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High Betrayal Child Sexual Abuse and Hallucinations: A Test of an Indirect Effect of Dissociation

Jennifer M. Gómez and Jennifer J. Freyd

Department of Psychology, University of Oregon, Eugene, Oregon, USA

ABSTRACT

Though hallucinations traditionally have been conceptualized as a central feature of psychosis, some hallucinations may be dissociative, with dissociation potentially contributing to hallucinations. Childhood trauma has been linked with dissociation and hallucinations. Betrayal trauma theory distinguishes abusive experiences based on closeness to the perpetrator. In the current study, we examined the indirect effect of dissociation on the relationship between high betrayal child sexual abuse (perpetrated by a close other) and hallucinations. Participants (N = 192) from a northwestern university in the United States completed self-report measures online assessing history of high betrayal child sexual abuse and current dissociation and hallucinations. Bootstrapping analyses indicated a significant indirect effect of high betrayal child sexual abuse on hallucinations through dissociation, 95% Confidence Interval (.16, .66). Through betrayal trauma theory, this study provides a non-pathologizing framework for understanding how dissociation and hallucinations may develop as natural reactions to the harm inherent in child sexual abuse perpetrated by a close other. These findings have clinical implications for relational models of healing for trauma survivors who are distressed by dissociation and hallucinations.

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Though hallucinations traditionally have been conceptualized as a central feature of psychosis, some hallucinations may be fundamentally dissociative in nature (e.g., Moskowitz, 2011), with some work suggesting that dissociation may contribute to hallucinations (e.g., Anketell, Dorahy, & Curran, 2011). Childhood trauma has been linked with both dissociation (Ford & Gómez, 2015) and psychosis, including hallucinations (e.g., Evans, Reid, Preston, Palmier-Claus, & Sellwood, 2015; Read, Van Os, Morrison, & Ross, 2005); therefore, a theoretical approach that can provide a framework for the onset of dissociation and hallucinations—and the relationship between the two—is needed. Betrayal trauma theory (BTT; e.g., Freyd, 1997) distinguishes abusive experiences based on levels of trust and/or dependency on the perpetrator. BTT explains the development of dissociation as a means of retaining the needed, even if still abusive, relationship with the perpetrator. With the cost of dissociation potentially outweighing its

CONTACT Jennifer M. Gómez, MS jgomez@uoregon.edu University of Oregon, 1227 University of Oregon, Eugene, OR 97403.

benefits across the lifespan, dissociation may contribute to trauma-related, and potentially dissociative, hallucinations. Thus, in the current study, we examined if the relationship between high betrayal child sexual abuse (perpetrated by a trusted or depended upon other) and hallucinations could be explained through dissociation.

Dissociation and hallucinations

Dissociation can be defined as the "lack of integration of thoughts, feelings, and experiences into the stream of consciousness" (DePrince & Freyd, 1999; p. 449), whereas hallucinations are extrasensory experiences that can manifest tactilely (e.g., bodily sensations), visually (e.g., seeing things), or auditorily (e.g., hearing voices). Though the dominant paradigm dictates that hallucinations are a key feature of psychosis, some research suggests a link between dissociation and various types of hallucinations (Giesbrecht, Merckelbach, Kater, & Sluis, 2007; Goren, Phillips, Chapman, & Salo, 2012; Irwin, 2001; Moskowitz, Barker-Collo, & Ellson, 2005; Moskowitz & Corstens, 2007; Perona-Garcelán et al., 2008; Pope & Kwapil, 2000; Ross & Keyes, 2004; Startup, 1999; Varese, Udachina, Myin-Germeys, Oorschot, & Bentall, 2011). It further has been posited that some hallucinations may be dissociative in nature (Longden, Madill, & Waterman, 2012; Mauritz, Goossens, Draijer, & Van Achterberg, 2013; Moskowitz, 2011), with dissociation potentially contributing to the etiology of hallucinations (Anketell et al., 2011, 2010; Dorahy et al., 2009; Parra & Paul, 2010; Van Der Hart, Nijenhuis, & Steele, 2006). Though hallucinations are most often assessed in significantly clinically impaired populations, both dissociation (e.g., Karpel & Jarrem, 2015) and hallucinations (e.g., Gómez, Kaehler, & Freyd, 2014) may be present in nonclinical populations as well. Therefore, while the medical model makes a clear distinction between psychotic and dissociative symptomatology (Moskowitz, 2011), the literature suggests that dissociation and hallucinations may at times have similar etiologies in trauma (e.g., Read & Bentall, 2012).

