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**UNDERSTANDING SEX DIFFERENCES IN EMOTIONAL DISTRESS: A LOOK
AT EXPOSURE, AGENCY, AND UNMITIGATED COMMUNION**

**הבדלים בין המינים בחוויה של מצוקה רגשית: מבט על חשיפה, עצמאות
ושיתופיות לא ממותנת**

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Abstract

The present study examined 729 Israeli adolescents aged 11.5 - 15 years from Jerusalem, Gilo, and the Jewish settlements of Gush Katif and Efrat during a period of ongoing political violence in Israel. The first part of the study explored the relationships between sex, exposure to political violence, and posttraumatic stress symptoms. Exposure to political violence was weakly correlated with PTSS whereas subjective perception of danger was moderately correlated with PTSS. Hierarchical multiple regression analysis revealed that while both exposure and sex were significant independent predictors of PTSS, sex did not moderate the relationship between exposure and PTSS. Results also indicated that females reported more posttraumatic stress symptoms than males. The second part of this study explored the relationship between sex, internalizing symptoms, and the gender-related traits of agency and unmitigated communion. Results indicated that males reported higher levels of agency whereas females reported higher levels of unmitigated communion. A series of regression analyses revealed that unmitigated communion partially mediated the relationship between sex and anxiety as well as sex and intrusive symptoms. Further analyses revealed that agency partially mediated the relationship between sex and depression, anxiety and intrusive symptoms. These findings indicate that the difference between sexes in the gender-related traits they acquire, may partially explain the sex differences exhibited in internalizing symptoms of emotional distress.

Keywords: trauma, post traumatic stress symptoms, exposure, gender, agency, unmitigated communion

Introduction

Context: The Second Intifada

The Israeli-Palestinian conflict is an ongoing conflict that has led to injuries and casualties on both sides. As a part of this conflict in September of 2000, Palestinian guerilla groups began conducting a series of terror attacks on Israeli civilians. Known as the Second Intifada (or the Al-Aqsa Intifada), this wave of political violence lasted for roughly five years, the peak of which occurred between 2001 and 2004. During this period both Palestinians and Israelis experienced a range of political violence (Schulze, 2001; Shamir & Sagiv-Schifter, 2006).

During the Second Intifada citizens of Israel were exposed to suicide bombings, drive-by shootings, stabbings, roadside detonations, intrusions into homes, and numerous other violent attacks (Bleich et al., 2003). Given the small population of the country of Israel, all sectors of the Israeli society were either directly or indirectly exposed to these attacks. However, different areas were exposed to different types, frequency, and severity of terrorism (Solomon & Lavi, 2005). This study assesses young adolescents during the Second Intifada, some of whom were living in areas that were highly exposed to these stressful events.

Exposure and Distress

Exposure to political violence is often associated with a range of emotional, behavioral, and social manifestations of distress among children and adolescents (Allwood et al., 2002; Joshi & O'Donnell, 2003; Shaw, 2003). One salient expression of distress following a traumatic experience is Post Traumatic Stress Disorder (PTSD). A number of studies have documented PTSD symptoms in children and adolescents

following exposure to political violence (Pfefferbaum et al., 2006; Solomon & Lavi, 2005). A few months following the Kuwaiti liberation from Iraq, Nader et al. (1993) found that over 70% of the children and adolescents screened, experienced moderate to severe levels of PTSD symptoms. In the wake of the terrorist attacks on September 11th 2001, New York City school children and adolescents were surveyed about their experiences. Of 434 students evaluated 4 months after the attack, 84% reported at least moderate Post Traumatic Stress Reactions (PTSR) (Fairbrother, 2003).

Though PTSD symptoms are common following situations of political violence, the emotional implications of political violence are not restricted to the full-blown disorder of PTSD. Other manifestations of distress include anger, anxiety, depression, and dissociation among others. A study on children exposed to the Bosnian War showed that in addition to PTSD symptoms, the children evidenced various forms of emotional distress. Within this group of children 90.6% experiences significant levels of sadness and 95.5% experienced high levels of anxiety (Goldstein, et al., 1997). Another study on children during the Bosnian war revealed similar findings. In this sample, children exposed to political violence were reported to have higher levels of anxiety, depression, aggression, and social problems than children without such exposure (Allwood et al., 2002). After the September 11th terror attacks, in a national sample of adolescents, 68.3% reported one or more dissociative symptoms and 45.1% reported symptoms of anxiety (Gil-Rivas et al., 2004).

Given these findings, this study proposes that exposure to political violence will be positively associated with emotional distress, as measured by Posttraumatic Stress Symptoms (PTSS), among male and female adolescents.

Sex and Distress

One of the most potent risk factors for posttraumatic stress disorder (PTSD) and other manifestations of emotional distress among individuals who were exposed to traumatic experiences, is the degree of exposure (Bokszczanin, 2007; Frans et al., 2005). However, research shows that while males are more likely to be exposed to traumatic events, females are more likely to develop PTSD and distress symptoms. A common explanation given for these results is that females are more likely to experience interpersonal traumas such as sexual assault and abuse. Still, studies have found that even after controlling for type of traumatic event, females are still more likely to meet criteria for PTSD and report greater severity of PTSD and distress symptoms (Breslau, 2009; Frans et al., 2005; Tolin & Foa, 2006).

The sex differences observed in PTSD and distress following trauma apply to emotional distress irrespective of trauma as well. From early adolescence through adulthood, females are more likely than men to develop depression. Epidemiological data show that across a variety of cultural settings females are twice as likely as men to experience depressive episodes (Kuehner, 2003). Further research shows that females are more likely to experience depressive symptoms as well as clinical depression. Similar findings have been observed for sex differences in anxiety (Bekker & van Mens-Verhulst, 2007; Costello et al., 2003, Mackinaw-Koons & Vasey, 2000). Various theories have been proposed to explain these observed sex differences. These include biological factors (Altemus, 2006), gender roles (Kuehner, 2003), and coping styles (Nolen-Hoeksma, 2001).

Given these findings, this study proposes that sex will moderate the relationship between exposure to political violence and PTSS. Specifically, the positive association between exposure to political violence and PTSS will be higher in females than in male adolescents.

Externalizing and internalizing symptoms. When discussing sex differences in emotional distress an important distinction must be made between externalizing and internalizing symptoms and disorders (Lacuelle et al., 2015). Externalizing dimensions of distress include antisocial and attention symptoms such as oppositional defiant disorder and attention deficit hyperactivity disorder. Internalizing dimensions of distress include mood and anxiety symptoms such as depression, generalized anxiety and social phobia (Caspi et al., 2014; Lacuelle, et al., 2015). Externalizing disorders and symptoms tend to have an early onset in childhood whereas internalizing disorders and symptoms tend to emerge in adolescence (Rutter et al. 2003). Furthermore, while males are more likely to experience externalizing symptoms, females are more likely to experience internalizing symptoms (Eaton et al., 2012; Martel, 2013). A possible explanation for these observed differences is that externalizing and internalizing factors are related to gender personality traits (Caspi et al., 2014).

Sex and gender. In the discussion of gender-related personality traits it is important to differentiate between the terms sex and gender. Sex refers to the biological features that distinguish between male and female human beings. Gender, on the other hand, consists of the sociocultural aspects of defining one's identity in relation to sex (American Psychological Association, 2010). Therefore, an individual may be biologically female

and identify with the male gender. Still, most people experience a match between their sex and their gender (Helgeson, 2015).

Gender Personality Attributes

Studies focusing on distress often point to the significant effect of personality variables on the distress outcome. Such variables include neuroticism, introversion, extraversion, social inhibition, conscientiousness and agreeableness (Denollet et al., 2009; Rantanen et al., 2005; Tackett, 2006; Warbah et al., 2007). The present study explores whether the gender-related personality traits of agency and unmitigated communion might help explain the gender differences exhibited in internalizing dimensions of distress.

Agency is a term defined by masculine traits and describes the manner by which individuals assert themselves in their world (Leonard, 1997). It reflects the existence of a person as an individual organism with a focus on the self. *Communion* is defined by feminine traits and reflects the existence of a person as part of a larger social unit or organism with a focus towards others (Abele & Wojciszke, 2007). This may be displayed in group participation, cooperation and attachment to others. When communion is in extreme form and not mitigated by agency, the phenomenon is referred to as *unmitigated communion* (Helgeson & Fritz, 1999). This is expressed by a focus on and involvement with others to the neglect of the self. Individuals high in unmitigated communion are very kind and very aware or concerned about others' feelings. The main distinction between communion and unmitigated communion is that communion reflects a positive and caring orientation towards others while unmitigated communion reflects a degree of selflessness that negatively affects well being (EPAQ; Spence et al., 1979).

The terms agency and communion were produced using masculinity and femininity scales from previously developed measures (BSRI; Bem, 1974; PAQ; Spence et al., 1974). Considering the measures upon which agency and communion are constructed, as well as the general congruence between sex and gender, one would expect males to exhibit higher levels of agency and lower levels of communion than females (Helgeson, 2015). In fact, a number of studies have supported this presumption. In a study on psychological and social functioning, Saragovi et al. (1997) confirmed that men scored significantly higher than women on agentic (masculine) traits and women scored significantly higher than men on communal (feminine) traits. Assessing a group of undergraduate students Bruch (2002) also reported higher levels of communion for females and higher levels of agency for males.

Studies have also observed similar results for the unmitigated counterparts of these gender-related traits. In a sample of undergraduate students, females scored higher than males on measures of unmitigated communion (Helgeson & Fritz, 1999). Research conducted on Japanese young adults also revealed that women scored significantly higher on measures of unmitigated communion (Hirokawa & Dohi, 2007). In current literature the terms agency and communion (and their unmitigated counterparts) are commonly used to describe gender-related personality traits (Fritz, 2000; Hirokawa & Dohi, 2007; Trudeau et al., 2003).

Development of gender personality attributes. Although, to our knowledge, no studies have been conducted to directly assess the manner in which the specific concepts of agency and communion develop, theories on gender differences points to probable explanations. Among the theories on gender differences, biological, evolutionary, and

social-environmental perspectives are discussed. Biological theories of gender emphasize the role of genetics, hormones, and brain structure. Evolutionary theory, on the other hand, suggests that these traits evolved to maximize reproductive success and survival. The social environmental theory explains that from a young age, society (parents, teachers, and media etc.) teaches males and females that certain behaviors are expected based on their sex (Helgeson, 2015). Specifically, males are socialized to have an agentic orientation. They are reared to achieve, be independent and competitive. Females, on the other hand, are socialized to have a communal orientation. They are reared to place high importance on relationships with others and are expected to do so.

Once children reach the age of seven they generally understand that gender is stable and constant. (Golombok & Hines, 2002; Unger & Crawford, 1992). As they continue to grow children's gender roles become a more central part of their personality and increasingly influence their toy preference, playmate preference, and play style. By the time children reach adolescence they have a potent understanding of traits that are valued and expected for their given sex (Golombok & Hines, 2002).

Findings have shown that these gender trait differences exist across a wide range of cultures (Costa et al., 2001; Schmitt et al., 2008). The tendency to socialize males and females in a different manner can also be seen throughout history in varying degrees. However, in western cultures over the past years, there has been an attitudinal change in gender roles and consequently, expectations (Eagly et al., 2000). Coinciding with this trend, studies evidence that female agency scores have increased while male communal scores have slightly increased (Helgeson, 2015). Still, numerous recent studies continue

to find sex differences among these traits (Bruch, 2002; Hirokawa & Dohi, 2007; Saragovi, 2002).

