

GENDER DIFFERENCES IN PTSD SYMPTOM EXPRESSION IN NORTH ALBANIAN PEOPLE INVOLVED IN BLOOD FEUD PHENOMENON

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ABSTRACT

This is a quality research done in Shkoder, the biggest town of the north of Albania. The aim of this research is to find out if there are any systematic gender differences in PTSD symptom expression among men and women that are part of the families that suffer from blood feud phenomenon in the north of Albania. The sample consisted in 40 men and 40 women part of the category mentioned above. Their age varies from 20-67 years old and about 50% of them are couples. The others are from different families. Standardized measures were used to assess the participants' level of mental health (the Brief Symptom Inventory BSI), a shortened version of the better-known Hopkins Symptom Checklist (H-SCL±90) and also we used the Trauma History Questionnaire. In our sample, 100% of the participants had experienced at least one traumatic event identified in Trauma History Questionnaire – Modified. Female participants reported a higher anxiety level than their male counterparts. In this research we found out that women are approximately twice as likely as are men to meet criteria for PTSD after the trauma. Male participants, on the other hand, were more willing to continue the feud of blood vengeance and continue the cycle of having the right environment for complex PTSD. There are different factors that influent in the situation they live. I have tried that through statements, discussions and different opinions to examine some of these factors. We discuss these findings as they inform our understanding of gender differences in trauma response and psychiatric morbidity in adulthood.

Keywords: PTSD, Symptoms, Gender differences, Blood feud, Trauma.

INTRODUCTION

Major positive changes in Albanian society in the '90s, after coming out of 50 years under the communist regime entering to a pluralistic democracy era, were also accompanied by backward steps in some areas in the move towards progress, such as the resurgence of illiteracy, high unemployment, increased crime, urban chaos, random intervention of man on the environment, numerous conflicts of ownership, and corrupt segments of the State etc.

One of these steps is also the restart of the blood feud phenomenon after being under control for half century. It may seem an unusual phenomenon in a country that has join NATO in 2009 and has positioning itself as an official candidate for the European Union membership. But in Albania the forces of tradition and modernity exert equal pull. The 'Kanun' dates back to the 15th century and has long served as a guide for social conduct, governing everything, from how to treat strangers and arrange marriages to how to pay taxes and settle properties disputes. And the darkest side of this code is that sets out a brutal law that says: 'Blood must be paid forth with blood.' The origin of this law is based in the Old Testament scripture that says: "An eye for an eye a tooth for a tooth" (Leviticus 24:20, Bible).

Collins English Dictionary defines blood feud as a conflict in which the members of hostile families or clans murder each other. Families in hostility with each other are under heavy social, economic and cultural pressure, causing them and their community strong deficiencies that are difficult to be recovered during all their life. Even though blood feud is a patriarchal phenomenon as it aims to deal with men alone, it damages all the family; keeping inside the house' walls all men and also children males, leaving women to have outside the house the two roles of husband and wife. The deformation of the Canon of Lek Dukagjini from which northern Albanians learned self-justice and the revenge formula, has degraded to the killing of children, women and clerics, something the canon strongly forbids.

The research was not easy, but through a relatively long process of fieldwork and research, using scientific techniques, we have tried to approach to this painful reality that must change.

ALBANIAN SOCIETY AND BLOOD FEUD

Albanian societies consist of heterogeneous systems of social differentiation based on ethnic, linguistic, sectarian, familial, tribal, regional and socio-economic identities. In the north of Albania where blood feud is present, families and the relations inside the wider family are still strong. The patriarchal power structure tends to reproduce itself in all levels of society. Blood bonds are stronger than any other bond and require deep commitment and responsibility, and maybe this is one of the reasons that blood feud phenomenon is going on. In this community, however, blood vengeance is not an individual matter, which a person undertakes for his own personal reasons, but it is a kind of a collective guarantee provided by the group to all its members.

