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Media Coverage of Terrorist Events and Posttraumatic Stress Disorder in Pakistani Youth

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ABSTRACT

Media gives massive coverage to terrorist attacks in graphic detail which creates a sense of threat and fear in the general public particularly in the youth. These threats and fears can become serious psychological problems if not met with proper treatment. In this experimental study, 150 undergraduate students of three universities of Faisalabad; GC University Faisalabad, University of Agriculture, University of Faisalabad were chosen by cluster sampling technique to test posttraumatic stress disorder (PTSD) and the levels of depression after showing them intervention (video clip showing terrorist attack). Beck's Inventory Depression (BID) and Self-rating Inventory Posttraumatic Stress Disorder (SIPTSD) were used to measure the levels of PTSD and depression in the students. The study found PTSD symptoms in the students even before the exposure to stress inducing intervention. When students were exposed to the videos of terrorist attacks an upsurge in the PTSD levels was observed. The increase in PSTD levels among the female students was much higher as compared to the male students. Moreover, the study found depression among female undergraduate students higher than male undergraduate students. However, no significant relationship between depression and exposure to terrorist events among the students was observed.

1. INTRODUCTION

The main utility of media is to deliver information in a society about current events in a proper fashion to serve the public's interests. The news media of any country serve these basic human needs while providing the information about the current scenario in detail (Azeez, 2009). According to Schlesinger et al. (1983), "public need more information in a chaotic situation" (p.114). This relay of people on news media is much increased when any society is experiencing terrorist attacks during the whole year like Pakistan. Bassioni (1981) discerns that terrorists wish extreme publicity for their messages and emblematic actions. They carefully create these messages to attract the maximum coverage of news media (Jenkins, 1975). To support the theoretical understanding of Jenkins, Laqueur (1977) lights out terrorists know the paramount importance of media in their anti-societal campaigns. On the other hand, according to Miller (1982, p.1), terrorism is media's stepchild; due to that media can neither completely ignore nor deny.

Galtung and Ruge (1965) give us understanding of conventions which force media organizations to report terrorism. Crelinsten (1989) argues that terrorists identify the bonds and news gathering routines of the media, and they organize "their actions to fit the key news values of drama, violence and unexpectedness" (p. 332). Pakistani media almost cover all the terrorist activities across the country. The extensive coverage of these violent acts has raised many ethical issues on different platforms but little attention has been paid to psychological effects. According to Tufail (2010), the psychological effects of terrorism can cause complex and diverse post-traumatic stress disorders. Therefore, there is dire need to study PTSD among the people who faced such a threatening situation.

Posttraumatic Stress Disorder is not the condition of stress found in people who have firsthand encounter with terrorist attacks but signs can also be present in people who watch these events on media. As it is explored that, the terrorist events of 9/11 were traumatic for people living in USA, Propper, Stickgold, and Christman (2007) suggested that people living in other parts of the world would experience increased stress because of their indirect exposure to these attacks on television screens. Similarly, Schuster et al. (2001) and Silver et al. (2002) argued that the terrorist attacks on World Trade Centre in United States of America presented an opportunity to the researcher to examine the effects on viewers of exposure to a traumatic event. Because, several million people witnessed the event directly while infinite number of people were exposed to the event indirectly via extensive media coverage.

The citizens of Pakistan have been a target of terrorism throughout its history in many forms; sectarian terrorism, ethnic terrorism, secessionist terrorism, political terrorism, and religious terrorism. After 9/11, the tendency of terrorism has increased tremendously targeting both civilian as well as government institutions. There was a drastic increase in the number of suicide attacks being carried out in public places both on security forces as well as on civilians. Since 2002 to July 23, 2017, there were 459 suicide attacks which butchered 7370 persons while 15067 were injured (South Asia Terrorism Portal, 2017).