Given that gender traits are well established by the late childhood, we presume that the gender differences in agency and communion observed among adults will also be present in younger age groups. Thus, our study hypothesizes that male adolescents will have higher levels of agency than female adolescents and that female adolescents will have higher levels of unmitigated communion than male adolescents.

Gender personality attributes and emotional distress. Since Helgeson (1994) presented her model on agency and communion, researchers have been investigating the effect of these constructs on adjustment to various types of stress. Overall, findings have demonstrated that, in stressful situations, individuals with higher levels of agency experienced less emotional distress whereas individuals high in unmitigated communion experience more emotional distress (Fritz, 2000; Mosher & Danoff-Burg, 2008; Trudeau et al., 2003).

In a study on adjustment after a first coronary event, Helgeson assessed patients upon being released from the hospital as well as three months later. Results indicated that patients with higher levels of agency experienced less anxiety and depression, (Helgeson, 1993). In a two year longitudinal study on breast cancer patients undergoing treatment, higher levels of agency were associated with emotional well being (Piro, 2001). In both male and female rheumatoid arthritis patients, higher levels of agency predicted lower psychological distress such as feelings of depression and hopelessness (Trudeau et al., 2003).

Expanding the study on agency and communion to other cultures, Hirokawa & Dohi (2007) assessed these traits in Japanese undergraduate students. The results indicated that agency was related to less dysphoria and higher levels of self esteem in male and female students. Amongst American undergraduate students, agency was also related to lower levels of depression (Bruch, 2002; Kuiper & Borowicz-Sibenik, 2005). Hobbs & McLaren (2009) assessed the relationship between agency, depression, and suicide from a sample of Australian men and women. Consistent with previous findings, they observed that agency was related to lower levels of depression as well as lower levels of suicide ideation among both sexes. It appears then that agency is inversely related to internalizing symptoms of distress.

Various suggestions have been presented to explain the inverse relationship between agency and emotional distress. Helgeson & Lepore (1997) propose that people with high levels of agency have a healthy sense of self. This in turn might help them better adapt to stressors that may threaten their view of themselves. Another potential explanation is that agentic individuals are characteristically more autonomous than communally oriented individuals. Therefore they may be better experienced in taking care of themselves, particularly, when facing stressful situations. It has also been shown that those with an agentic orientation have less difficulty expressing emotions to others (Helgeson & Lepore, 1997). This might also help explain why agentic individuals are less likely to develop internalizing symptoms such as those in depression.

The relationship between emotional distress and gender-related traits has also been observed with unmitigated communion. In a two-year longitudinal study on breast cancer patients undergoing treatment, unmitigated communion was negatively associated

with emotional well being (Piro et al., 2001). So too, in both male and female rheumatoid arthritis patients unmitigated communion predicted greater psychological distress (Trudeau, 2003). In a series of studies on unmitigated communion, Fritz & Helgeson (1998) observed that among a group of adolescents, unmitigated communion was distinctly associated with depression. Another study including adolescents found that feminine role-related characteristics such as over involvement with others were related to higher levels of depressive symptoms (Aube et al., 2000). In a later study on college females Aube (2008) discerned that both self-reported and peer-reported unmitigated communion were associated with more depressive symptoms. Finally, in a 10 year longitudinal study on unmitigated communion Aube (2008) established that unmitigated communion was associated with poorer psychosocial adjustment as well as more depressive symptoms. These findings provide a strong indication that unmitigated communion is associated with internalizing symptoms of distress.

Given their role as caretakers, individuals high in unmitigated communion may not feel comfortable putting their needs before those of others. Therefore, in a stressful situation they are likely to focus on the care of others and disregard their own care. In fact, Helgeson & Fritz (2000) found that among college freshman, unmitigated communion was consistently related to providing support for family and friends but rarely related to receiving support from these same groups of people. If a person disregards his own needs then he is likely to reduce his own well-being, especially if others do not meet those needs. Furthermore, individuals who are focused on the well being of others may be more likely to develop internalizing disorders, because unlike externalizing disorders, they generally do not disrupt the surrounding environment.

Taking into consideration Helgeson's model (1994) as well as the findings on the relationship between distress and gender personality traits, this study proposes a model whereby the gender characteristics of agency and unmitigated communion will mediate the relationship between biological sex and emotional distress, as measured by the internalizing manifestations of depression, anxiety, and intrusive symptoms.

Hypotheses

1. Exposure to political violence will be positively associated with PTSS among male and female adolescents.
2. Sex will moderate the relationship between exposure to political violence and PTSS. Specifically, the positive association between exposure to political violence and PTSS will be higher in females vs. male adolescents.
3. Male adolescents will exhibit higher levels of agency than females
4. Females adolescents will exhibit higher levels of unmitigated communion than males.
5. Unmitigated communion will mediate the effect of sex on emotional distress, specifically as measured by internalizing symptoms. That is, sex will be significantly related to unmitigated communion, which in turn will be significantly related to internalizing symptoms. The aforementioned relationships will account for the relationship between sex and internalizing symptoms.
6. Agency will mediate the effect of sex on emotional distress, specifically as measured by internalizing symptoms. That is, sex will be significantly related to agency, which in turn will be significantly related to internalizing symptoms. The aforementioned relationships will account for the relationship between sex and internalizing symptoms.

Method

Procedure

This study is a secondary analysis that is based on data that was collected by Dr. Tamar Lavi and Professor Zahava Solomon during the Second Intifada. For this study, authorization was obtained from the Ministry of Education and the headmasters of the schools that participated. Data was collected in accordance with the procedures established by the Ministry of Education. In concurrence with their regulations, all parents were informed of the study. Parents who did not want their children to participate in the study returned a signed form indicating so. All participants were also given a form explaining the research as well as the option to decline participation. Those who did not wish to participate could choose to not receive a questionnaire or to hand in a blank questionnaire. All questionnaires were filled out anonymously. Questionnaires were distributed in classrooms during school hours.

Subjects

The sample for this study was comprised of 729 Israeli Adolescents aged 11.5-15 years ($M = 13.41$, $SD = 0.68$), all 7th and 8th grade students. The original sample was comprised of 740 adolescents, 11 were removed due to incomplete questionnaires. This sample was made up of three separate groups: Adolescents who resided in Jerusalem, Gilo, and the Jewish settlements of Efrat and Gush Katif (today, a part of the Gaza strip). Participants were asked about their age, sex, and religiosity. See Table 1, for demographics.

Table 1

Participant Demographics

		<i>N</i>	%
Gender	Male	358	49.1
	Female	371	50.9
Age	11.50-13.50	454	63.1
	13.50-15	275	37.7
Religiosity	Religious	283	38.8
	Traditional	218	29.9
	Secular	221	30.3
Area of Residence	Jerusalem	160	21.9
	Gilo	262	35.9
	Efrat & Gush Katif	307	42.1

Measures

Exposure questionnaire. This questionnaire assessed participants' exposure to terror events. It consisted of 28 items (see appendix 1), each of which referred to an event that Israeli youths encountered in the Second Intifada such as being in a place of a suicide bombing or seeing injured people from the conflict on the television. Dr. Tamar Lavi and Professor Zahava Solomon selected items for this questionnaire as part of a large-scale research project on youth in the Second Intifada (Lavi & Solomon, 2004). The events were drawn and modified from reliable and valid exposure questionnaires used in previous studies (Hein et al., 1993; Macksoud, 1992; Punamaki, 1990; Sadeh, 1997).

The questionnaire enabled the evaluation of both the level of exposure (i.e., number of events experienced) and subjective perception of danger. First, participants were asked to indicate whether they had experienced each of the 28 items on the list. Level of exposure was calculated as the sum of all experienced events (possible range 0-28). See Table 2 for most common types of exposure.

For the assessment of subjective perception of danger, participants were asked to indicate on a 5-point Likert scale, ranging from 0 (hardly any danger) to 4 (extreme

danger), the degree of danger that they felt in an event related to the Second Intifada that they experienced. The perceived danger of an event that was not experienced was scored as 0. The scale was translated to Hebrew by the back-translation method. Since each subject was exposed to different events, Cronbach's alpha was not calculated for these measures.

Table 2

5 Most Common Types of Exposure According to Area of Residence

Area of Residence	Event	N	%
Jerusalem	Saw people who died or were injured on TV	131	81.9
	Worried about someone I thought was injured	47	29.4
	Know someone who was injured	38	23.8
	Know someone who died	37	23.1
	Stayed home to hide from bombings/shootings	23	14.4
Gilo	Saw people who died or were injured on TV	208	79.4
	House was shot at while home	88	33.6
	Stayed home to hide from bombings/shootings	78	29.8
	Worried about someone I thought was injured	74	28.2
	Saw someone being shot at	66	25.2
Efrat & Katif	Know someone who died	264	86.0
	Saw people who died or were injured on TV	254	82.7
	Needed to give up an activity due to situation	254	82.7
	Know someone who had rocks thrown at car while driving	245	80.1
	Know someone who was shot at while driving	243	79.2

Note. Katif, Gush Katif

Extended personal attributes questionnaire (EPAQ). This measure was used to evaluate agency, communion, and unmitigated agency. The EPAQ (Spence et al., 1979) is a self-report inventory consisting of 24 items presented as self-statements, eight for each trait (see appendix 2). Previous studies have shown well-established validity for these subscales (Helgeson, 1994; Helgeson & Fritz, 1999) Respondents were asked to rate, on a 5-point Likert scale ranging from 1 (not true at all) to 5 (true to a high extent), the extent to which each statement was true about themselves. The scale was translated to Hebrew by the back-translation method. Internal consistency measured by Cronbach's Alpha for agency, communion, and unmitigated agency were 0.62, 0.64, and 0.65 respectively. Two items were deleted on the agency subscale to improve internal consistency from .57 to .62.

Though data was originally collected on all three traits, in this secondary analysis communion and unmitigated agency were excluded. Our intention was to measure a male trait related to emotional well-being and a female trait related to emotional distress in order to better understand gender differences in distress. Given the consistent findings of the inverse relationship between agency and distress (Fritz, 2000; Mosher & Danoff-Burg, 2008; Trudeau, 2003) we decided to include the agency measure.

Unmitigated communion scale. Since the EPAQ does not conceptually measure unmitigated communion this construct was measured using a separate scale developed specifically for this construct. This scale was originally developed for use with cardiac patients (Helgeson, 1993) but a modified version of it was also used with a sample of adolescents aged 15-18 (Fritz & Helgeson, 1998). Previous studies have shown well-established validity for this subscale (Helgeson, 1993; Helgeson, 1994). This measure

consists of 9 items (presented as self-statements) that reflect an orientation towards others to the exclusion of the self. This included statements such as "I always place the needs of others above my own" and "I can't say no when someone asks me for help". Respondents were asked to rate, on a 5-point Likert scale ranging from 0 (not true at all) to 4 (true to a high extent), the extent to which each statement was true about themselves (see appendix 3). Scores were assessed by calculating the mean of the responses to the 9 statements. The scale was translated to Hebrew by the back-translation method. Internal consistency for this instrument measured by Cronbach's alpha for the total score was 0.71.

Trauma symptom checklist for children (TSCC). PTSD symptoms were assessed using the TSCC (Briere, 1996). The questionnaire is a self-report measure developed to assess the trauma-related symptoms among children (ages 8-16). It is a 54-item scale with six subscales: anger, anxiety, depression, dissociation, posttraumatic stress, and sexual concerns (see appendix 4). Some symptoms overlap across subscales. The subscales are not intended to provide a diagnosis of specific disorders. The posttraumatic stress subscale measures intrusive thoughts, sensations, and memories. For the sake of clarity, in this study, the posttraumatic stress subscale is referred to as intrusive symptoms, whereas all the subscales combined are referred to as posttraumatic stress symptoms.