Even though the concept of vengeance is unclear, it can never be seen as lack of social order. In some societies where blood feud is active, this phenomenon is considered as the opposite of social chaos, and as a mechanism through which we achieve social balance (Rosenthal, 1996). Through this concept the society has become unbalanced through an act of murder. If someone has been killed, the crime has been committed to the whole clan. The shame that has been descended to the tribe can only be removed by killing another man from the murder clan, it doesn't matter if is the first killer or not. All that matters is that it has to be a man in the same blood line with the first offender. It does not involve female at all. Women do not enter in blood feud cycle and doesn't cause blood feud (Canon of Lek Dukagjini, 1993). A clan involved in blood feud phenomenon requires all its member to avoid any hint of weakness and division, since impressions are as important as the reality they are in. When someone is involved in a killing they know that by doing that, they are exposing all their extended family to the threat of being killed. As a result of this phenomenon someone can easily find himself to be target of vendetta and the act of taking revenge may take generations (Canon, 1993). The societies where blood feud is active have collectivist culture, where every person, member of a group, is asked to sacrifice their lives for the honor of the clan. is a collectivist culture, in which individuals are expected to sacrifice themselves for the dignity and honor of the group. Even when a person doesn't want to take revenge, he may do so by the strong pressure that is put over him from his community.

Blood Feud Nowadays

From the data reported by the state' police on the number of murders occurred from 1998-2012, there is an increment in the number of murders for revenge from 1998-2001. After this period there was a fluctuation of the % from year to year (*Table 1*). While regarding the isolated families, the data provided by the police show that there are 67 imprisoned families.

While we have these data from the state, we have to say that different sources provide different data, and especially when comparing official data with those of NGOs who operate in areas where these families live, they are extremely different.

According to data published by the Ombudsman in 2012, the number of murders for revenge has reached 152. The murders of women in 2012 were 10 times higher than the annual average during the transition. From 2-3 murders a year, this number has reached 25 in 2012.

Year	Nr. of murders	Nr. of murders for revenge	Percentage
1998	573	45	7.8
1999	496	41	8.2
2000	275	41	14.9
2001	208	32	15.3
2003	132	12	9
2004	190	11	5.7
2005	131	5	3.8
2006	87	4	4.5
2007	103	0	0
2008	88	5	5.6
2009	82	1	1.2
2010	135	5	3.7
2012	100	5	5

Table 1: Number of murders and murders for revenge in Albania during 1998-2012

Gender differences in PTSD

Different researches show that although men are more likely than women to be exposed to different traumatic events during whole their lives, women are more likely than men to experience PTSD (Norris, Foster & Weisshaar, 2002). In a comprehensive review of the literature on the gender and PTSD, Norris and his colleagues noted that the data 'neither support nor refuse any of the various theoretical perspectives convincingly (Norris, 2002). Because men and women are so different in their vulnerability to depression and substance abuse, as well as in the expression of symptoms of these disorders, an important research question is whether the gender variation in symptom expression seen in other mental health disorders also applies to specific PTSD symptoms.

Gibbs (1989) supposed that men's posttraumatic reaction is different from women, but this doesn't mean that they are least disturbing. Men are less likely than women to report internalizing disorders (anxiety or depression) and more likely to report externalizing disorders (substance use disorders) (Kessler, Sonnega, Bromet, Hughes & Nelson, 1995; Green, 1997).

Diagnostic system of PTSD symptoms, such as the Diagnostic Statistical Manual (APA 2000), may be better fit for women's stress reactions than for men (King, Street, Grabus, Vogt & Resick, 2013). Women may be more likely to develop internalizing psychopathology after trauma exposure that is consistent with the anxiety disorders like PTSD, whereas men may be more apt to externalize expressions of distress (Tolin & Foa, 2006).

