average age=62 years) and 21% Female (average age=50 years).

Males: 65% White, 32% African American; 33% some college, 29% high school education; 72% married/cohabitating, 13% divorced.

Females: 54% White, 44% African American; 56% some college, 26% college education; 42% married/cohabitating, 25% divorced.

Exposure to a single potentially traumatic event was reported by 21% of the sample, 28% reported two events, 20% reported three events, and 31% reported experiencing more than three events.

The sample does not adequately represent minority groups other than African Americans and the results may not generalize.

The measure of PTSD collected was self-report instead of the preferred clinical interview.

These data were collected only at one time point (cross-sectional design), and therefore the stability of the factors estimates over time could not be estimated.

The study was composed of older Veterans and mostly men, which also limits generalizability to other populations.