#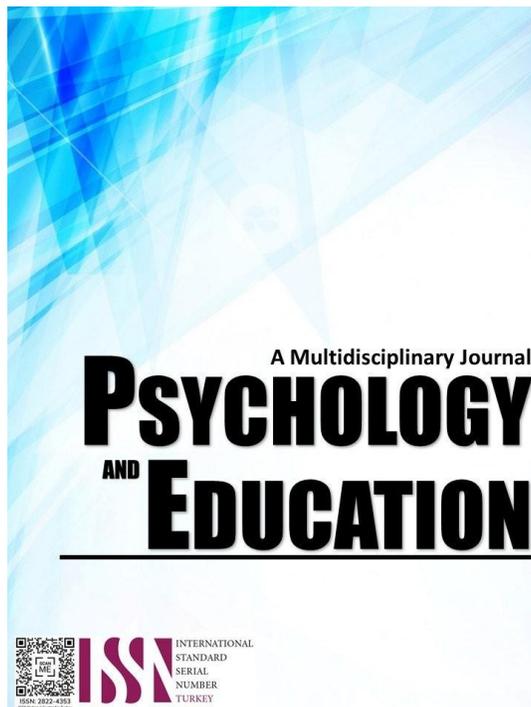 PERSONALITY TRAITS AND PERCEIVED SOCIAL SUPPORT AS PREDICTORS OF SEVERITY OF POST-TRAUMATIC STRESS DISORDER SYMPTOMS AMONG ADULT FILIPINO WOMEN IN A RESIDENTIAL CARE FACILITY: BASIS FOR AN INTERVENTION PROGRAM

Personality Traits and Perceived Social Support as Predictors of Severity of Post-Traumatic Stress Disorder Symptoms Among Adult Filipino Women in a Residential Care Facility: Basis for an Intervention Program

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Abstract

This study investigated the relationship between personality traits, perceived social support, and the severity of post-traumatic stress disorder symptoms in women residing in a residential care facility. It aims to determine how personality traits and perceived social support predict the severity of post-traumatic stress disorder symptoms. The respondents in the study were thirty-five (35) women residing in a residential care facility under the Department of Social Welfare and Development-National Capital Region. The study focused on the Big Five Personality Traits and perceived social support from family, friends, and significant other. The study indicated a clear connection between certain personality traits and the severity of post-traumatic stress disorder symptoms. Specifically, conscientiousness and negative emotionality have the most tremendous impact and are significant predictors of the severity level of post-traumatic stress disorder symptoms. Furthermore, the level of perceived social support from family has the most significant influence on the severity level of post-traumatic stress disorder symptoms. While general social support plays a crucial role, the source of this support has a significant influence on its effectiveness. The study recommends an intervention program leveraging the women's existing strengths while addressing areas for improvement for managing symptoms associated with post-traumatic stress disorder.

Keywords: *personality traits, perceived social support, post-traumatic stress disorder symptoms, adult Filipino women, residential care facility, intervention program*

Introduction

Trauma is an increasingly recognized global health concern, affecting individuals across socio-economic backgrounds, cultures, and ages. According to the World Health Organization, more than 70% of people worldwide have experienced at least one traumatic event in their lifetime (Hull, 2022). From armed conflicts and natural disasters to childhood abuse and systemic inequalities, trauma has woven itself into the social fabric of both developed and developing nations. Statistics cited by Hull (2022) showed that 20% of those who have experienced a traumatic event will go on to develop symptoms of post-traumatic stress disorder (PTSD). The severity of the traumatic experience, according to Hull, can contribute to the likelihood of developing the disorder. The majority of those who experience traumatic circumstances temporarily struggle to adjust and cope, but given time and appropriate self-care, they often recover (Mayo Clinic report, 2022).

The origins of trauma are multifaceted and often interconnected. In the Philippines, the prevalence of trauma is notable and inevitable. As a country frequently visited by natural disasters, people experiencing socioeconomic instability, and daily exposure to community violence as reported on social media and other forms of inequality, the need to provide mental health support and interventions to vulnerable populations is a paramount concern. Women, in particular, who experience trauma, whether from domestic violence, sexual abuse, gender-based violence, trafficking, or displacement, often face long-term psychological, emotional, and psychosocial consequences. The Philippine Commission on Women (2024), as cited in the National Demographic Health Survey (NDHS) conducted by the Philippine Statistics Office (PSA) in 2022, shows that 20% of women have encountered emotional, physical, and sexual violence from their intimate partner. Experiences like these can have a significant impact on mental health and can lead to symptoms of post-traumatic stress disorder. Moreover, these triggers do not operate in isolation—often multiple factors interact to compound trauma's impact. Thus, the presence of residential care facilities that provide protective custody and support to this vulnerable sector of society is a significant factor in addressing their need not just for physical safety, but also, equally important, for their psychological recovery.

The Department of Social Welfare and Development (DSWD) in the Philippines regulates and manages seventy-six (76) centers and residential care facilities across the country serving all demographics, which includes abused and exploited women (Braga & Braga, 2024). These residential care facilities offer a holistic array of services, which include, among others, counseling and psychosocial support, medical and legal assistance, livelihood and vocational training, and spiritual and cultural enrichment, as well as aftercare and reintegration programs, all of which aim to restore survivors' dignity, self-worth, and social functioning.

However, being in a residential care facility can also have its downsides. The resident's traumatic pasts, their current individual vulnerabilities, being away from loved ones, and the inherent limitations of institutional settings, like the structured characteristics of residential facilities, which include limited personal space, lack of privacy, and interactions with unfamiliar staff and fellow residents, may unintentionally trigger post-traumatic stress disorder symptoms and can make one more vulnerable to re-victimization if underlying trauma is not addressed.

Despite their limitations, however, the existence and expansion of residential care facilities undoubtedly support and contribute to achieving the UN Sustainable Development Goals (n.d.), specifically SDG 3: Good Health and Well-being. Promoting the health and well-being of trauma victims is essential for them to thrive and contribute to society. The multifaceted nature of trauma, if left unaddressed, can hinder an individual's fundamental right to enjoy good health and be happy. Residential care facilities also play a role in promoting SGD 5: Achieve Gender Equality, and SGD 10: Reduce Inequalities. By empowering women trauma victims and ensuring their participation in leadership roles, and also providing them safe spaces not only physically but also psychologically, these facilities become transformative spaces that align with the national and global goals for gender equality and sustainable development.

Locally and globally, there is a growing call to prioritize trauma-informed approaches in mental health care and institute policies that promote healing and resilience. Offering responsive and relevant psycho-social programs to address the needs of individuals who have experienced severe trauma remains a challenge, especially to mental health professionals, who include psychologists, medical practitioners, social workers, guidance counselors, and other personnel working in residential care facilities. While mental health awareness is improving with the continued implementation of the Philippines' Mental Health Law, otherwise known as RA 11036, which aims to promote mental well-being, ensure access to quality mental healthcare, and reduce stigma associated with mental health conditions, the problem of stigma and limited access to professional care still hinders many trauma survivors from seeking help.

To date, there is still a dearth of research, specifically local research, that could shed light on the factors that could affect the severity level of post-traumatic stress symptoms. The present study seeks to contribute to existing knowledge about post-traumatic stress by investigating whether an individual's personality traits and their level of perceived social support coming from family, friends, and significant others can predict the severity of post-traumatic stress disorder symptoms. Early detection of those who are at high risk for severe post-traumatic stress disorder symptoms can result in a timely intervention and increase the likelihood of lessening the long-term effects of a traumatic experience on the part of the victim. Prediction can also aid residential care facilities for trauma survivors in efficiently allocating resources, guaranteeing that the most vulnerable receive the support and treatment they need.

With the research findings, this research hopes to come up with an evidence-based intervention program that could help enhance the quality of life for trauma victims who have found their way to the residential care facility for support and treatment. Finally, on the part of mental health care providers, the study hopes to contribute to a better understanding of the nature of post-traumatic stress disorder symptoms.

Research Questions

The purpose of this study was to determine how personality traits and perceived social support relate to the severity of post-traumatic stress disorder symptoms. It specifically sought to answer the following questions:

1. What are the personality traits of the respondents as measured by Big Five Inventory-2 in terms of:
    1.1. open-mindedness;
    1.2. conscientiousness;
    1.3. extroversion;
    1.4. agreeableness; and
    1.5. negative emotionality (or neuroticism)?
2. What is the respondent's level of perceived social support from the following, as measured by the Multidimensional Scale of Perceived Social Support in terms of:
    2.1. family;
    2.2. friends; and
    2.3. significant other?
3. What is the severity level of post-traumatic stress disorder symptoms of the respondents as measured by the Severity of Post-Traumatic Stress Disorder Symptoms—Adult National Stressful Events Survey PTSD Short Scale?
4. Is there a significant relationship between the respondents' personality traits and their severity level of post-traumatic stress disorder symptoms?
5. Is there a significant relationship between the respondents' level of perceived social support and their severity level of post-traumatic stress disorder symptoms?
6. Do the following predict the severity level of post-traumatic stress disorder symptoms:
    6.1. personality traits; and
    6.2. perceived social support?
7. Based on the findings of the study, what may be recommended as an intervention program for adult women with post-traumatic stress disorder symptoms in the residential care facility?