Construct, convergent and discriminant validity are well established for this measure (Briere, 1996). Results of the TSCC are strongly associated with those derived from similar measures, including the CBCL and YSR (Achenbach, 1991; Briere, 1996 validity). Specifically, subscales of this measure strongly correlate with internalizing (anxiety, depression, posttraumatic stress) and externalizing problems (sexual concerns,

dissociation, and anger) as predicted by the CBCL. In this study, the anxiety depression and posttraumatic stress subscales are used to measure internalizing problems.

The TSCC checklist has also been used as a measure of emotional distress among adolescents (Wolfe et al., 2001). In this study a 44-item alternative version was used, omitting the sexual concern subscale measured by the TSCC. Respondents were asked to rate, on a 4-point Likert scale ranging from 0 (never) to 3 (almost all the time), the extent to which they experienced the symptoms presented. The scale was translated to Hebrew by the back-translation method. Internal consistency for this instrument measured by Cronbach's alpha for the total score was 0.93. Internal consistency for subscales of internalizing symptoms was also measured. Cronbach's Alpha for anxiety, depression, and posttraumatic stress was 0.80, 0.83, and 0.80 respectively.

Results

Exposure, Subjective Perception of Danger, and PTSS

To determine the univariate relations among exposure, subjective perception of danger and PTSS, descriptive statistics and preliminary Pearson correlation analyses were calculated. The results indicate a relationship between these variables, supporting our first hypothesis. Objective exposure to political violence was weakly correlated with PTSS ($r = 0.21$, $n = 717$, $p < .001$). Mean score for objective exposure was 6.03 ($SD = 4.67$) and for PTSS was 26.63 ($SD = 16.03$). These results differ from findings from other studies, which report a strong association between exposure to political violence and PTSS (Allwood et al., 2000; Fairbrother, 2003; Goenjian, 2014).

Subjective perception of danger was positively correlated with PTSS ($r = 0.25$, $n = 635$, $p < .001$). Objective exposure and subjective perception of danger were also positively correlated ($r = 0.34$, $n = 646$, $p < .001$). Mean score for subjective perception of danger was 1.98 ($SD = 1.36$). Table 3 details these results.

Table 3

Intercorrelations and Descriptive Statistics for all Variables in Study

Variable	1	2	3	4	5	6	7	8	9	10	11	M	SD
1. Exposure	—	0.34***	0.02	0.21***	0.23***	0.13***	0.17***	0.16***	0.15***	0.21***	-0.11**	6.03	4.67
2. Subj Danger		—	-0.05	0.23***	0.34***	0.20***	0.32***	0.08*	0.11**	0.25***	0.11**	2.00	1.36
3. Agency			—	0.05***	-0.29***	-0.28***	-0.26***	-0.05	-0.21***	-0.26***	-0.16***	21.36	4.00
4. Unmit Comm				—	0.21***	0.14***	0.23***	-0.04	0.11***	0.15***	0.08*	28.24	5.92
5. Anxiety					—	0.69***	0.80***	0.49***	0.65***	0.86***	0.21***	5.31	3.80
6. Depression						—	0.68***	0.60***	0.70***	0.87***	0.15***	4.58	3.72
7. Intrusive Symp							—	0.46***	0.68***	0.86***	0.20***	7.23	4.43
8. Anger								—	0.57***	0.76***	-0.07	5.80	4.27
9. Dissociation									—	0.85***	0.09*	5.04	3.86
10. PTSS										—	0.13**	26.63	16.03
11. Sex											—	1.51	.050

Note. Subj Danger, Subjective Perception of Danger; Unmit Comm, Unmitigated Communion; Intrusive Symp, Intrusive Symptoms; PTSS, Posttraumatic Stress Symptoms

* $p < .05$. ** $p < .01$. *** $p < .001$

Sex as a Moderator of Exposure on PTSS

To test the hypothesis that sex moderates the relationship between exposure to political violence and PTSS scores, a hierarchical multiple regression analysis was conducted. In the first step, PTSS was entered as the dependent variable and exposure was entered as the independent variable. Exposure accounted for a significant amount of variance in PTSS scores, $R^2 = .043$, $R^2_{\text{Adjusted}} = .041$, $F(1, 715) = 31.74$, $p < .001$. In the second step, the dependent variable remained the same and sex was added as the independent variable. Sex also accounted significant amount of variance in PTSS scores and made a unique contribution to the prediction of PTSS scores, above and beyond that of exposure $R^2 = .066$, $R^2_{\text{Adjusted}} = .064$, $F(2, 714) = 25.40$, $p < .001$. To avoid potentially problematic high multicollinearity with the interaction term, the exposure variable was centered. This was done by subtracting the sample mean to produce a revised sample mean of zero (Aiken & West, 1991). An interaction term between exposure and gender was then created.

Next, the interaction term between exposure and sex was added to the regression model, which did not account for a significant proportion of the variance in PTSS, $R^2 = .067$, $R^2_{\text{Adjusted}} = .063$, $F(3, 713) = 17.06$, $p = .51$. The results of this analysis indicate that both exposure and sex are significant independent predictors of PTSS. Specifically, higher levels of exposure predict higher levels of PTSS and female sex predicts higher levels of PTSS. However, the nature of the relationship between exposure and PTSS does not change as a function of gender, refuting our second hypothesis. Table 4 details the results of the hierarchical regression.

Table 4

Hierarchical Regression Examining Sex as a Moderator of Exposure and PTSS

Predictor	<i>B</i>	<i>SE</i>	<i>Beta</i>	<i>t</i>	<i>p</i>
Exposure	0.87	0.19	0.25	4.50	.000
Sex	-5.01	1.17	-0.16	-4.29	.000
Exp X Sex	-0.17	0.25	-0.04	-0.66	.510

Note. Sex, Gender; Exp, Exposure

Sex, Agency, and Unmitigated Communion

A one-way ANOVA was performed to determine sex differences in agency and unmitigated communion. Results revealed significant differences between males and females in level of agency ($F = 18.42, p < .001, \text{Cohen's } d = 0.32$). Specifically, males ($M = 22.00, SD = 4.20$) reported higher levels of agency than females ($M = 20.74, SD = 3.69$). Results also revealed significant differences between males and females in level of unmitigated communion ($F = 4.06, p < .05, \text{Cohen's } d = -0.15$). Specifically, males ($M = 27.79, SD = 6.05$) reported lower levels of unmitigated communion than females ($M = 28.67, SD = 5.76$). These results confirmed our third and fourth hypotheses.

Unmitigated Communion as a Mediator of Sex & Internalizing Symptoms

Anxiety. Descriptive statistics and preliminary Pearson correlation analyses were calculated to determine the univariate relations among unmitigated communion, sex, and anxiety scores. As expected, there were significant relationships among all our study variables. Sex was correlated with both unmitigated communion and anxiety. Also, unmitigated communion was correlated with anxiety. The significant univariate relationships between sex, unmitigated communion, and anxiety satisfied the requirements of mediation analysis, suggesting that we could proceed with the mediation analysis (Baron & Kenny, 1986). Table 3 details these results.

To test whether unmitigated communion mediated the relationship between sex and anxiety, we conducted a series of regression analyses. In the first regression unmitigated communion was entered as dependent variable and sex was entered as the independent variable. Sex accounted for a significant amount of variance in unmitigated communion scores, $R^2 = .006$, $R^2_{\text{Adjusted}} = .004$, $F(1, 716) = 4.06$, $p < .05$, meeting the first condition for mediation.

In the second regression, anxiety was entered as the dependent variable and sex was entered as the independent variable. Sex accounted for a significant amount of variance in anxiety scores, $R^2 = .044$, $R^2_{\text{Adjusted}} = .042$, $F(1, 715) = 32.66$, $p < .001$, meeting the second condition for mediation.

In the third regression, anxiety was entered as the dependent variable and sex as well as unmitigated communion were entered as the independent variables. Both sex and unmitigated communion predicted anxiety in the final step and collectively accounted for 7.8% of the variance in anxiety scores. When unmitigated communion was added, a drop in β was observed for sex (sex β dropped from 1.59 to 1.45). A follow up Sobel test indicated that these reductions were due to a mediation effect of unmitigated communion on sex (Sobel z -value = 2.00, $p < .05$). Table 5 and Figure 1 detail the results from our mediation model with anxiety as the outcome variable.

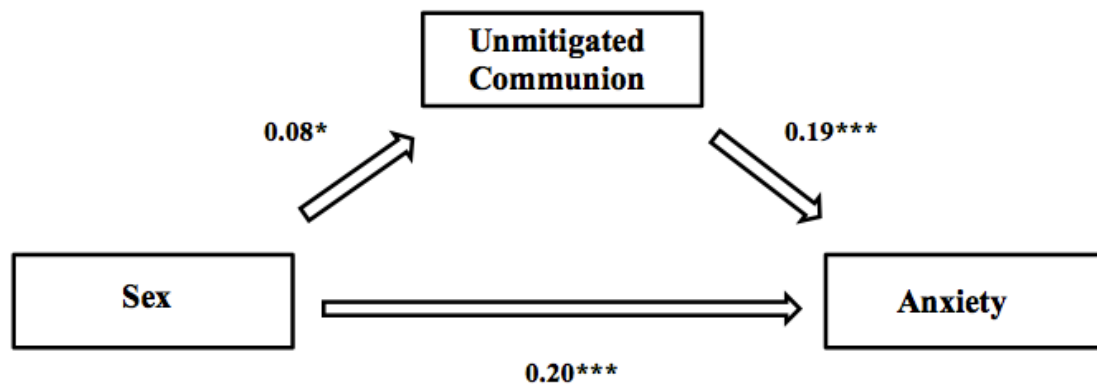


Figure 1. Mediation model where anxiety is the outcome. All numbers represented are standardized beta weights. * $p < .05$. *** $p < .001$.

Table 5

Regression Analysis Examining Unmitigated Communion as a Mediator Between Sex and Anxiety

Outcome	Predictor	<i>B</i>	<i>SE</i>	<i>Beta</i>	<i>t</i>	<i>p</i>	<i>Adjusted R²</i>
Predicting Anxiety							
Path a							.004
UCOM	1. Sex	0.89	0.44	0.08	2.02	0.044*	
Path b							.042
Anx	1. Sex	1.57	0.28	0.21	5.72	0.000***	
Path ab							.078
Anx	1. Sex	1.45	0.27	0.19	5.28	0.000***	
	2. UCOM	0.13	0.02	0.20	5.39	0.000***	

Note: Sex, Gender; UCOM, Unmitigated Communion; Anx, Anxiety

* $p < .05$. *** $p < .001$.

Depression. Descriptive statistics and preliminary Pearson correlation analyses were calculated to determine the univariate relations among unmitigated communion, sex, and depression. As expected, there were significant relationships among all our study variables. Sex was correlated with both unmitigated communion and depression. Also, unmitigated communion was correlated with depression. The significant univariate relationships between sex, unmitigated communion, and depression satisfied the requirements of mediation analysis, suggesting that we could proceed with the mediation analysis (Baron & Kenny, 1986). Table 3 details these results.

To test whether unmitigated communion mediated the relationship between sex and depression, we conducted a series of regression analyses. In the first regression unmitigated communion was entered as dependent variable and sex was entered as the independent variable. Sex accounted for a significant amount of variance in unmitigated communion scores, $R^2 = .006$, $R^2_{\text{Adjusted}} = .004$, $F(1, 716) = 4.06$, $p < .05$, meeting the first condition for mediation.

