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Personality and Coping in Response to Traumatic Experiences in Emerging Adult Women

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PERSONALITY AND COPING IN RESPONSE TO TRAUMATIC EXPERIENCES IN EMERGING ADULT WOMEN

THESIS

A thesis submitted in partial fulfillment of the
requirements for the degree of Master of Science in the
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at the University of Kentucky

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2022

ABSTRACT OF THESIS

PERSONALITY AND COPING IN RESPONSE TO TRAUMATIC EXPERIENCES IN EMERGING ADULT WOMEN

Intimate dating violence is a common occurrence, especially among women (CDC, 2019). Because this type of trauma is so prevalent, it is important to explore how experiences of it impact women and how they cope with its effects. This study explored how individual differences impact the ways in which young women cope with trauma, as well as whether the type of trauma moderate the link between individual differences and coping strategies. Participants were 304 college-age women from a large university in the southeastern United States. Trauma was select items from the Trauma History Questionnaire, while coping was measured using the Coping Strategies Inventory, short form. Lastly, personality was assessed using the Big Five Inventory. Hypotheses were tested using regression analyses in SPSS and the PROCESS macro in SPSS. Findings revealed positive associations between extraversion and problem-focused engagement coping as well as between openness and problem-focused engagement coping. A positive association between neuroticism and emotion-focused disengagement (i.e., avoidant) coping strategies was also supported. No empirical support was found for the hypothesized moderation effects by physical and sexual trauma on the links between personality traits and coping styles were not found.

KEYWORDS: young women, coping, trauma, personality, moderation

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For all the people who have supported me.

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CHAPTER 1: INTRODUCTION

1.1 BACKGROUND

According to the Center for Disease Control (CDC; 2019) approximately 25% of women and 10% of men have been a victim of some type of intimate partner violence, whether that violence was physical, psychological, or sexual. This is also a problem for teenagers given that about one in nine teenage girls report having experienced dating violence over the past 12 months (CDC, 2020). Considering these numbers describe only a few types of traumas, the number of individuals coping with past or present adverse experiences is surely even larger. The prevalence of this problem indicates a need for research to investigate the methods of coping with trauma and how trauma may be related to a change in typical patterns of coping. Thus, the purpose of this study is to test the association between individual characteristics based on Big Five personality traits and different types of coping mechanisms, as well as to explore how experiences of sexual and physical trauma may be involved in this association.

1.2 THEORETICAL FRAMEWORK

Transactional Theory frames the present study. Introduced by Lazarus and Folkman (1987), this theoretical framework identities appraisals as playing a significant role in coping. There are two types of appraisals, namely primary and secondary. Appraisal refers to how an individual uses information and evaluates its relevance to them and their life. Primary appraisal simply describes whether the person believes that a situation is relevant to their well-being. According to Lazarus and Folkman (1987), this can come in the form of harm, threat, or challenge. The primary appraisal influences the

secondary appraisal which concerns whether the person can find a coping mechanism that can reduce stress.

Consistent with a systemic viewpoint, the transactional model considers both the individual as well as the environment in coping with stress. This applies to the both the individual and relational lens of coping that is used throughout this study. Thus, consistent with Lazarus and Folkman's (1987) description, the current study will focus on the process of coping.

CHAPTER 2: LITERATURE REVIEW

2.1 LITERATURE REVIEW

Individuals cope with trauma in various ways. Broadly, coping has been defined as actions that help curb or reduce the effects of stressful situations (Lazarus & Folkman, 1984). Coping mechanisms are plentiful, and researchers often categorize them into different types. For additional explanations of the conceptualizations of coping cited in this paper, please see table 2.1. Two dimensions are most prominently indicated: problem-focused coping and emotion-focused coping (Lee-Baggley et al., 2005). Problem-focused coping typically refers to directly identifying and remedying the issue causing stress or trauma (Penley & Tomaka, 2002); however, directly alleviating the problem is not always feasible. In these cases, emotion-focused coping might be used, which involves finding social support or framing the problem in a more manageable light (Penley & Tomaka, 2002).

Although the purpose of coping is to lessen the influence of stress, maladaptive coping strategies exist, which fail to achieve this purpose. Emotion-focused coping is sometimes separated according to mixed emotion-focused and negative emotion-focused

coping strategies. Negative emotion-focused coping is characterized by a tendency to lose control, such as by yelling or blaming oneself, whereas mixed emotion-focused coping includes both negative-emotion coping as well as more adaptive coping strategies (e.g., support seeking; Connor-Smith & Flachsbart, 2007). Definitions of emotion-focused coping are varied with some focusing on the use of distraction and avoidance (i.e., disengagement), and others focusing on relaxation and relational engagement (Connor-Smith & Flachsbart, 2007).

To better describe coping in the context of interpersonal stress, Lee-Baggley et al. (2005) added another dimension: relationship-focused coping. Similar in some respects to emotion-focused coping, relationship-focused coping targets the tendency to reduce stress by seeking social support and managing relationships, and it is typically viewed as a more adaptive approach to coping than some forms of emotion-focused coping. Another classification of coping includes avoidant coping which describes the extent to which individuals distract or disengage themselves from the stressor (Kardum & Hudek-Knežević, 1996). Whatever the classification, a variety of coping mechanisms adapted to the situation are often needed in response to traumatic or particularly stressful circumstances.

Just as coping is multifaceted, so is personality. One widely accepted model of personality is the five-factor model, also known as the Big Five (McCrae & Costa, 1984). This model posits that there are five key dimensions or facets of personality: openness, conscientiousness, extraversion, agreeableness, and neuroticism (McCrae & Costa, 1984). It is important to note that this model of personality is an attempt to describe and measure personality within non-clinical populations. This is in contrast to other measures

of personality that address personality in clinical populations or from a psychopathological viewpoint such as the MMPI. Personality impacts a multitude of daily choices for individuals, so one of the processes personality traits might influence is the method of coping following trauma or stress. Numerous studies have focused on individual differences in coping in responses to stress and trauma, and the Big Five model of personality has been used in a number of those studies (e.g., Penley & Tomaka, 2002; Rassart et al., 2014). Researchers have been especially interested in neuroticism (Bolger, 1990), a personality characteristic that is often marked by negative emotionality and has commonly been linked to coping styles, particularly avoidant coping styles (An et al., 2013). Poppe et al. (2012) also investigated this topic in a sample of individuals impacted by chronic fatigue syndrome. Like the above-mentioned study, Poppe et al. (2012) found that neuroticism was negatively associated with mental quality of life, and this relationship was also mediated by a negative relationship with coping characterized by acceptance. Another study focusing on functional somatic syndromes found that neuroticism was only positively associated to catastrophizing and not other types of avoidant coping mechanisms (Frølund Pederson et al., 2016).

The samples and specific foci of past studies have been diverse, studying coping in response to serious health problems (e.g., Rassart et al., 2014), college-related stress (e.g., Fokas & Soysa, 2017), and natural disasters (e.g., An et al., 2013), among others. For example, An et al. (2013) focused on adolescents' coping and trauma symptoms in response to an earthquake. With a longitudinal focus on neuroticism, they found that coping mediated the association between neuroticism and posttraumatic stress symptoms (An et al., 2013). Rassart et al. (2014) found similar results studying adults managing

diabetes: Neuroticism was related to greater illness-related problems and coping partially or fully mediated the relationship between personality characteristics and illness outcomes (Rassart et al., 2014). In focusing on more everyday stressors like school, Fokas and Soysa (2017) also uncovered similar results by finding both direct and indirect effects between neuroticism and internalizing symptoms, with negative emotion-focused coping acting as the go-between (Fokas & Soysa, 2017). Together, these studies show that the characteristic of neuroticism is associated with coping mechanism choice and, in turn, is related to outcomes in both highly stressful situations and everyday life. Overall, studies show that high levels of neuroticism are consistently associated with maladaptive coping strategies and poor adjustment outcomes (Connor-Smith & Flachsbart, 2007).