Methodology

Research Design

This study employed a predictive-correlational research design to examine the extent to which personality traits and perceived social

support predict the severity of post-traumatic stress disorder (PTSD) symptoms among adult female residents in a residential care facility. Predictive research designs aim to determine whether one or more independent variables significantly forecast variation in a criterion variable through statistical modeling (Research Methodology Group et al., 2023). In this approach, predictor variables (personality traits and perceived social support) are measured alongside a criterion variable (PTSD symptom severity), and statistical techniques such as Pearson correlation and multiple regression are used to estimate the magnitude and direction of associations. Importantly, while predictive-correlational designs allow for estimation of explained variance and statistical prediction, they do not establish causality, as variables are observed in their naturally occurring state without experimental manipulation.

This design was particularly appropriate because the study variables—personality traits, perceived social support, and PTSD symptom severity—are inherent characteristics of participants and cannot be ethically or practically manipulated. By determining the proportion of variance in PTSD symptom severity explained by specific personality domains and dimensions of perceived social support, the study provides empirical insight into which psychological and relational factors may be most strongly associated with trauma-related distress. Such predictive findings can inform future intervention planning, while maintaining appropriate methodological boundaries regarding causal inference.

Respondents

The study utilized the total population, a purposive sampling approach, involving all eligible residents within the identified residential care facility. Total population sampling is appropriate when the accessible population is small and possesses highly specific characteristics relevant to the research objectives (Laerd, n.d.). In this case, the population consisted of 35 adult female residents aged 18 to 59 years residing in a Department of Social Welfare and Development (DSWD) residential care facility in the National Capital Region. These women had experienced abuse, exploitation, or other traumatic events and were undergoing psychosocial support services within the center.

Given the limited population size and the vulnerability of the group, random sampling was neither feasible nor advisable. Instead, collaboration with the facility's multidisciplinary team—including social workers and psychologists—ensured that participants met inclusion criteria and were emotionally stable enough to participate without undue distress. The study focused on residents who had experienced traumatic events and were presenting PTSD symptoms based on clinical impressions, though not necessarily formal psychiatric diagnoses. This distinction is important, as the research examined symptom severity rather than diagnostic status. By including the entire eligible population, the study maximized representativeness within the facility while acknowledging that findings are context-specific and not broadly generalizable beyond similar residential care settings.

Instrument

Data were collected using three standardized self-report instruments with established psychometric properties.

The Big Five Inventory–2 Short Form (BFI-2-S) (Soto & John, 2017) was used to assess personality traits across the five major domains: Extraversion, Agreeableness, Conscientiousness, Negative Emotionality, and Open-Mindedness. The 30-item instrument retains the hierarchical structure of the full BFI-2 while offering brevity suitable for contexts where assessment time and participant fatigue are concerns. Respondents rate descriptive statements using a Likert-type scale indicating the degree to which each statement applies to them. Previous validation studies report satisfactory internal consistency for domain scales (α range = .73–.83) and acceptable test–retest reliability (average r = .76), supporting its reliability and construct validity. The instrument's robust factorial structure enhances its predictive capacity across diverse psychological outcomes.

Perceived social support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet et al., 1988), a 12-item instrument assessing perceived support from family, friends, and significant others. Each item is rated on a 7-point Likert scale ranging from very strongly disagree to very strongly agree. The MSPSS demonstrates strong psychometric properties, including high internal consistency (α = .85–.91 across subscales; α = .88 total scale) and satisfactory test–retest reliability (r = .72–.85). Factor analytic evidence supports its three-factor structure, and prior studies demonstrate moderate construct validity. Its brevity and clarity make it particularly suitable for vulnerable populations.

The severity of PTSD symptoms was assessed using the National Stressful Events Survey PTSD Short Scale (NSESSS-PTSD) developed in alignment with DSM-5 criteria. This 9-item self-report instrument measures symptom severity over the past seven days following exposure to a traumatic event. Psychometric evaluation by LeBeau et al. (2014) indicates high internal consistency (α = .90 for the total scale) and strong convergent validity with established PTSD measures. Factor analysis supports a dominant general factor structure, accounting for a substantial proportion of variance. The screener preceding the scale ensured that only participants with relevant traumatic experiences completed the measure, thereby enhancing its clinical appropriateness.

Moreover, these instruments provided reliable and theoretically grounded measures of personality, perceived social support, and PTSD symptom severity, suitable for predictive statistical analysis within a vulnerable adult population.

Procedure

Prior to data collection, the researcher conducted a comprehensive literature review using peer-reviewed journals, electronic databases,

and academic repositories to establish theoretical and empirical foundations. Formal permission to conduct the study was obtained from the DSWD National Capital Region through the Policy and Plans Division. Upon approval, coordination with the residential care facility's research coordinator facilitated scheduling and logistical preparation.

Participants were recruited in collaboration with facility staff to ensure eligibility and emotional readiness. Data collection was conducted in small, supervised groups within the facility to promote comfort and minimize disruption to routine services. The residential psychologist was present during administration to address questions, clarify instructions, and provide immediate support if needed. Instruments were administered in a structured sequence—PTSD symptom severity first (without requiring detailed trauma disclosure), followed by personality traits and perceived social support—to manage potential emotional activation. After completion, participants were debriefed, thanked for their contribution, and reminded of the availability of ongoing psychological support services within the facility.

Data Analysis

Data were analyzed using SPSS statistical software with a significance level set at $\alpha \leq .05$. Descriptive statistics, including percentages and relative frequencies, were used to summarize participant characteristics and distribution patterns. Means were computed to describe average levels of personality traits, perceived social support, and PTSD symptom severity.

Pearson Product–Moment Correlation coefficients were calculated to examine the strength and direction of linear associations between PTSD symptom severity and each predictor variable. To determine the predictive contribution of personality traits and perceived social support to PTSD symptom severity, multiple linear regression analysis was conducted. Multiple regression extends ordinary least squares (OLS) modeling by simultaneously estimating the influence of multiple independent variables on a single dependent variable (Hayes, 2024). This analysis allowed the researcher to assess the proportion of variance in PTSD symptom severity explained by the combined predictors and to identify which variables significantly contributed to the model while controlling for others. Assumptions of linear regression, including linearity, normality, independence, and homoscedasticity, were evaluated prior to interpretation of results.

Ethical Considerations

Given the involvement of a vulnerable population with trauma histories, ethical safeguards were prioritized throughout the study. Informed consent was obtained from all participants after clearly explaining the study's purpose, procedures, potential risks, and voluntary nature. Participants were informed of their right to withdraw at any time without affecting their care or standing within the facility. Capacity to provide informed consent was assessed in coordination with facility professionals.

Confidentiality and anonymity were strictly maintained. No identifying information was attached to questionnaire responses, and data were reported only in aggregated form. All records were stored securely with restricted access. Collaboration with social workers and psychologists ensured that only residents deemed emotionally stable participated, thereby minimizing risk of psychological harm.

Because the researcher is affiliated with the facility as a mental health service provider, particular attention was given to maintaining professional boundaries and minimizing role conflict. Institutional approval was secured prior to data collection, and the facility psychologist supervised the administration process. Participants were reminded of available support resources should any discomfort arise after participation. These measures ensured adherence to ethical principles of beneficence, autonomy, confidentiality, and non-maleficence in research involving trauma-exposed individuals.

Results and Discussion

This section presents the summary of the data gathered to answer the specific research questions. The data are analyzed and discussed primarily to determine how personality traits and perceived social support relate to the severity of post-traumatic stress disorder symptoms.

Table 1. *Respondents' Personality Traits as measured by Big Five Inventory-2 (BFI-2)*

Personality Traits	Below Average		Average		Above Average		Total	
	f	%	f	%	f	%	f	%
Open-Mindedness	0	0.00	26	74.29	9	25.71	35	100
Extroversion	3	8.57	28	80.00	4	11.43	35	100
Conscientiousness	12	34.29	8	22.86	15	42.86	35	100
Agreeableness	3	8.57	18	51.43	14	40.00	35	100
Negative Emotionality	9	25.71	16	45.71	10	28.57	35	100

The personality traits of respondents as measured by the Big Five Inventory (BFI) are presented in Table 1.