Betrayal trauma

BTT (Freyd, 1994, 1996, 1997) is rooted in theories of attachment, with social connections through interpersonal relationships being paramount to individuals' physical and emotional needs. According to BTT (e.g., Freyd, 1997), abuse that occurs in the context of close relationships—known as high betrayal trauma—is particularly toxic to individuals, as these incidents are violations of the trust and dependency inherent in these relationships. While closeness in social relationships is present throughout the lifespan (Gómez, Smith, & Freyd, 2014), in relation to betrayal, childhood is a particularly vulnerable period due to children's psychological, emotional, and physical dependency.

High betrayal trauma has been linked with dissociation (DePrince et al., 2012; Freyd & DePrince, 2001; Goldsmith, Freyd, & DePrince, 2012; Gómez et al., 2014), which may be related to *betrayal blindness*. Betrayal blindness is unawareness of the abuse that may develop as a mechanism of protecting the needed relationship with the perpetrator (DePrince & Freyd, 2001; Middleton, Cromer, & Freyd, 2005). Whereas empowered individuals are likely to either confront the wrongdoer or withdraw from the relationship when betrayed, victims who trust and/or depend on the perpetrator for physical and/or emotional needs may become psychologically "blind" to the abuse to preserve the needed relationship with the perpetrator (e.g., Freyd, 1996). Therefore, trauma-related dissociation is a developmentally adaptive coping strategy that aids in preserving the needed relationship. High betrayal child sexual abuse by definition occurs at young ages in which dependency on the trusted or depended-on perpetrator(s) is likely high. Thus, given the link between dissociation and hallucinations, it is not surprising that high betrayal child sexual abuse has been linked with hallucinations as well (Gómez et al., 2014).

Purpose of the study

Some work suggests links between dissociation and hallucinations (e.g., Moskowitz, 2011). Furthermore, research has indicated the harm of high betrayal trauma, including child sexual abuse (e.g., DePrince et al., 2012; Gómez et al., 2014), along with demonstrating links between trauma and dissociation (e.g., DePrince et al., 2012) and hallucinations (e.g., Gómez et al., 2014; Read et al., 2005).

Therefore, the purpose of the current study was to use betrayal trauma theory (e.g., Freyd, 1996) as the basis for testing a new model of trauma, dissociation, and hallucinations in a relatively high functioning, young adult sample. Specifically, we hypothesized that: (a) we would replicate findings that show that trauma, specifically high betrayal child sexual abuse, is linked with current dissociation and hallucinations (e.g., Gómez, Kaehler, Freyd, 2014), and (b) there would be an indirect effect of high betrayal child sexual abuse on hallucinations through dissociation.

Method

Participants and procedure

Participants were students from the Human Subjects Pool (HSP; $N = 1266$) at a large, public university in the northwest United States. In the HSP, students either choose to participate in research approved by the university institutional review board, complete an alternate assignment, or a combination of the two to receive class credit. In the HSP, the average age was 19.81 years (SD = 2.61 years). The majority of the pool was female (65%) and Caucasian

(71%), followed by Asian (13%), Other (10%), African American (3%), Native Hawaiian or other Pacific Islander (2%), and American Indian/ Alaska Native (1%), with less than one percent declining to answer. From this pool, 202 students chose to participate in the 60-minute online study at a location of their own choosing with no knowledge of the content at the time of signing up for the study. This allows for greater generalizability of the findings, as participants did not self-select into the study based on interest in the subject matter. Participants could decline to answer any question and withdraw from the study at any time without penalty. Ten participants' responses were excluded from analyses due to missing data, resulting in a final sample size of $N = 192$.

Measures

These data are part of a larger data collection that assesses a range of traumas and potential outcomes, therefore only some of the measures are reported here.

High betrayal child sexual abuse

The Sexual Experiences Survey (Koss & Oros, 1982), which assesses sexual victimization and aggression, was modified into a 7-item questionnaire by the authors of the current study to assess high betrayal child sexual abuse retrospectively with a Likert Scale of 1 = *never* to 5 = *almost always*. A sample item is: "Before the age of 13, you have had sexual intercourse with a trusted or depended-on other because they used some degree of physical force (twisting your arm, holding you down, etc.)." The Brief Betrayal Trauma Survey–Modified (Goldberg & Freyd, 2006) is 1-item that assesses high betrayal child sexual abuse retrospectively. Likert Scale: *1* = never to *5* = almost always. The item is: "Before the age of 13, you were made to have some form of sexual contact, such as touching or penetration, by someone with whom you were very close." For the analyses, we used a dichotomous variable (1 = any abuse reported, 0 = none reported). Given that these measures assess different types of sexually abusive experiences in childhood (e.g., molestation, rape), a score of internal consistency would not be appropriate. However, previous research has demonstrated that each measure has good test retest reliability (Goldberg & Freyd, 2006; Koss & Gidycz, 1985).