Pakistani media gives extensive coverage to all the aspects of incidents of terrorism. Here the question arises about the effects of these events on the psychological health of young persons. Studies have been conducted in other countries such as Israel and Palestine, to measure the influence of this continuous terror on the health of teen-agers, since both countries inclined to develop psychosocial stress indications. While there is dearth of research studies on the psychological effects of these terror attacks in Pakistan. More importantly research having special focus on PTSD in Pakistan is evidently scarce. Present study will fill this gap, because Pakistan is facing the gravity of terrorism as a continuing threat to the public. Thus, the aim of present study is to determine Posttraumatic Stress Disorder (PTSD) in the suffering populace of Pakistan (especially the students) which has been shown repeated video clips of terrorist events on electronic media. The overtime effects of these video clips may include feelings of shock, anxiety, depression, or even emotional indifference. In the prevailing circumstances, these feelings may be more intense and prolonged than usual and can alter the young individual's emotional stability. Therefore, this study focuses on undergraduate students because they are working professionals of tomorrow. The researchers chose three universities of Faisalabad City; GC University Faisalabad, University of Agriculture, University of Faisalabad to determine the occurrence and concentration of PTSD in the students. The results will provide the guidelines to media policy makers, owners and practitioners for telecasting terrorist event on screen. It will also help concerned authorities for setting effective coping strategies after finding the levels of PTSD in students who are the future of the country.

2. LITERATURE REVIEW

Posttraumatic Stress Disorder (PTSD)

American Psychiatric Association (2000) classified PTSD as an anxiety disorder. Lilienfeld et al. (1994) explained that PTSD has high rates of lifetime association and co-occurrence with most of the anxiety disorders (p.78). Conversely, Breslau et al. (1991) positioned PTSD with major depressive disorder. According to Kessler et al. (1995) major depressive disorder showed the highest rate of lifetime association with PTSD among women 48.5% and the second highest rate among men 47.9%. High rates of co-occurring PTSD and major depressive disorder have also been found across different trauma exposed populations, such as combat veterans (95% lifetime and 50% co-occurring (Bleich et al., 1997), motor-vehicle accident survivors 53% co-occurring (Blanchard et al., 1998), and physical assault survivors 49% co-occurring (Nixon et al., 2004). Furthermore, this co-occurrence is associated with a number of negative correlations and consequences including increased risk of suicidal attempt among effected population (Oquendo et al., 2005). According to the studies of Cox et al. (2002), Slade and Watson (2006), structural analyses of anxiety and mood disorders based on dichotomous data, have shown that PTSD has a stronger loading on a general distress construct than it does on a fear construct (defined by agoraphobia, panic disorder, simple phobia, and social phobia). Overall, the results suggest that PTSD includes a core general distress component that may be responsible for the extraordinary rates of PTSD and major depressive disorder co-occurrence.

Terrorism has become a worldwide nuisance. According to García-Vera and Sanz, (2011) in recent years, terrorism has become one of the most severe and alarming problems worldwide. According to The Statistics Portal (2017), the eleven years 2006-2016, yearly average of 11,518 terrorist attacks had occurred, causing approximately 19,863 death each year. From 2003-17, there are 62,361 fatalities in Pakistan due to terrorist attacks excluding the target killings in Sindh (South Asia Terrorism Portal, 2017). Although during this interval most of the terrorist attacks had been concentrated in the Near East (approximately 46%) and in South Asia (approximately 30%), and, specifically,

in countries like Iran, Afghanistan, Pakistan, or India, the plague of terrorism affected all regions of the world to a greater or lesser degree (NCTC, 2006, 2007, 2008, 2009).

Undeniably, there is a smaller number of people who are actually present on the site of attack, more of them view them indirectly on media which increased their fear of possible terror attack. Schlenger et al. (2002) and Smoller and Sokol (2001) defined the indirect relationship of viewing television programs that give extensive coverage to these incidences of terrorist attacks and their effects on mental health. Moreover, North & Pfefferbaum (2002) examined residents of an area far away from the location of a terrorist attack. The result of the studies of Galea et al., (2003), Schlenger et al., (2002), and Silver et al., (2002), showed that presence of probable PTSD was diagnosed as 11.2% in the individuals who were present at the site of 9/11 attacks and 4.0% among individuals who indirectly exposed through television. Although PTSD decreased with time in these persons but there were still some proportion of people who have significant ratio of PTSD 5.80% after six months (Silver et al., (2002).

Shoshani and Slone (2008) shed light on these indirect effects which resulted by exposure to television news of terrorism on viewers´ emotional and attitudinal responses. They measure the impact of participation in either a terrorism or non-terrorism media condition on emotional and attitudinal behavior. The results reveal a significant effect e.g., the terrorism clip has an impact on anxiety, anger and the other variables. In comparison to the non-terrorism condition, the participants of the terrorism condition report more state anxiety and state anger as well as more stereotype attributes and perceptions of enemy hostility. Similarly, in their survey, Lee et al. (2010) examined and compared Canadians' perceptions of terrorism risk. The results of the survey revealed that terrorism was rated lower on perceived threat and perceived controllability, and higher on perceived uncertainty. They concluded that as compared to individual behavior terrorism is more associated with sociopolitical factors. Several studies proved significant positive relationships between terrorist incidence and enhanced psychological pressure and distress (Galea et al., 2002; Blanchard, et al., 2004; Schuster et al., 2001; Sprang, 1999). PTSD is the most frequent disorder after the experience of a traumatic event, including a terrorist attack (DiMaggio & Galea, 2006; Garc í a - Vera & Sanz, 2008; Norris et al., 2002). Consequently, most research on the psychological treatment of the victims of terrorism has focused on this disorder.