Although neuroticism has been studied to a greater extent than other personality characteristics, some studies that have found support for the hypothesis that the other four personality characteristics are associated with preferred strategies of coping. Rassart et al. (2014) found that low conscientiousness was associated with poor illness outcomes through avoidant coping, and similarly, those that were rated higher in conscientiousness used more relationship-focused strategies in contexts of interpersonal stress (Lee-Baggley et al., 2005). These results suggest that greater levels of conscientiousness are associated with less avoidance and more support seeking. Similar to conscientiousness, extraversion has been linked to support seeking and problem-focused strategies (Connor-Smith & Flachsbart, 2007); however, Vollrath (2000) took a more complex look at the links between personality types and coping and found that the combination of low levels of neuroticism and high levels of conscientiousness was predictive of low stress levels and varied coping styles. Additionally, the combination of extraversion and conscientiousness

appeared to reduce the association between neuroticism and poor outcomes (Vollrath, 2000). These findings suggest that, studying personality characteristics and corresponding coping strategies in combination can produce a more sophisticated—and perhaps useful—understanding of the complex ways these factors intermingle in people's lives. Despite the more sophisticated approach, this work is still only correlational in nature, and is therefore unable to provide support for the hypothesis that coping mechanisms are a causal factor.

With regard to agreeableness, Chung et al. (2011) found that this characteristic was negatively associated with problem-focused coping, which was an unexpected finding in light of other studies that have found a positive relationship between the variables (e.g., Jafarnejad et al., 2005). As the context and samples of these studies were dissimilar (i.e., trauma in response to myocardial infarction and mental health in college students), different types of trauma or stress may play a role in how coping mechanisms are associated with individual differences or personality traits. Thus, more research is needed to clarify whether and how agreeableness is associated with coping mechanisms.

The association between openness and coping is also unclear. In a study focused on interpersonal stress in stepfamilies, openness predicted more usage of relationship-focused coping, but there was no association with other forms of coping (Lee-Baggley et al., 2005). Coping mechanisms were conceptualized as proactive and preventative, and they found that openness to experience was related to both ways of managing stress (Straud et al., 2015), suggesting that individuals who are high in levels of openness tend to use a variety of coping strategies. In a situation of acute stress, the characteristic of openness predicted more active coping as well as more confidence in coping ability in the

participants (Penley & Tomaka, 2002). Different ways of coping reflect varying perceptions of the stressor, like what occurred when participants gained confidence in Penley and Tomaka (2002). Framing and perceptions of the stressor are also aspects of coping that have been studied.

Other studies have been conducted using more sophisticated analytic methods help explain the complexities of this topic and research area. Bapat and Tracey (2012) used structural equation modeling to investigate how college women coped with dating violence. This unique study revealed that higher frequency of dating violence predicted more external solution attribution (Bapat & Tracey, 2012). This reveals that dating violence victims perceive the responsibility for coping does not entirely lie within themselves. As sense of responsibility was perceived as external, these individuals tended to seek support from others and use a variety of coping strategies. Riley and Park (2014) used more sophisticated longitudinal methods in their study. The researchers evaluated meaning-focused coping and how individuals framed their chronic stressors, similar to Bapat and Tracey's (2012) view of attribution. The authors found that when a participant viewed a stressor as controllable, they were more likely to use active coping later (Riley & Park, 2014). Although Bapat and Tracey (2012) and Riley and Park (2014) provide important insights into how attribution is associated with various classifications of coping, these specific findings do not explain which coping methods are more or less adaptive after experiencing trauma. In addition, it remains unclear how ways of framing the stressor relate to individual characteristics.

As many mental and physical problems, including depression and suicidal ideation, are related to violence victimization and other forms of trauma, it seems

imperative to further study the most effective methods of coping following trauma (Khangholi et al., 2019). Woodward et al. (2020) found that higher levels of emotional nonacceptance would predict more severe PTSD symptoms, but distraction coping would make this relationship even stronger. Providing further support, Riley and Park (2014) found that problem-focused coping is a mediator between appraisals of stress and later posttraumatic stress symptoms. Although this finding could be specific to PTSD and posttraumatic stress symptoms, this suggests that distraction or avoidance coping can be problematic and maladaptive, even though it can be conceptualized as relaxation or avoiding unnecessary stress.

As previously discussed, research suggests, social support can also be key in coping with difficult or traumatic experiences (Haden et al., 2007). Using a young adult sample that consisted of individuals who had sustained a traumatic injury, Haden et al. (2007) found that those who coped with their trauma by interacting with social support experienced fewer posttraumatic stress symptoms even when their injury was severe. Although the authors asserted that social support is an important part of the coping process for many, the role of personality traits was not evaluated. On the other hand, Combs et al. (2018) showed how personality traits might influence outcomes of trauma. Based on a sample of college-age women, those with higher ratings of negative urgency, a personality trait described by a propensity to act impulsively when experiencing negative affect, were more likely to drink more after experiencing sexual assault. In addition, trait anxiety and depression, which are both aspects of neuroticism, were linked to higher levels of internalizing symptoms in response to sexual assault. Both of these studies provide insightful information about the influence of personality traits or factors

and coping on outcomes, but neither study incorporated both personality and coping to determine the related effects.

Not only have personality factors been found to be related to coping, but some research suggests that experiences of trauma impact generalized coping. Particularly, studies suggest that experiences of trauma are associated primarily with avoidance (Jenzer et al., 2020; Filipas & Ullman, 2006; Vaughn-Coaxum et al., 2018). One study focusing on adolescents found that trauma exposure was linked to negative emotion-focused coping but was not associated with problem-focused coping behaviors (Vaughn-Coaxum et al., 2018). Experience of sexual abuse have also been linked to increased self-blaming, not only in response to the experience, but in general (Filipas & Ullman, 2006). Another study supported the hypothesis that there may be a bidirectional relationship between trauma and coping, meaning coping is related to an increase or decrease in future exposure to trauma (Jenzer et al., 2020). Specifically, higher than expected growth in approach style coping was shown to be protective against future experiences of trauma. The same study also supported previous research that suggests that exposure to trauma is related to higher levels of avoidant style coping and lower levels of approach style coping. Taken together, the evidence indicates that experiences of trauma are related to greater levels of maladaptive coping behaviors in general, not just in response to specific traumatic experiences.

As is evident in this literature review, most researchers have assessed coping as a mediator between personality and outcomes; few have evaluated stress and trauma as a potential moderator in the association between personality traits and general coping. As stated above, trauma appears to have an impact on overall coping behaviors, and trauma

may interact with other correlates of coping such as personality. The conceptualization of trauma as a moderator might suggest that personality traits and coping are related to a greater or lesser degree depending on the type, amount, or severity of trauma. Conflicting results in the association between agreeableness and coping mechanisms indirectly support the idea that varying types of trauma and stress might be related to differing findings. A study by Bedard-Gilligan et al. (2012) also indirectly supports this idea by revealing that individuals experiencing posttraumatic stress symptoms found it more difficult to disclose information about traumatic events. Because disclosure and seeking social support are often considered a form of problem-focused coping there is reason to believe the influence of personality characteristics on coping mechanisms might be moderated by type, frequency, or simply the experience of trauma. This is of particular interest in situations in which trauma may be especially personal or sensitive, such as sexual violence or assault. Thus, the experience of sexual and physical trauma will be a focus in the present study.