Dissociation

The Curious Experiences Survey (Goldberg, 1999), a 31-item questionnaire, assesses dissociative experiences with a Likert Scale of 1 = *never* to 5 = *almost always*. A sample item is: "Found that I could not remember whether I had done something or had just thought about doing that thing." We used a

continuous variable of the mean score for analyses. In our sample, internal consistency was excellent, α = .94.

Hallucinations

The Composite International Diagnostic Interview: "Beliefs and Experiences Module" (World Health Organization, 1990), a 3-item module, assesses tactile, visual, and auditory hallucinations with a Likert Scale of 1 = *never* to 5 = *almost always*. A sample item is: "Have you ever seen things, objects or persons which other people can't see?" The items designed to assess hallucinations (Ohayon, 2000) included 6 items that were created for the cited study to assess hallucinations with a Likert Scale of 1 = *never* to 5 = *almost always*. A sample item is: "Have you ever had the experience of hearing things other people could not hear, such as noises or a voice?" We used a continuous variable of the mean score for analyses. In our sample, there was very good internal consistency across hallucination items, α = .88.

Results

In the current study, we hypothesized that high betrayal child sexual abuse would predict dissociation and hallucinations. We further examined if the association between high betrayal child sexual abuse and hallucinations would be explained indirectly through dissociation.

All measures used Likert scales 1–5. Though the average scores of high betrayal child sexual abuse (*M* = 1.07, *SD* = .33, *Range* = 1.00–3.71), hallucinations (*M* = 1.19, *SD* = .38, *Range* = 1.00–3.78), and dissociation (*M* = 1.36, *SD* = .38, *Range* = 1.00–3.10) were relatively low, sizable proportions of the sample endorsed these experiences and psychological phenomena (high betrayal child sexual abuse: 10%, hallucinations: 41%, and dissociation: 89%). We employed bootstrapping analyses (Preacher & Hayes, 2008) to test for an indirect effect of high betrayal child sexual abuse on hallucinations through dissociation. With 1,000 bootstrap resamples and a 95% confidence interval, we found that there was a significant indirect effect of high betrayal child sexual abuse on hallucinations through dissociation (Figure 1).

Discussion

Two frameworks laid the foundation for the current study. The first was the burgeoning literature that links dissociation and hallucinations (e.g., Parra & Paul, 2010), with dissociation proposed as a potential contributor to the etiology of hallucinations (e.g., Dorahy et al., 2009). The second was BTT (Freyd, 1997), which identifies the high betrayal in trauma perpetrated by a close other as a toxic facet of abuse that contributes to negative outcomes, including dissociation and hallucinations (Gómez et al., 2014). We examined high betrayal child sexual abuse

specifically because of the violation of sexual abuse on children who, by definition, are in positions of increased need and dependency. Thus, in the current study, we hypothesized that we would replicate findings that high betrayal child sexual abuse would predict dissociation and hallucinations. We further hypothesized that the relationship between high betrayal child sexual abuse and hallucinations would be explained through the indirect effect of dissociation.

The data supported both hypotheses, while in addition indicating that dissociation and hallucinations are relatively common in a high-functioning, nonclinical sample. The current study adds to the literature by replicating prior research that links high betrayal trauma with dissociation (e.g., DePrince et al., 2012) and hallucinations (e.g., Gómez et al., 2014), thus providing further evidence that betrayal in abuse is an important predictor of outcomes (e.g., DePrince et al., 2012; Gómez et al., 2014). In addition, our finding that high betrayal child sexual abuse predicts hallucinations bolsters the literature showing that environmental factors, such as trauma, may contribute to the etiology of hallucinations (e.g., Read & Bentall, 2012). Finally, the current study provides support for the link between dissociation and hallucinations (e.g., Dorahy et al., 2009), with the data theoretically indicating that trauma-related hallucinations may be explained through dissociation.