The research on PTSD revealed one more important aspect that females have more tendency to develop PTSD after any traumatic incident and tend to use more coping strategies of avoidance as compared to males (Endler & Parker, 1990; Matud, 2004). Similarly, in their experimental study, Lerner et al. (2003) revealed strongly similar patterns in teens and adults. Females reported less anger and more fear as compared to male.

In nexus, common quality of terrorism is its capability to provoke immense fear, despite the fact that the actual probability of its occurrence is quite low. Terrorism has also the potential to negatively impact mental health. According to Comer et al. (2008, p. 568), research provides significant evidences that contact with terrorism is linked with psychological distress, traumatic stress symptoms, and posttraumatic stress disorder (PTSD). In addition to these mental health impacts, there are a number of negative behavioral responses. One such response is the avoidance of certain places or modes of transportation, generally referred to as avoidance behavior. So, the exposure of terrorist events can be the causes of fear, anxiety, depression along with the Posttraumatic stress disorder in the population which is exposed to these events on national and international media. In this context present study will find the answers of following research questions:

1- What is the level of Posttraumatic Stress Disorder (PTSD) in undergraduate university students of Faisalabad City?
2- How much level of Posttraumatic Stress Disorder (PTSD) increases after the exposure of terrorist event content?
3- To what extent, level of depression relates to population having PTSD after exposure of terrorist events content,
which leads to set following hypothesis :

H1: There is positive relationship between the exposure of terrorist events and levels of PTSD in undergraduate students of Faisalabad City

H2: Female students scores much PTSD as compared to male student after exposure of terrorist events

H3: Female Students scores much levels of depression as compared to levels of depression in male student

The present study is conducted under theoretical framework of Media Dependency Theory and Media Cultivation Theory. The framework provides the basis to analyze the functional role of the news media during terrorist events.

The PSTD theory provides the understanding that how media act meaningfully in an uncertain condition or environment (Ball-Rokeach, 1974). The origins of the structure, intensity, and scope of individuals' MSD relations are thus grounded in their social as well as their interpersonal and personal environs (Ball-Rokeach, 1985). Those environs are dynamic, i.e., changing over situation and time. Put briefly, the more problematic people's social environs, the more likely it is that the media information system will be a, if not the, major resource in people's efforts to understand and act meaningfully in those environs. The prime condition for media effects, then, is when there are problematic social environs that prompt asymmetric, intense, and broad-goal-scope MSD relations. It is in this sense that media effects are conceived to be an outcome of the nature of media–audience–society relations (Ball-Rokeach & De Fleur, 1976). In any society, developed or developing, the dependency of media increases in warlike situation. Same in the case of euphoric wave of terrorism in Pakistan the people rely more on media to get the latest report on any terrorist event. So, as this theory provide the theoretical foundation to study PTSD among students. Similarly, cultivation research suggests that there is direct relationship between people's viewing habits and the repeated message telecast on television screen. People perceive the reality as that broadcast on television screen. Much they watch on screen much they rely on the perception constructed by the media message on the screen. Much they perceive much they believe.

3. METHODOLOGY

Experiments offer a unique opportunity to examine the nature and direction of causal relationships between variables. Experiment typically refers to laboratory studies in which the investigator retains control over the recruitment, assignment to random condition, treatment, and measurement of participants. Control, in experimental design, involves holding constant or systematically varying extraneous variables (e.g., mediators, confounders, and suppressors) to minimize their effect on the focal causal relationship. Quasi-Experimental Designs was adopted for this study because sometimes such research situations can arise in which the random selection and assignment of research participants is not possible. Experimentation undertaken under such conditions can utilize quasi-experimental designs (Shadish, Cook, & Campbell, 2002). These nonrandomized designs, while providing valuable information, must be recognized as involving basic faults that can influence data interpretation. The strongest and most widely used quasi-experimental design is the pre-test/post-test nonequivalent control group design. One-Group Pretest-Posttest design has one group, a pretest, a treatment, and a posttest. It lacks a control group and random assignment. The one-group pre-experimental design was selected as one that was the most viable for the present case study.