In the second regression, depression was entered as the dependent variable and sex was entered as the independent variable. Sex accounted for a significant amount of variance in anxiety scores, $R^2 = .021$, $R^2_{\text{Adjusted}} = .020$, $F(1, 715) = 15.59$, $p < .001$, meeting the second condition for mediation..

In the third regression, depression was entered as the dependent variable and sex as well as unmitigated communion were entered as the independent variables. Both sex and unmitigated communion predicted depression in the final step and collectively accounted for 3.4% of the variance in depression scores. When unmitigated communion was added, a drop in β was observed for sex (sex β dropped from 1.09 to 1.01). A follow

up Sobel test indicated that these reductions were not due to a mediation effect of unmitigated communion on sex (Sobel z -value = 1.79, $p = .07$). Table 6 and Figure 2 detail the results from our mediation model with depression as the outcome variable.

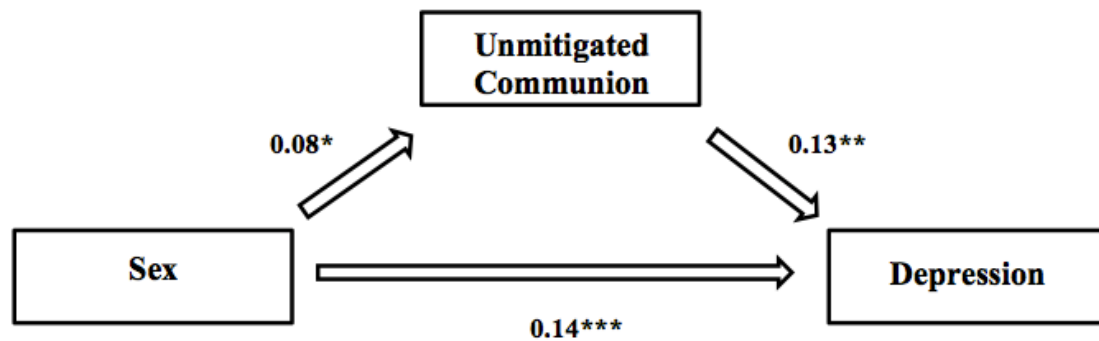


Figure 2. Mediation model where depression is the outcome. All numbers represented are standardized beta weights. * $p < .05$. ** $p < .01$. *** $p < .001$.

Table 6

Regression Analysis Examining Unmitigated Communion as a Mediator Between Sex and Depression

Outcome	Predictor	<i>B</i>	<i>SE</i>	<i>Beta</i>	<i>t</i>	<i>p</i>	<i>Adjusted R²</i>
Predicting Depression							
Path a							.004
UCOM	1. Sex	0.89	0.44	0.08	2.02	0.044*	
Path b							.020
Dep	1. Sex	1.09	0.28	0.15	3.95	0.000***	
Path ab							.034
Dep	1. Sex	1.01	0.28	0.14	3.68	0.000***	
	2. UCOM	0.08	0.02	0.13	3.40	0.001**	

Note: Sex, Gender; UCOM, Unmitigated Communion; Dep, Depression

* $p < .05$. ** $p < .01$. *** $p < .001$.

Intrusive Symptoms. Descriptive statistics and preliminary Pearson correlation analyses were calculated to determine the univariate relations among unmitigated communion, sex, and intrusive symptoms. As expected, there were significant relationships among all our study variables. Sex was correlated with both unmitigated communion and intrusive symptoms. Also, unmitigated communion was correlated with intrusive symptoms. The significant univariate relationships between sex, unmitigated communion, and intrusive symptoms satisfied the requirements of mediation analysis, suggesting that we could proceed with the mediation analysis (Baron & Kenny, 1986). Table 3 details these results.

To test whether unmitigated communion mediated the relationship between sex and intrusive symptoms, we conducted a series of regression analyses. In the first regression unmitigated communion was entered as dependent variable and sex was entered as the independent variable. Sex accounted for a significant amount of variance in unmitigated communion scores, $R^2 = .006$, $R^2_{\text{Adjusted}} = .004$, $F(1, 716) = 4.06$, $p < .05$, meeting the first condition for mediation.

In the second regression, intrusive symptoms was entered as the dependent variable and sex was entered as the independent variable. Sex accounted for a significant amount of variance in intrusive symptoms scores, $R^2 = .038$, $R^2_{\text{Adjusted}} = .037$, $F(1, 715) = 28.20$, $p < .001$, meeting the second condition for mediation.

In the third regression, intrusive symptoms was entered as the dependent variable and sex as well as unmitigated communion were entered as the independent variables. Both sex and unmitigated communion predicted intrusive symptoms in the final step and collectively accounted for 7.9% of the variance in depression scores. When unmitigated

communion was added, a drop in β was observed for sex (sex β dropped from 1.73 to 1.57). A follow up Sobel test indicated that these reductions were due to a mediation effect of unmitigated communion on sex (Sobel z -value = 2.03, $p < .05$). Table 7 and Figure 3 detail the results from our mediation model with intrusive symptoms as the outcome variable.

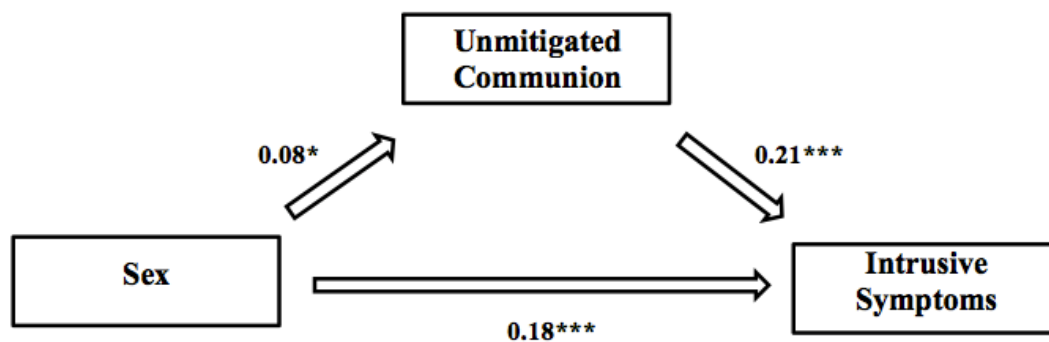


Figure 3. Mediation model where intrusive symptoms is the outcome. All numbers represented are standardized beta weights. * $p < .05$. *** $p < .001$.

Table 7

Regression Analysis Examining Unmitigated Communion as a Mediator Between Sex and Intrusive Symptoms

Outcome	Predictor	<i>B</i>	<i>SE</i>	<i>Beta</i>	<i>t</i>	<i>p</i>	<i>Adjusted R²</i>
Predicting Intrusive Symptoms							
Path a							.004
UCOM	1. Sex	0.89	0.44	0.08	2.02	0.044*	
Path b							.037
INT	1. Sex	1.73	0.33	0.20	5.31	0.000***	
Path ab							.079
INT	1. Sex	1.57	0.32	0.18	4.91	0.000***	
	2. UCOM	0.16	0.03	0.21	5.85	0.000***	

Note: Sex, Gender; UCOM, Unmitigated Communion; INT, Intrusive Symptoms

* $p < .05$. *** $p < .001$.

Agency as a Mediator of Sex & Internalizing Symptoms

Anxiety. Descriptive statistics and preliminary Pearson correlation analyses were calculated to determine the univariate relations among agency, sex, and anxiety scores. As expected, there were significant relationships among all our study variables. Sex was correlated with both agency and anxiety. Also, agency was correlated with anxiety. The significant univariate relationships between sex, agency, and anxiety satisfied the requirements of mediation analysis, suggesting that we could proceed with the mediation analysis (Baron & Kenny, 1986). Table 3 details these results.

To test whether agency mediated the relationship between sex and anxiety we conducted a series of regression analyses. In the first regression agency was entered as the dependent variable and sex was entered as the independent variable. Sex accounted for a significant amount of variance in agency scores, $R^2 = .025$, $R^2_{\text{Adjusted}} = .024$, $F(1, 722) = 18.42$, $p < .001$, meeting the first condition for mediation.

In the second regression, anxiety was entered as the dependent variable and sex was entered as the independent variable. Sex accounted for a significant amount of variance in anxiety scores, $R^2 = .044$, $R^2_{\text{Adjusted}} = .042$, $F(1, 715) = 32.66$, $p < .001$, meeting the second condition for mediation.

In the third regression, anxiety was entered as the dependent variable and sex as well as agency were entered as the independent variables. Both sex and agency predicted anxiety in the final step and collectively accounted for 10.8% of the variance in anxiety scores. When agency was added, a drop in β was observed for sex (sex β dropped from 1.59 to 1.24) A follow up Sobel test indicated that these reductions were due to a

mediation effect of agency on sex (Sobel z -value = 3.80, $p < .001$). Table 8 and Figure 4 detail the results from our mediation model with anxiety as the outcome variable.

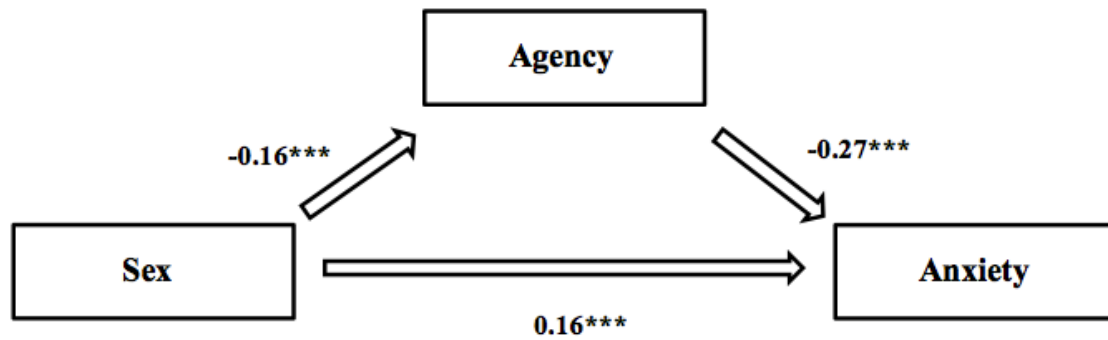


Figure 4. Mediation model where anxiety is the outcome. All numbers represented are standardized beta weights. *** $p < .001$.

Table 8

Regression Analysis Examining Agency as a Mediator Between Sex and Anxiety

Outcome	Predictor	<i>B</i>	<i>SE</i>	<i>Beta</i>	<i>t</i>	<i>p</i>	<i>Adjusted R²</i>
Predicting Anxiety							
Path a							.024
AGY	1. Sex	-1.26	0.29	-0.16	-4.29	0.000***	
Path b							.042
Anx	1. Sex	1.59	0.28	0.21	5.715	0.000***	
Path ab							.108
Anx	1. Sex	1.24	0.27	0.16	4.55	0.000***	
	2. AGY	-0.26	0.35	-0.27	-7.39	0.000***	

Note: Sex, Gender; AGY, Agency; Anx, Anxiety

*** $p < .001$

Depression. Descriptive statistics and preliminary Pearson correlation analyses were calculated to determine the univariate relations among agency, sex, and depression scores. As expected, there were significant relationships among all our study variables. Sex was correlated with both agency and depression. Also, agency was correlated with depression. The significant univariate relationships between sex, agency, and depression satisfied the requirements of mediation analysis, suggesting that we could proceed with the mediation analysis (Baron & Kenny, 1986). Table 3 details these results.