Results show that the majority of the respondents, twenty-eight (28) or 80% scored "Average" in the dimension of "Extraversion". Followed by twenty-eight (28) or 74.29% who scored average on the trait of "Open-Mindedness", and eighteen (18) or 51.43% scored also average in "Agreeableness". Their average score in "Extroversion" is indicative of a tendency to be talkative and energetic. They enjoy being around people and are comfortable asserting themselves in a group to a moderate degree. Their score further indicates their

desire to have more friends and dating partners. They experience more frequent positive emotions and react more strongly to positive events. Their average scores could also indicate that they could be successful if they are engaged in social and enterprising occupations.

On the other hand, those who scored average in "Open-mindedness" may have average levels of intellectual curiosity, aesthetic sensitivity, and creative imagination. Likewise, an average score in "Agreeableness" indicates an average level of compassion, respectfulness, and trust. Based on the results of this study, the three personality traits—extroversion, open-mindedness, and agreeableness—characterize the majority of the respondents with an average score. Only four (4) of the respondents, or 11.43%, scored above average in "Extroversion"; only nine (9), or 25.71%, scored above average in "Open-mindedness"; and fourteen (14), or 40%, scored above average in "Agreeableness."

As to the trait of "Negative Emotionality," sixteen (16), or 45.71% of the respondents scored "Average," indicating average anxiety, depression, and emotional volatility. Only ten (10) respondents, representing 28.57%, scored "Above Average" in this area, indicating a tendency to be emotionally sensitive and have up-and-down mood swings. They are those who experience more frequent negative emotions and react more strongly to adverse events. Conversely, nine (9), or 25.71% of the respondents, had a level of "Negative Emotionality" score of "Below Average," meaning they tend to be emotionally stable and resilient. They usually remain calm, even in stressful situations, and can quickly recover from adverse events. They also tend to feel a greater sense of well-being.

On the trait of "Conscientiousness," there are fifteen (15) respondents, representing 42.86% of the population, who scored average. This indicates their tendency to be organized and responsible. They work hard to achieve their goals and see tasks through to completion. They tend to earn higher grades in school and perform better in many occupations. They are more likely to be religious and hold conservative political attitudes. They tend to exercise more and have better physical health. Only eight (8), or 22.86% of the population, scored "Average" in the same trait, indicating an average degree of organization, productivity, and sense of responsibility. The rest, twelve (12), or 34.29% of the respondents, have a "Below Average" level of "Conscientiousness," indicating a tendency to act spontaneously rather than making plans and finding it easier to look at the big picture than pay attention to details. They prefer to jump between tasks instead of finishing one at a time. They are more likely to hold liberal political attitudes. They tend to engage in more risky behaviors, such as smoking, alcohol consumption, drug use, and risky sexual activity.

The results confirm the study by Philip et al. (2020), who employed a cross-sectional survey design and administered the Big Five Inventory to their respondents. They found evidence that individuals with post-traumatic stress disorder symptoms differ in their personality traits, which indicates differences in their responses to trauma as well. Personality traits are viewed as dimensions of individual differences in tendencies to exhibit consistent patterns of thoughts, feelings, and actions. This may indicate that different women with varying types of trauma may react and lead to different psychological impacts.

Crosta et al. (2020) also identified female respondents who experienced trauma and psychological impact from the pandemic, who also scored high in negative emotionality, indicating a tendency to be emotionally sensitive and react strongly to adverse events. The results of this study imply that experiencing trauma negatively affects subjects' sense of safety and their ability to manage emotions.

The findings of the present study also support those of Gauffin et al. (2020), who researched to evaluate the stability of personality traits in patients who have experienced physical trauma. Gauffin's findings suggested that the initial reduction in stress susceptibility might be linked to the supportive care received during hospitalization. At the same time, the increase after discharge could reflect the challenges of returning home.

Similar to this study, despite women experiencing traumatic events, they generally maintained average scores on personality traits, such as extroversion, conscientiousness, and agreeableness. Since the goal of residential care facilities is to provide safety and structure to their daily schedule of activities, it is most likely that having routines and feeling physically protected may have helped the women residents feel more stable and score average in most personality traits.

Table 2. *Summary of Mean Scores of Personality Traits of Respondents*

Trait	Mean	Interpretation
Open-Mindedness	2.26	Average
Conscientiousness	2.09	Average
Extroversion	2.03	Average
Agreeableness	2.31	Average
Negative Emotionality	2.03	Average

The mean scores of personality traits of respondents in terms of "Open-Mindedness," "Conscientiousness," "Extroversion," "Agreeableness," and "Negative Emotionality," as measured by the Big Five Inventory (BFI), are presented in Table 2. The respondents generally show "average" levels of agreeableness, open-mindedness, extroversion, negative emotionality, and conscientiousness. Specifically, they exhibit typical levels of compassion, respectfulness, and trust; moderate intellectual curiosity, aesthetic sensitivity, and creative imagination; average energy, assertiveness, and sociability; normal levels of anxiety, depression, and emotional volatility; and an average sense of organization, productivity, and responsibility.

The results confirm Bolger and Zuckerman's (1995) model, which states that the personality traits of individuals who experienced traumatic events vary. True enough, the different levels of personality traits of women respondents, as indicated by the numerical data,

influenced their reactions to post-traumatic stress disorder symptoms, which resulted in mild (15 women), moderate (8 women), and severe (7 women) levels of post-traumatic stress disorder symptoms experienced by women respondents. The results also confirmed the study of Rakhshani and Furr (2020), who investigated the relationship between adversity and core personality traits using a three-wave prospective longitudinal design. They concluded that from both a trait-specific and a configural perspective, personality was generally stable, and all qualities were linked to adversity. An "average mean" does not imply that all respondents are precisely the same. It just means that the group's scores can average out to a normal rating. There can still be a wide range of individual scores within that average. Some respondents score higher on neuroticism, while others might be more conscientious as a way to manage stress. Being removed from the environment where the trauma occurred or from ongoing stressors and being placed in protective custody significantly reduces external triggers. This allows these women respondents to process their trauma in a more controlled setting, without constant re-traumatization that could lead to greater personality fluctuations.

Table 3. *Respondents' Level of Perceived Social Support as Measured by the Multidimensional Scale of Perceived Social Support*

Perceived Social Support	Low		Moderate		High		Total	
	f	*%*	*f*	*%*	*f*	*%*	*f*	*%*
Family	9	25.71	9	25.71	17	48.57	35	100
Friends	5	14.29	12	34.29	18	51.43	35	100
Significant Other	9	25.71	6	17.14	20	57.14	35	100
Overall support	5	14.29	14	40.00	16	45.71	35	100

As measured by the Multidimensional Scale of Perceived Social Support, the respondents' level of perceived social support is summarized and presented in Table 3.

Results indicate that the majority of respondents (20), or 57.14%, reported a "high" level of perceived social support from a "Significant Other." This "Significant Other" refers to the special person in one's life. The findings indicate that for them, this "Significant Other" is consistently available as a source of comfort and someone with whom they can share their deepest joys and sorrows. This implies a strong, healthy, and reliable primary support relationship. Nine (9) respondents, or 25.71%, reported a "low" perceived level of social support, implying a feeling that a significant other is not there for them when needed, or that they do not have someone to share their joys and sorrows with. On the other hand, there are six (6) respondents, or 17.14%, who scored a "Moderate" level of perceived social support from "Significant Other." The women respondents perceive that while there is some support from the significant other, the person is not always consistently available, or they feel there are limits to how much they can confide in or rely on this person.

Regarding "Friends" as a source of social support, the majority of respondents, eighteen (18), or 51.43%, also reported a "High" level of perceived social support. This indicates that "Friends" are also considered by the respondents as very important, reliable, and supportive, and can be counted on. Only twelve (12) respondents, or 34.29%, reported a "Moderate" level of perceived social support from their "Friends." They likely have some friends they can rely on, but there might be times or situations where they feel less supported or their friendships are not consistently a strong source of comfort. Finally, five respondents (14.29%) think their friends' support is "low." They may feel their friends do not understand them, are not there for them, or they cannot confide in them. This could indicate feelings of loneliness or isolation within their peer group.

Another source that a high percentage of the respondents (17 or 48.57%) rated "high" in their levels of perceived social support is from "Family". This indicates that the respondents believe their family genuinely tries to help, provides emotional support, and serves as a reliable source of comfort and guidance. Findings also suggest strong family bonds and a sense of belonging. On the other hand, only nine respondents (9), or 25.71%, perceive a "moderate" level of support from their family. They may feel supported in some aspects but not others, or that family support is inconsistent. There is some reliance, but perhaps not a deep sense of unwavering support. Furthermore, only nine (9), or 25.71%, of respondents indicated a "low" level of perceived support from their family. This could indicate a perceived unwillingness on the part of the family to help or that the respondents are unable to discuss problems with their family.