Among community members exposed to violence (Breslau, Chilcoat, Kessler, Peterson and Lucia, 1999), found that women were more likely to report numbing and avoidance symptoms, men were more likely to report irritability and impulsiveness. In the National

Comorbidity Study-Replication (Kessler, 1995), women more frequently endorsed exaggerated startle and feelings of emotional distance in the PTSD module, men more frequently endorsed intrusive thoughts, nightmares, irritability, and foreshortened future (Palm, Strong, MacPherson, 2009). Whereas Chung and Breslau (2008) found that only trauma type—not gender—was associated with different symptom profiles, Tolin and Foa (2006), concluded from their literature review that sex differences in risk of exposure to particular types of traumatic events, could only partially account for the differential in PTSD risk between men and women.

Maguen, Cohen, (2012) reported that there was a stronger association between combat-related injury and PTSD symptoms for women than men, although they found no gender differences with respect to specific PTSD symptoms experienced and few gender differences in the impact of combat stressors on mental health. Also Women exposed to trauma may be at greater risk of developing PTSD because of a heightened fear response, according to a new study. Women in the study were more likely than men to develop a stronger fear response, and – once conditioned to respond fearfully – more likely to have stronger responses to fear-inducing stimuli. Differences in the learning of fear may be one mechanism that may be important in the development of PTSD (Inslicht, 2012). Greater fear conditioning in women might reflect a pre-existing vulnerability, or might arise in a sex-dependent way with the development of PTSD.

In this research we address two specific aims: (1) to examine potential differences in PTSD symptom presentations between men and women of the families that are involved in blood feuds, (2) and to identify unique predictors of each PTSD symptom factor by gender.

Since the literature suggests that both gender and trauma type and history may play important roles in PTSD symptom expression, we hypothesize that, overall, women will have higher rates of PTSD and more internalizing symptoms than men, while men with PTSD will have more externalizing symptoms than women. We further hypothesize that the higher rate of PTSD among women than men will be reduced when trauma types are controlled.

METHODOLOGY AND DATA ANALYSIS

Sample and Setting

Our study examined the patterns of traumatic exposure and PTSD symptoms in a sample of men and women which suffer the consequences of the blood feud phenomenon. A convenience sample of 80 Northern Albanian women and men living in the outskirts of the Shkoder, participated in the study. Out of 40 men and 40 women purposefully we chose 20 couples and the others not related. The majority was originally from the deepest areas of the north, but they have moved in Shkoder for a better life, and some others to escape from their ‘enemy’. The participants’ age was 20-65 with a mean age of 39 years. 100% of men and 75% of women were married and the other 25% of women were widowed because their husbands have been killed because of the blood feud. None of these widows is married again even though some of them were very young. In the community where they live this is considered a taboo and a kind of shame and disrespect for their killed husband. The average size of their families was 7, but there was a tendency of having smaller families. None of them was illiterate and none of them have finished university. Only 28% have finished the high school and the others only elementary and secondary school. Women said that they were not the once to take the decision about their own education even if they wanted to continue in higher education, but their brothers and father was deciding for them. When we asked men about education, they explained that “we lived in other times and to go in high school we had

to walk for many hours”. All of them were very religious and belonged to the Catholic community. Only 20% of them had a proper job and had a regular monthly income. 40% had occasional or seasonal work and 40% were unemployed (most of them men), and they didn’t have hope of finding any job because they were unqualified for the market requests. During their life they have been going through different difficulties and tough events, but we will refer to the traumatic event that changed their whole lives, the one that made them part of blood feud community. The time when one man of their wider family killed someone else from another family, at that moment all men of this wide family have to be imprisoned in the house, because the family of the killed one will want to take revenge in any man they will find, it doesn’t matter if he was the first killer. The only thing that matters is that the target of revenge has to be in the same blood line with the murder. The event is so traumatic because everything in their lives change so suddenly and unexpectedly. Their freedom and life is in the hands of their ‘enemies’ and they don’t know who they are, which one they want to kill and how long this will go on.