To test whether agency mediated the relationship between sex and depression we conducted a series of regression analyses. In the first regression agency was entered as the dependent variable and sex was entered as the independent variable. Sex accounted for a significant amount of variance in agency scores, $R^2 = .025$, $R^2_{\text{Adjusted}} = .024$, $F(1, 722) = 18.42$, $p < .001$, meeting the first condition for mediation.

In the second regression, depression was entered as the dependent variable and sex was entered as the independent variable. Sex accounted for a significant amount of variance in depression scores, $R^2 = .021$, $R^2_{\text{Adjusted}} = .020$, $F(1, 715) = 15.59$, $p < .001$, meeting the second condition for mediation.

In the third regression, depression was entered as the dependent variable and sex as well as agency were entered as the independent variables. Both sex and agency predicted depression in the final step and collectively accounted for 8.6% of the variance in depression scores. When agency was added, a drop in β was observed for sex (sex β dropped from 1.09 to 0.76) A follow up Sobel test indicated that these reductions were due to a mediation effect of agency on sex (Sobel z -value = 3.78, $p < .001$). Table 9 and

Figure 5 detail the results from our mediation model with depression as the outcome variable.

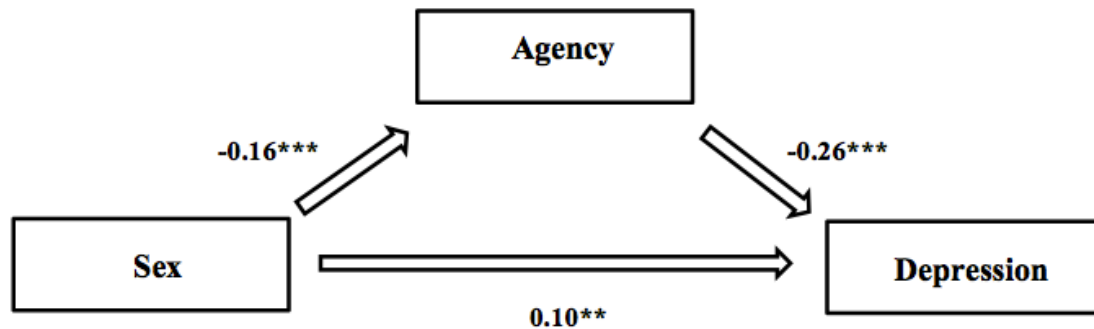


Figure 5. Mediation model where depression is the outcome. All numbers represented are standardized beta weights. **p < .01. ***p < .001.

Table 9

Regression Analysis Examining Agency as a Mediator Between Sex and Depression

Outcome	Predictor	<i>B</i>	<i>SE</i>	<i>Beta</i>	<i>t</i>	<i>p</i>	<i>Adjusted R²</i>
Predicting Depression							
Path a							
AGY	1. Sex	-1.26	0.29	-0.16	-4.29	0.000***	.024
Path b							
Dep	1. Sex	1.09	0.28	0.15	3.95	0.000**	.020
Path ab							
Dep	1. Sex	0.76	0.27	0.10	2.80	0.005**	.086
	2. AGY	-0.25	0.04	-0.26	-7.27	0.000***	

Note: Sex, Gender; AGY, Agency; Dep, Depression

p < .01. *p < .001.

Intrusive Symptoms. Descriptive statistics and preliminary Pearson correlation analyses were calculated to determine the univariate relations among agency, sex, and intrusive symptom scores. As expected, there were significant relationships among all our study variables. Sex was correlated with both agency and intrusive symptoms. Also, agency was correlated with intrusive symptoms. The significant univariate relationships between sex, agency, and intrusive symptoms satisfied the requirements of mediation analysis, suggesting that we could proceed with the mediation analysis (Baron & Kenny, 1986). Table 3 details these results.

To test whether agency mediated the relationship between sex and intrusive symptoms we conducted a series of regression analyses. In the first regression agency was entered as the dependent variable and sex was entered as the independent variable. Sex accounted for a significant amount of variance in agency scores, $R^2 = .025$, $R^2_{\text{Adjusted}} = .024$, $F(1, 722) = 18.42$, $p < .001$, meeting the first condition for mediation.

In the second regression, intrusive symptoms was entered as the dependent variable and sex was entered as the independent variable. Sex accounted for a significant amount of variance in intrusive symptom scores, $R^2 = .038$, $R^2_{\text{Adjusted}} = .037$, $F(1, 715) = 28.20$, $p < .001$, meeting the second condition for mediation.

In the third regression, intrusive symptoms was entered as the dependent variable and sex as well as agency were entered as the independent variables. Both sex and agency predicted intrusive symptoms in the final step and collectively accounted for 8.7% of the variance in intrusive symptoms scores. When agency was added, a drop in β was observed for sex (sex β dropped from 1.73 to 1.36). A follow up Sobel test indicated that these reductions were due to a mediation effect of agency on sex (Sobel z -value = 3.64, p

< .001). Table 10 and Figure 6 detail the results from our mediation model with intrusive symptoms as the outcome variable.

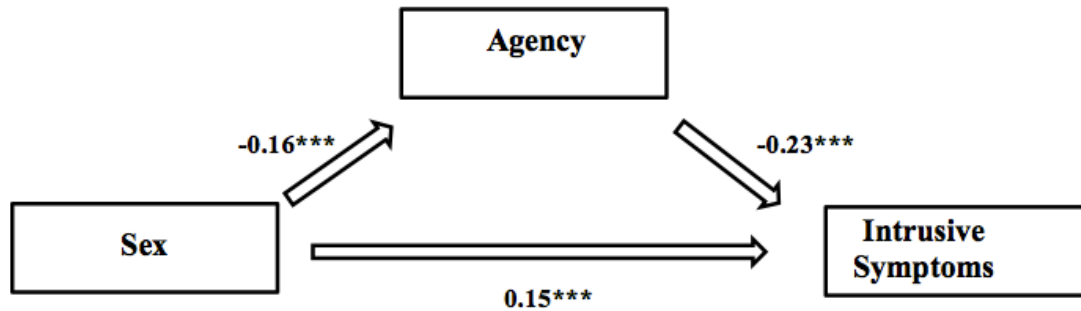


Figure 6. Mediation model where intrusive symptoms is the outcome. All numbers represented are standardized beta weights. ***p < .001.

Table 10

Regression Analysis Examining Agency as a Mediator Between Sex and Intrusive Symptoms

Outcome	Predictor	<i>B</i>	<i>SE</i>	<i>Beta</i>	<i>t</i>	<i>p</i>	<i>Adjusted R²</i>
Predicting Intrusive Symptoms							
Path a							.024
AGY	1. Sex	-1.26	0.29	-0.16	-4.29	0.000***	
Path b							.037
INT	1. Sex	1.73	0.33	0.20	5.31	0.000**	
Path ab							.087
INT	1. Sex	1.36	0.32	0.15	4.24	0.000***	
	2. AGY	-0.27	0.04	-0.23	-6.44	0.000***	

Note: Sex, Gender; AGY, Agency; INT, Intrusive Symptoms

p < .01. *p < .001.

Discussion

The first part of this study examined the relationship between exposure to political violence, sex, and PTSS in Israeli adolescents. Participants in this study were exposed to a wide range of political violence, both direct and indirect. Those living in the Jewish settlements were much more likely to be directly exposed while those living in Jerusalem were more likely to be indirectly exposed. The study's findings show a relationship between exposure to a traumatic event and subjective perception of danger. That is, adolescents who are more exposed to political violence also reported feeling more in danger during an event of exposure. One possible explanation is that exposure to traumatic events results in a greater sense of insecurity. However, it is also possible that individuals who experience a greater sense of insecurity are more likely to report exposure.

As predicted both exposure and subjective perception of danger were correlated with PTSS. That is to say, higher levels of exposure predicted higher levels of PTSS. This coincides with findings in the literature that links increased exposure with increased risk for PTSD and overall distress symptoms (Frans et al., 2005). Still, it is important to note that the strength of the association between these variables was small and possibly appeared significant due to the large sample size. This weak correlation may be indicative of the fact that our study assessed emotional distress irrespective of trauma or political violence.

Consistent with our prediction, female sex predicted higher levels of PTSS. However, the nature of the relationship between exposure and PTSS did not change as a function of sex, refuting our hypothesized moderation model. These findings are at

variance with others, which have found that the positive association between trauma exposure and PTSS is higher in females than in males (Breslau, 2009; Luxton et al., 2010). Only a very small amount of the variance of distress was explained by reports of exposure. This indicates that the distress reported by the participants was not a direct result of trauma exposure. Therefore, an assessment of the interaction of exposure and gender may not have been appropriate.

The second part of this study examined the relationship between sex, gender personality attributes and emotional distress as defined by internalizing symptoms. Supporting Helgeson's model regarding gender personality attributes, male adolescents reported higher levels of agency than females. Also, female adolescents reported higher levels of unmitigated communion than males, however, the effect size for this finding was low. One potential explanation is that the concept of unmitigated communion does not entirely apply to Israeli adolescents of the twenty first century. Helgeson suggests that as societies become more egalitarian and women and men occupy similar roles, sex differences in gender-related traits should diminish. As in the rest of the westernized world, gender roles in Israel are not as clearly defined as they were in the past. Furthermore, in western cultures, agentic traits are very highly valued whereas communal values are less reinforced (Helgeson, 2015). This may help explain the weak correlation that was observed. However, this explanation does not account for the clear sex differences observed in levels of agency. Additional research on gender personality attributes in gender egalitarian societies is necessary in order to better understand this phenomenon.

Our hypothesis regarding unmitigated communion as mediating the relationship between sex and internalizing symptoms was partly confirmed. Unmitigated communion partially mediated the relationship between sex and anxiety as well as intrusive symptoms. One of the defining attributes of unmitigated communion is excessively worrying about others. It is possible that unmitigated communion is more strongly associated with manifestations of emotional distress that are related to anxiety.

Further analyses revealed that agency partially mediated the relationship between gender and all three measures of internalizing symptoms. That is, the strength of the relationship between sex and anxiety, depression, and intrusive symptoms, was reduced when agency was controlled for. Together, sex and agency accounted for between 8.6% and 10.8% of the variance in intrusive symptoms. These findings coincide with others, which show those high in agency are likely to experience less emotional distress (Bruch, 2002; Hobbs & McLaren, 2009; Trudeau et al., 2003). Following a traumatic event all individuals are likely to experience some form of distress. Those high in agency may be better at caring for their own needs, potentially reducing overall distress.

The findings from this study indicate that the difference between sexes in the gender-related traits they acquire, may partially explain the sex differences exhibited in internalizing symptoms of emotional distress. Despite changing gender roles in the past few decades, it appears that western societies are fostering traits in males that may make them less vulnerable to internalizing disorders. Further research is necessary in order to better understand the development of these traits as well as their impact on different forms of emotional distress.

Limitations

A number of limitations should be taken into account when considering the findings in this study. During the Second Intifada there were numerous acts of political violence with varying magnitudes. Our study equally accounted for all types of political violence though the extent of exposure is known to influence the development of emotional distress (Bokszczanin, 2007; Frans et al., 2005). In addition, we used self-report measures to assess all variables in our study at a single point in time. Therefore, it is important to keep in mind that the differences in emotional distress reflect differences in self-reports of emotional distress. It is unclear what differences would be observed if PTSS and internalizing symptoms would have been measured in other ways such as interviews or observation. Fritz and Helgeson (1998) found that Unmitigated Communion is related to difficulties with self-disclosure. This is an important consideration when interpreting the findings of this study. It is possible that more emotionally distressed individuals reported rather than experienced more exposure, especially subjective exposure.