Overall findings show that, in terms of "Overall Support," respondents reported a "High" level of perceived social support. This is followed by (14), or 40% of respondents, who rated overall support as "Moderate," and five (5) respondents, representing 14.29%, who rated the level of "Overall Support" from family, friends, and significant others as "Low."

Results of this study lend support to the study of Johansen et al. (2020) on the availability of social support from individuals who experienced trauma. According to Johansen et al. (2020), people who experience physical assault need social support. His study indicated that social support protected individuals with experiences of trauma. In relation to this study, in residential care facilities, women are often removed from the environments that may have contributed to their trauma. The daily stressors of independent living, which can diminish feelings of support, are often managed by the facility. This allows them to focus on healing and appreciate the support being offered. A similar undertaking was conducted by Fares-Otero et al. (2024), who utilized the Multidimensional Scale of Perceived Social Support, employed in this study. Their study revealed a connection between gender and perceived social support, suggesting that females tend to perceive a greater need for social support. A traumatic event frequently brings on feelings of shame and self-blame. Much trauma involves a profound betrayal of trust, and this results in a loss of confidence in the safety of other people and

the world. As a result, these women are more aware of the importance of having a trustworthy relationship. They may know that having healthy relationships is important for feeling safe again. A "High" level of perceived social support directly challenges these feelings by providing validation, empathy, and a sense of belonging. Moreover, knowing that others care and accept them, even after their trauma, provides healing.

Table 4. *Summary of Mean Scores of Respondents' Level of Perceived Social Support*

Source	Mean	Interpretation
Family	2.23	Moderate
Friends	2.37	Moderate
Significant Other	2.31	Moderate
Overall Support	2.30	Moderate

Table 4 presents the respondents' level of perceived social support from family, friends, and significant others, as well as the overall support as measured by the Multidimensional Scale of Perceived Social Support (MSPSS).

The data shows that the respondents' perceived level of support from their "friends" is rated as "moderate," with a mean score of 2.37. This suggests that women respondents typically view their friendships as a dependable source of support, providing adequate emotional comfort, practical assistance, and companionship. The respondent's level of perceived social support from their "Significant Other" is rated "Moderate," indicating that women in romantic partnerships perceive a moderate level of emotional and practical support from their partners. "Family" as a source of social support also received a rating of "Moderate" with an overall mean score of 2.30, which is also interpreted as "Moderate." The data show a consistent pattern of a "moderate" level of perceived social support from all sources: friends, significant others, and family, indicating that most respondents have a regular and balanced experience with social connections and sources of help.

The findings confirm the study of Hirai et al. (2020), indicating that women who are victims of sexual abuse have clearly identified sources of social support despite their traumatic experiences. This study distinguishes between perceived and received social support, highlighting that perceived social support refers to the belief that help is available, which can vary from person to person. The results imply that building supportive relationships for these women respondents requires reciprocity. Some women may struggle with receiving support due to their trauma, leading to imbalances in relationships that can affect perceived support. While residential care facilities strive to provide high social support, perceived social support will rarely be uniformly high for everyone. Moderate perceived support with varying levels suggests a nuanced reality where the facility provides support. However, individual factors create a spectrum of how that support is experienced and internalized by each woman.

Table 5. *Severity Level of Post-Traumatic Stress Disorder Symptoms of Respondents*

Severity Level	Frequency (f)	Percentage (%)
None	5	14.29
Mild	15	42.86
Moderate	8	22.86
Severe	7	20.00
Total	35	100.00

Table 5 shows the severity levels of post-traumatic stress disorder symptoms experienced by the respondents as measured by the Severity of Post-Traumatic Stress Disorder Symptoms—Adult National Stressful Events Survey PTSD Short Scale.

Post-traumatic stress disorder symptoms measured by the instrument include intrusion, avoidance symptoms, negative alterations in cognitions and mood, and alterations in arousal and reactivity. The results show a significant percentage of the respondents (42.86%) exhibited "mild" post-traumatic stress disorder symptoms. This indicates that a large number of the respondents are experiencing some post-traumatic stress disorder symptoms. However, they are generally less frequent, less intense, and cause less distress or functional impairment. The symptoms, while present, are likely causing minimal to no significant interference with daily functioning, relationships, or overall well-being. Also, there are eight (8), or 22.86%, who exhibited "moderate" level of post-traumatic stress disorder symptoms, suggesting that the respondents are experiencing post-traumatic stress disorder symptoms with a frequency and intensity that is likely causing clinical distress. The participants experienced significant distress or impairment in their daily lives. This level indicates that the symptoms are more than just "a little bit" bothersome. There are seven (7), or 20% of the population, who showed "severe" post-traumatic stress disorder symptoms, which means that these women respondents are experiencing a significant number of post-traumatic stress disorder symptoms. These symptoms are occurring frequently and with high intensity. Although this may be a small number, these respondents appear to be "extremely" bothered by many of the post-traumatic stress disorder symptoms that are mentioned in the scale. Symptoms at this level are causing substantial and pervasive distress. They are severely interfering with various aspects of day-to-day functioning. Moreover, there are five (5), or 14.29%, who reported that they are experiencing none of the post-traumatic stress disorder symptoms.

Results of this study confirmed one of the conclusions of Salleh et al. (2020), that there is diversity in the degree of post-traumatic

stress disorder symptoms of people, and the severity level varies from one person to another. In this study, thirty-five (35) female respondents showed different severity levels of post-traumatic stress disorder symptoms. According to the NHS (2022), a person may typically experience effects during the first month following a traumatic event. However, in some cases, symptoms may be absent for weeks, months, or even years. Also, the study of Zhou et al. (2025), although it showed breast cancer patients, showed diversity in the degree of post-traumatic stress disorder symptoms among women afflicted with the disease. His study highlighted differences between the post-traumatic stress disorder symptom group and the non-post-traumatic stress disorder symptom group, suggesting a spectrum of experiences. Relative to the present study, distinct kinds of traumatic experiences by the respondents might have distinct symptoms of post-traumatic stress disorder. These women identify with the trauma in different ways, like how long it lasted and how much they felt in danger. Note also that every woman admitted to the residential care facility has her own unique background and individuality. Thus, the different levels of post-traumatic stress disorder symptoms may be indicative of how these women react to the institutional setting and the healing process in their own unique ways.

Table 6. *Relationship between Personality Traits and Severity Level of Post-Traumatic Stress Disorder Symptoms*

Variables		Pearson r	p-value	Decision	Conclusion
Personality Trait	*Severity Level*				
Open-Mindedness	Severity Level of Post-Traumatic Stress Disorder Symptoms	−0.16	0.36	Accept Ho	Not Significant
Conscientiousness		−0.76	0.00	Reject Ho	Significant
Extroversion		−0.17	0.35	Accept Ho	Not Significant
Agreeableness		−0.54	0.00	Reject Ho	Significant
Negative Emotionality		0.70	0.00	Reject Ho	Significant

Decision Criteria: Reject H_o if p-value ≤ 0.05. Otherwise, accept H_o.

Results of the Pearson r Correlation Coefficient, at the 5% level of significance, to determine the significant relationship between personality traits of respondents and severity level of post-traumatic stress disorder symptoms, are summarized and presented in Table 6.

Significant negative correlations (p = 0.00) were found for Conscientiousness (r = -0.76) and Agreeableness (r = -0.54), indicating that these traits are strongly and inversely related to PTSD severity. More specifically, the Pearson r of −0.76 corresponds to a p-value of 0.00, which is less than the level of significance of 0.05. This warrants rejecting the null hypothesis. There is a significant relationship between the severity level of Post-Traumatic Stress Disorder symptoms experienced by respondents and the personality trait of respondents in terms of "Conscientiousness." Likewise, the p-value of 0.00 that corresponds to the Pearson r value of −0.54 is less than the level of significance of 0.05. Hence, the null hypothesis is rejected. It is, thus, concluded that there is a significant relationship between the severity level of post-traumatic stress disorder symptoms experienced by respondents and the personality trait in terms of "Agreeableness."

Negative Emotionality showed a significant positive correlation (r = 0.70, p = 0.00), suggesting that higher negative emotionality is associated with greater PTSD severity. Specifically, the Pearson r of 0.70 has a corresponding p-value of 0.00, which is less than the significance level of 0.05. This warrants rejecting the null hypothesis. It is, therefore, concluded that there is a significant relationship between the severity level of post-traumatic stress disorder symptoms experienced by respondents and their personality trait in terms of "Negative Emotionality."

Open-Mindedness and Extroversion had weak, non-significant negative correlations (r = -0.16 and -0.17, p > 0.05). No meaningful relationship between the severity level of post-traumatic stress disorder and the aforementioned traits was found. Hence, the null hypothesis was accepted.