2.2 THE PRESENT STUDY

Coping mechanisms vary in their effectiveness for different individuals and one method of coping is not effective for all people (Garrido et al., 2015). To better understand coping methods, research needs to further examine whether and how personality traits impact coping effectiveness as well as how these links might be moderated by the frequency and severity of trauma. Therefore, the present study will focus on the relationships between the Big Five personality characteristics and coping mechanisms, with particular attention on less studied individual difference traits openness and its link with choice of coping mechanisms. Inclusion of both individuals with and

individuals without experiences of trauma will allow for comparisons, although other aspects of trauma such as severity will not be evaluated. The sample includes college-age young women who have experienced trauma associated with intimate partner or dating violence. They are of particular interest because sexual violence and sexual assault are relatively prevalent in this population, particularly on college campuses (Fedina et al., 2018). Problem-focused and emotion-focused coping strategies will be the focus in the present study. The following study hypotheses will be tested, based on theoretical and empirical evidence:

H_1: It was expected that there would be a positive association between extraversion and problem-focused coping.

H_2: It was expected that there would be a positive association between neuroticism and emotion-focused disengagement (i.e., avoidant) coping strategies.

H_3: It was expected that openness and extraversion would be positively associated with engagement coping styles.

H_4: It was also expected that trauma would moderate the association between neuroticism, extraversion and openness and coping, meaning that the relationship between a particular personality trait and the various coping measures would become either weaker or stronger in the presence of trauma.

a. It was also expected that sexual trauma would potentiate the relationship between extraversion and problem focused engagement coping, where the relationship would be weaker or smaller in individuals who report having experienced trauma versus ones who have not.

b. It was expected that sexual trauma would potentiate the relationship between neuroticism and emotion-focused disengagement coping styles, where the relationship would be stronger or larger in individuals who report having experienced trauma versus ones who have not.

c. It was also expected that sexual trauma would potentiate the relationship between openness and problem focused engagement coping, where the relationship would be weaker or smaller in individuals who report having experienced trauma versus ones who have not. Similar predictions and study hypotheses were made for either physical and sexual trauma, although these expectations were largely exploratory in nature, due to a lack of previous research and information on the topic.

d. It was also expected that physical trauma would potentiate the relationship between extraversion and problem focused engagement coping, where the relationship would be weaker or smaller in individuals who report having experienced trauma versus ones who have not.

e. It was expected that physical trauma would potentiate the relationship between neuroticism and emotion-focused disengagement coping styles, where the relationship would be stronger or larger in individuals who report having experienced trauma versus ones who have not.

f. Finally, it was expected that physical trauma would potentiate the relationship between openness and problem focused engagement coping, where the relationship would be weaker or smaller in individuals who report having experienced trauma versus ones who have not.

Models of study hypotheses are shown in figures 2.1, 2.2, and 2.3.

Table 2.1

Coping Styles in the Literature

Coping Style	Explanation
Mixed emotion-focused	Includes both maladaptive and adaptive aspects of emotion-focused coping. For example, an indvidual may use self-blaming and support seeking (Connor-Smith & Flachsbart, 2007).
Negative emotion-focused	This style is a type of emotion-focused coping that is often characterized by losing control through yelling or self-blame (Connor-Smith & Flachsbart, 2007).
Avoidant	Using distraction or disengagement as a way of coping with stress (Kardum & Hudek-Knežević, 1996)
Relationship-focused	Maintaining relationship throughout stress (Lee-Baggley et al., 2005).
Problem-focused	Making a plan or participating in activities to reduce stress or minimize its impact (Penley & Tomaka, 2002).
Proactive	This type of coping is future-oriented and focuses on overcoming challenges in a positive way (Straud et al., 2015).
Preventative	Also, future-oriented, this type of coping focuses on reducing risk and the possibility of bad outcomes (Straud et al., 2015).
Active	A dimension of coping that includes focusing on planning and carrying out actions to reduce stress (Penley & Tomaka, 2002). This could be considered a form of problem-focused coping.
Meaning-focused	Reframing the perceived meaning to be in alignment with what the individual's values and beliefs are (Riley & Park, 2014). In other words, positively reframing the situation.

Figure 2.1

General Conceptual Model

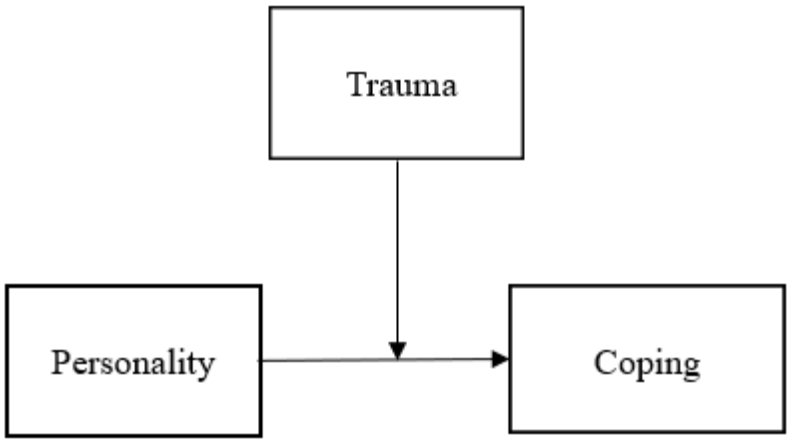


Figure 2.2

Models Testing Sexual Trauma as a Moderator between Personality Traits and Coping Styles