For this experimental study sample was taken from undergraduate students from four universities of Faisalabad. Two of the selected universities (G C University, Faisalabad, and University of Agriculture, Faisalabad) are public and one (University of Faisalabad) is private. Sample size is 150 students. Cluster sampling is used to draw the sample i.e. the universities are selected by their ranking in Faisalabad. One class of students is selected from undergraduate section of these universities. An equal sample of 50 students from each university is taken. Permission is sought from the Heads of the Department of the selected classes of the above-mentioned universities, after which informed consent was obtained from each student. Participants' anonymity is maintained.

The Self-rating Inventory for Posttraumatic Stress Disorder of 22 items was developed for use with populations without identified traumatic experiences. The inventory has been used extensively in survey research in Netherlands. The inventory showed good internal consistency, test-retest reliability, concurrent and discriminant validity, and high sensitivity and specificity. It appears to be valuable for research on posttraumatic stress in non-selected populations. As a screening device, high sensitivity for PTSD symptoms is evident even the traumatic event has not been defined (Hovens, et. al., 2005). Similarly, Beck Depression Inventory the BDI (Beck, Ward, Mendelsohn, Mock, & Erbaugh, 1961) is a 21-item self-report inventory measuring depression severity over the past week. Each item consists of four self-evaluative statements scored 0 to 3, with increasing scores indicating greater severity of depression. The BDI has a split-half reliability of .93 (Beck et al., 1961) and correlates strongly with clinical ratings of 21 depression (r= .55 to .96; Beck, Steer, & Carbin, 1988). In this study, the BDI was used as an indicator for the major depressive disorder latent variable. The BDI takes approximately 10 minutes to complete, although clients require a fifth – sixth grade reading level to adequately understand the questions (Groth-Marnat, 1990). Internal consistency for the BDI ranges from .73 to .92 with a mean of .86. (Beck, Steer & Garbin, 1988). The BDI demonstrates high internal consistency, with alpha coefficients of .86 and .81 for psychiatric and non-psychiatric populations respectively (Beck et al., 1988).

A video clip of 10 minutes and 47 seconds was shown to undergraduate university students as an intervention for this experiment is consisted of terrorist events.

4. RESULTS AND DISCUSSION

***Table*. 1. Impact of University on Pre-Post Posttraumatic Stress Disorder and Depression Level**

	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
Total Pretest Post Traumatic Stress Disorder	8.407	.004	-2.844	148	.005	-1.846	.649	-3.129	-.564
			-2.935	131.940	.004	-1.846	.629	-3.091	-.602
Total Posttest Post Traumatic Stress Disorder	.675	.413	-2.108	148	.037	-1.773	.841	-3.435	-.111
			-2.078	132.167	.040	-1.773	.853	-3.461	-.085
Beck's Inventory Depression Test	.700	.404	-4.853	148	.000	-3.393	.699	-4.775	-2.011
			-4.896	148.000	.000	-3.393	.693	-4.762	-2.023

The table 1 defines that there was significant difference in the scores of pre posttraumatic stress disorder in male student (M = 13.53, SD = 4.733) and female students M = 15.37, SD = 2.845; t (131.94) = -2.935, p = .004 (two-tailed). The magnitude of the differences in the means (means difference= -1.846, 95% CI: -3.091 to -.602) was small (eta squared=.05). The table further explains that there was significant difference in the scores of post posttraumatic stress disorder in male student (M = 14.11, SD = 4.587) and female students M = 15.89, SD = 5.707; t (132.167) = -2.078, p = .040 (two-tailed). The magnitude of the differences in the means (means difference= -1.773, 95% CI: -3.461 to -.085) was small (eta squared=.02). The table also clears that there was significant difference in the scores of depression level in male student (M = 21.05, SD = 4.525) and female students M = 24.44, SD = 3.962; t (148) = -4.896, p = .000 (two-tailed). The magnitude of the differences in the means (means difference= -3.393, 95% CI: -4.762 to -2.023) was medium (eta squared=.13).