Overall, results indicate that the severity level of post-traumatic stress disorder symptoms experienced by women respondents was substantially correlated with the personality traits of conscientiousness, agreeableness, and negative emotionality. On the other hand, it appears that the personality traits of open-mindedness and extroversion may not be significantly related to the severity level of experience of post-traumatic stress disorder symptoms. A woman who experienced trauma may be open. However, if she has high levels of anxiety, depression, and emotional volatility, she is more likely to have severe experiences of post-traumatic stress disorder symptoms.

This study's findings confirm those of Weinberg et al. (2021), which indicate a significant correlation between the personality traits of agreeableness and negative emotionality and the severity of post-traumatic stress disorder symptoms in individuals who have experienced trauma. Moreover, the study by Weinberg et al. (2021) reported a negative correlation between stress and agreeableness, as well as a positive correlation between stress and emotionality, findings that are similar to those of this study. Women with low negative emotionality may be better equipped to cope with stress, regulate their emotions, and recover more effectively from traumatic experiences. They may be less likely to become caught in cycles of negative thinking and intense emotional distress. Meanwhile, high agreeableness may help these women cope with the trauma in a healthier way. They tend to avoid arguments, thus contributing to a lower severity level of post-traumatic stress disorder symptoms. The study by Weinberg et al. (2021) revealed results indicating a negative correlation between stress and extraversion. Similarly, in this study, extroversion was found to have no significant correlation to the level of severity of post-traumatic stress disorder symptoms. However, a deeper connection with a limited support network might perform better than broad, less intimate connections. Not needing to connect with others does not mean they are not extroverted;

instead, these women respondents may be connecting with others differently. For some women, being less extroverted could help them recover from trauma by creating a less socially dependent and less overstimulated environment, as long as they still have access to meaningful social connections.

Furthermore, the results of this study support the claims of Keren Cohen-Louck and Liza Zvi (2022) that individuals with higher levels of neuroticism are more susceptible to post-traumatic stress due to lower ego-resiliency and a tendency to use emotion-focused coping strategies. Their study showed how important personality traits are for dealing with trauma and political violence. In this study, it could be inferred that women respondents with high negative emotionality may employ maladaptive coping strategies like avoidance or disengagement, which can hinder recovery from post-traumatic stress disorder symptoms.

Zhou et al. (2025) also had similar claims that neurotic personality traits are related to post-traumatic stress disorder symptoms. The study found that neuroticism had both direct and indirect effects on post-traumatic stress disorder symptoms. Specifically, it was pointed out that higher levels of neuroticism are associated with more severe post-traumatic stress disorder symptoms. The indirect effects are mediated through self-efficacy and the use of harmful coping mechanisms. In relation to this study, neuroticism is characterized by feelings such as worry, fear, sadness, guilt, and anger. Women with high levels of negative affectivity may be more likely to have a longer-lasting emotional reaction after a traumatic experience, which may directly lead to more post-traumatic stress disorder symptoms. Crosta et al. (2020) also found a significant association between neuroticism and post-traumatic stress disorder symptoms as well. They identified that individuals with higher levels of neuroticism were more likely to experience greater psychological impact and develop post-traumatic stress disorder symptoms.

All of these studies suggest that pre-existing personality traits, such as neuroticism, can play a crucial role in an individual's vulnerability to mental health issues during stressful events like the pandemic.

Lastly, the study by Philip et al. (2020) found that agreeableness was the only personality trait that significantly correlated with posttraumatic stress. However, it was a negative correlation, similar to the findings of this study. However, results from the women respondents showed that conscientiousness and negative emotionality are significantly correlated. Openness to experience did not correlate with posttraumatic stress symptom results among the participants. This study yielded the same results.

Table 7. *Relationship between Perceived Level of Social Support and Severity Level of Post-Traumatic Stress Disorder Symptoms*

Variables		Pearson r	p-value	Decision	Conclusion
Personality Trait	*Severity Level*				
Family	Severity Level of	−0.64	0.00	Reject Ho	Significant
Friends	Post-Traumatic	−0.26	0.13	Accept Ho	Not Significant
Significant Other	Stress Disorder	−0.46	0.01	Reject Ho	Significant
Overall Social Support	Symptoms	−0.52	0.00	Reject Ho	Significant

Decision Criteria: Reject H_o if p-value ≤ 0.05. Otherwise, accept H_o.

The Pearson r correlation coefficients, at the 5% level of significance, were used to determine the relationship between the perceived level of social support and the severity level of post-traumatic stress disorder symptoms. The findings are summarized and presented in Table 7.

The Pearson correlation coefficient for perceived social support from "Family" (r = −0.64, p = 0.00) indicates a strong, statistically significant negative association between family support and post-traumatic stress disorder symptom severity. Specifically, the Pearson r of −0.46 showed a corresponding p-value of 0.00, which is less than the level of significance of 0.05. This warrants rejecting the null hypothesis. This finding suggests that women who perceive higher levels of support from their family tend to report lower levels of post-traumatic stress disorder symptoms. The strength and significance of this relationship underscore the critical role of family in the psychological recovery process following trauma.

Perceived social support from a significant other shows a moderate, significant negative correlation with PTSD severity (r = −0.46, p = 0.01). More specifically, the p-value of 0.01 that corresponds to the Pearson r value of −0.46 is less than the level of significance of 0.05. Hence, the null hypothesis is rejected. This finding highlights the importance of intimate relationships in providing emotional stability and reducing the impact of traumatic experiences.

The correlation between friends' perceived social support and post-traumatic stress disorder severity is weaker (r = −0.26, p = 0.13) and not statistically significant.

In essence, the Pearson r of −0.26 has a corresponding p-value of 0.13, which is greater than the level of significance of 0.05. This warrants rejecting the null hypothesis. This implies that, within this population, support from friends does not have a meaningful impact on post-traumatic stress disorder symptom severity. It is possible that while friends provide companionship, their support may not be as influential as that of family or significant others in mitigating post-traumatic stress disorder symptoms.

The overall measure of social support is also significantly and negatively correlated with PTSD severity (r = −0.52, p = 0.00), reinforcing the notion that a robust support network is associated with better psychological outcomes.

The results suggest that interventions aimed at strengthening family and significant other support may be particularly effective in reducing post-traumatic stress disorder symptoms. Overall, the data emphasize the protective role of close, supportive relationships—mainly family and significant others—in the context of post-traumatic stress disorder symptom severity.

Generally, the findings summarized in the table above confirm those of Hirai et al. (2020), who found that higher perceived social support, higher resilience, and lower maladaptive coping were correlated with lower symptom severity of post-traumatic stress disorder. Hirai et al. investigated how perceived social support affects post-traumatic stress disorder symptoms in women who have experienced sexual victimization and found that higher perceived social support is linked to lower levels of post-traumatic stress disorder symptoms. Furthermore, higher resilience was found to be associated with fewer negative consequences of sexual victimization. Resilient individuals were found to be more likely to return to their prior psychological functioning after a traumatic experience, which reduces psychological distress. This suggests that strong social support may be a protective factor against the development and exacerbation of psychological distress.

Similar to this study, Leclerc et al. (2020) also saw that interventions involving a significant other are beneficial and represent a promising approach to treating post-traumatic stress disorder symptoms. The significant other, therefore, acts as a support system and a source of stability for the individual navigating the challenges of trauma. The study by Leclerc et al. (2020) found that the severity of post-traumatic stress disorder symptoms improves following interventions that involve a significant other. Hence, having good social support from a partner is an essential aspect in helping women feel better after traumatic occurrences. Romantic relationships can offer unique benefits, but the support of family and friends is also vital.

The results of this study may be further corroborated by the study of Tirone et al. (2021), which examined the relationship between the severity of post-traumatic stress symptoms and social support. Tirone et al. showed that there are some slight differences in how perceived social support and trauma symptoms are related. Interestingly, reasonable responses to trauma disclosure did not have a strong link to having fewer post-traumatic stress disorder symptoms in this study. The study reveals that individuals who experienced trauma and have strong perceived social support may benefit more from general, positive interactions that help them manage negative thoughts about trauma, rather than always needing to engage in one-on-one, intense discussions specifically about the trauma. Relative to this study, trauma can make women feel isolated and withdrawn. Simple things like doing things together, eating meals together, and having informal discussions inside a residential care facility might help the woman feel less alone and remember how valuable she is and how connected she is to other people despite the traumatic experiences.

Table 8. *Personality Traits as Predictor of Severity Level of Post-Traumatic Stress Disorder Symptoms*

Personality Trait	Absolute Beta Coefficient	p-value	Decision	Conclusion
Conscientiousness	0.42	0.03	Reject Ho	Significant
Agreeableness	0.16	0.30	Accept Ho	Not Significant
Negative Emotionality	0.39	0.03	Reject Ho	Significant

Decision Criteria: Reject H_o if p-value ≤ 0.05. Otherwise, accept H_o.