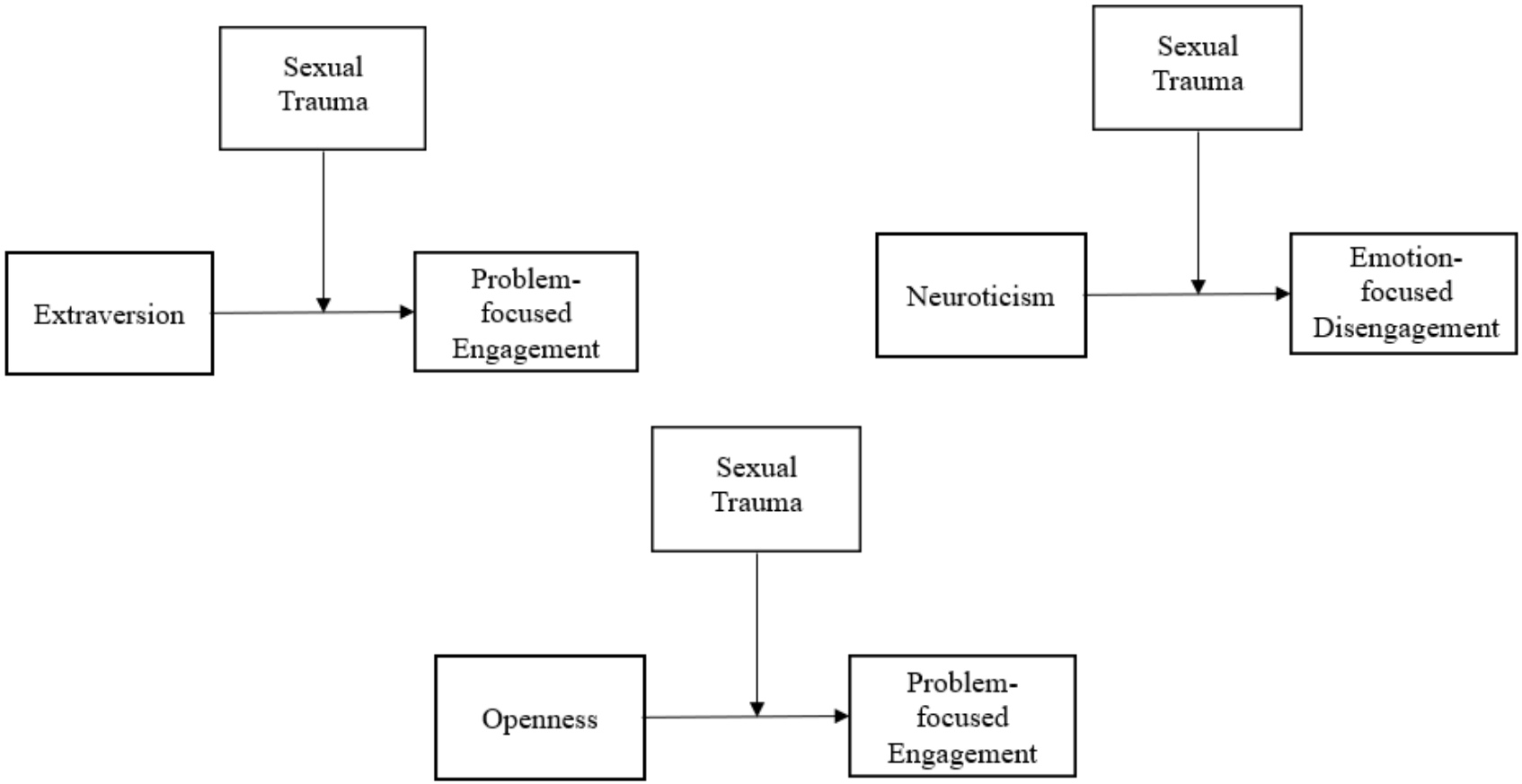
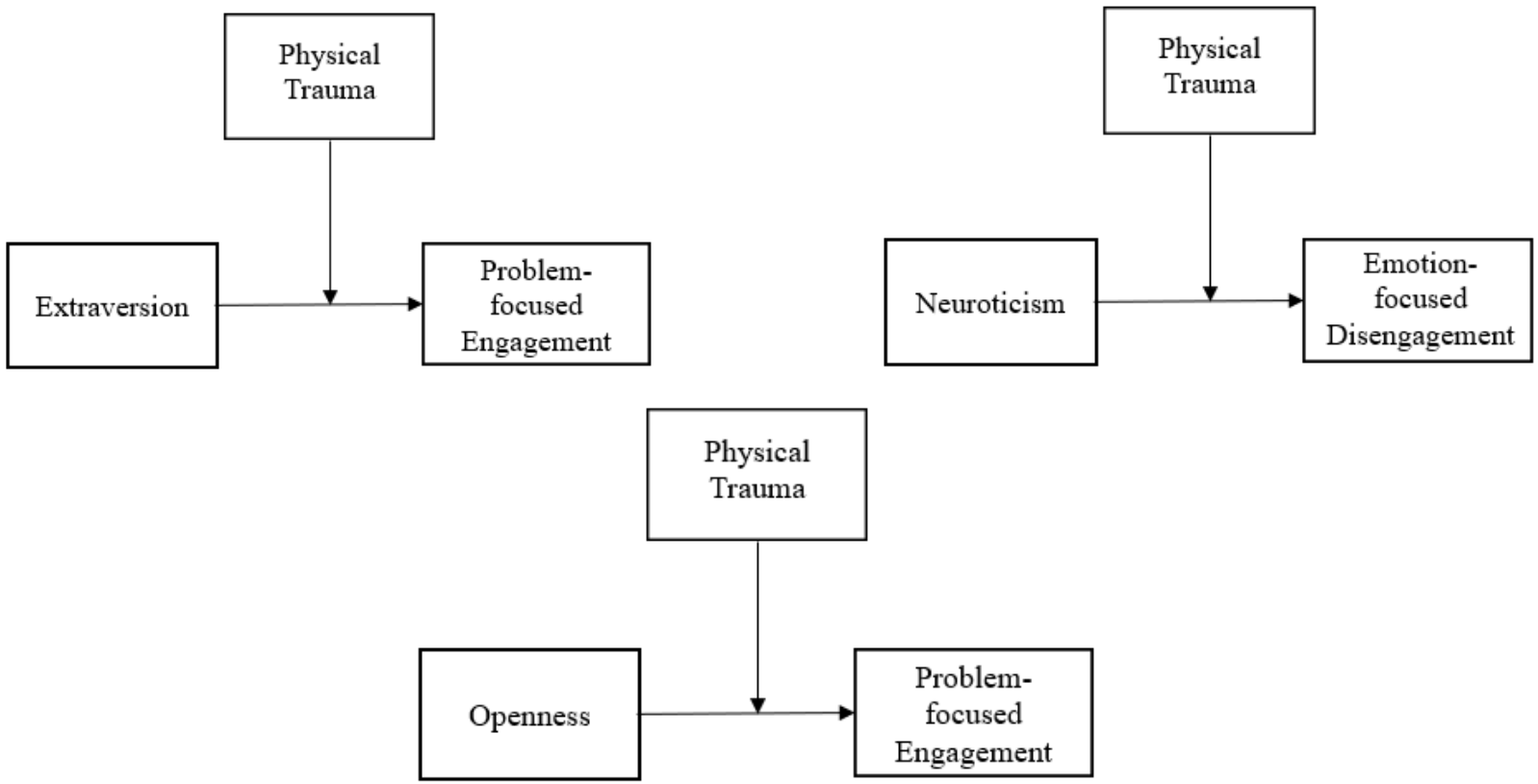


Figure 2.3

Models Testing Physical Trauma as a Moderator between Personality Traits and Coping Styles



CHAPTER 3: METHOD

3.1 PARTICIPANTS

Three-hundred and four college-age young women took part in this study in the fall of 2020 as part of an annual study on violence against women.[1] Participants were recruited using the SONA system in a social science department at a large public university in the southeastern United States. Inclusion criteria included that participants were young women between 18 and 25 years of age and be fluent in English to complete the study. The mean age of the sample was 19.6 (SD = 1.9). The sample was 78.6% European American (Hispanic and Non-Hispanic), 15.8% African-America (Black), 4.9% Asian American, 0.3% Native American, and 0.3% Native Hawaiian or Pacific Islander. Sixty-two percent of the sample described their family structure as "two-parent".

3.2 PROCEDURE

Anonymous data were collected online using Qualtrics. The study received university IRB approval. Participants provided consent for participation online and then proceeded to complete an anonymous survey which took approximately 30-40 minutes to complete. After completion of the study, participants were redirected to an online SurveyMonkey survey to record their name and email. This information was not tied to

[1] Experiences of trauma are also prevalent in male individuals. Although this study is focused on females, it is necessary that future research on this topic incorporates both male and female individuals.

their responses but was used to grant course credit for study completion.

