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EDITORIAL



## Government-mandated institutional betrayal

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This editorial opens the final issue of Volume 19 of the *Journal of Trauma & Dissociation* (JTD). As Smith & Freyd noted in 2014, the work of this journal is highly collaborative and involves many persons – manuscript authors, production staff, reviewers, and the Editorial Board – including the Editorial Assistant (Smidt) and the Editor (Freyd), working towards a shared goal of archiving and disseminating impactful empirical research, review articles, book and media reviews, and commentaries on trauma and dissociation (Smith & Freyd, 2014b). In this editorial, we report on the current state of JTD and also share our perspectives not only as researchers of institutional betrayal and institutional courage but also as agents of an institution charged with disseminating impactful research on trauma and dissociation.

### Government-mandated institutional betrayal

Institutional betrayal includes deliberate acts or acts of omission (e.g., negligence) perpetrated by institutions onto individuals that rely on these institutions for support, resources, protection, and in some cases survival. Research has explored institutional betrayal in the context of sexual assault on university campuses, the US and Canadian health-care system, and the United States Armed Forces (Monteith, Bahraini, Matarazzo, Soberay, & Smith, 2016; Smith, 2017; Smith & Freyd, 2013; Tamaian, Klest, & Mutschler, 2017). This research has emphasized acts of institutional betrayal that are ones largely of omission – failing to protect individuals dependent upon an institution (Smith & Freyd, 2014a). This sort of institutional betrayal can be understood as acts of omission, corresponding to the bottom half of types of institutional betrayal depicted in Figure 1.

As we write this editorial in July 2018, there have recently been a number of concerning steps taken by the US government, both at the federal and at the state levels, that we believe constitute government-mandated institutional betrayal corresponding to the top half of Figure 1 – that is, acts of commission rather than omission. One recent and quite well-known example of

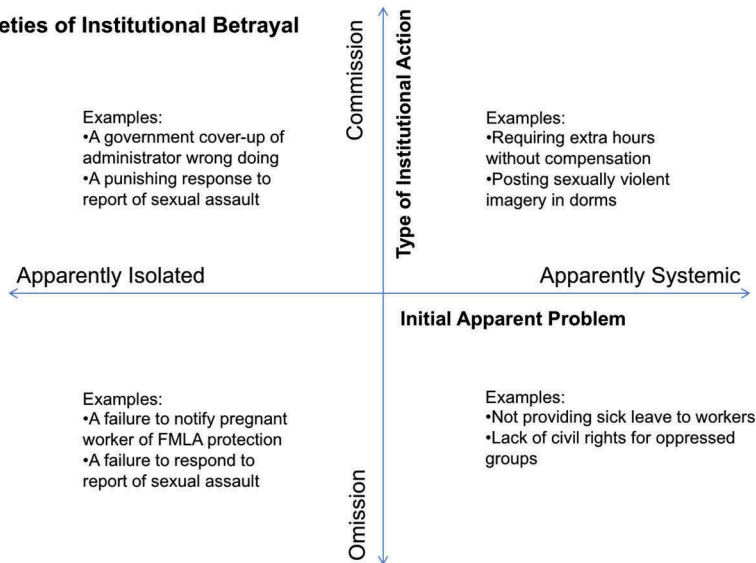
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Alec M. Smidt is currently serving as the Editorial Assistant and Jennifer J. Freyd is serving as the Editor, for the *Journal of Trauma & Dissociation*.