Implications

In the dominant paradigm, dissociation and hallucinations are found on opposite sides of the nature versus nurture spectrum, with dissociation being conceptualized as largely a result of the environment and hallucinations being understood as psychotic, indicative of a brain disorder

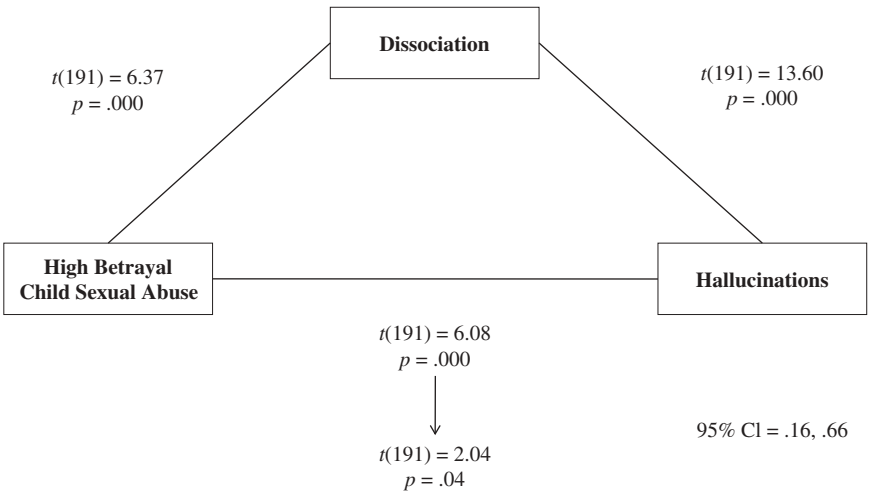

Figure 1. An Indirect Effect of High Betrayal Child Sexual Abuse and Hallucinations Through Dissociation.

(Moskowitz, 2011). Evidence for the potential overlap between dissociation and hallucinations and the influence of trauma, such as high betrayal child sexual abuse, on both dissociation and hallucinations has implications for nosology, proposed etiology, and empirical inquiry. Moreover, betrayal trauma theory (e.g., Freyd, 1994) provides a nonpathologizing framework for understanding how dissociation and hallucinations may develop as natural reactions to the harm and betrayal inherent in child sexual abuse perpetrated by a close other.

Given that the current study suggests that the link between high betrayal child sexual abuse and hallucinations can be explained through dissociation in a nonclinical sample, a trauma-informed framework for understanding hallucinations could alter therapeutic options for outpatient care. Hallucinations that are conceptualized as psychotic are typically treated with drug therapy (e.g., Pate, Attard, Jacobsen, & Shergill, 2010; Pinto et al., 2010) and deep transcranial magnetic stimulation (TMS) and repetitive TMS (Montagne-Larmurier, Etard, Razafimandimby, Morelio, & Dolifus, 2009; Rosenberg, Roth, Kotler, Zangen, & Dannon, 2011; Vercammen et al., 2009). However, if hallucinations were understood as being linked with trauma or were potentially dissociative in nature (Moskowitz, 2011), treatment may more closely mirror that typically offered for trauma and dissociation. With modifications based on the results of the current study, such psychotherapeutic treatment could include themes identified by Hirakata (2009): (a) *tools and techniques*, which utilizes multisensory interventions combined with knowledge of dissociation, dissociative hallucinations, and trauma's link with dissociation and hallucinations, (b) a *nonpathologizing approach*, which normalizes dissociation and hallucinations by placing it within the context of betrayal trauma victimization, and (c) the *therapeutic relationship*, which provides a break in the maladaptive pattern of distrust within interpersonal relationships that stemmed from high betrayal trauma.

Relational cultural therapy (Miller, 1976; Walker, 2011), which utilizes the therapeutic relationship as a mechanism for connection, growth, and healing, may be particularly beneficial for victims of high betrayal trauma (Gómez, Lewis, Noll, Smidt, & Birrell, 2016). An important component of the harm of high betrayal trauma is the relational breach of trust and dependence. Therefore, there likely is much to be gained through developing strong therapeutic relationships that are grounded in mutual empathy and empowerment, with a mind on repairing disconnections between therapist and client (Birrell & Freyd, 2006; Gómez et al., 2016).