3.3 MEASURES

3.3.1 DEMOGRAPHICS

Twenty questions assessed demographic background information of study participants (see Table 3.1), including age, race, and income, among other variables. Select background variables, namely age, family structure, ethnicity, and SES will be used to analytically control for their potential effects. Family structure was measured by one item with the following responses regarding parental marital status: Married (1), Remarried (2), Divorced (3), Separated (4), Widowed (5), and They never married (6). These responses will be recoded into 0 = two-parent home and 1 = other family structures. SES will be computed using three items, namely maternal and paternal education averaged and standardized as well as self-reported family income (standardized). Maternal and paternal education was reported on a 6 point scale with the following response options: Does not apply (1), He/she finished elementary or junior high school (through 9th grade) (2), He/she finished high school (through 12th grade) (3), He/she is finished some college or technical school (4), He/she has a college degree (4 years) (5), He has a graduate degree (advanced degree, e.g., masters or doctorate) (6). The study variables were recoded where 1 will be assigned system missing, and the remaining values were recoded to range from 1 to 5. Response options for family income ranged from 1 to 5, with 1 being $20,000 or less and 5 being $100,000 or more. Ethnicity was measured with the following question: Which of the following best describes your ethnic background? Choose ONE that best describes you? Response options for ethnicity included: Black/African American (1), Asian American (2), European American

(Hispanic and Non-Hispanic) (3), Native American (4), Pacific Islander (5).Race was recoded for subsequent analyses and due to small numbers in many categories, into a dichotomous variable, where 0 = minority and 1 = European American (both Hispanic and non-Hispanic) individuals. After recoding, minority individuals made up 21.4% of the sample (N = 65) and European American (Hispanic and non-Hispanic) made up 78.6% of the sample (N = 239).

3.3.2 TRAUMA

Seven questions from the Trauma History Questionnaire (THQ; Hopper et al., 2011) were used to measure physical and sexual trauma (see Table 3.2). These questions make up the physical and sexual trauma subscales of the measure. In the present study, participants will be asked to respond items such as "Has anyone ever made you have intercourse or oral or anal sex against your will?" Response options were rated as *yes* (scored as 1) or *no* (0). Individuals who indicated that they have experienced either physical or sexual trauma were presented subsequent open-ended questions asking about the nature of their relationship to the perpetrator, how often it occurred, and the ages at which it occurred. Scores were summed, with higher scores indicating more trauma; however, for the purposes of this study, trauma will be coded dichotomously, meaning that those who have experienced trauma will be compared to those who have not experienced trauma. In a study evaluating the THQ, 25 participants were retested 2–3 months after the baseline measurement (Hopper et al., 2011). The overall test–retest correlation was .70, with the lowest reliability being on a general question about unwanted sex, which had a test–retest correlation of .47 (Hopper et al., 2011).

3.3.3 COPING STRATEGIES

Coping strategies were measured using the 16-item Coping Strategies Inventory Short-Form (CSI-SF; Addison et al., 2007; see Table 3.3). A sample item includes "I let my feelings out to reduce stress." Response options were anchored on a five-point Likert type scale ranging from *never* (1) to *almost always* (5). Internal consistency on each for the four sub-scales of the CSI-SF were as follows: Problem-focused engagement (α = .86), problem-focused disengagement (α = .86), emotion-focused engagement (α = .75), and emotion-focused disengagement (α = .74). Scores were calculated using the mean of the item responses for each of the four subscales. Higher scores indicate greater usage of the specified coping strategy.

3.3.4 PERSONALITY

Personality was measured using a short-form of the Big Five Inventory (BFI; John & Srivastava, 1999; see Table 3.4), which includes 18 items. A sample item includes "I see myself as a person who . . . is talkative." Participants reported their level of agreement to each item on a 5-point Likert-type scale from *strongly disagree* (1) to *strongly agree* (5). Scores were calculated by computing the mean of the item responses for each subscale. Higher scores indicate higher levels of the specified dimension of personality. The BFI demonstrated good internal consistency on each of five subscales: extraversion (α = .85), agreeableness (α = .79), openness (α = .72), neuroticism (α = .75), and conscientiousness (α = .83).

3.4 PLAN OF ANALYSIS

Descriptive statistics were first be computed to describe the study sample. Next, correlations were computed among the main study constructs to address the hypothesized associations among variables. Regression analyses were used to test whether three specific personality constructs predict coping mechanisms. PROCESS (Version 4.0; Hayes, 2021) was used to test for potential moderation effects by trauma experiences. The independent variable was a particular personality trait, namely neuroticism, extraversion, or openness, while the dependent variable was a type of coping as measured by the CSI-SF. Four subscales of the CSI-SF measured differing forms of coping, namely, problem-focused engagement, problem-focused disengagement, emotion-focused engagement, and emotion-focused disengagement. Separate analyses were conducted for each sexual and physical trauma, to determine whether the type of trauma conditions the links between personality traits and coping mechanisms. All analyses were carried out in SPSS.

Table 3.1

Demographic Questions

Variable name	Item
A01	**I am:** 1 Male 2 Female
A02	**In what year were you born?** (open ended)
A03	**In which month were you born?** 1 January 2 February 3 March 4 April 5 May 6 June 7 July 8 August 9 September 10 October 11 November 12 December
A04	**Which of the following best describes your ethnic background? Choose ONE that best describes you?** 1 African-Amerian (Black) 2 Asian American 3 European American (White) or Hispanic 4 Native American 5 Native Hawaiian/Pacific Islander 6
A05	**Which of the following "home situations" applies best to you?** 1 I live with my parent(s) 2 I live alone 3 I live with a family member 4 I live with roommates/housemates 5 I live with a significant other/partner

A06	**My parents are . . .** 1 Married 2 Remarried 3 Divorced 4 Separated 5 Widowed 6 They never married
A10	**How much education does your father/stepfather or male caretaker have? (Give your BEST guess if you don't know for sure!)** 1 Does not apply 2 He finished elementary or junior high school (through 9th grade) 3 He finished high school (through 12th grade) 4 He is finished some college or technical school 5 He has a college degree (4 years) 6 He has a graduate degree (advanced degree, e.g., masters or doctorate)
A11	**Does your mother/stepmother or female caretaker work?** 1 Does not apply 2 She does not work 3 She is unemployed, but looking for work 4 She has one part time job 5 She has one full time job 6 She has multiple jobs (amounting to more than 1 full time job)
A12	**How much education does your mother/stepmother or female caretaker have? (Give your BEST guess if you don't know for sure!)** 1 Does not apply 2 She finished elementary or junior high school (through 9th grade) 3 She finished high school (through 12th grade) 4 She is finished some college or technical school 5 She has a college degree (4 years) 6 She has a graduate degree (advanced degree, e.g., masters or doctorate)
A15	**How much education do you have?** 1 Does not apply 2 I finished elementary or junior high school (through 9th grade) 3 I finished high school (through 12th grade) 4 I finished some college or technical school 5 I have a college degree (4 years) 6 I have a graduate degree (advanced degree, e.g., masters or doctorate)