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### Varieties of Institutional Betrayal



**Figure 1.** Dimensions of institutional betrayal. Copyright Jennifer J. Freyd and Carly P. Smith, 2013. Reprinted with permission.

government-mandated institutional betrayal is the treatment of asylum seekers and migrants on the US southern border, with some of the most severe institutional betrayal starting in April 2018 with the implementation of the United States' "Zero Tolerance" policy (Hegarty, 2018). Thousands of migrant families from Central and South America come to seek refuge in the United States, fleeing violence and abuse of many sorts, including violence perpetrated by organized criminal enterprises and domestic/spousal abuse (Hayes, 2018; Sacchetti, 2018). As a result of the "Zero Tolerance" policy, parents were separated from their children upon arrival at the border, for significant periods of time (four months or longer) and by sometimes thousands of miles (e.g., parents detained near the US southwest border, while their child is transported to Chicago; (Alvarez, 2018; Jordan, 2018a, 2018b)). The separated children ranged in age from nearly 6 months to early adolescence, with some reports stating that infant children were forcefully removed from their parents' arms (Domonoske & Gonzales, 2018; Lavandera, Morris, & Simon, 2018). Once separated from their parents, these children were frequently required to appear alone in immigration courts, including children as young as three years of age – sometimes even younger (Fearnow, 2018; Jewett & Luthra, 2018; The Associated Press, 2018).

Setting aside the obvious absurdity of children, especially toddlers, representing themselves in a court of law, this series of events that began with their arrival at the US border is not without likely substantial consequence. Many clinicians and researchers have commented on the lasting negative effects of these separations, including for children who are still in infancy, when

separated from their parents and attachment figures, in addition to appearing alone in court. Dr Colleen Kraft, president of the American Academy of Pediatrics, labeled this situation as, “nothing less than government-sanctioned child abuse,” commenting further about “toxic stress” resulting from such traumatic experiences, a concept that many in our field have researched for decades (Shoichet, 2018; Shonkoff et al., 2011). Dr Judith Herman, renowned trauma psychiatrist and researcher & JTD Editorial Board member, recently wrote, “whether or not harm is intended, it is beyond dispute that separation from parents and caregivers is traumatic to children” (Herman, 2018).

Another example, this time at the state level, is a bill currently (as of July 2018) under consideration in the Ohio Legislature. House Bill 658 (Brinkman & Zeltwanger, 2018) would require “government entities,” which include teachers, school counselors, and any individual employed by the school district, among others, to disclose a child’s gender identity status in writing to the child’s parent or guardian. The bill goes further, requiring not only that “symptoms of gender dysphoria” be disclosed, but also that such “mandated reporters” would be compelled to disclose if a child “demonstrates a desire to be treated in a manner opposite the child’s biological sex” (Brinkman & Zeltwanger, 2018, p. 3). Additionally, this piece of legislation would prevent anyone from administering treatment for gender dysphoria without written parental consent. While such prohibition seems reasonable given that the child has not reached Ohio’s age of majority for medical decisions, the state of Ohio has already carved-out an exception for children “to receive mental health treatment (if at least 14 years old) for a limited number of sessions or outpatient services” (Glyptis, 2016). House Bill 658, then, would except children who are transgender, those who are gender-nonconforming, and those who are questioning their gender identity or expression. An important detail here is that the bill defines “treatment” quite broadly and includes “educational materials, classes, or programs” as examples of possible treatments (Brinkman & Zeltwanger, 2018, p. 2). Research suggests that while transgender children experience high levels of harassment and bullying in schools, school personnel (including teachers, school counselors, and nurses) often served to buffer against such harassment and provide accommodations and support to transgender students (McGuire, Anderson, Toomey, & Russell, 2010). Additionally, attending programs such as Gay Straight Alliances, which often include transgender and gender-nonconforming students, has been found to improve psychosocial outcomes, such as substance use and psychological distress (Heck, Flentje, & Cochran, 2011). This evidence, combined with findings that transgender children who are supported in their gender identity and expression do not have worse mental health status compared to cisgender children (Olson, Durwood, DeMeules, & McLaughlin, 2016), supports the idea that

legislators should focus on efforts to support transgender and gender-nonconforming children, especially in school contexts. House Bill 658 appears to be requiring that teachers, school counselors, and a variety of other school employees to police the gender identity and expression of their students. It is concerning that school counselors might be compelled to report a student for questioning their gender identity or that a teacher might be required to notify parents of a student's attendance at a Gay Straight Alliance meeting or other school-based support group, and some advocacy groups have also noted (Calfas, 2018; Icsman, 2018).