Instruments

In addition to basic socio-demographic characteristics, these self-report measures were utilized:

1. **Mental Health:** The Brief Symptom Inventory (BSI) is a screening instrument that measures psychiatric symptomatology (Derogatis & Melsavados,1983; Derogatis & Spencer, 1982). A shortened version of the better-known Hopkins Symptom Checklist (H-SCL±90), it consists of 53 items that elicit perception of symptoms during the last month. The nine dimensions of the BSI are: somatization, interpersonal sensitivity, obsession-compulsion, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. All scales range from 0 ± 4, with higher scores indicating more problems in mental health. The internal consistency of the nine sub-scales is adequate (Cronbach alpha 5 .71±.81), and test-retest analysis yielded an adequate level of reliability (*r* 5 .60 ±.90). The internal consistency of the nine sub-scales in this study was moderate (Cronbach alpha 5 .53±.77).

RESULTS

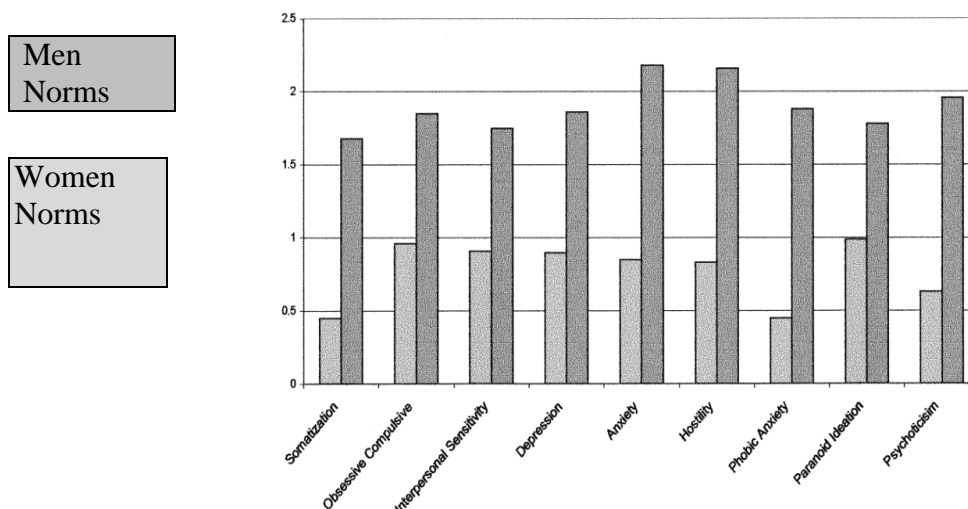


Table 2: Men versus women

Table 2 presents the respondents' mean BSI raw scores of men and women that are under the blood feud pressure. Significant differences between the two genders norms were found in all nine sub-scales: somatization, obsession-compulsion, interpersonal sensitivity, depression,

anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. Women that are living under a continuous fear for men in their family had higher scores in all BSI sub-scales than men that are the once directly threaten to be killed. This indicates higher levels of distress and symptomatic behavior in women.

2. The Posttraumatic Stress Diagnostic Scale (PDS) was used to measure PTSD in women and men of the families in blood feud. The PDS is a self-reporting measure that evaluates the frequency of PTSD related symptoms in the past month. The scale consists of 49 items that are divided into 4 parts. The first part consists of 14 dichotomous (yes/no) questions that signify potential traumatizing events. Part 2 indicated the most bothersome event in the past month and described the traumatic event in 8 items. Part 3 includes 17 items that include the cardinal symptoms of PTSD as identified by the DSMIV-TR. These items are rated on a 4-point Likert scale. A score is computed by adding the individual rating scores of the items. Based on the computed score of the severity symptoms, a diagnosis of PTSD is made as follows: 0 (*no rating*), 1-10 (*mild*), 11-20 (*moderate*), 21-35 (*moderate to severe*), and > 36 (*severe*). In the last section, part 4, the level of impairment caused by the symptoms across nine areas of life functioning are measured. These items measure problems with work, household chores and duties, relationships with friends, fun and leisure activities, school work, relationships with family, sex life, general life satisfaction, and overall level of functioning.

Data analysis

The Statistical Package for the Social Sciences (SPSS® 17.0) was used for data analysis. Measures of central tendency, correlations, and regression analysis were computed to examine the experience of PTSD in women and men of the families suffering from blood feud phenomenon.