Multiple regression analysis, at the 5% level of significance, was used to predict which among the five personality traits of respondents could significantly predict the severity level of post-traumatic stress disorder symptoms. Results are summarized and presented in Table 8.

Out of the three personality traits with significant correlations, two (conscientiousness and negative emotionality) have statistically significant predictive effects ($p < 0.05$), as indicated by their low p-values. The absolute beta coefficients suggest that Conscientiousness (0.42) and Negative Emotionality (0.39) have a moderate effect, while Agreeableness (0.16) has a lesser effect. Specifically, the personality trait of "conscientiousness" obtained a high absolute beta coefficient of 0.42, which indicates that it has the most significant impact on the severity level of post-traumatic stress disorder symptoms in respondents. Moreover, the p-value of 0.03 that corresponds to the absolute beta coefficient of 0.42 is less than the level of significance of 0.05. This warrants rejecting the null hypothesis. Thus, it is concluded that the personality trait of "Conscientiousness" is a significant predictor of the severity level of post-traumatic stress disorder symptoms among respondents. Conscientious individuals are characterized by traits such as self-discipline, organization, and a goal-oriented mindset. After a traumatic event, these characteristics can lead to the use of more adaptive, problem-focused coping strategies. The characteristics of conscientiousness often lead to a more stable and structured life, even before a traumatic event occurs. This pre-existing stability can provide a protective context that helps them confront the obstacles associated with trauma recovery.

Additionally, among the personality traits of respondents, the level of "Negative Emotionality" has the highest absolute beta coefficient at 0.39. Moreover, the p-value of 0.03, corresponding to the absolute beta coefficient of 0.39, is less than the level of significance of 0.05, which warrants rejecting the null hypothesis. Hence, it is concluded that the personality trait of respondents in terms of their level of "negative emotionality" is a significant predictor of the severity of their post-traumatic stress disorder symptoms. A high level of negative emotionality indicates high levels of anxiety, depression, and emotional volatility, which, in turn, indicates a greater likelihood of having a stronger, more intense emotional reaction to a traumatic event. These women may view a traumatic event and its aftermath more negatively.

Agreeableness does not show a significant effect ($p = 0.30 > 0.05$). The absolute beta coefficient of 0.16 has a corresponding p-value

of 0.30, which is greater than the significance level of 0.05. This warrants rejecting the null hypothesis. Hence, it is concluded that the personality trait of respondents in terms of their level of "Agreeableness" does not significantly predict the severity level of post-traumatic stress disorder symptoms of respondents. Although agreeableness is a desirable quality, its advantages in the context of trauma are primarily evident in the way it enhances a person's social life. Although it does not directly predict post-traumatic stress disorder symptoms, agreeableness plays a crucial role in the social support network that serves as a strong barrier. Therefore, focusing on perceived social support is a better and more immediate way to predict how severe post-traumatic stress disorder symptoms will be than just being agreeable.

The above findings confirm the study of Di Crosta et al. (2020), who investigated risk factors for post-traumatic stress disorder symptoms. Di Crosta et al. found that neuroticism (negative emotionality) was a significant factor contributing to increased post-traumatic stress disorder symptoms. Specifically, being female, having a neurotic personality trait, and experiencing economic instability were associated with a greater psychological impact or trauma. Di Crosta et al.'s results indicated that people with higher levels of neuroticism tend to react with strong emotions to stressful events. Specifically, neuroticism is characterized by affective negativity and a negative emotional response to frustration or loss, which can overlap with arousal symptoms. As further cited by the study, there is a significant correlation between neuroticism and the risk of developing post-traumatic stress disorder symptoms, as well as a worsening of mental health conditions following stressful or traumatic events. In relation to this study, neuroticism is a personality trait characterized by a predisposition to experience negative emotions such as anxiety, anger, sadness, etc. When it comes to women with trauma in a residential care facility, neuroticism can significantly predict increased post-traumatic stress disorder symptoms, as they are inherently more reactive to stress. In a residential care facility, even seemingly minor stressors can be magnified by a woman who has high negative affectivity, leading to increased emotional distress and a heightened sense of vulnerability. This constant state of alert can exacerbate post-traumatic stress disorder symptoms.

Another study by Asselmann et al. (2020) yielded similar findings, indicating that women with higher conscientiousness and emotional stability experienced lower stress symptoms across the peripartum period of their respondents. More conscientious women experienced lower depressive and stress symptoms. This may be because conscientious individuals typically have a higher sense of mastery and better self-regulation skills. This helps them better deal with the changes and demands that come with being a mother. Women who were more emotionally stable also tended to have fewer symptoms of depression, anxiety, and stress. Emotionally stable individuals tend to experience fewer negative emotions and are more adept at managing stress. While Asselmann et al. found extraversion to be a significant factor in determining stress symptoms, this study found that only conscientiousness and negative emotionality played these roles.

Table 9. *Level of Perceived Social Support as Predictor of Severity Level of Post-Traumatic Stress Disorder Symptoms*

Social Support	Absolute Beta Coefficient	p-value	Decision	Conclusion
Family	0.54	0.00	Reject Ho	Significant
Significant Other	0.21	0.21	Accept Ho	Not Significant

Decision Criteria: Reject H_o if p-value $\leq$ 0.05. Otherwise, accept H_o.

Results of multiple regression analysis used to determine, at the 5% level of significance, which among the three (3) social supports of respondents could significantly predict the severity level of post-traumatic stress disorder symptoms of respondents are summarized and presented in Table 9.

Among the two types of social support analyzed, only "Family" shows a statistically significant effect (p = 0.00 < 0.05), as indicated by the 'Significant' conclusion. Specifically, the level of perceived social support from the "Family" of respondents has the highest absolute beta coefficient of 0.54, indicating that support from the "Family" of respondents has the most significant influence on the severity level of post-traumatic stress disorder symptoms among respondents. Additionally, the absolute beta coefficient of 0.54 has a corresponding p-value of 0.00, which is less than the significance level of 0.05. Thus, the null hypothesis is rejected. It is, therefore, concluded that the level of perceived social support from the "Family" of respondents significantly predicts the severity level of post-traumatic stress disorder symptoms of respondents. The perceived social support from family is a fundamental context for an individual's sense of safety, security, and identity. The family is the primary source of early attachment and a feeling of safety. A traumatic event can make a person feel unsafe, and the family is often the first and most important place they go to get that safety back.

Support from a significant other does not show a significant effect (p = 0.21 > 0.05). That is, on the other hand, the level of perceived social support from "Significant Other" respondents has the second-highest absolute beta coefficient of 0.21 with a corresponding p-value of 0.21, which is greater than the level of significance of 0.05. This warrants rejecting the null hypothesis. Thus, it is concluded that the level of perceived social support from the "significant other" respondents does not significantly predict the severity of their post-traumatic stress disorder symptoms. These results may imply a hierarchy of support for the women respondents, showing how much they depend on their most stable and close relationships, such as family, and then on less stable ones, like their significant other.

The absolute beta coefficient for Family (0.54) suggests a strong effect size, while Significant Other (0.21) is much smaller. The fact that support from a significant other did not have a substantial predicting effect on post-traumatic stress disorder symptom severity

does not mean that they are not relevant to a woman with post-traumatic stress disorder symptoms. It only means that family support is a better predictor of post-traumatic stress disorder symptom severity. The effect of support from a significant other might be more indirect, potentially influencing post-traumatic stress disorder symptoms less directly.

These findings confirm the study by Asselmann et al. (2020), which identified a relationship between perceived social support and lower stress symptoms. This suggests that having a strong support network can help women manage stress. Perceived social support can have a significant impact on mental health, including post-traumatic stress. In the study of Asselmann et al., women with higher perceived social support experienced lower depressive, anxiety, and stress symptoms. The same is validated by the study of Johansen et al. (2020), which implied that perceived social support might act as a preventive measure against post-traumatic stress disorder symptom development following physical assault. All these findings showed how important perceived social support is in shielding victims from acquiring post-traumatic stress. The study by Johansen et al. established that perceived social support has an inverse relationship with post-traumatic stress disorder symptoms. Higher perception of social support protects against the development of post-traumatic stress disorder symptoms. In contrast, diminished perception of social support increases the risk of developing post-traumatic stress disorder symptoms. This finding suggests that perceived social support after experiencing a violent assault should be considered an important factor in natural recovery in the long run, as well as being essential alongside psychiatric treatment. Relating to this study, perceived social support, especially how useful the network is seen to be, lowers post-traumatic stress disorder symptoms. People who feel supported perceive difficult situations as more straightforward to handle, which reduces their body's and mind's stress response. Women who experienced trauma, especially those living in residential care, often feel betrayed or abused, leading to their deep distrust of others. Positive social support, despite these challenges, can help them slowly rebuild trust, which is crucial for healing and recovery.