Limitations and future directions

Future research should improve on the current study's limitations. Although multiple previous studies have adapted measures for trauma (e.g., Gómez, 2016; Gómez, Becker-Blease, & Freyd, 2015; Gómez et al., 2014; Gómez, Rosenthal,

Smith, & Freyd, 2015), our results should be interpreted with understanding that the psychometric properties (e.g., reliability, validity, cross-validity) of these adapted measures have not been established. Future work should determine these measures' validity in assessing different aspects of abusive experiences (e.g., relationship with the perpetrator). In addition, future studies should examine whether the indirect effect of dissociation on the relationship between high betrayal child sexual abuse and hallucinations occurs in ethnically and functionally diverse populations, particularly given that levels of dissociation may vary in impact (Karpel & Jerram, 2015) and across ethnic groups (Douglass, 2009). While there are theoretical reasons for proposing that dissociation contributes to hallucinations and not the reverse, future studies should longitudinally explore the onset and temporal precedence of dissociation and hallucinations for victims of high betrayal child sexual abuse. Future studies should also examine the effects of other experiences on dissociation and hallucinations, including revictimization, disclosure, institutional betrayal (Smith & Freyd, 2014) and support, and cultural betrayal (Gómez, 2015a, 2015b, 2016).

Conclusion

In the current study, we explored trauma-related dissociative and hallucinogenic phenomena in a relatively high functioning sample of college students. In doing so, we found evidence to support similar patterns of trauma sequelae that have been documented in more clinically severe populations (e.g., Read, van Os, Morrision, & Ross, 2005). Furthermore, young adulthood is a critical time for mental health (Hunt & Eisenberg, 2010), with first onset of many mental health problems occurring by age 24 (Kessler et al., 2005). With betrayal trauma theory as its guide (e.g., Freyd, 1994), survivors and their allies (e.g., therapists, advocates, policymakers, instructors, and others) can conceptualize the etiology of dissociation and hallucinations as a natural—albeit potentially costly—response to high betrayal child sexual abuse. In this way, both dissociation and hallucinations are neither diseases nor signs of weakness but rather protective reactions that, when the costs exceed the benefits, can be incorporated into nonpathologizing trauma healing.

Notes on contributor

Jennifer M. Gómez, MS, Ford Fellow, is the co-editor of the special issue of *Journal of Trauma and Dissociation—Self-Injury and Suicidality: The Impact of Trauma & Dissociation* (2015) and a doctoral candidate in clinical psychology at University of Oregon in Eugene, Oregon.

Jennifer J. Freyd, PhD, is the editor of *Journal of Trauma and Dissociation* and professor of psychology at University of Oregon in Eugene, Oregon.

Disclosure of interest

Authors declare that they have no conflicts of interest to report.

Ethical standards and informed consent

All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2000. Informed consent was obtained from all patients for being included in the study.

References

Anketell, C., Dorahy, M. J., & Curran, D. (2011). A preliminary qualitative investigation of voice hearing and its association with dissociation in chronic PTSD. *Journal of Trauma & Dissociation*, *12*, 88–101. doi:10.1080/15299732.2010.514844

Anketell, C., Dorahy, M. J., Shannon, M., Elder, R., Hamilton, G., Corry, M., … O'Rawe, B. (2010). An exploratory analysis of voice hearing in chronic PTSD: Potential associated mechanisms. *Journal of Trauma & Dissociation*, *11*, 93–107. doi:10.1080/15299730903143600

Birrell, P. J., & Freyd, J. J. (2006). Betrayal trauma: Relational models of harm and healing. *Journal of Trauma Practice*, *5*(1), 49–63. doi:10.1300/J189v05n01_04

DePrince, A. P., Brown, L. S., Cheit, R. E., Freyd, J. J., Gold, S. N., Pezdek, K., & Quinta, K. (2012). Motivated forgetting and misremember: Perspectives from betrayal trauma theory. In R. F. Belli (Ed.), *True and false recovered memories: Toward a reconciliation of the debate. Nebraska symposium on motivation* (pp. 193-242). New York, NY: Springer Science + Business Media.

DePrince, A. P., & Freyd, J. J. (1999). Dissociative tendencies, attention, and memory. *Psychological Science*, *10*, 449–452. doi:10.1111/1467-9280.00185

DePrince, A. P., & Freyd, J. J. (2001). Memory and dissociative tendencies: The roles of attentional context and word meaning in a directed forgetting task. *Journal of Trauma & Dissociation*, *2*(2), 67–82. doi:10.1300/J229v02n02_06

Dorahy, M. J., Shannon, C., Seagar, L., Corr, M., Stewart, K., Hanna, D., … Middleton, W. (2009). Auditory hallucinations in dissociative identity disorder and schizophrenia with and without a childhood trauma history: Similarities and differences. *Journal of Nervous and Mental Disease*, *197*(12), 892–898. doi:10.1097/NMD.0b013e3181c299ea