During the Second Intifada individuals were exposed to different types of trauma at varying times. Some of the reported exposure may have occurred a year before the study while other reported exposure may have occurred a few days before the study. Our study did not take the time elapsed from exposure into account. Overtime, both distress symptoms and subjective perception of the incident may change. (Eksi & Braun, 2009; Norris et al., 2004; Ozer et al., 2003). This may have altered our results and must be considered when interpreting them. Our study also relied on one respondent to report all

variables, using a within group analysis design. A more valid assessment of exposure and distress should include additional sources such as parents, teachers and friends.

Other limitations relate to the measures that were used. As mentioned we assessed overall PTSS as well as internalizing symptoms using the Trauma Symptom Checklist. It would have been preferable to use separate questionnaires for internalizing symptoms and for PTSS. This would have provided a more clear distinction in the relationships we observed. Also, additional factors relevant to distress such as socioeconomic status (Conger et al., 2010; Glazier et al., 2004) were not evaluated in this study. Including such factors may have revealed confounding variables that would explain part of the variance in emotional distress.

Despite its limitations, the present study is consequential in its empirical assessment of the relationship between, exposure, sex, and PTSS as well as the impact of gender related traits on internalizing symptoms also present in PTSS. The findings make an important contribution towards a better understanding of sex differences in emotional distress. Obtaining a better understanding of these differences can in turn aid researchers and clinicians alike to find more effective ways to treat and prevent these distress symptoms.

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Appendix 1

Exposure questionnaire

1. לפניך רשימה של חוויות שהן תוצאה של אלימות פוליטית וצבאית (לדוגמא ירי על אזרחים, מעצרים, הפגזות ועוד). לגבי כל אירוע סמן בעיגול אם חווית אותו או לא.
2. אם לא חווית את האירוע הקף בעיגול "לא" ועבור לשאלה הבאה. אם כן חווית את האירוע סמן בעיגול "כן" וענה גם על השאלות הנוספות באותה משבצת: לפני כמה זמן חווית את האירוע, ובאיזו מידה חשת כי אתה או הקרובים לך נמצאים בסכנה ממשית. לאחר שסיימת, עבור לשאלה הבאה.

1. בגלל האינתיפאדה אתה ומשפחתך נאלצתם לעבור מביתכם מבלי לרצות זאת? כן / לא

- לפני כמה זמן חווית את האירוע?
 1. האירוע קרה לי בחודש האחרון
 2. האירוע קרה בחצי השנה האחרונה.
 3. האירוע קרה לי בשנה האחרונה
 4. האירוע קרה לי לפני יותר משנה
- בזמן האירוע, עד כמה חשת כי אתה או הקרובים לך נמצאים בסכנה?
 0. לא חשתי בסכנה כלל
 1. חשתי מעט סכנה
 2. חשתי סכנה רבה
 3. חשתי סכנה רבה מאוד

2. היית צריך לעבור בית ספר מבלי לרצות זאת בגלל האינתיפאדה? כן / לא

- לפני כמה זמן חווית את האירוע?
 1. האירוע קרה לי בחודש האחרון
 2. האירוע קרה בחצי השנה האחרונה.
 3. האירוע קרה לי בשנה האחרונה
 4. האירוע קרה לי לפני יותר משנה
- בזמן האירוע, עד כמה חשת כי אתה או הקרובים לך נמצאים בסכנה?
 0. לא חשתי בסכנה כלל
 1. חשתי מעט סכנה
 2. חשתי סכנה רבה
 3. חשתי סכנה רבה מאוד

3. נעדרת מבית ספר לתקופה ארוכה בגלל האינתיפאדה? כן / לא

- לפני כמה זמן חווית את האירוע?
 1. האירוע קרה לי בחודש האחרון
 2. האירוע קרה בחצי השנה האחרונה.
 3. האירוע קרה לי בשנה האחרונה
 4. האירוע קרה לי לפני יותר משנה
- בזמן האירוע, עד כמה חשת כי אתה או הקרובים לך נמצאים בסכנה?
 0. לא חשתי בסכנה כלל
 1. חשתי מעט סכנה
 2. חשתי סכנה רבה
 3. חשתי סכנה רבה מאוד

4. היית צריך להיפרד מקרוב משפחה לתקופה ארוכה בגלל האינתיפאדה? כן / לא
מי?

- לפני כמה זמן חווית את האירוע?
 1. האירוע קרה לי בחודש האחרון
 2. האירוע קרה בחצי השנה האחרונה.
 3. האירוע קרה לי בשנה האחרונה
 4. האירוע קרה לי לפני יותר משנה
- בזמן האירוע, עד כמה חשת כי אתה או הקרובים לך נמצאים בסכנה?
 0. לא חשתי בסכנה כלל
 1. חשתי מעט סכנה
 2. חשתי סכנה רבה
 3. חשתי סכנה רבה מאוד

5. ישבת במקלט לזמן ארוך בגלל האינתיפאדה? כן/לא

- לפני כמה זמן חווית את האירוע?
 1. האירוע קרה לי בחודש האחרון
 2. האירוע קרה בחצי השנה האחרונה.
 3. האירוע קרה לי בשנה האחרונה
 4. האירוע קרה לי לפני יותר משנה
- בזמן האירוע, עד כמה חשת כי אתה או הקרובים לך נמצאים בסכנה?
 0. לא חשתי בסכנה כלל
 1. חשתי מעט סכנה
 2. חשתי סכנה רבה
 3. חשתי סכנה רבה מאוד

6. אתה מכיר משהו שנהרג כתוצאה מן האינטיפאדה? כן / לא**מה קרבתו אליך (חבר/ הורה/ משפחה/ אחר)?**

- לפני כמה זמן חווית את האירוע?
 1. האירוע קרה לי בחודש האחרון
 2. האירוע קרה בחצי השנה האחרונה.
 3. האירוע קרה לי בשנה האחרונה
 4. האירוע קרה לי לפני יותר משנה
- בזמן האירוע, עד כמה חשת כי אתה או הקרובים לך נמצאים בסכנה?
 0. לא חשתי בסכנה כלל
 1. חשתי מעט סכנה
 2. חשתי סכנה רבה
 3. חשתי סכנה רבה מאוד

7. ראית בחיים האמיתיים (לא בטלוויזיה) כיצד נהרג משהו כתוצאה מן האינטיפאדה? כן / לא**לא /****מה קרבתו אליך (חבר/ הורה/ משפחה/ אחר)?**

- לפני כמה זמן חווית את האירוע?
 1. האירוע קרה לי בחודש האחרון
 2. האירוע קרה בחצי השנה האחרונה.
 3. האירוע קרה לי בשנה האחרונה
 4. האירוע קרה לי לפני יותר משנה
- בזמן האירוע, עד כמה חשת כי אתה או הקרובים לך נמצאים בסכנה?
 0. לא חשתי בסכנה כלל
 1. חשתי מעט סכנה
 2. חשתי סכנה רבה
 3. חשתי סכנה רבה מאוד

8. ראית ירי של כדורים חיים על משהו? כן / לא**מה קרבתו אליך (חבר/ הורה/ משפחה/ אחר)?**

- לפני כמה זמן חווית את האירוע?
 1. האירוע קרה לי בחודש האחרון
 2. האירוע קרה בחצי השנה האחרונה.
 3. האירוע קרה לי בשנה האחרונה
 4. האירוע קרה לי לפני יותר משנה

- בזמן האירוע, עד כמה חשת כי אתה או הקרובים לך נמצאים בסכנה?
 0. לא חשתי בסכנה כלל
 1. חשתי מעט סכנה
 2. חשתי סכנה רבה
 3. חשתי סכנה רבה מאוד

9. ישיבת בבית בלי לצאת כדי להסתתר מהפגזות ויריות? כן/לא

- לפני כמה זמן חווית את האירוע?
 1. האירוע קרה לי בחודש האחרון
 2. האירוע קרה בחצי השנה האחרונה.
 3. האירוע קרה לי בשנה האחרונה
 4. האירוע קרה לי לפני יותר משנה
- בזמן האירוע, עד כמה חשת כי אתה או הקרובים לך נמצאים בסכנה?
 0. לא חשתי בסכנה כלל
 1. חשתי מעט סכנה
 2. חשתי סכנה רבה
 3. חשתי סכנה רבה מאוד

10. היית במקום בזמן פיגוע או פעילות טרור? כן/לא

- לפני כמה זמן חווית את האירוע?
 1. האירוע קרה לי בחודש האחרון
 2. האירוע קרה בחצי השנה האחרונה.
 3. האירוע קרה לי בשנה האחרונה
 4. האירוע קרה לי לפני יותר משנה
- בזמן האירוע, עד כמה חשת כי אתה או הקרובים לך נמצאים בסכנה?
 0. לא חשתי בסכנה כלל
 1. חשתי מעט סכנה
 2. חשתי סכנה רבה
 3. חשתי סכנה רבה מאוד

11. ביתך נהרס או מפגע מיירי של כדורים או טילים? כן/לא

- לפני כמה זמן חווית את האירוע?
 1. האירוע קרה לי בחודש האחרון
 2. האירוע קרה בחצי השנה האחרונה.
 3. האירוע קרה לי בשנה האחרונה

4. האירוע קרה לי לפני יותר משנה

- בזמן האירוע, עד כמה חשת כי אתה או הקרובים לך נמצאים בסכנה?
 0. לא חשתי בסכנה כלל
 1. חשתי מעט סכנה
 2. חשתי סכנה רבה
 3. חשתי סכנה רבה מאוד

12. ירו אש חיה על עוזר המגורים שלך בזמן שהיית בבית? כן/לא

- לפני כמה זמן חווית את האירוע?
 1. האירוע קרה לי בחודש האחרון
 2. האירוע קרה בחצי השנה האחרונה.
 3. האירוע קרה לי בשנה האחרונה
 4. האירוע קרה לי לפני יותר משנה
- בזמן האירוע, עד כמה חשת כי אתה או הקרובים לך נמצאים בסכנה?
 0. לא חשתי בסכנה כלל
 1. חשתי מעט סכנה
 2. חשתי סכנה רבה
 3. חשתי סכנה רבה מאוד

13. ירו אש חיה על בית הספר שלך בזמן הלימודים? כן/לא

- לפני כמה זמן חווית את האירוע?
 1. האירוע קרה לי בחודש האחרון
 2. האירוע קרה בחצי השנה האחרונה.
 3. האירוע קרה לי בשנה האחרונה
 4. האירוע קרה לי לפני יותר משנה
- בזמן האירוע, עד כמה חשת כי אתה או הקרובים לך נמצאים בסכנה?
 0. לא חשתי בסכנה כלל
 1. חשתי מעט סכנה
 2. חשתי סכנה רבה
 3. חשתי סכנה רבה מאוד

14. אתה מכיר משהו שנפצע כתוצאה מן האינתיפאדה (למשל מירי או פיגוע)? כן / לא

מה קרבתו אליך (חבר/ הורה/ משפחה/ אחר)?

- לפני כמה זמן חווית את האירוע?

1. האירוע קרה לי בחודש האחרון
2. האירוע קרה בחצי השנה האחרונה.
3. האירוע קרה לי בשנה האחרונה
4. האירוע קרה לי לפני יותר משנה

• בזמן האירוע, עד כמה חשת כי אתה או הקרובים לך נמצאים בסכנה?