These two examples, while seemingly unlike, are in fact not all that dissimilar and are united as examples of institutional betrayal: each describe, in reference to [Figure 1](#), systemic, purposeful (i.e., commissions) betrayal. In each of these circumstances – asylum seekers and migrants seeking refuge in the United States and transgender and gender-nonconforming youth who seek support and accommodations in their schools – the individuals who depend upon these institutions for support, and even in some cases survival, are betrayed by those very same institutions. Asylum seekers and migrants depend on the United States and other nations for refuge and protection from threatened and actual violence. At the very least, such individuals depend and expect that they will go through a fair process that will not be worse than the violence they are fleeing. Transgender and gender-nonconforming youth depend on schools for support and safety during a period of identity exploration and formation, a period that at times can be quite difficult. At the very least, these youth often depend on privacy and space throughout the gender identity formation process, especially if their parents and guardians are not supportive or even hostile. In each of these situations, these individuals, particularly children and adolescents, are deprived of power: inherent in the betrayal is the absence of any agency to determine the circumstances of one's life.

What can be done in these situations? We believe that there are many ways to respond, but have here identified two responses that are relevant to the trauma researchers, clinicians, and advocates who read *JTD*. First, individuals with the expertise and experience should weigh-in on issues like the ones described above. As Dr Joan Cook, a newly appointed member to the *JTD* Editorial Board, wrote in the *Journal* earlier this year, we as trauma researchers and clinicians can effect substantive change in the world by “disseminat [ing] trauma-related behavioral and social science with the goal of educating, consciousness raising, empowering, and influencing public policy” (Cook, 2018, p. 131). Second, the antidote to institutional betrayal is institutional courage (Freyd, 2014, 2018). Institutional courage is the opposite of institutional betrayal – it is accountability, transparency, actively seeking justice, and making reparations where needed. In the same way that both individuals within institutions and institutions themselves can perpetrate institutional

betrayal, so too can both individuals within institutions and institutions themselves demonstrate institutional courage. A number of professional practice organizations and advocacy groups (institutions) have released statements outlining the negative effects of the two aforementioned examples, which is an encouraging sign. Individuals within the institutions perpetrating the betrayal can also demonstrate institutional courage – including internally questioning decision-making processes and outcomes, to acting as whistleblowers and reporting harm.

We recognize that not every member of an institution can demonstrate the same level of institutional courage, but we maintain that at every level of any institution exists an opportunity to demonstrate institutional courage. We call on our fellow trauma researchers, clinicians, and advocates to speak out on these issues and to demonstrate institutional courage – and to support one another in these endeavors.

### ***State of the journal***

The *Journal Impact Factor* is a product of Thomson ISI (Institute for Scientific Information). JTD's most recent official Impact Factor (IF), released in 2018, is 2.606. This reflects the number of citations in 2017 articles (in ISI-indexed journals) to JTD articles published in 2015 and 2016 divided by the total number of articles published in JTD in 2015 and 2016. Compared to our 2016 IF of 1.682, the IF has increased nearly one full point. This is an excellent news for us and indicates the work published in JTD is being read and cited more and more. This result, however, is not the standard by which JTD should be judged, as there are many limitations to bibliometric analyses (Freyd, 2009, 2011). The more important observation is that the Journal is thriving as judged by the submission rate and quality of published articles.

With the continued, generous support of Taylor & Francis, we were able to give a cash award for an especially exceptional publication in JTD for the seventh year in a row. Dr Bethany Brand once again chaired the Awards Committee. The Richard P. Kluft Award for the *Journal of Trauma & Dissociation* 2017 Best Article was for the article “Mentalization and dissociation in the context of trauma: Implications for child psychopathology,” authored by Karin Ensink, Michaël Bégin, Lina Normandin, Natacha Godbout, and Peter Fonagy. About the article (Ensink, Bégin, Normandin, Godbout, & Fonagy, 2017), the award committee commented:

This article focuses on a key process in the development of, and recovery from, trauma-related dissociative pathology - that is, mentalization. Mentalization has been under-studied in the trauma field, and its application is not well understood by many clinicians. As such, this study represents a conceptual and technical advance in an important area for the trauma field and has implications for the understanding and treatment of dissociative individuals.