A17	**What is the occupation of the primary wage earner in your family? (if they are retired, what was their occupation at the time he/she was working?)** 1 Large business owner; executive professional; high-ranking military officer; government official; position requiring advanced degree (lawyer, professor, or physician) 2 Owner of a small/medium business (e.g., restaurant or shop); professional such as manager, administrator, accountant; highly technical position such as computer programmer; large/very large farm owner; other military officer 3 Semi-professional such as police officer, social worker, nurse, or insurance agent; skilled craftsman such as carpenter or electrician 4 Clerical staff such as bank teller, secretary, or typist; sales representative; entertainer or artist; other military personnel; tenant farmer/owner of a small/medium farm 5 Machine operator; semiskilled worker such as cook, waiter, or janitor 6 Laborer or service worker such as car washer or farm laborer
A18	**Please pick one of the following choices describing your family's approximate total annual income:** 1 20,000 or less 2 $20,000 to $35,000 3 $35,000 to $60,000 4 $60,000 to $ 100,000 5 $100,000 or more
A19	**Are you currently in enrolled in college or any type of higher education?** 1 Yes 2 No
A20	**If yes, in what type of college or higher education are you enrolled?** 1 Regional state university 2 Community college 3 Private University 4 National university 5 Vocational or technical college 6 Other: Open-ended

Table 3.2

Measure of Physical and Sexual Trauma

Has anyone ever made you have intercourse or oral or anal sex against your will? (If yes, please indicate nature of relationship with person [e.g., stranger, friend, relative, parent, sibling] below) – Selected Choice 1 Yes 2 No **If yes, please indicate... The Nature of Relationship with Person** [e.g., stranger, friend, relative, parent, sibling] (open ended) **If yes, please indicate... – Number of Times** (open ended) **If yes, please indicate... – Approximate age(s)** (open ended)
Has anyone ever touched private parts of your body, or made you touch theirs, under force or threat? (If yes, please indicate nature of relationship with person [e.g., stranger, friend, relative, parent, sibling] below) – Selected Choice 1 Yes 2 No **If yes, please indicate... The Nature of Relationship with Person [**e.g., stranger, friend, relative, parent, sibling] (open ended) **If yes, please indicate... – Number of Times** (open ended) **If yes, please indicate... – Approximate age(s)** (open ended)
Other than incidents mentioned in Questions 18 and 19, have there been any other situations in which another person tried to force you to have an unwanted sexual contact? 1 Yes 2 No **If yes, please indicate... – Number of Times** (open ended) **If yes, please indicate... – Approximate age(s)** (open ended)
Has anyone, including family members or friends, ever attacked you with a gun, knife, or some other weapon? 1 Yes 2 No **If yes, please indicate... – Number of Times** (open ended) **If yes, please indicate... – Approximate age(s)** (open ended)

Has anyone, including family members or friends, ever attacked you without a weapon and seriously injured you?

1 Yes
2 No

If yes, please indicate... – Number of Times
(open ended)
If yes, please indicate... – Approximate age(s)
(open ended)

Has anyone in your family ever beaten, spanked, or pushed you hard enough to cause injury?

1 Yes
2 No

If yes, please indicate... – Number of Times
(open ended)
If yes, please indicate... – Approximate age(s)
(open ended)

Have you experienced any other extraordinarily stressful situation or event that is not covered above? (If yes, please specify below)

1 Yes
2 No

If yes, please indicate... – Number of Times
(open ended)
If yes, please indicate... – Approximate age(s)
(open ended)

Table 3.3

Coping Strategies Inventory Short-Form

1	2	3	4	5
never	seldom	sometimes	often	almost always

1. I make a plan of action and follow it.
2. I look for the silver lining or try to look on the bright side of things.
3. I try to spend time alone.
4. I hope the problem will take care of itself.
5. I try to let my emotions out.
6. I try to talk about it with a friend or family.
7. I try to put the problem out of my mind.
8. I tackle the problem head on.
9. I step back from the situation and try to put things into perspective.
10. I tend to blame myself.
11. I let my feelings out to reduce the stress.
12. I hope for a miracle.
13. I ask a close friend or relative that I respect for help or advice.
14. I try not to think about the problem.
15. I tend to criticize myself.
16. I keep my thoughts and feelings to myself.

Table 3.4

Big Five Inventory (18 items)

1	2	3	5	5
Strongly disagree	Disagree a little	Neither agree nor disagree	Agree a little	Strongly Agree

Big Five Inventory (BFI)
α = .83

I see myself as a person who…

Openness
30. Values artistic, aesthetic experiences
40. Likes to reflect, play with ideas
44. Is sophisticated in art, music, or literature event?

Conscientiousness
03. Does a thorough job
28. Perseveres until the task is finished
33. Does things efficiently
38. Makes plans and follows through with them

Extraversion
01. Is talkative
11. Is full of energy
36. Is outgoing, sociable

Agreeableness
17. Has a forgiving nature
22. Is generally trusting
32. Is considerate and kind to almost everyone
42. Likes to cooperate with others

Neuroticism
04. Is depressed, blue
14. Can be tense
19. Worries a lot
39. Gets nervous easily

CHAPTER 4: RESULTS

4.1 DESCRIPTIVES

Descriptive statistics are shown in Table 4.1. Table 4.2 includes correlations among study variables. These indicated significant and positive associations between extraversion and problem-focused coping strategies, between openness and problem-focused coping strategies, and between neuroticism and emotion-focused coping strategies. Age was significantly and positively related to agreeableness, but no other main study variables were associated with age. Family structure was significantly and positively related to neuroticism, physical trauma, and sexual trauma. Family structure was significantly and negatively correlated with agreeableness. SES was significantly and positively related to agreeableness, extraversion, problem-focused disengagement coping, and problem-focused engagement coping.

4.2 HYPOTHESIS 1, 2, & 3

Next, as an initial step, a hierarchical regression analysis was conducted to test Hypotheses 1, 2, and 3.

4.2.1 Hypothesis 1

Results revealed that extraversion was positively associated with problem-focused engagement coping, controlling for background variables (b = .43, SE = .05, $p < .01$). This finding supported Hypothesis 1. In addition, family structure (b = -.24, SE = .10, $p < .01$) and SES (b = .14, SE = .07, $p < .01$) were significantly associated with problem-focused engagement coping.

4.2.2 Hypothesis 2

Results revealed that neuroticism was significantly and positively associated with emotion-focused disengagement coping, controlling for background variables (b = .51, SE = .05, $p < .01$). This finding supported Hypothesis 2. No background variables were significantly associated with emotion-focused disengagement coping.

4.2.3 Hypothesis 3

Results revealed that openness was significantly and positively associated with problem-focused engagement coping, controlling for background variables (b = .23, SE = .06, $p < .01$). This finding supported Hypothesis 3. Family structure (b = -.13, SE = .11, $p < .05$) and SES (b = .20, SE = .07, $p < .01$) were significant correlates of problem-focused engagement coping. Results for the regression analyses are shown in Table 4.3.

4.3 Hypothesis 4

In a final step, a series of moderation model tests were carried out using the PROCESS macro in SPSS. Findings are included in Table 4.4. For hypothesis 4a, which predicted that sexual trauma would moderate the association between extraversion and problem-focused engagement analyses indicated that there was no statistically significant moderation effect by sexual trauma on the link between extraversion and problem-focused engagement coping, net any effects by background variables.

For hypothesis 4b, which predicted that sexual trauma would moderate the associated between neuroticism and emotion-focused engagement coping, moderation analyses indicated no statistically significant moderation effect by sexual trauma on the link between neuroticism and emotion-focused disengagement coping, net any effects by background variables. For hypothesis 4c, which predicted that the relationship between

openness and problem-focused engagement coping would be moderated by sexual trauma, moderation analyses indicated that there was no statistically significant moderation effect by sexual trauma between openness and problem-focused engagement coping, net any effects by background variables.