0. לא חשתי בסכנה כלל
1. חשתי מעט סכנה
2. חשתי סכנה רבה
3. חשתי סכנה רבה מאוד

15. ראית בטלוויזיה אנשים שמתו או נפצעו כתוצאה מן האינתיפאדה? כן / לא

• לפני כמה זמן חווית את האירוע?

1. האירוע קרה לי בחודש האחרון
2. האירוע קרה בחצי השנה האחרונה.
3. האירוע קרה לי בשנה האחרונה
4. האירוע קרה לי לפני יותר משנה

• בזמן האירוע, עד כמה חשת כי אתה או הקרובים לך נמצאים בסכנה?

0. לא חשתי בסכנה כלל
1. חשתי מעט סכנה
2. חשתי סכנה רבה
3. חשתי סכנה רבה מאוד

16. אתה נפצעת כתוצאה מן האינתיפאדה (לדוגמא מירי או פגוע טרור)? כן / לא

• לפני כמה זמן חווית את האירוע?

1. האירוע קרה לי בחודש האחרון
2. האירוע קרה בחצי השנה האחרונה.
3. האירוע קרה לי בשנה האחרונה
4. האירוע קרה לי לפני יותר משנה

• בזמן האירוע, עד כמה חשת כי אתה או הקרובים לך נמצאים בסכנה?

0. לא חשתי בסכנה כלל
1. חשתי מעט סכנה
2. חשתי סכנה רבה
3. חשתי סכנה רבה מאוד

17. אתה סובל מפגיעה או נכות שאי אפשר לרפא כתוצאה מהאינתיפאדה?**כן/לא**

- לפני כמה זמן חווית את האירוע?
 1. האירוע קרה לי בחודש האחרון
 2. האירוע קרה בחצי השנה האחרונה.
 3. האירוע קרה לי בשנה האחרונה
 4. האירוע קרה לי לפני יותר משנה
- בזמן האירוע, עד כמה חשת כי אתה או הקרובים לך נמצאים בסכנה?
 0. לא חשתי בסכנה כלל
 1. חשתי מעט סכנה
 2. חשתי סכנה רבה
 3. חשתי סכנה רבה מאוד

18. השתתפת בהפגנות פוליטיות? כן/לא

- לפני כמה זמן חווית את האירוע?
 1. האירוע קרה לי בחודש האחרון
 2. האירוע קרה בחצי השנה האחרונה.
 3. האירוע קרה לי בשנה האחרונה
 4. האירוע קרה לי לפני יותר משנה
- בזמן האירוע, עד כמה חשת כי אתה או הקרובים לך נמצאים בסכנה?
 0. לא חשתי בסכנה כלל
 1. חשתי מעט סכנה
 2. חשתי סכנה רבה
 3. חשתי סכנה רבה מאוד

19. דאגת פעם למישהו שחשבת שנפגע ולא ידעת מה מצבו? כן / לא**מה קרבתו אליך (חבר/ הורה/ משפחה/ אחר)?**

- לפני כמה זמן חווית את האירוע?
 1. האירוע קרה לי בחודש האחרון
 2. האירוע קרה בחצי השנה האחרונה.
 3. האירוע קרה לי בשנה האחרונה
 4. האירוע קרה לי לפני יותר משנה
- בזמן האירוע, עד כמה חשת כי אתה או הקרובים לך נמצאים בסכנה?
 0. לא חשתי בסכנה כלל
 1. חשתי מעט סכנה

- 2. חשתי סכנה רבה
- 3. חשתי סכנה רבה מאוד

20. השתמשת פעם בנשק חם (למשל רובה או אקדח)? כן / לא

- לפני כמה זמן חווית את האירוע?
 1. האירוע קרה לי בחודש האחרון
 2. האירוע קרה בחצי השנה האחרונה.
 3. האירוע קרה לי בשנה האחרונה
 4. האירוע קרה לי לפני יותר משנה
- בזמן האירוע, עד כמה חשת כי אתה או הקרובים לך נמצאים בסכנה?
 0. לא חשתי בסכנה כלל
 1. חשתי מעט סכנה
 2. חשתי סכנה רבה
 3. חשתי סכנה רבה מאוד

21. השתתפת בהפגנות פוליטיות שהייתה בהן אלימות? כן / לא

- לפני כמה זמן חווית את האירוע?
 1. האירוע קרה לי בחודש האחרון
 2. האירוע קרה בחצי השנה האחרונה.
 3. האירוע קרה לי בשנה האחרונה
 4. האירוע קרה לי לפני יותר משנה
- בזמן האירוע, עד כמה חשת כי אתה או הקרובים לך נמצאים בסכנה?
 0. לא חשתי בסכנה כלל
 1. חשתי מעט סכנה
 2. חשתי סכנה רבה
 3. חשתי סכנה רבה מאוד

22. ירו אש חיה על מכונית שהיית בה בזמן נסיעה? כן / לא

- לפני כמה זמן חווית את האירוע?
 1. האירוע קרה לי בחודש האחרון
 2. האירוע קרה בחצי השנה האחרונה.
 3. האירוע קרה לי בשנה האחרונה
 4. האירוע קרה לי לפני יותר משנה
- בזמן האירוע, עד כמה חשת כי אתה או הקרובים לך נמצאים בסכנה?
 0. לא חשתי בסכנה כלל

- 1. חשתי מעט סכנה
- 2. חשתי סכנה רבה
- 3. חשתי סכנה רבה מאוד

23. נאלצת לוותר על פעילות כלשהי בגלל האינתיפאדה? כן / לא

- לפני כמה זמן חווית את האירוע?
 - 1. האירוע קרה לי בחודש האחרון
 - 2. האירוע קרה בחצי השנה האחרונה.
 - 3. האירוע קרה לי בשנה האחרונה
 - 4. האירוע קרה לי לפני יותר משנה
- בזמן האירוע, עד כמה חשת כי אתה או הקרובים לך נמצאים בסכנה?
 - 0. לא חשתי בסכנה כלל
 - 1. חשתי מעט סכנה
 - 2. חשתי סכנה רבה
 - 3. חשתי סכנה רבה מאוד

24. זרקו אבנים על מכונית שהיית בה בזמן נסיעה? כן / לא

- לפני כמה זמן חווית את האירוע?
 - 1. האירוע קרה לי בחודש האחרון
 - 2. האירוע קרה בחצי השנה האחרונה.
 - 3. האירוע קרה לי בשנה האחרונה
 - 4. האירוע קרה לי לפני יותר משנה
- בזמן האירוע, עד כמה חשת כי אתה או הקרובים לך נמצאים בסכנה?
 - 0. לא חשתי בסכנה כלל
 - 1. חשתי מעט סכנה
 - 2. חשתי סכנה רבה
 - 3. חשתי סכנה רבה מאוד

25. חדרו לישוב שלך והשחיתו רכוש? כן / לא

- לפני כמה זמן חווית את האירוע?
 - 1. האירוע קרה לי בחודש האחרון
 - 2. האירוע קרה בחצי השנה האחרונה.
 - 3. האירוע קרה לי בשנה האחרונה
 - 4. האירוע קרה לי לפני יותר משנה
- בזמן האירוע, עד כמה חשת כי אתה או הקרובים לך נמצאים בסכנה?
 - 0. לא חשתי בסכנה כלל
 - 1. חשתי מעט סכנה
 - 2. חשתי סכנה רבה
 - 3. חשתי סכנה רבה מאוד

- 0. לא חשתי בסכנה כלל
- 1. חשתי מעט סכנה
- 2. חשתי סכנה רבה
- 3. חשתי סכנה רבה מאוד

26. אתה מכיר משהו שזרקו עליו אבנים בזמן נסיעה במכונית? כן / לא

מה קרבתו אליך (חבר/ הורה/ משפחה/ אחר)?

- לפני כמה זמן חווית את האירוע?
 - 1. האירוע קרה לי בחודש האחרון
 - 2. האירוע קרה בחצי השנה האחרונה.
 - 3. האירוע קרה לי בשנה האחרונה
 - 4. האירוע קרה לי לפני יותר משנה
- בזמן האירוע, עד כמה חשת כי אתה או הקרובים לך נמצאים בסכנה?
 - 0. לא חשתי בסכנה כלל
 - 1. חשתי מעט סכנה
 - 2. חשתי סכנה רבה
 - 3. חשתי סכנה רבה מאוד

27. אתה מכיר משהו שירו עליו בזמן נסיעה במכונית? כן / לא

מה קרבתו אליך (חבר/ הורה/ משפחה/ אחר)?

- לפני כמה זמן חווית את האירוע?
 - 1. האירוע קרה לי בחודש האחרון
 - 2. האירוע קרה בחצי השנה האחרונה.
 - 3. האירוע קרה לי בשנה האחרונה
 - 4. האירוע קרה לי לפני יותר משנה
- בזמן האירוע, עד כמה חשת כי אתה או הקרובים לך נמצאים בסכנה?
 - 0. לא חשתי בסכנה כלל
 - 1. חשתי מעט סכנה
 - 2. חשתי סכנה רבה
 - 3. חשתי סכנה רבה מאוד

28. חווית חוויה שקשורה לאינתיפאדה שלא מצויינת כאן? כן / לא

- לפני כמה זמן חווית את האירוע?
 - 1. האירוע קרה לי בחודש האחרון
 - 2. האירוע קרה בחצי השנה האחרונה.

3. האירוע קרה לי בשנה האחרונה

4. האירוע קרה לי לפני יותר משנה

• בזמן האירוע, עד כמה חשת כי אתה או הקרובים לך נמצאים בסכנה?

0. לא חשתי בסכנה כלל

1. חשתי מעט סכנה

2. חשתי סכנה רבה

3. חשתי סכנה רבה מאוד

לאחר שסיימת לעבור על כל האירועים בשאלון אנא בחר באירוע אחד אשר אתה מרגיש שהיה המטריד ביותר ושהרגשת שהיה לך קשה ביותר להתמודד אתו וענה על השאלות הבאות:

1. תאר את האירוע בקצרה:

2. מתי התרחש האירוע

1.

2.

3.

4.

3. תאר בקצרה מה עשית במהלך האירוע:

4. במידה ואפשר, סמן מה היה המרחק בינך לבין האירוע?

() .0

.1

.2

.3

5. האם נפגע מישהו באירוע? סמן כמה טוב אתה מכיר אותו / אותם

.1

.0

.1

.2

.3

.4

.5

6. במהלך האירוע, באיזו מידה חשת כי אתה או הקרובים לך נמצאים בסכנה ממשית?

.0

.1

.2

.3

.4

Appendix 2

Extended Personality Questionnaire

השאלות הבאות מתייחסות לתכונות שלך. כל פריט כולל שני תיאורים הפוכים אחד מן השני כלומר, רק אחד מהם יכול להתאים לך ביותר. סמן את הכוכב שמתאר באופן הטוב ביותר איפה אתה חושב שאתה נמצא בין שתי התכונות ההפוכות (לאיזו תכונה אתה יותר קרוב).