In addition, the award committee acknowledged two 2017 papers for Honorable Mention. One was “Is high hypnotizability a necessary diathesis for pathological dissociation” by Paul Dell. For this selection (Dell, 2017), the award committee noted:

This paper is important because of it addresses hypnotizability in dissociative disorders, a topic that has been the center of discussion for decades. It is notable for its thorough literature review, the high quality of its conceptualizations, and the relevance of its conclusions. The author demonstrates convincingly that the low overall correlation between hypnotizability and dissociation in college students and many clinical samples is entirely consistent with the model that high innate hypnotizability, combined with severe, chronic trauma greatly increases the risk for complex dissociative disorders. He argues that the low overall correlations between hypnotizability and dissociation are consistent with, and validate, dissociative identity disorder.

Dell’s paper also received recognition from the Society for Clinical and Experimental Hypnosis. His paper received the Ernest R. & Josephine R. Hilgard Award for Best Theoretical Paper on Hypnosis.

The other Honorable Mention was “Conflicts between motivational systems related to attachment trauma: key to understanding the intra-family relationship between abused children and their abusers” by Giovanni Liotti. About this article (Liotti, 2017), the award committee observed:

This paper provides a comprehensive theoretical model that explains how abusive or neglectful parenting interacts with inherent motivational systems, which shows an integrative approach between more biological explanations with attachment and psychodynamic perspectives. As more treatment providers and researchers move towards integrative orientations, this is a timely model. It also provides a model that can be useful to conceptualizing familial relationships in abusive households, which could be used for treatment planning. This paper will have a strong impact on the field, given its utility to academics and treatment providers.

Dr Giovanni Liotti recently passed away in April of this year. He was a renowned researcher and clinician, both in Italy and in the larger field of dissociation and trauma. Drs Benedetto Farina, a JTD Editorial Board member, and Adriano Schimmenti penned an obituary for Dr Liotti in the May 2018 issue of *ISSTD News* (Farina & Schimmenti, 2018). In their obituary, Farina and Schimmenti wrote of Liotti:

Gianni was not only a learned and skillful clinician. He was always careful and generous with his patients, and attentive and loving with his pupils. For his pupils he represented not just an intellectual and professional guide, but also a great friend. He was also a model of openness, fairness and correctness toward those who did not agree with his theoretical and clinical considerations. His professional and personal figure stands upon us and upon the entire Italian culture of trauma, attachment and psychotherapy, representing both an ideal Ego and a concrete example to follow.

JTD's success would not be possible without the dedication of, and insightful reviews submitted by, our editorial board, associate editors, and ad-hoc reviewers. Thank you to the reviewers, editorial board, and associate editors of JTD – we truly could not do this without you. We are very pleased to welcome our new Editorial Board members for Volume 20 (to be published in 2019): Drs Joan Cook, Wendy D'Andrea, Wyatt Evans, Paul Frewen, Jennifer Gómez, Kathryn Holland, and Christina Gamache Martin. Six board members are rotating off and we thank them for their superior service: Drs Joyanna Silberg, Ingo Schäfer, Kathleen Kendall-Tackett, Chris Brewin, Philip Coons, and Annmarie Hulette. In addition, Dr M. Rose Barlow, after many years of excellent service, is stepping down from her role as Associate Editor, Book Reviews; Dr Barlow will remain on our Editorial Board. We are pleased to announce that long-time Editorial Board member, Dr Kathryn Quina, will assume the position of Associate Editor, Book and Media Reviews.

We are excited to read your submissions to JTD in the year ahead.

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