RESULTS

All 100% of participants (both genders combined) indicated that they had experienced at least one traumatic event in their lifetime. Gender differences were observed in these overall high and comparable rates of trauma exposure. Men more often reported having witnessed harm being done to another, both within and outside their family, and interpersonal physical trauma, and women reported experiencing higher rates of trauma while they witnessed someone in the family or from their relatives being killed and also living everyday with the fear that someone will kill their husbands or sons for taking revenge. As we mentioned above about 25% of these women are widows and their traumatic event was the killing of their husband. Most of them have witnessed the murdering as it has happened close to the house, or in the garden of the house. Some of them were also wounded trying to save their children playing around. Some others are mothers and fathers that have lost their sons because of blood revenge. The majority of tragic events such as murdering, took place about 5 years ago. During the traumatic event, women reported that they felt helpless (70 %) and terrified (80.6%), where 10% experienced physical injury, but none of them was disabled. On the other hand men stated that they felt terrified for their children, not for their lives. So 20% felt helpless. This may also be because of the mentalities in these communities that 'real men are not afraid' and they may not really tell the truth. About 10% of these women had their life in danger and 100% of them witnessed someone else's life to be in danger. 100% of men continually have their lives in danger. The posttraumatic symptoms included a series of problems such as having upsetting images about the event, about 40 % of women and 20% of men. Also, they have had bad dreams or nightmares women 40%, and 22% of men. 45% of

women and 25% of men relived the traumatic event once in a while. 30% of women and 8% of men had trouble sleeping almost always. Therefore, they experienced emotional upset when reminded of the event. Also, they exhibited a physical reaction (20%) when reminded, so they try not to talk about it. Also, once in a while, 40% women and 50% men felt irritable and angry, 50% women and 40% men had trouble concentrating. 30% women and 40% men are easily startled. Consequently, (90%) of these women had decreased satisfaction in life. During the interview we had women declaring that their life has finished and they live like a shadow in this earth. They don't enjoy that their sons are growing, because when they reach 18 years old, they will be worthy candidates to be killed because of revenge. The reason for living declared from the women, was only the children and nothing else. About 50% reduced overall level of functioning. 60% reported problems due to a traumatic event interfering with their inability to complete household chores, especially not having patience to help their children and even not listening to them. 40.8% reported experienced relationship problems with friends, and the desire to not interact but to be socially isolated. And about 100% reported their ability to have fun and enjoy leisure activities was affected. (This question made them laugh, as for them, having fun was something that has died in the day when their family has been prisoned in the house. They also had problems with their family relationships (80%), because husbands prisoned in the house get depressed and drink a lot, then they become violent to their wife and children. Somehow these women will justify their violence understanding the pressure and fear of death their husbands experience every day. Sex life was affected from the traumatic event (80%). On the other hand men scored almost half of what women scored. Very often they said during the interview; "These are thing that happen in life and we don't have what to do, and our worries will change nothing." So they somehow were finding ways to encourage themselves, not showing any sign of fear or being weak. This may be because women are better in expressing the way they feel and talk about their feelings. Also they learn faster not just to react with fear but also to ask for help and support after the trauma. Talking about how they feel is also a way of asking help from the family. For men this is a very difficult thing to do, and to avoid the reality they live, they become addicted to active substances.

PTSD was positively correlated with most of the life functioning items in both men and women. It is very visible that the correlation in women is positively correlated almost double higher than men. Also is very interesting that 20 couples part of the sample, were exposed to the same traumatic event, at the same time and again women of these couples too, scored double than their husbands. Men scored almost the same as women in Problems interfere with fun and leisure activities (See Table 3).