These results further confirm the findings of Lewis et al. (2023), who also found that lower perceived social support from family was associated with higher levels of posttraumatic stress disorder symptoms. Lewis et al. suggested that people with lower perceived social support from family may be more vulnerable to experiencing more severe posttraumatic stress symptoms. In association with the findings of this study, supportive family members of women in residential care facilities can help them regulate their emotions and cope with distress. Strong family connections can create a safe and secure environment, which is crucial for recovery from trauma and the hope for eventual reintegration. Supportive families can validate these women's experiences and encourage them to seek help and engage in treatment. This is further supported by the study of Salleh et al. (2020), who also found perceived social support as a strong predictor of post-traumatic stress disorder symptoms among their participants exposed to various traumatic events. It showed that "family" is a strong support network crucial for processing trauma and seeking help when needed. For these women residing in the residential care facility, family may be a primary source of emotional security. Trauma breaks a sense of safety. Family may provide consistent support, helping the women gradually rebuild trust that is essential for engaging in the vulnerable process of processing trauma. Overcoming trauma can be a gradual process that does not occur linearly. A solid family network may provide long-term support to these women during the ups and downs of their recovery process, serving as a steady anchor.

Table 10. *Proposed Intervention Program for Adult Women with Post-Traumatic Stress Disorder Symptoms in the Residential Care Facility*

Findings of the study	Identified Needs	Program Activities	Program Objectives
Most of the women have average personality traits overall. This includes the average manifestation of Negative Emotionality.	There is a need for an intervention program that focuses on emotional regulation and coping skills.	Emotional Regulation Activities: Mindfulness Meditation Relaxation Exercises	To reduce and manage the average level of negative emotionality among the women.
A key strength is the women's high conscientiousness, meaning they are organized, disciplined, and dutiful.	The need to leverage and build upon the women's existing strength of high conscientiousness	Conscientiousness Activities: (Strengths-based) structured daily routines task lists and assignments	To utilize and reinforce the women's high conscientiousness as a core asset in their recovery process.
Most of the women respondents experience mild post-traumatic stress disorder symptoms	The program needs to help manage emotional distress, anxiety, and other remaining symptoms of post-traumatic stress disorder	The use of personality-based interventions and enhancement of social support to help mitigate mild symptoms of post-traumatic stress disorder mentioned in this study: Emotional Regulation Activities Conscientiousness-Building Activities Enhancement of Social Support from Family	To reduce and manage the mild post-traumatic stress disorder symptoms experienced by the women respondents.
The women respondents have varying levels of social support, with many reporting high support but a significant number reporting	The intervention program needs to strengthen existing social support networks.	Community-building activity: Women/Peer Support Group Sessions	To strengthen and enhance the existing social support networks of the women

only moderate support.			respondents.
High conscientiousness and negative emotionality are the biggest personality predictors of post-traumatic stress disorder symptom severity.	The intervention program needs to leverage the strength of conscientiousness while directly addressing the challenges of negative emotionality.	Personality-based interventions: Conscientiousness building activities: Productivity workshops, "homelife" chores for residents, and Skills-Based Workshops Emotional Regulation Activity: Recreational and Creative Activities	To leverage high conscientiousness and to manage and reduce negative emotionality, thereby mitigating its impact on the severity of post-traumatic stress disorder symptoms.
6. Family support is the strongest predictor of reducing post-traumatic stress disorder symptoms.	The program must focus on enhancing and building upon their most effective support network "Family".	Strengthening Family Support Activities: Family Visitations Family Orientation and Counseling	To strengthen and enhance the family support networks of the women respondents.

The table above shows a proposed intervention program for the women residents of the targeted residential care facility. It is composed of the findings, identified needs, program activities, and objectives. The primary objective of the proposed intervention program is to build on the women's existing strengths while providing targeted support for trauma-related symptoms through personality-based interventions and social support enhancement.

Conclusions

Based on the summarized and presented study findings, the researcher has reached the following conclusions: The proposed intervention program in the residential care facility leverages the existing strengths of women with post-traumatic stress disorder symptoms. The women respondents generally exhibited balanced levels of personality traits, specifically, open-mindedness, extroversion, agreeableness, and negative emotionality, indicating a well-rounded personality profile in terms of intellectual curiosity, sociability, compassion, and emotional stability among women respondents. A significant portion shows above-average conscientiousness, suggesting a tendency to be organized and responsible. This study indicated that the women respondents have perceived availability of support and are socially integrated, suggesting that they primarily experience supportive interpersonal relationships. Most women respondents perceive a generally high level of social support, primarily from family, friends, and significant others. While a considerable portion acknowledges moderate support levels, the overall perception leans towards strong social support networks.

Results indicated that there is a varied impact of trauma within the studied population, with a notable proportion experiencing discernible post-traumatic stress disorder symptoms. A substantial portion of the women respondents exhibited a spectrum of post-traumatic stress disorder symptom severity. While the most prevalent presentation was mild symptomology, indicating that a significant number of women experienced lower-intensity intrusive thoughts, avoidance behaviors, negative alterations in cognition and mood, and changes in arousal and reactivity, the study also identified women with moderate to severe symptom levels. The study sees individual differences in particular personality dimensions— "conscientiousness," "agreeableness," and "negative emotionality" played a crucial role in the manifestation or experience of post-traumatic stress disorder symptoms within the studied population. Respondents' levels of "conscientiousness," "agreeableness," and "negative emotionality" significantly correlated with the severity level of post-traumatic stress disorder symptoms they experienced. Conversely, the study found no significant relationship between the severity level of post-traumatic stress disorder symptoms and the personality traits of "open-mindedness" and "extroversion." This distinction offers valuable insight, delineating which personality factors are more salient in the context of post-traumatic stress disorder symptomatology.

The study indicates that perceived social support, particularly from family and significant others, plays a crucial role in mitigating the severity of post-traumatic stress disorder symptoms. This suggests that, while general social support plays a crucial role in mitigating post-traumatic stress, the source of this support, particularly close relational ties, significantly influences its effectiveness. The lack of a significant relationship between support from friends and post-traumatic stress disorder symptom severity highlights the importance of intimate relationships in coping with trauma. This study illustrates the value of considering an individual's inherent personality trait, particularly their levels of conscientiousness and negative emotionality, when assessing vulnerability to, or the potential severity of, post-traumatic stress disorder symptoms. Analysis indicates that while certain personality traits, such as conscientiousness and negative emotionality, significantly predict the severity of post-traumatic stress disorder symptoms, other traits, like open-mindedness, extroversion, and agreeableness, do not have a significant impact. This study suggests a differentiated impact of social support networks, highlighting family support as a uniquely potent factor in the context of post-traumatic stress disorder symptom severity within the studied population. The key finding indicates that perceived social support from family has the most substantial influence on and significantly predicts the severity of post-traumatic stress disorder symptoms of women respondents. The strong predictive power of family social support underscores its potential as a protective factor or a critical component in recovery processes for individuals experiencing trauma.

The proposed intervention program in the residential care facility leverages the existing strengths of women with post-traumatic stress disorder symptoms while directly addressing areas for improvement. It proposes a synergistic approach, where: Conscientiousness-building activities provide structure, competence, and a sense of control, counteracting the disorganization and helplessness often

associated with trauma. Social support enhancement (both familial and surrogate through trained staff) creates a vital foundation of safety, trust, and connection, combating the isolation and fear that increases the severity of post-traumatic stress disorder symptoms. Also, emotional regulation activities equip women with the internal tools to manage overwhelming feelings, reduce hyperarousal, and stay grounded in the present. By bringing these elements together, the program seeks to build a caring, organized, and supportive space that not only helps reduce post-traumatic stress disorder symptoms but also encourages lasting personal qualities and support networks that are essential for the long-term recovery, personal development, and successful reintegration of women who have experienced trauma.

References

2024 18-day campaign to end violence against women | Philippine Commission on Women. (2024, September 19). https://pcw.gov.ph/2024-18-day-campaign-to-end-violence-against-women/

Asselmann, E., Kunas, S. L., Wittchen, H., & Martini, J. (2020). Maternal personality, social support, and changes in depressive, anxiety, and stress symptoms during pregnancy and after delivery: A prospective longitudinal study. PLoS ONE, 15(8), e0237609. https://doi.org/10.1371/journal.pone.0237609

Barrow, J. M., Brannan, G. D., & Khandhar, P. B. (2022, September 18). Research ethics. StatPearls - NCBI Bookshelf. https://www.ncbi.nlm.nih.gov/books/NBK459281/

Bhat, A. (n.d.). Descriptive Correlational: descriptive vs. correlational research. Market Research. QuestionPro. Retrieved from https://www.questionpro.com/blog/descriptive-research-vs-correlational-research/#:~:text=Descriptive%20correlational%20research%20is%20a,is%20a%20link%20between%20them.