For hypothesis 4d, which predicted that the association between extraversion and problem-focused engagement coping would be moderated by physical trauma, analyses indicated no statistically significant moderation effect by physical trauma between extraversion and problem-focused engagement coping, net any effects by background variables.

For hypothesis 4e, which predicted that the association between neuroticism and emotion-focused disengagement coping would be moderated by physical trauma, moderation analyses indicated no statistically significant moderation effect by physical trauma between neuroticism and emotion-focused disengagement coping, net any effects by background variables.

For hypothesis 4f, which predicted the relationship between openness and problem-focused coping would be moderated by physical trauma, moderation analyses indicated no statistically significant moderation effect by physical trauma between openness and problem-focused engagement coping, net any effects by background variables.

In conclusion, moderation model tests provided no evidence of trauma potentiating the relationships between personality measures and indicators of general coping behaviors/strategies.

Table 4.1
Descriptive Statistics of Main Study Variables

Variable	*M/n*	*SD*	%/ α
Age	19.6	1.9	
Family Stucture			
Two-parent	115		62.0
Other	188		38.0
Race/Ethnicity			
African American (Black)	48		15.8
Asian American	15		4.9
European American (Hispanic and non-Hisp.)	239		78.6
Native American	1		0.3
Native Hawaiian/Pacific Islander	1		0.3
SES	-.01	.80	
Emotion-Focused Disengagement	3.38	.81	.74
Problem-Focused Engagement	3.26	.96	.86
Problem-Focused Disengagement	3.39	.84	.86
Emotion-Focused Engagement	3.10	.79	.75
Openness	3.54	.87	.72
Conscientiousness	3.99	.70	.83
Extraversion	3.51	.99	.85
Agreeableness	3.95	.73	.79
Neuroticism	3.37	.81	.75
Sexual Trauma			
Yes	65		21.4
No	239		78.6
Physical Trauma			
Yes	21		6.9
No	283		93.1

Table 4.2
Correlations among Study Variables

	Age	Race	FS	SES	Open	Cons	Agree	Neuro	Extra	EmoEn	ProbDis	EmoDis	ProbEn	PhysTra	SexTra
Age	-	-.03	.16**	-.13*	.02	-.08	-.12*	.04	-.11	.09	-.02	.00	-.02	.07	.02
Race	-.03	-	-.14**	.16**	.00	.22***	.19**	.06	.23***	-.07	.14*	.03	.16**	.05	.06
FS	.16**	-.14*	-	-29***	.06	-.08	-.14*	.12*	-.07	.03	-.10	.07	-.18	.19***	.14*
SES	-.13*	.16**	-.29***	-	.07	.12*	.18**	-.07	.23***	-.07	.15**	-.08	.26***	-.08	-.09
Open	.02	.00	.06	.07	-	.39***	.42***	.27***	.31***	.12*	.27***	.17**	.23***	.04	.10
Cons	-.08	.22***	-.08	.12*	.39***	-	.67***	.09	.51***	.14*	.58***	.13*	.46***	-.19***	.00
Agree	-.12*	.19**	-.14*	.18**	.42***	.67***	-	.12	.55***	.11	.48***	.14*	.47***	-.11	-.04
Neuro	.04	.06	.12	-.07	.27***	.09	.12	-	-.15**	.32***	-.16**	.53***	-.09	.12	.24***
Extra	-.11	.23***	-.07	.23***	.31***	.51***	.55***	-.15**	-	.04	.43***	-.08	.45***	-.01	-.07
EmoEn	.09	-.02	.03	-.07	.12*	.14*	.11	.32***	.04	-	.13	.55***	.12	.03	.09
ProbDis	-.02	.14*	-.10	.15**	.27***	.58***	.48***	-.16**	.43***	.13*	-	.10	.71***	-.17**	-.21***
EmoDis	.00	.03	.07	-.08	.17**	.13*	.14*	.53***	-.08	.55***	.09	-	.01	.09	.14*
ProbEn	-.02	.16**	-.18	.26***	.23***	.46***	.47***	-.09	.45***	.12	.71***	.01	-	-.16**	-.13*
PhysTra	.08	.05	.19***	-.08	.04	-.19***	-.11	.12*	-.01	.03	-.17**	.09	-.16**	-	.21***
SexTra	.02	-.03	.14*	-.09	.10	.00	-.04	.24***	-.07	.09	-.21***	.14*	-.13*	.21***	-

Notes. FS = Family structure. Cons = Conscientiousness. Agree = Agreeableness. Neuro = Neuroticism. Extra = Extraversion. EmoEn = Emotion-focused engagement coping/ ProblemDis = Problem-focused disengagement coping. EmoDis = Emotion-focused disengagement coping. ProbEn = Problem-Focused engagement. PhysTra = Physical Trauma. SexTra = Sexual Trauma.

Table 4.3

Regression Models Predicting Different Coping Styles by Background Variables and Personality Traits

	Hypothesis 1: DV=ProbEn				Hypothesis 2: DV=EmoDis				Hypothesis 3: DV=ProbEn			
Step	Variable	B	SE B	β	Variable	B	SE B	β	Variable	B	SE B	β
Step 1	Age	.01	.03	.02	Age	-.01	.02	-.02	Age	.01	.03	.02
	Race	.22	.13	.10	Race	.07	.11	.03	Race	.22	.13	.10
	FS	-.23	.12	-.12	FS	.05	.10	.03	FS	-.23	.12	-.12
	SES	.26	.07	.21	SES	-.10	.06	-.10	SES	.26	.07	.21
Step 2	Age	.028	.025	.06	Age	-.01	.02	-.025	Age	.01	.03	.02
	Race	.02	.12	.01	Race	-.06	.06	-.06	Race	.23	.13	.10
	FS	-.24	.10	-.24**	FS	-.03	.09	-.02	FS	-.26	.11	-.13*
	SES	.17	.07	.14**	SES	-.06	.05	-.06	SES	.24	.07	.20**
	Extra	.41	.05	.43**	Neuro	.51	.05	.51**	Open	.25	.06	.23**

Notes. FS = Family structure. Neuro = Neuroticism. Extra = Extraversion. Open = Openness. EmoDis = Emotion-focused disengagement coping. ProbEn = Problem-Focused engagement

Table 4.4

PROCESS Models: Trauma moderating the links between Personality Traits and Coping Styles

