Freyd Dynamics Lab
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Are All Traumatic Events Equal?
Further Research Using the BBTS

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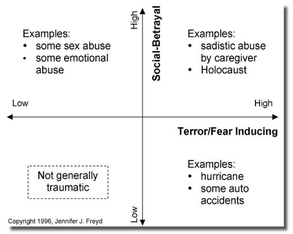
Introduction

Betrayal Trauma Theory



- Suggests there are two distinct dimensions of trauma:
  - Life threatening (physically terrorizing and fear inducing)
  - Social betrayal (psychologically traumatic)
- Trauma high in betrayal is perpetrated by someone who is close to the victim and/or upon whom the victim is dependent, producing conflict between external reality and attachment to the perpetrator necessary for survival, so that information about abuse needs to be blocked from awareness (see Freyd, 1996).
- High betrayal traumas have been associated with impaired memory for trauma (e.g., Freyd, DePrince, & Zurbriggen, 2001), and various negative sequelae, including dissociation, depression, anxiety and physical ailments (e.g., Freyd, Klest & Allard, 2005).

Objectives

1) Fine tune the primary instrument for assessing betrayal trauma (the BBTS; see description below), enhance its interpretability, and contribute to the empirical support of its validity.

2) Replicate previous findings of a betrayal trauma effect, whereby high betrayal traumas are more likely to predict memory impairment and symptomatology than low betrayal traumas.

3) Determine the relative importance of trauma characteristics:
   a. Experienced in childhood and adulthood.
   b. Direct, indirect, loss events.

Method

Participants

- 248 (164 women, 84 men) undergraduates recruited from psychology Human Subjects Pool compensated with partial course credit
- Demographics (representative of UO undergraduate population):
  Age: M = 20.96 years (SD = 4.89) and mostly (94%) single
  Ethnicity: 211 (85.1%) Caucasian, 23 (9.3%) Asian American, 5 (2.0%) Hispanic/Latino/a, 23 (11%) Other

Assessments

Computer-administered questionnaires:

1) Brief Betrayal Trauma Survey (BBTS; Freyd & Goldberg, 2004)
   - Distinguishes between events perpetrated by individuals who are close to the respondent (HB) and those that involve no or non-close perpetrators (LB). The number of different types of traumas that fell into each category was totalled and used in the analyses.
   - Events can be categorized as directly experienced, witnessed or heard about. The latter can be further categorized as involving loss of others or not.
   - Events experienced in childhood are those occurring before 12, adolescence 13 to 17, and adulthood after 18th birthday.

2) Trauma Symptom Checklist 40 (TSC-40; Elliott & Briere, 1992)
   - Includes symptoms commonly reported in child abuse survivors, including depression, dissociation, anxiety, sleep difficulties, and sexual problems.

3) Balanced Inventory of Desirable Responding – Version 6 (BIDR-6; Paulhus, 1991)
   - 40-item self-report instrument measures the tendency to give socially desirable responses in the form of self-deception and impression management.

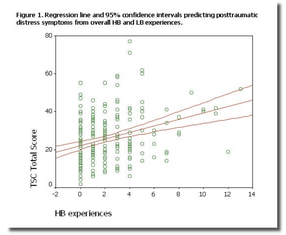
Summary of Results

Table 1. Number of types of traumatic experiences reported by participants

		Child		Adult		Total	
		At least one	More than one	At least one	More than one	At least one	More than one
Direct	HB	35%	14%	29%	9%	45%	31%
	LB	42%	13%	27%	7%	56%	31%
Indirect	HB	12%	2%	3%	1%	14%	2%
	LB	48%	47%	26%	24%	66%	64%
Loss	HB	27%	9%	14%	4%	40%	19%
	LB	9%	2%	6%	1%	15%	4%

The number of different types of HB experiences reported by participants ranged from 0 to 13, and LB experiences 0 to 18.

Figure 1. Regression line and 95% confidence intervals predicting posttraumatic distress symptoms from overall HB and LB experiences.