Douglas, A. N. (2009). Racial and ethnic differences in dissociation: An examination of the dissociative experiences scale in a nonclinical population. *Journal of Trauma & Dissociation*, *10*(1), 24–37. doi:10.1080/15299730802488452

Evans, G. J., Reid, G., Preston, P., Palmier-Claus, J., & Sellwood, W. (2015). Trauma and psychosis: The mediating role of self-concept clarity and dissociation. *Psychiatry Research*, *228*, 626–632. Advanced online publication. doi:10.1016/j.psychres.2015.04.053

Ford, J. D., & Gómez, J. M. (2015). The relationship of psychological trauma, and dissociative and posttraumatic stress disorders to non-suicidal self-injury and suicidality: A review. *Journal of Trauma & Dissociation*, *6*(3), 232–271. doi:10.1080/15299732.2015.989563

Freyd, J. J. (1994). Betrayal trauma: Traumatic amnesia as an adaptive response to childhood abuse. *Ethics & Behavior*, *4*(4), 307–329. doi:10.1207/s15327019eb0404_1

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

Freyd, J. J. (1997). Violations of power, adaptive blindness, and betrayal trauma theory. *Feminism Psychology*, *7*(1), 22–32. doi:10.1177/0959353597071004

Freyd, J. J., & DePrince, A. P. (2001). Perspectives on memory for trauma and cognitive processes associated with dissociative tendencies. *Journal of Aggression, Maltreatment, & Trauma*, *4*(2), 137–163. doi:10.1300/J146v04n02_07

Giesbrecht, T., Merckelbach, H., Kater, M., & Sluis, A. F. (2007). Why dissociation and schizotypy overlap: The joint influence of fantasy proneness, cognitive failures, and childhood trauma. *Journal of Nervous and Mental Disease*, *195*, 812–818. doi:10.1097/NMD.0b013e3181568137

Goldberg, L. R. (1999). The curious experiences survey, a revised version of the dissociative experiences scale: Factor structure, reliability, and relations to demographic and personality variables. *Psychological Assessment*, *11*(2), 134–145. doi:10.1037/1040-3590.11.2.134

Goldberg, L. R., & Freyd, J. J. (2006). Self-reports of potentially traumatic experiences in an adult community sample: Gender differences and test-retest stabilities of the items in a brief betrayal-trauma survey. *Journal of Trauma & Dissociation*, *7*(3), 39–63. doi:10.1300/J229v07n03_04

Goldsmith, R., Freyd, J. J., & DePrince, A. P. (2012). Betrayal trauma: Associations with psychological and physical symptoms in young adults. *Journal of Interpersonal Violence*, *27*, 547–567.

Gómez, J. (2015b). Rape, Black men, and the degraded Black woman: Feminist psychologists' role in addressing within-group sexual violence. *The Feminist Psychologist: Newsletter for the Society of the Psychology of Women (American Psychological Association Division 35)*, *42*(2), 12–13.

Gómez, J. M. (2015a). Conceptualizing trauma: In pursuit of culturally relevant research. *Trauma Psychology Newsletter (American Psychological Association Division 56)*, *10*(1), 40–44.

Gómez, J. M. (2016, May 11). Cultural betrayal trauma theory (dissertation). Retrieved from http://dynamic.uoregon.edu/jjf/theses/gomez16.pdf

Gómez, J. M., Becker-Blease, K., & Freyd, J. J. (2015). A brief report on predicting self-harm: Is it gender or abuse that matters? *Journal of Aggression, Maltreatment, & Trauma*, *24*, 203–214. doi:10.1080/10926771.2015.1002651

Gómez, J. M., Kaehler, L. A., & Freyd, J. J. (2014). Are hallucinations related to betrayal trauma exposure? A three-study exploration. *Psychological Trauma: Theory, Research, Practice, & Policy*, *6*, 675–682. doi:10.1037/a0037084

Gómez, J. M., Lewis, J. K., Noll, L. K., Smidt, A. M., & Birrell, P. J. (2016). Shifting the focus: Nonpathologizing approaches to healing from betrayal trauma through an emphasis on relational care. *Journal of Trauma & Dissociation [Special Section]*, *17*(165–185). doi:10.1080/15299732.2016.1103104

Gómez, J. M., Rosenthal, M. N., Smith, C. P., & Freyd, J. J. (2015). Participant reactions to questions about gender-based sexual violence: Implications for campus climate surveys. *Ejournal of Public Affairs: Special Issue on Higher Education's Role on Preventing and Responding to Gender-Based Violence*, *4*, 39–71. doi:10.21768/ejopa.v4i2.75

Gómez, J. M., Smith, C. P., & Freyd, J. J. (2014). Zwischenmenschlicher und institutioneller verrat [Interpersonal and institutional betrayal]. In R. Vogt (Ed.), *Verleumdung und Verrat: Dissoziative Störungen bei schwer traumatisierten Menschen als Folge von Vertrauensbrüchen* (pp. 82–90). Roland, Germany: Asanger Verlag.