Table 3. Relationship between PTSD & Life functioning in women and men of families

Pearson r	Women	Men
Problems interfere with work	.40**	.28**
Problems interfere with household chores	.70**	.30**
Problems interfere with relationship with friends	.57**	.35**
Problems interfere with fun and leisure activities	.65**	.60**
Problems interfere with school work	.14**	.07**
Problems interfere with relationship with the family	.50**	.30**
Problems interfere with sex life	.64**	.36**
Problems interfere with satisfaction with life	.68**	.40**
Problems interfere with overall level of functioning	.63**	.38**
*p < .05, **p < .01		

CONCLUSION AND RECOMMENDATIONS

Some conclusions may be drawn from this study that was conducted mainly in the field, which may be valuable in attracting attention of all actors who are able to influence, and are engaged in the establishing of corrective policies with regard to this phenomenon.

Women expressed more distress than men across all the symptoms and factors on the PTSD checklist.

* Women were more distressed than men by combat experiences that involved some type of hurt, such as being wounded, witnessing or engaging in acts of cruelty, engaging in hand-to-hand combat, and to a lesser extent, handling dead bodies.

* Gender differences in PTSD symptoms among this group do not depend on the types of trauma and combat exposures experienced.

* Blood revenge continues to be a current phenomenon in Albanian society. After about 28 years of functioning, the democratic state has failed to have this phenomenon completely under its control, in terms of its criminal aspect.

* Women and children belonging to this group, in spite of their displacement, continue to suffer the tragic drama of being in blood feud, hidden from their enemies, but also out of the sight of state and society and its care. Their prompt identification, and a broader registration plan by their respective authorities, would avoid many negative consequences.

*The traumatic experiences predispose mental health concerns for the participants in this research. As reported in our study, women more than men felt helpless and terrified at the time of trauma. These feelings represented some of the determinants to developing PTSD. Our study findings suggested that women who experienced physical injury followed by those who felt helpless during the traumatic event were at higher risk for the development of PTSD.

*Understanding PTSD in this population is essential due to its mental health predispositions that reflect on the life satisfaction and functioning of individuals. This further identifies the importance of paying special attention to this matter. In conclusion, these women constitute a vulnerable population due to their exposure to traumatic events that may predispose PTSD. As a result, it is the responsibility of healthcare providers to pay special attention to the mental health needs of this population. Furthermore, preventive counseling and other mental health assistance may be required to those who were physically injured. Consequently, this will contribute to enhancing their life satisfaction and functioning.

*Development of PTSD is common after this kind of traumatic event. Increased risk of developing PTSD is caused by a combination of intense and the extent of the dramatic event. By identifying these women at greatest risk of developing PTSD appropriate therapeutic resources can be directed. PTSD affects persons all over the world but its manifestation varies across cultures

*Traumatic events can shape a person's sense of self and challenge cherished world views. So the objective of the treatment should be to build a positive self-image, sense of self-worth, identity and enhancing the ego-strength in these women, focusing on successful experiences.

* Blood revenge is accompanied by poverty. In the majority of cases it is a result of it, but is also a cause for poverty. Most of the interviewed people live in total poverty. The employment of this target group should be a priority for the Albanian government creating different policies to include them.

* Their existence and that of their families who are living in enforced imprisonment, detached from social development, in poverty and isolation, has brought and continues to bring irreversible consequences for their psychological and emotional condition. This situation is a premise that encourages hatred and passion for revenge, and the passing on of trauma from one generation to another, a thing which makes blood feud a continuing cycle.

* The analysis of this group of women shows that they are characterized by submissiveness and compliance to their situation, by negative emotions of fear, anxiety, and powerlessness to

change the course of their lives and those of their children's. They are wives that suffer from lack of having living partners or their husbands are candidates of being murdered. They are mothers who don't enjoy their children growing up, and are themselves victims.

* Children of this social group grow up in a distorted family environment, a premise for creating broken, asocial personalities. They grow up under fear.

* The strategies and policies followed in the battle against blood revenge, in the northern and north-eastern areas of Albania, should also bear in mind this category that live in this situation.

* Today, the phenomenon of blood revenge, more than its extent but by its very essence, is a challenge which requires an extensive network of complementary participants, with state institutions at the center.

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