

Silenced by Betrayal: The Path from Childhood Trauma to Diminished Sexual Communication in Adulthood

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ABSTRACT

Betrayal traumas (Freyd, 1996), abuses that violate trust or dependency, predict numerous negative outcomes, including dissociation and revictimization (DePrince & Freyd, 2007; Gobin & Freyd, 2009; Goldsmith, Freyd, & DePrince, 2012). No previous empirical research examines the relation between betrayal and sexual health, including dissociation during sex. This article addresses this gap with 2 studies, which provide support for a multiple mediation model where high betrayal in childhood predicts worsened sexual communication in adulthood through trait dissociation and sexual dissociation in serial. In both studies, the direct path between betrayal and sexual communication was nonsignificant; only when accounting for trait dissociation overall and sexual dissociation in particular does childhood betrayal predict diminished communication with sex partners in adulthood.

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Previous research suggests that trauma in childhood, such as sexual or physical abuse, predicts negative psychological outcomes, including dissociation (Boysan, Goldsmith, Çavuş, Kayri, & Keskin, 2009; Chu & Dill, 1990). Additional research indicates that abuse perpetrated by close or trusted others predicts more dissociation and other posttraumatic symptoms in comparison to abuse perpetrated by strangers or acquaintances (DePrince & Freyd, 2007; Freyd, Klest, & Allard, 2005; Goldsmith, Freyd, & DePrince, 2012). This study explores how experiences of childhood abuse by close or trusted others affect sexual communication with partners in adulthood and evaluates the extent to which this effect is mediated by dissociation in general and dissociation during sex in particular.

Attachment theory and related research attests to the importance of relationships early in life (e.g., those with caregivers) and how initial relationships, like those with a parent, set the stage for future patterns of intimacy and connection (Bowlby, 1969). As such, when children experience violations by those they trust and depend on, havoc is wreaked on their emotional, physical, psychological, and interpersonal functioning. Betrayal trauma theory (Freyd, 1996) seeks to explain the mechanism behind the cascade of negative outcomes evident after

violation by a close or trusted other. Betrayal trauma theory posits that trauma high in betrayal, such as abuse by a caregiver or assault by a partner, intensifies the inherent interpersonal violation of many traumatic experiences by shattering a victim's trust in his or her closest relationships. Betrayal aggravates posttraumatic symptoms, impairs cognitive functioning, and negatively affects physical health beyond the impact of traumas perpetrated by less close others (DePrince & Freyd, 1999; Freyd et al., 2005; Goldsmith et al., 2012). Furthermore, betrayal by someone on whom the victim depends for survival, such as a caregiver, can elicit unawareness of, or blindness to, the trauma (Freyd, DePrince, & Zurbriggen, 2001). When abuse occurs in this context of dependence, victims might remain partially or fully unaware of the betrayal to protect the relationship. This unawareness is temporarily adaptive, allowing the victim to maintain a needed relationship and ensure his or her own survival (Freyd, 1996). However, in the long term, betrayal blindness leaves victims vulnerable to revictimization, poor physical health, and psychological distress (Gobin & Freyd, 2009; Goldsmith et al., 2012; Zurbriggen, Gobin, & Freyd, 2010).

Betrayal traumas also have emotional consequences. When a child is abused by a caretaker, suppresses the pain, and is unaware of that trauma to preserve the needed relationship and survive, the child's capacity to speak of his or her suffering is fundamentally damaged. In essence, betrayal traumas have a silencing effect—to stay safe, the victim cannot know, and thus cannot speak, about the betrayal perpetrated on him or her. This stifling is evident on the emotional level; Goldsmith et al. (2012) found that high betrayal traumas predict alexithymia (trouble labeling and expressing emotions and emotional experiences). Chronically suppressing one's needs and emotions instigates emotional disconnection.

Although research on adults reveals that abuse perpetrated by close others generally predicts worse posttraumatic outcomes in comparison to abuse perpetrated by less close others, research on abused children has at times suggested the opposite. For example, Kiser et al. (2014) found that children who had been abused by their caregiver reported significantly fewer symptoms (externalizing behaviors, internalizing behaviors, posttraumatic stress disorder symptoms, depression, and dissociation) in comparison to children who had been abused by noncaregivers. Similarly, other research suggests children who have been abused by a relative do not experience worse symptoms (i.e., externalizing behaviors, somatic complaints, anxiety and depression, etc.) than children who have been abused by a nonrelative (Maikovich-Fong & Jaffee, 2010). This discrepancy is intriguing and warrants further research. It should be noted, however, that both Kiser et al. (2014) and Maikovich-Fong and Jaffee (2010) used samples where all abuse was either suspected or confirmed, which constitutes a different population than one where abuse might or might not

have ever been detected (please see Freyd, 2003, for a thorough description of the inherent differences between samples where abuse is confirmed and other more heterogeneous samples). Given that this study focuses on the impact of childhood trauma on experiences and functioning in adulthood, research with adult participants is more applicable (i.e., Gobin & Freyd, 2014; Goldsmith et al., 2012; Martin, Cromer, DePrince, & Freyd, 2013; Zurbriggen et al., 2010); such studies typically find that closeness predicts worse trauma symptoms rather than the reverse. The inconsistency in previous research warrants future exploration but is beyond the scope of this study.

