

Trauma Exposure, Trauma Symptoms, and Relational Health

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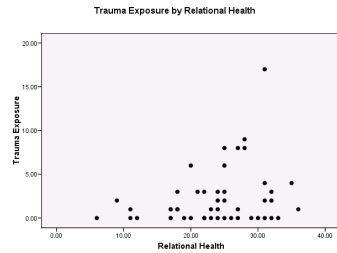
Abstract

This study examined the influence of exposure to traumatic events and relational health on college students' reported trauma symptoms. Increased exposure to traumatic events was predicted to have a positive association with symptoms, and better relational health was predicted to have a negative association with trauma symptoms. A total of 48 students participated in this study. Participants completed self-report measures of trauma exposure, trauma symptoms, and relational health. Both hypotheses were supported. These findings are discussed in terms of clinical implications, limitations of the current study, and suggested directions for future research.

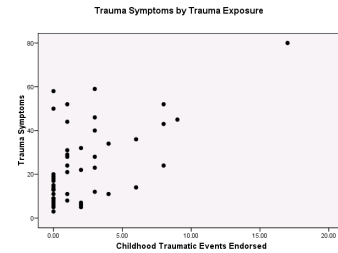
Method

- ◆ Participants were undergraduate students participating for course credit
- ◆ N = 48; 18 – 41 years old ($M = 21.33$)
- ◆ Pre-screened on measure of dissociative experiences; those in highest and lowest ranges were recruited
- ◆ Self-report measures completed on a computer in presence of researcher
- ◆ Trauma Exposure
 - Brief Betrayal Trauma Survey (BBTS) (Goldberg & Freyd, 2006)
 - 12 questions
 - Events occurred before age 18
 - 60% endorsed at least 1 trauma
- ◆ Trauma Symptoms
 - Trauma Symptom Checklist (TSC-40) (Briere, 1996)
 - 40 questions
 - Likert scale, experienced symptoms over last 2 months
- ◆ Relational Health
 - Relational Health Indices (RHI) (Liang, et al., 2002)
 - 11 questions (Peer subscale)
 - Likert scale, describing relationship with a close friend

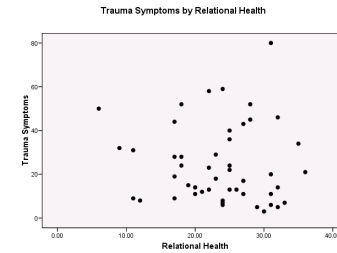
Correlations Among Variables



$$r = .272, p < .05$$



$$r = .578, p < .001$$



$$r = -.068, p > .32$$

- ◆ Positive association between predictor variables; as trauma exposure increases, so does relational health
- ◆ As trauma exposure increases, so do trauma symptoms
- ◆ Non-statistically significant negative association between relational health and trauma symptoms
- ◆ One participant is an outlier in all three correlations

Trauma Exposure and Relational Health as Predictors of Symptoms

Model	Total R ²	F	B(std)	t
N = 48	.389*	14.32***		
Trauma Exposure			.644	5.32***
Relational Health			-.243	-2.01*
N = 47 (outlier removed)	.237*	6.834**		
Trauma Exposure			.472	3.491**
Relational Health			-.267	-1.977*

- ◆ Predictors entered in step-wise linear regression
- ◆ First model (n = 48) explains 38.9% of variance; relational health accounts for 5.5% unique variance
- ◆ Single outlier removed (n = 47), model accounts for 23.7% of variance
- ◆ In second analysis, relational health accounts for 6.8% unique variance in trauma symptomatology
- ◆ Exposure positively associated with symptoms; relational health negatively associated with symptoms

* p < .05 (2-tailed)
** p < .01 (2-tailed)
*** p < .001 (2-tailed)

Discussion

- ◆ Negative association between relational health and trauma symptoms, regardless of trauma exposure, may indicate that good relationships function as a protective factor against symptom development
- ◆ However, the young age of the sample may indicate that experiencing traumatic events negatively influences the ability to develop healthy relationships
- ◆ Assessing relational health may be particularly important when treating those who have experienced interpersonal trauma
- ◆ If trauma takes place in the context of relationship, it may be that healing also must take place in the context of healthy relationship (Birrell & Freyd, 2006)

Future Research

- ◆ Prospective studies to investigate directional influence of trauma on relationships
- ◆ Epidemiological research measuring traumatic and stressful events, and subsequent influence on development of differential outcomes
- ◆ Pre-post neurophysiological designs (fMRI, EEG) examining treatment modalities based on improving relational health, and subsequent changes in neurological functioning

References

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