Bolger, N., & Zuckerman, A. (1995, January 1). A framework for studying personality in the stress process. Journal of personality and social psychology. https://www.columbia.edu/~nb2229/docs/bolger-zuckerman-jpsp-1995.pdf

Braga, L., & Braga, L. (2024, December 17). DSWD has care facilities catering to children, women, and seniors. – DSWD exec - DSWD. DSWD—Bawat Buhay Mahalaga sa DSWD. https://www.dswd.gov.ph/dswd-has-care-facilities-catering-to-children-women-and-seniors-dswd-exec/

Calhoun, C. D., Stone, K. J., Cobb, A. R., Patterson, M. W., Danielson, C. K., & Bendezú, J. J. (2022, October 5). The Role of Social Support in Coping with Psychological Trauma: An Integrated Biopsychosocial Model for Posttraumatic Stress Recovery. Psychiatric Quarterly. https://doi.org/10.1007/s11126-022-10003-w

Cohen-Louck, K., & Zvi, L. (2022b). A Model for Predicting Post-Traumatic Stress Disorder due to Exposure to Chronic Political Violence: Big Five Personality Traits, Ego-Resiliency, and Coping. Journal of Interpersonal Violence, 37(23–24), NP23241–NP23261. https://doi.org/10.1177/08862605221080144

Cohen, S., & Wills, T. A. (1985). Stress, Social Support, and the Buffering Hypothesis. In American Psychological Association, Inc., Psychological Bulletin (Vol. 98, Issue 2, p. 31). American Psychological Association, Inc. https://lchc.ucsd.edu/MCA/Mail/xmcamail.2012_11.dir/pdfYukILvXsL0.pdf

Di Crosta, A., Palumbo, R., Marchetti, D., Ceccato, I., La Malva, P., Maiella, R., Cipi, M., Roma, P., Mammarella, N., Verrocchio, M. C., & Di Domenico, A. (2020). Individual differences, economic stability, and fear of contagion as risk factors for PTSD symptoms in the COVID-19 emergency. Frontiers in Psychology, 11. https://doi.org/10.3389/fpsyg.2020.567367

DSM-5-TR online assessment measures. (n.d.). https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures

Fares-Otero, N. E., Sharp, T. H., Balle, S. R., Quaatz, S. M., Vieta, E., Åhs, F., Allgaier, A., Arévalo, A., Bachem, R., Belete, H., Mossie, T. B., Berzengi, A., Capraz, N., Ceylan, D., Dukes, D., Essadek, A., Iqbal, N., Jobson, L., Levy-Gigi, E., . . . Halligan, S. L. (2024). Social support and (complex) posttraumatic stress symptom severity: does gender matter? European Journal of Psychotraumatology, 15(1). https://doi.org/10.1080/20008066.2024.2398921

Gauffin, E., Willebrand, M., Ekselius, L., & Öster, C. (2020). Stability in personality after physical trauma. Journal of Burn Care & Research, 42(3), 415–419. https://doi.org/10.1093/jbcr/iraa170

Hayes, A. (2024, July 16). Multiple Linear Regression (MLR) definition, formula, and example. Investopedia. https://www.investopedia.com/terms/m/mlr.asp

Hirai, M., Charak, R., Seligman, L. D., Hovey, J. D., Ruiz, J. M., & Smith, T. W. (2020). An association between perceived social support and posttraumatic stress symptom severity among women with lifetime sexual victimization: the serial mediating role of resilience and coping. Violence Against Women, 26(15–16), 1966–1986. https://doi.org/10.1177/1077801219892645

Johansen, V. A., Milde, A. M., Nilsen, R. M., Breivik, K., Nordanger, D. Y., Stormark, K. M., & Weisæth, L. (2020). The Relationship between Perceived Social Support and PTSD Symptoms After Exposure to Physical Assault: An 8-Year Longitudinal Study. Journal of Interpersonal Violence, 37(9–10), NP7679–NP7706. https://doi.org/10.1177/0886260520970314

Laerd (n.d.). Dissertation. Quantitative Dissertation. Retrieved from http://dissertation.laerd.com/total-population-sampling.php

LeBeau, R., Mischel, E., Resnick, H., Kilpatrick, D., Friedman, M., & Craske, M. (2014). Dimensional assessment of post-traumatic stress disorder in DSM-5. Psychiatry Research, 218(1–2), 143–147. https://doi.org/10.1016/j.psychres.2014.03.032

Leclerc, M., Paradis, A., Dewar, M., & Fortin, C. (2020). The involvement of a significant other in the treatment of posttraumatic disorder: A systematic review. European Journal of Trauma & Dissociation, 5(4), 100188. https://doi.org/10.1016/j.ejtd.2020.100188

Lewis, C., Bailey, L., Ariti, C., Kitchiner, N. J., Roberts, N. P., Simon, N., & Bisson, J. I. (2023). Social support as a predictor of outcomes of cognitive behavioral therapy with a trauma focus delivered face-to-face and via guided internet-based self-help. Journal of Traumatic Stress, 36(3), 511–523. https://doi.org/10.1002/jts.22947

NHS (2022). Symptoms - Posttraumatic stress disorder. Retrieved from https://www.nhs.uk/mental-health/conditions/post-traumatic-stress-disorder-ptsd/symptoms/

Philip, O. C., Chibuike, O. P., & Ekpunobi, C. P. (2020). Personality Traits as Correlates of Posttraumatic Stress Disorder among Displaced People in Anambra State. World Journal of Innovative Research, 8(4). https://doi.org/10.31871/wjir.8.4.44

Rakhshani, A., & Furr, R. M. (2020). The reciprocal impacts of adversity and personality traits: A prospective longitudinal study of growth, change, and the power of personality. Journal of Personality, 89(1), 50–67. https://doi.org/10.1111/jopy.12541

Research Methodology Group, UOPX Research Community, & Lawrence, F. P. (2023). Correlational research. https://www.phoenix.edu/content/dam/edu/research/doc/2023/correlational-research.pdf

Salleh, M. N. M., Ismail, H., & Yusoff, H. M. (2020). Prevalence and predictors for Post-Traumatic Stress Disorder (PTSD) among Firefighters: A Systematic Review. https://www.semanticscholar.org/paper/Prevalence-and-Predictors-for-Post-Traumatic-Stress-Salleh-Ismail/2aa60357947c14405382a43597b53296fc89b723#citing-papers

Social Science Statistics (2023). Pearson correlation coefficient calculator. Retrieved from https://www.socscistatistics.com/tests/pearson/

Soto, C. J., & John, O. P. (2016). The Next Big Five Inventory (BFI-2): Developing and assessing a hierarchical model with 15 facets to enhance bandwidth, fidelity, and predictive power. Journal of Personality and Social Psychology, 113(1), 117–143. https://doi.org/10.1037/pspp0000096

Soto, C. J., & John, O. P. (2017). Short and extra-short forms of the Big Five Inventory–2: the BFI-2S and BFI-2XS. Journal of Research in Personality, 68, 69-81

Weinberg, M., Gil, S., Besser, A., & Bass, J. (2021). Personality traits and trauma exposure: The relationship between Personality Traits, PTSD symptoms, stress, and negative affect following exposure to traumatic cues. Personality and Individual Differences, 177, 110802. https://doi.org/10.1016/j.paid.2021.110802

Tirone, V., Orlowska, D., Lofgreen, A. M., Blais, R. K., Stevens, N. R., Klassen, B., Held, P., & Zalta, A. K. (2021). The association between social support and posttraumatic stress symptoms among survivors of betrayal trauma: a meta-analysis. European Journal of Psychotraumatology, 12(1). https://doi.org/10.1080/20008198.2021.1883925

THE 17 GOALS | Sustainable Development. (n.d.). https://sdgs.un.org/goals

Zhou, Q., Li, X., Wang, J., Shen, F., Tan, Q., Zhang, S., Huang, J., & Fu, Y. (2025). Relationship between neurotic personality traits with symptoms of post-traumatic stress disorder in breast cancer patients: with the mediation of self-efficacy and negative coping. BMC Psychology, 13(1). https://doi.org/10.1186/s40359-025-02496-4

Zimet GD, Dahlem NW, Zimet SG, Farley GK. The Multidimensional Scale of Perceived Social Support. Journal of Personality Assessment 1988; 52:30-41.

Zubin, J., & Spring, B. (1977). Vulnerability: A new view of schizophrenia. Journal of Abnormal Psychology, 86(2), 103–126. https://doi.org/10.1037/0021-843x.86.2.103

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