***Table*. 2. Impact of University on Pre-Post Posttraumatic Stress Disorder and Depression Level**

	Sum of Squares	df	Mean Square	F	Sig.
Total Pretest Post Traumatic Stress Disorder	7.093	2	3.547	.213	.808
	2448.480	147	16.656		
	2455.573	149			
Total Posttest Post Traumatic Stress Disorder	13.440	2	6.720	.246	.782
	4013.020	147	27.299		
	4026.460	149			
Beck's Inventory	62.493	2	31.247	1.497	.227

Depression Test	3068.340	147	20.873
	3130.833	149	

Table 2 explains the impact of university on pre posttraumatic stress disorder, Subjects were divided into three groups according to their educational level groups (Group 1: GC University Faisalabad; Group 2: University of Agriculture Faisalabad; Group 3: University of Faisalabad). There was a statistically no significant difference at the $p < .05$ level of university on pre posttraumatic stress disorder: F (2, 147) = .231, p = .808. It further defines that no significant difference at the $p < .05$ level of university on post posttraumatic stress disorder: F (2, 147) = .246, p = .782 and on Beck's Inventory Depression Test of university: F (2, 147) = 1.497, p = .227.

Depression level in students to predict Pre-Posttraumatic Disorder, after controlling for the influence of demographics

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.228[a]	.052	.039	3.979	.052	4.048	2	147	.019
2	.238[b]	.056	.037	3.984	.004	.657	1	146	.419

a. Predictors: (Constant), University, Gender

b. Predictors: (Constant), University, Gender, Beck's Inventory Depression Test

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	128.180	2	64.090	4.048	.019[b]
	Residual	2327.393	147	15.833		
	Total	2455.573	149			
2	Regression	138.602	3	46.201	2.911	.037[c]
	Residual	2316.972	146	15.870		
	Total	2455.573	149			

a. Dependent Variable: Total Pretest Post Traumatic Stress Disorder

b. Predictors: (Constant), University, Gender

c. Predictors: (Constant), University, Gender, Beck's Inventory Depression Test

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	11.521	1.207		9.546	.000
	Gender	1.823	.658	.225	2.769	.006
	University	.096	.402	.019	.238	.812
2	(Constant)	10.319	1.913		5.395	.000

	Gender	1.597	.716	.197	2.229	.027
	University	.150	.408	.030	.368	.713
	Beck's Inventory Depression Test	.063	.078	.071	.810	.419

a. Dependent Variable: Total Pretest Post Traumatic Stress Disorder

Table 3 reports that a hierarchical multiple regression was used to assess the ability of one control measure (Depression level) to predict levels of pre posttraumatic disorder, after controlling for the influence of demographics. Demographics (Gender, University) were entered at first step, explaining 5.20% of the variance in pre posttraumatic stress disorder. Gender was statistically significant recording a beta value (beta = .22). After entering Beck's Inventory Depression Test Score at step 2 the total variance explained by the model as a whole was 5.60 %. , F (3, 146) = 2.911, p<.037. The one control measures explained an additional of .40% of the variance in pre posttraumatic stress disorder, after controlling for Demographics, R squared change =.040. In the second model, control measure was statistically insignificant recording a beta value (beta = .071).

***Table. 4*. Depression level in students to predict Pre-Posttraumatic Disorder, after controlling for the influence of demographics**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.171[a]	.029	.016	5.156	.029	2.220	2	147	.112
2	.176[b]	.031	.011	5.170	.002	.237	1	146	.627

a. Predictors: (Constant), University, Gender

b. Predictors: (Constant), University, Gender, Beck's Inventory Depression Test

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	118.048	2	59.024	2.220	.112[b]
	Residual	3908.412	147	26.588		
	Total	4026.460	149			
2	Regression	124.376	3	41.459	1.551	.204[c]
	Residual	3902.084	146	26.727		
	Total	4026.460	149			

a. Dependent Variable: Total Posttest Post Traumatic Stress Disorder

b. Predictors: (Constant), University, Gender

c. Predictors: (Constant), University, Gender, Beck's Inventory Depression Test

Coefficients[a]

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		

	(Constant)	12.204	1.564		7.803	.000
1	Gender	1.753	.853	.169	2.055	.042
	University	.082	.521	.013	.158	.875
	(Constant)	13.140	2.482		5.294	.000
	Gender	1.930	.929	.186	2.077	.040
2	University	.040	.530	.006	.075	.940
	Beck's Inventory Depression Test	-.049	.101	-.043	-.487	.627

a. Dependent Variable: Total Posttest Post Traumatic Stress Disorder

Table 4 reports that a hierarchical multiple regression was used to assess the ability of one control measure (Depression level) to predict levels of post posttraumatic disorder, after controlling for the influence of demographics. Demographics (Gender, University) were entered at first step, explaining 2.9% of the variance in pre posttraumatic stress disorder. Gender was statistically significant recording a beta value (beta = .16). After entering Beck's Inventory Depression Test Score at step 2 the total variance explained by the model as a whole was 3.10 %. , F (3, 146) = 1.551, p<.204. The one control measures explained an additional of .20% of the variance in pre posttraumatic stress disorder, after controlling for Demographics, R squared change =.02. In the second model, control measure was statistically insignificant recording a beta value (beta = -.043).