When the frequencies of HB and LB events were jointly used to predict symptom reports, the multiple correlation was .39 ($p < .01$). However, when each variable was used separately (with the other one partialed out), only the HB events were significantly predictive (*partial r* (192) = .22, $p < .01$).

Figure 2. Regression line and 95% confidence intervals predicting posttraumatic distress symptoms from direct experiences.

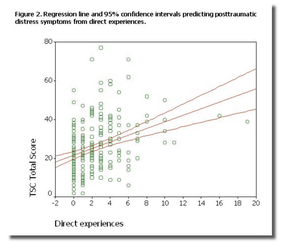
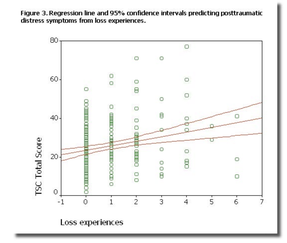
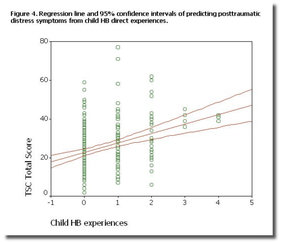


Figure 3. Regression line and 95% confidence intervals predicting posttraumatic distress symptoms from loss experiences.



In a regression predicting psychological distress from overall direct, indirect and loss experiences, the multiple R was .42 ($p < .001$), and a significant proportion of the variance was explained by direct experiences (*partial r* (192) = .29, $p < .001$; see Figure 2). Experiences that were witnessed or heard about only contribute significantly to the prediction when participants reported loss or threat of loss of other, regardless of who perpetrated the act (*partial r* (192) = .19, $p < .05$; see figure 3). Indirect experiences on the whole did not significantly predict symptomatology (*partial r* (192) = -.90, n.s.).

Figure 4. Regression line and 95% confidence intervals of predicting posttraumatic distress symptoms from child HB direct experiences.



In a regression of child and adult HB and LB direct and loss events on symptomatology, which yielded a multiple R of .46 ($p < .05$), only direct HB events experienced in childhood significantly predicted distress (*partial r* (194) = .18, $p < .05$; see figure 4).

Discussion

Our preliminary findings are consistent with previous research in that HB events significantly predicted higher levels of posttraumatic distress than LB events. Further, we found that direct and loss experiences predicted symptomatology, whereas other indirectly experienced distressing events did not. Childhood HB events that were directly experienced explained the most variance, relative to other types of childhood and adulthood experiences.

These findings provide support for betrayal trauma theory and have implications for the conceptualization of trauma and its effects, and therefore intervention planning.

Future plans include elucidating the types of individuals identified as close, investigating the relative importance of rating the dependence level of the respondent on the perpetrator, and comparing the relative predictive value of HB to other measures of severity identified in the literature. Efforts are also underway to investigate the betrayal trauma effect in cultures outside the Western majority.

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References

Freyd, J. J. (1996). *Betrayal Trauma: The Logic of forgetting childhood abuse*. Cambridge, MA: Harvard University Press.

Freyd, J.J., DePrince, A.P., & Zurbriggen, E.L. (2001). Self-reported memory for abuse depends upon victim-perpetrator relationship. *Journal of Trauma & Dissociation, 2,* 5-17.

Freyd, J.J., Klest, B., & Allard, C.B. (2005) Betrayal trauma: Relationship to physical health, psychological distress, and a written disclosure intervention. *Journal of Trauma & Dissociation, 6,* 83-104.

Freyd, J.J. & Goldberg, L.R. (2004, November). *Gender difference in exposure to betrayal trauma*. Paper presented at the 20th Annual Meeting of the International Society for Traumatic Stress Studies, New Orleans, LA.

Elliott, D.M., & Briere, J. (1992). Sexual abuse trauma among professional women: Validating the Trauma Symptom Checklist- 40 (TSC-40). *Child Abuse & Neglect, 16,* 391-398.

Paulhus, D. L. (1991). Measurement and control of response bias. In J. P. Robinson, P. R. Shaver, & L. S. Wrightsman (Eds.), *Measures of personality and social psychological attitudes* (pp. 17–59). San Diego, CA: Academic.