Goren, J., Phillips, L., Chapman, M., & Salo, B. (2012). Dissociative and psychotic experiences of adolescents admitted to a psychiatric inpatient unit. *Journal of Trauma & Dissociation*, *13*, 554–567. doi:10.1080/15299732.2012.694840

Hirakata, P. (2009). Narratives of dissociation: Insights into the treatment of dissociation in individuals who were sexually abused as children. *Journal of Trauma & Dissociation*, *10*, 297–314. doi:10.1080/15229730902956804

Hunt, J., & Eisenberg, D. (2010). Mental health problems and help-seeking behavior among college students. *Journal of Adolescent Health*, *46*(1), 3–10. doi:10.1016/j.jadohealth.2009.08.008

Irwin, H. J. (2001). The relationship between dissociative tendencies and schizotypy:An artifact of childhood trauma? *Journal of Clinical Psychology*, *57*, 331–342. doi:10.1002/(ISSN)1097-4679

Karpel, M. G., & Jerram, M. W. (2015). Levels of dissociation and nonsuicidal self-injury: A quartile risk model. *Journal of Trauma & Dissociation*, *16*, 303–321. doi:10.1080/15299732.2015.989645

Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. *Archives of General Psychiatry*, *62*(6), 593–602. doi:10.1001/archpsyc.62.6.593

Koss, M. P., & Gidycz, C. A. (1985). Sexual experiences survey: Reliability and validity. *Journal of Consulting and Clinical Psychology*, *53*(3), 422. doi:10.1037/0022-006X.53.3.422

Koss, M. P., & Oros, C. J. (1982). Sexual experiences survey: A research instrument investigating sexual aggression and victimization. *Journal of Consulting & Clinical Psychology*, *50* (3), 455–457. doi:10.1037/0022-006X.50.3.455

Longden, E., Madill, A., & Waterman, M. G. (2012). Dissociation, trauma, and the role of lived experience: Toward a new conceptualization of voice hearing. *Psychological Bulletin*, *138*(1), 28–76. doi:10.1037/a0025995

Mauritz, M. W., Goossens, P. J., Draijer, N., & Van Achterberg, T. (2013). Prevalence of interpersonal trauma exposure and trauma-related disorders in severe mental illness. *European Journal of Psychotraumatology*, *4*, 1–15. doi:10.3402/ejpt.v4i0.19985

Middleton, W., Cromer, L., & Freyd, J. J. (2005). Remembering the past: Anticipating a future. *Australasian Psychiatry*, *13*(3), 223–233. doi:10.1111/j.1440-1665.2005.02192.x

Miller, J. B. (1976). *Toward a new psychology of women*. Boston, MA: Beacon Press.

Montagne-Larmurier, A., Etard, O., Razafimandimby, A., Morelio, R., & Dolifus, S. (2009). Two-day treatment of auditory hallucinations by high frequency rTMS guided by cerebral imaging: A 6 month follow-up pilot study. *Schizophrenia Research*, *113*(1), 77–83. doi:10.1016/j.schres.2009.05.006

Moskowitz, A. (2011). Schizophrenia, trauma, dissociation, and scientific revolutions. *Journal of Trauma &Dissociation*, *12*(4), 347–357. doi:10.1080/15299732.2011.573770

Moskowitz, A., & Corstens, D. (2007). Auditory hallucinations: Psychotic symptom or dissociative experience? *Journal of Psychological Trauma*, *6*(2/3), 35–63. doi:10.1300/J513v06n02_04

Moskowitz, A. K., Barker-Collo, S., & Ellson, L. (2005). Replication of dissociation-psychosis link in New Zealand students and inmates. *Journal of Nervous & Mental Disease*, *193*, 722–727. doi:10.1097/01.nmd.0000185895.47704.62

Ohayon, M. M. (2000). Prevalence of hallucinations and their pathological associations in the general population. *Psychiatry Research*, *97*, 153–164. doi:10.1016/S0165-1781(00)00227-4

Parra, A., & Paul, L. E. (2010). Extrasensory experience and hallucinatory experience: Comparison between two non-clinical samples linked with psychological measures. *Journal of Society for Psychical Research*, *74*(3), 145–155.