	Hypothesis 4a: DV=ProbEn R-sq = .26			**Hypothesis 4b: DV=EmoDis R-sq = .27**			**Hypothesis 4c: DV=ProbEn R-sq = .14**		
Sexual Trauma	Variable	B	SE B	Variable	B	SE B	Variable	B	SE B
	Age	.03	.03	Age	-.01	.02	Age	.010	.03
	Race	.05	.12	Race	-.01	.10	Race	.25*	.13
	FS	-.22*	.11	FS	-.04	.09	FS	-.23*	.11
	SES	.16*	.07	SES	-.05	.05	SES	.23**	.07
	Extra	.41***	.06	Neuro	.49***	.06	Open	.26	.06
	SexTra	-.38	.49	SexTra	-.45	.49	SexTra	-.25	.61
	Int.	.06	.14	Int.	.13	.13	Int.	-.01	.16
	Hypothesis 4d: DV=ProbEn R-sq = .27			**Hypothesis 4e: DV=EmoDis R-sq = .27**			**Hypothesis 4f: DV=ProbEn R-sq = .15**		
Physical Trauma	Variable	B	SE B	Variable	B	SE B	Variable	B	SE B
	Age	.03	.03	Age	-.03	.02	Age	.02	.03
	Race	.04	.12	Race	-.10	.10	Race	.26*	.13
	FS	-.20	.11	FS	-.05	.09	FS	-.22	.11
	SES	.17*	.07	SES	-.06	.05	SES	.22**	.07
	Extra	.43***	.05	Neuro	.52***	.05	Open	.23***	.06
	PhysTra	-.20	.70	PhysTra	.79	.84	PhysTra	-1.60	.87
	Int.	-.06	.19	Int.	-.17	.23	Int.	.30	.23

Notes. FS = Family structure. Neuro = Neuroticism. Extra = Extraversion. E. EmoDis = Emotion-focused disengagement coping. ProbEn = Problem-Focused engagement. PhysTra = Physical Trauma. SexTra = Sexual Trauma. Int. = Interaction term.

CHAPTER 5: DISCUSSION

Because of the prevalence of both physical and sexual trauma, it is paramount that research addresses the impact of these experiences and how it might be minimized. Coping is a process that may be both a risk and protective factor (Jenzer et al., 2020). This study provided some novel evidence surrounding coping and its correlates. Previous research has indicated that personality, more specifically, the Big Five dimensions, are linked to coping behaviors (e.g., Rassart et al., 2014). The evidence of the current study supported the expected associations between personality traits and coping behaviors. However, the hypothesized moderation effects of physical and sexual trauma in these associations were not supported. This means that the presence of trauma, whether it was physical or sexual, did not make the association between personality traits and coping behaviors either weaker or stronger. These unexpected findings could be due to several factors which will be discussed subsequently.

This study does, however, provide additional support for the hypothesized links between personality traits and coping choice. Previous research has found that extraversion is associated with problem-focused strategies of coping (Connor-Smith & Flachsbart, 2007). The present study provides further support for this relationship. More specifically, extraversion was a positive predictor of problem-focused engagement coping scores, meaning that individual who score relatively higher on extraversion are more likely to engage in coping behaviors that involve are active, such as discussing a problem with friends and family members or actively trying to let emotions out. Although the associations are less clear, openness has also been identified in previous research to be associated with a variety of coping behaviors such as active and relationship-focused

coping (Penley & Tomaka, 2002, Lee-Baggley et al., 2005). Because previous findings appeared to show a pattern of active coping, it was expected that openness would be positively related to problem-focused engagement coping. Findings supported this expectation, meaning that like extraversion, openness was a significant and positive predictor of problem-focused engagement coping scores.

The literature has also linked neuroticism with both maladaptive coping behaviors and poor psychological and physical outcomes (An et al., 2013; Rassart et al., 2014; Connor-Smith & Flachsbart, 2007). Particularly, neuroticism has been found to be associated with negative emotion-focused strategies for coping (Fokas & Soysa, 2017). Findings from the present study are consistent with the previous literature. Specifically, neuroticism was a significant and positive predictor of emotion-focused disengagement coping. This means that individuals who score relatively higher on neuroticism tended to engage in coping that is more self-criticizing and blaming, or simply keeping their thoughts or problems to themselves. In addition to the relationships between personality traits and coping, this study explored the role of trauma in these associations. In previous literature, experiences of trauma have been found to be associated with general coping behaviors, and particularly more avoidant types of coping (Jenzer et al., 2020; Filipas & Ullman, 2006; Vaughn-Coaxum et al., 2018). Experiences of trauma also seem to impact coping in response to specific events. For example, Bedard-Gilligan et al. (2012) showed individuals experiencing posttraumatic stress symptoms found it more difficult to disclose information about traumatic events. Based on this information, it was expected that trauma would moderate the associations between personality traits and coping behaviors. However, neither sexual nor physical trauma was found to moderate these

associations between personality traits and coping.

5.1 LIMITATIONS

The present study is not without a number of limitations that might have impacted findings. One factor which may have contributed to finding no evidence of moderation effects is simply related to the low rate of trauma in this college student population. The majority of the sample had not experienced trauma. The small number of individuals who reported experiences of trauma, either physical or sexual, contributed to the fact that the study might suffer from low statistical power, and therefore, moderation effects could not be detected.

Another factor that may have impacted the results is related to the measurement of the main study constructs. In this study, both types of traumas were measured as a dichotomous measure, namely sexual and physical trauma. Thus, this eliminated the possibility of investigating how and whether severity impacted the observed effects. There may also exist subtypes of trauma which this measure was not able to detect due to its dichotomous nature. In addition, due to the sensitive nature of trauma, some respondents may have felt uncomfortable answering, meaning that the measure was not able to detect the true levels of trauma in the sample. These measurement issues might also have contributed to the study suffering from low statistical power and an inability to detect moderation effects by trauma.

The present study was based on convenience sampling of college students attending a large public university. This sampling technique means that this study findings cannot be generalized to the larger population. Therefore, additional research needs to be conducted based on both more diverse as well as representative samples to

test the associations between personality, coping, and trauma, particularly whether trauma moderates these links.

Finally, as the data were cross-sectional in nature, study findings do not permit any conclusions about causality. Future work needs to be carried out using longitudinal data sets that would permit testing of more complex models which would permit inferences of direction of effect and causality to a greater extent.

5.2 FUTURE RESEARCH

This study provides evidence that trauma does not potentiate the relationship between personality and general coping behaviors; however, more research with different samples and measures to clarify the role, if any, of trauma on coping as well as on the link between individual differences and coping is needed. As discussed, a number of study limitations include ones due to measurement. One way that may address limitation would be to do an exploratory, qualitative study. By sampling only those that have experienced trauma, researchers may be able to better determine the long-term impact of trauma and if it is associated with a change in coping behaviors.

Although this study adds to the literature on personality, coping, and responses to trauma, a number of additional questions remain unanswered and should be explored in greater depth future research. For example, the relationship between trauma and coping remains unclear, despite the fact that it was addressed to some extent in the present study in correlations and moderation tests. How does trauma influence the specific coping response? Additionally, individual predispositions in coping behaviors may influence the initial response to traumatic experiences. More research is simply needed to answer these questions.

5.3 CONCLUSION

In conclusion, the current study provides information about the role of personality in coping for researchers, clinicians, and the greater public. For researchers, it adds to the previous findings surrounding personality and coping (e.g., Connor-Smith & Flachsbart, 2007; Combs et al., 2018). but explores the less studied role that trauma may play in this association. For clinicians, this study provides knowledge for how to formulate more effective assessments. It shows that personality is an important factor in coping behaviors that is often overlooked in clinical assessment. This study provides further evidence that the dimensions part of the Big Five might be important to be assessed in clinical settings, prior to treatment. Clinicians that use the Big Five as an assessment tool might be better able to identify each client's potential strengths and weaknesses in their coping response. This will allow the clinician to provide the client with alternative coping tools. For example, those high in levels of neuroticism might need additional direction in using problem-focused strategies. Being knowledgeable about what factors are associated with both adaptive and maladaptive coping behaviors can help clinicians to better assess clients for risk factors, and thus, facilitate more targeted and effective treatment.

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