מאוד שחצן	x	x	x	x	x	בכלל לא שחצן
מאוד עצמאי	x	x	x	x	x	בכלל לא עצמאי
מאוד רגשני (רגיש)	x	x	x	x	x	בכלל לא רגשני (רגיש)
מאוד שתלטן	x	x	x	x	x	בכלל לא שתלטן

מאוד אגואיסטי	x	x	x	x	x	בכלל לא אגואיסטי
מאוד פעיל	x	x	x	x	x	מאוד פאסיבי (לא פעיל)
מאוד חמדן (רוצה כל מה שרואה)	x	x	x	x	x	בכלל לא חמדן (רוצה כל מה שרואה)
קל לי להשקיע באחרים (לדוגמא בחברים)	x	x	x	x	x	קשה לי להשקיע באחרים (לדוגמא חברים) באופן מוחלט
מאוד עדין	x	x	x	x	x	לא עדין ויחסית בריון
אוהב להחליט לבד	x	x	x	x	x	אוהב לשתף בהחלטות
מאוד עוזר לאחרים	x	x	x	x	x	בכלל לא עוזר לאחרים
מאוד תחרותי	x	x	x	x	x	בכלל לא תחרותי
מאוד ציני	x	x	x	x	x	בכלל לא ציני
מאוד נחמד ומתחשב	x	x	x	x	x	לא נחמד ומתחשב בכלל
דואג לאחרים	x	x	x	x	x	דואג לעצמי
מאוד עדין	x	x	x	x	x	בכלל לא עדין
מאוד רגיש לרגשות של אחרים	x	x	x	x	x	בכלל לא רגיש לרגשות של אחרים

קשה לי לקחת החלטות	x	x	x	x	x	מקבל החלטות בקלות
אף פעם לא מוותר	x	x	x	x	x	מוותר בקלות
יש לי בטחון עצמי רב	x	x	x	x	x	אין לי בטחון עצמי בכלל
מרגיש שאני טוב מאחרים	x	x	x	x	x	מרגיש נחות (פחות טוב מאחרים)
מבין אחרים טוב מאוד	x	x	x	x	x	לא מבין אחרים בכלל
היחסים שלי עם אחרים חמים	x	x	x	x	x	היחסים שלי עם אחרים קרירים
מתפקד מצוין בלחץ	x	x	x	x	x	לא מתפקד בלחץ

Appendix 3

Unmitigated Communion Scale

המשפטים הבאים מתארים דברים שילדים חושבים ומרגישים לפעמים.
ליד כל משפט הקף בעיגול כמה הוא נכון לגביך.

1. אני חושב שהצרכים של אחרים חשובים יותר מן הצרכים שלי	לא נכון בכלל	מעט נכון	נכון במידה מסוימת	נכון במידה רבה מאוד
2. הבעיות של אחרים אף פעם לא מעונינות אותי יותר מדי	לא נכון בכלל	מעט נכון	נכון במידה מסוימת	נכון במידה רבה מאוד
3. כדי שאהיה שמח חשוב לי שאחרים יהיו שמחים	לא נכון בכלל	מעט נכון	נכון במידה מסוימת	נכון במידה רבה מאוד
4. אני תמיד דואג איך אחרים יסתדרו כאשר אני לא נמצא	לא נכון בכלל	מעט נכון	נכון במידה מסוימת	נכון במידה רבה מאוד

במידה רבה מאוד	נכון במידה רבה	נכון במידה מסוימת	מעט נכון	לא נכון בכלל	5. אין לי בעיה להירדם בלילה כאשר אנשים אחרים מוטרדים (דואגים או כועסים)
במידה רבה מאוד	נכון במידה רבה	נכון במידה מסוימת	מעט נכון	לא נכון בכלל	6. קשה לי לעשות דברים שאני רוצה לעשות אם אני יודע שזה יפריע לאחרים
במידה רבה מאוד	נכון במידה רבה	נכון במידה מסוימת	מעט נכון	לא נכון בכלל	7. כאשר מבקשים ממני עזרה אני לא יכול להגיד לא
במידה רבה מאוד	נכון במידה רבה	נכון במידה מסוימת	מעט נכון	לא נכון בכלל	8. תמיד אעזור לאנשים אחרים גם אם אני עייף מאוד
במידה רבה מאוד	נכון במידה רבה	נכון במידה מסוימת	מעט נכון	לא נכון בכלל	9. דאגות של אחרים מטרידות אותי

Appendix 4

Trauma Symptoms Checklist for Children

המשפטים הבאים מתארים דברים שילדים חושבים עושים ומרגישים לפעמים.

ליד כל משפט הקף בעיגול כמה פעמים זה קורה לך.

קורה כמעט כל הזמן	קורה לי פעמים רבות	קורה לי לפעמים	אף פעם לא קורה לי	1. חלומות רעים וסיוטי לילה
קורה כמעט כל הזמן	קורה לי פעמים רבות	קורה לי לפעמים	אף פעם לא קורה לי	2. הרגשה שמהו רע יכול לקרות
קורה כמעט כל הזמן	קורה לי פעמים רבות	קורה לי לפעמים	אף פעם לא קורה לי	3. רעיונות או מראות מפחידים פשוט קופצים לי לראש

קורה כמעט כל הזמן	קורה לי פעמים רבות	קורה לי לפעמים	אף פעם לא קורה לי	4. אני מדמיין שאני משהו אחר
קורה כמעט כל הזמן	קורה לי פעמים רבות	קורה לי לפעמים	אף פעם לא קורה לי	5. מתווכח יותר מדי
קורה כמעט כל הזמן	קורה לי פעמים רבות	קורה לי לפעמים	אף פעם לא קורה לי	6. הרגשה של בדידות
קורה כמעט כל הזמן	קורה לי פעמים רבות	קורה לי לפעמים	אף פעם לא קורה לי	7. הרגשה של עצב וחוסר שמחה
קורה כמעט כל הזמן	קורה לי פעמים רבות	קורה לי לפעמים	אף פעם לא קורה לי	8. נזכר בדברים שקרו ושלא אהבתי
קורה כמעט כל הזמן	קורה לי פעמים רבות	קורה לי לפעמים	אף פעם לא קורה לי	9. נותן למחשבות לברוח ומנסה לא לחשוב
קורה כמעט כל הזמן	קורה לי פעמים רבות	קורה לי לפעמים	אף פעם לא קורה לי	10. נזכר בדברים מפחידים
קורה כמעט כל הזמן	קורה לי פעמים רבות	קורה לי לפעמים	אף פעם לא קורה לי	11. רוצה לצרוח ולשבור דברים
קורה כמעט כל הזמן	קורה לי פעמים רבות	קורה לי לפעמים	אף פעם לא קורה לי	12. בוכה
קורה כמעט כל הזמן	קורה לי פעמים רבות	קורה לי לפעמים	אף פעם לא קורה לי	13. פוחד פתאום ולא יודע למה
קורה כמעט כל הזמן	קורה לי פעמים רבות	קורה לי לפעמים	אף פעם לא קורה לי	14. מתרגז ולא יכול להירגע
קורה כמעט כל הזמן	קורה לי פעמים רבות	קורה לי לפעמים	אף פעם לא קורה לי	15. מרגיש סחרחורת
קורה כמעט כל הזמן	קורה לי פעמים רבות	קורה לי לפעמים	אף פעם לא קורה לי	16. רוצה לצעוק על אנשים
קורה כמעט כל הזמן	קורה לי פעמים רבות	קורה לי לפעמים	אף פעם לא קורה לי	17. רוצה להכאיב לעצמי
קורה כמעט כל הזמן	קורה לי פעמים רבות	קורה לי לפעמים	אף פעם לא קורה לי	18. רוצה להכאיב לאנשים אחרים
קורה כמעט כל הזמן	קורה לי פעמים רבות	קורה לי לפעמים	אף פעם לא קורה לי	19. מרגיש פחד מגברים
קורה כמעט כל הזמן	קורה לי פעמים רבות	קורה לי לפעמים	אף פעם לא קורה לי	20. מרגיש פחד מאנשים
קורה כמעט כל הזמן	קורה לי פעמים רבות	קורה לי לפעמים	אף פעם לא קורה לי	21. שוטף את עצמי כי אני מרגיש מלוכלך מבפנים

22. מרגיש רע או טיפש	אף פעם לא קורה לי	קורה לי לפעמים	קורה לי פעמים רבות	קורה כמעט כל הזמן
23. מרגיש כאילו עשיתי משהו לא בסדר	אף פעם לא קורה לי	קורה לי לפעמים	קורה לי פעמים רבות	קורה כמעט כל הזמן
24. תחושה שדברים לא אמיתיים	אף פעם לא קורה לי	קורה לי לפעמים	קורה לי פעמים רבות	קורה כמעט כל הזמן
25. שוכח דברים, לא מצליח לזכור דברים	אף פעם לא קורה לי	קורה לי לפעמים	קורה לי פעמים רבות	קורה כמעט כל הזמן
26. מרגיש כאילו אני לא בתוך הגוף שלי	אף פעם לא קורה לי	קורה לי לפעמים	קורה לי פעמים רבות	קורה כמעט כל הזמן
27. מרגיש עצבני או קופצני מבפנים	אף פעם לא קורה לי	קורה לי לפעמים	קורה לי פעמים רבות	קורה כמעט כל הזמן
28. מרגיש פחד	אף פעם לא קורה לי	קורה לי לפעמים	קורה לי פעמים רבות	קורה כמעט כל הזמן
29. לא יכול להפסיק לחשוב על משהו רע שקרה לי	אף פעם לא קורה לי	קורה לי לפעמים	קורה לי פעמים רבות	קורה כמעט כל הזמן
30. נכנס למריבות (הולך מכות)	אף פעם לא קורה לי	קורה לי לפעמים	קורה לי פעמים רבות	קורה כמעט כל הזמן
31. מרגיש מרושע	אף פעם לא קורה לי	קורה לי לפעמים	קורה לי פעמים רבות	קורה כמעט כל הזמן
32. מדמיין שאני במקום אחר	אף פעם לא קורה לי	קורה לי לפעמים	קורה לי פעמים רבות	קורה כמעט כל הזמן
33. פוחד מחושך	אף פעם לא קורה לי	קורה לי לפעמים	קורה לי פעמים רבות	קורה כמעט כל הזמן
34. דואג מכל מני דברים	אף פעם לא קורה לי	קורה לי לפעמים	קורה לי פעמים רבות	קורה כמעט כל הזמן
35. מרגיש שאף אחד לא אוהב אותי	אף פעם לא קורה לי	קורה לי לפעמים	קורה לי פעמים רבות	קורה כמעט כל הזמן
36. זוכר דברים שאני לא רוצה לזכור	אף פעם לא קורה לי	קורה לי לפעמים	קורה לי פעמים רבות	קורה כמעט כל הזמן
37. מרגיש כאילו המוח מתרוקן והופך להיות ריק	אף פעם לא קורה לי	קורה לי לפעמים	קורה לי פעמים רבות	קורה כמעט כל הזמן
38. מרגיש כאילו אני שונא אנשים	אף פעם לא קורה לי	קורה לי לפעמים	קורה לי פעמים רבות	קורה כמעט כל הזמן
39. מנסה שלא יהיו לי הרגשות	אף פעם לא קורה לי	קורה לי לפעמים	קורה לי פעמים רבות	קורה כמעט כל הזמן

קורה כמעט כל הזמן	קורה לי פעמים רבות	קורה לי לפעמים	אף פעם לא קורה לי	40. תחושה של כעס
קורה כמעט כל הזמן	קורה לי פעמים רבות	קורה לי לפעמים	אף פעם לא קורה לי	41. מרגיש פחד שמהו יהרוג אותי
קורה כמעט כל הזמן	קורה לי פעמים רבות	קורה לי לפעמים	אף פעם לא קורה לי	42. מרגיש ש: "הלוואי שהדברים הרעים שקרו לא היו קורים בכלל"
קורה כמעט כל הזמן	קורה לי פעמים רבות	קורה לי לפעמים	אף פעם לא קורה לי	43. רוצה להרוג את עצמי
קורה כמעט כל הזמן	קורה לי פעמים רבות	קורה לי לפעמים	אף פעם לא קורה לי	44. חולם בהקיץ