Pate, S. S., Attard, A., Jacobsen, P. & Shergill, (2010). Acetylcholinesterase Inhibitors (AChEI's) for the treatment of visual hallucinations in schizophrenia: A review of the literature. *BMC Psychiatry*, *10*(1), 69.

Perona-Garcelán, S., Cuevas-Yust, C., García-Montes, J., Pérez-Álvarez, M., Ductor-Recuerda, M. J., Salas-Azcona, R., … Rodríguez-Martín, B. (2008). Relationship between self-focused attention and dissociation in patients with and without auditory hallucinations. *Journal of Nervous and Mental Disease*, *196*, 190–197. doi:10.1097/NMD.0b013e318165c7c1

Pinto, R., Ashworth, M., Seed, P., Rowlands, G., Schofield, P., & Jones, R. (2010). Differences in the primary care management of patients with psychosis from two ethnic groups: A population-based cross-sectional study. *Family Practice*, *27*(4), 439–446. doi:10.1093/fampra/cmq014

Pope, C. A., & Kwapil, T. R. (2000). Dissociative experiences in hypothetically psychosis-prone college students. *Journal of Nervous and Mental Disease*, *188*, 530–536. doi:10.1097/00005053-200008000-00009

Preacher, K. J., & Hayes, A. F. (2008). Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior Research Methods*, *40*(3), 879–891. doi:10.3758/BRM.40.3.879

Read, J., & Bentall, R. P. (2012). Negative childhood experiences and mental health: Theoretical, clinical and primary prevention implications. *The British Journal of Psychiatry*, *200*, 89–91. doi:10.1192/bjp.bp.111.096727

Read, J., Van Os, J., Morrison, A. P., & Ross, C. A. (2005). Childhood trauma, psychosis and schizophrenia: A literature review with theoretical and clinical implications. *Acta Psychiatrica Scandinavica*, *112*, 330–350. doi:10.1111/acp.2005.112.issue-5

Rosenberg, O., Roth, Y., Kotler, M., Zangen, A., & Dannon, P. (2011). Deep transcranial magnetic stimulation for the treatment of auditory hallucinations: A preliminary open-label study. *Annals of General Psychiatry*, *10*(3), 3. doi:10.1186/1744-859X-10-3

Ross, C. A., & Keyes, B. (2004). Dissociation and schizophrenia. *Journal of Trauma & Dissociation*, *5*, 69–83. doi:10.1300/J229v05n03_05

Smith, C. P., & Freyd, J. J. (2014). Institutional betrayal. *American Psychologist*, *69*(6), 575–587. doi:10.1037/a0037564

Startup, M. (1999). Schizotypy, dissociative experiences and childhood abuse: Relationships among self-report measures. *British Journal of Clinical Psychology*, *38*, 333–344. doi:10.1348/014466599162908

Van Der Hart, O., Nijenhuis, E., & Steele, K. (2006). *The haunted self: Structural dissociation and the treatment of chronic traumatization*. New York, NY: Norton.

Varese, F., Udachina, A., Myin-Germeys, I., Oorschot, M., & Bentall, R. P. (2011). The relationship between dissociation and auditory verbal hallucinations in the flow of daily life of patients with psychosis. *Psychosis: Psychological, Social, and Integrative Approaches*, *3*(1), 14–28. doi:10.1080/17522439.2010.548564

Vercammen, A., Knegtering, H., Bruggeman, R., Westenbroek, H. M., Jenner, J. A., Slooff, C. J., … Aleman, A. (2009). Effects of bilateral repetitive transcranial magnetic stimulation on treatment resistant auditory–verbal hallucinations in schizophrenia: A randomized controlled trial. *Schizophrenia Research*, *114*(1–3), 172–179. doi:10.1016/j.schres.2009.07.013

Walker, M. (2011). What's a feminist therapist to do? Engaging the relational paradox in a post-feminist culture. *Women & Therapy*, *34*, 38–58. doi:10.1080/02703149.2011.532689

World Health Organization. (1990). *Composite International Diagnostic Interview (CIDI, Version 1). 'Beliefs and Experiences Module'*. Geneva, Switzerland: World Health.