5. CONCLUSION

The present study concludes that the exposure of terrorist events increases the posttraumatic stress disorder. The present study does not support the previous studies that PTSD has significant relationship with depression disorder among the audience exposure to terrorist events.

The study further provided the evidence that the PTSD is much higher in the students before the exposure of terrorist events to them. The psychiatrists recommend the prescription and coping strategies if the patient score 10 on "The Self-rating Inventory for Posttraumatic Stress Disorder of 22-items" but the study discovers that on individual level the participants scored higher, that shows the alarming situation in the youth of Pakistan who are the future of the country.

The study proves that there is a significant relationship between the exposure of terrorist events and levels of PTSD among the undergraduate students of Faisalabad City. The study further provides the strong evidences that female students had much severity of PTSD as well as depression level as compared to undergraduate male students of G C University Faisalabad, University of Agriculture, and university of Faisalabad. On the basis of these results this study recommends that media should be careful enough while highlighting terrorist events on the screen, because media is not informing the public but it instills the PTSD among the youth of the country. There is also urgent need to start a program on universities' level for coping strategies against PTSD to reduce the PTSD among students.

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TABLES AND FIGURES

Table 1

***Table*. 1. Impact of University on Pre-Post Posttraumatic Stress Disorder and Depression Level**

	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
Total Pretest Post Traumatic Stress Disorder	8.407	.004	-2.844	148	.005	-1.846	.649	-3.129	-.564
			-2.935	131.940	.004	-1.846	.629	-3.091	-.602
Total Posttest Post Traumatic Stress Disorder	.675	.413	-2.108	148	.037	-1.773	.841	-3.435	-.111
			-2.078	132.167	.040	-1.773	.853	-3.461	-.085
Beck's Inventory Depression Test	.700	.404	-4.853	148	.000	-3.393	.699	-4.775	-2.011
			-4.896	148.000	.000	-3.393	.693	-4.762	-2.023

Table. 2.

***Table*. 2. Impact of University on Pre-Post Posttraumatic Stress Disorder and Depression Level**					
	Sum of Squares	**df**	**Mean Square**	**F**	**Sig.**
Total Pretest Post Traumatic Stress Disorder	7.093	2	3.547	.213	.808
	2448.480	147	16.656		
	2455.573	149			
Total Posttest Post Traumatic Stress Disorder	13.440	2	6.720	.246	.782
	4013.020	147	27.299		
	4026.460	149			
Beck's Inventory Depression Test	62.493	2	31.247	1.497	.227
	3068.340	147	20.873		
	3130.833	149			

Table 3

Table 3: Depression level in students to predict Pre-Posttraumatic Disorder, after controlling for the influence of demographics

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.228[a]	.052	.039	3.979	.052	4.048	2	147	.019
2	.238[b]	.056	.037	3.984	.004	.657	1	146	.419

a. Predictors: (Constant), University, Gender
b. Predictors: (Constant), University, Gender, Beck's Inventory Depression Test

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	128.180	2	64.090	4.048	.019[b]
	Residual	2327.393	147	15.833		
	Total	2455.573	149			
2	Regression	138.602	3	46.201	2.911	.037[c]
	Residual	2316.972	146	15.870		
	Total	2455.573	149			

a. Dependent Variable: Total Pretest Post Traumatic Stress Disorder
b. Predictors: (Constant), University, Gender
c. Predictors: (Constant), University, Gender, Beck's Inventory Depression Test

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	11.521	1.207		9.546	.000
	Gender	1.823	.658	.225	2.769	.006
	University	.096	.402	.019	.238	.812

2	(Constant)	10.319	1.913		5.395	.000
	Gender	1.597	.716	.197	2.229	.027
	University	.150	.408	.030	.368	.713
	Beck's Inventory Depression Test	.063	.078	.071	.810	.419

a. Dependent Variable: Total Pretest Post Traumatic Stress Disorder