Substantial evidence suggests that individuals with a history of betrayal trauma are generally more dissociative than individuals without a history of such trauma (DePrince & Freyd, 2007; Freyd et al., 2005; Goldsmith et al., 2012). Although trauma-related dissociation is typically conceptualized as a domain-consistent trait (e.g., DePrince & Freyd, 1999, 2001), dissociative behavior in certain domains might be uniquely dangerous for dissociative individuals. For example, dissociating during sexual activity could increase the risk of revictimization for trauma survivors; the inability to remain present during sexual experiences might constitute a barrier to consent. To our knowledge, only two previous studies examine state dissociation specifically during sex. Bird and colleagues (2013) found that for women with no childhood trauma history, depersonalization (e.g., feeling disconnected from one's body) during sex predicts lowered sexual functioning. For women with and without childhood trauma, derealization (e.g., feeling that the world around one is strange, foggy, or unreal) during sex predicts heightened sexual functioning (Bird et al., 2013). Additionally, Hansen, Brown, Tsatkin, Zelgowski, and Nightingale (2012) examined dissociation during sexual behavior among 57 adults with HIV who were sexually abused in childhood and found that child sexual abuse predicts sexual dissociation in adulthood. Although these two previous studies offer important insights, Hansen et al.'s (2012) small and unique sample (all adults with HIV) is limited in terms of generalizability and lacks a comparison sample (i.e., all participants were sexually abused in childhood and have HIV), so contrasts across experience were not possible. Similarly, the Bird et al. (2013) study focused on sexual arousal as the primary outcome and thus cannot speak to interpersonal consequences of dissociation during sex. As such, no other research exists connecting dissociation during sexual activity to interpersonal consequences, such as communication with sex partners about shared sexual experiences. Although Zurbriggen and Freyd (2004) previously theorized that betrayal trauma would predict maladaptive patterns of sexual activity, this study is the first to address the specific risks of sexual dissociation for betrayal trauma survivors.

Furthermore, previous research suggests that clear communication with sexual partners is an important predictor of sexual and relationship satisfaction (Coffelt & Hess, 2014; Montesi, Fauber, Gordon, & Heimberg, 2011; Rehman, Rellini, & Fallis, 2011). However, experiences in early life can pose a barrier to communicating sexual needs and desires. For example, individuals with avoidant attachment styles have been found to demonstrate poorer sexual communication with partners (Khoury & Findlay, 2014). Although childhood trauma has been shown to predict negative outcomes related to sex, such as revictimization (Gobin & Freyd, 2009) and sexual functioning issues (Stephenson, Hughan, & Meston, 2012), to our knowledge no research has specifically examined the impact of trauma in childhood on subsequent adult sexual communication.

Given the gaps in previous literature, we embarked on two studies with the primary goal of exploring the relationship between childhood betrayal trauma and sexual communication with partners in adulthood. We hypothesized that high betrayal in childhood would be associated with (a) heightened dissociation in general, (b) heightened dissociation during sex, and (c) poorer communication with sexual partners. Additionally, we hypothesized that the relationship between betrayal in childhood and poorer sexual communication in adulthood would be mediated by dissociation during sex.

Both studies

Participants

Participants in each of the two studies discussed here were recruited from a large, public university in the northwestern United States. Participants were recruited from the Human Subjects Pool (HSP), which is comprised of students enrolled in introductory psychology and linguistics courses. Participants were unaware of the research topic prior to participation and thus were not able to self-select into this study based on the research topic. As compensation, participants received credit toward a class research requirement and were able to withdraw from the study at any time and without penalty.

Study 1

Method

Participants

A total of 428 students participated in Study 1. Of these, 280 (65.4%) were female. Two hundred and forty of these reported current or previous romantic or sexual activity, and analyses were limited to these 240 participants. Of this sample, 72.5% identified as White and 95.4% as heterosexual. The

majority of participants (75%) were in their first or second year of college, with an average age of 19.33 ($SD = 1.99$).

Procedure

Participants completed all questionnaires on personal computers at their convenience. After completing an online informed consent, participants responded to a variety of questionnaires submitted by many different researchers in the Psychology Department; participants used SONA research management software to complete each measure. Questionnaire order was randomized for each participant, and participants were able to withdraw from the study at any time.

Measures

Participants responded to a variety of measures in Study 1. Only those measures relevant to this particular report are described here.

The Trauma Symptom Checklist (TSC-40; Elliot & Briere, 1992) is a questionnaire that assesses common forms of posttraumatic distress. Participants respond to each item using a 4-point Likert scale with responses ranging from TSC response options range from 0 (never) to 4 (often). The TSC-40 includes a 6-item dissociation subscale that assesses common elements of dissociation (i.e., feeling that you are not always in your body, memory problems). The items on the dissociation subscale were summed to create a trait dissociation score for each participant; summed scores theoretically ranged from 0 (responding *never* to all dissociation items) to 18 (responding *very often* to all dissociation items). Consistent with other investigations using the TSC-40 dissociation subscale (Smith & Freyd, 2013), the dissociation subscale in Study 1 demonstrated adequate internal consistency ($\alpha = .71$). The dissociation subscale mean was 3.06 ($SD = 2.66$).

The Brief Betrayal Trauma Survey (BBTS-14; Goldberg & Freyd, 2006) is a 14-item questionnaire that assesses traumatic experiences that range from low to high in terms of betrayal both before and after the age of 18. Consistent with Freyd's (1994) betrayal trauma theory, betrayal is defined by the level of closeness in the relationship between the respondent and the perpetrator of the trauma. Experiences low in betrayal include noninterpersonal events such as natural disasters or car accidents. Medium betrayal traumas are interpersonal events perpetrated by an individual without a close or dependent relationship with the victim. High betrayal traumas occur within a very close, trusting, or dependent relationship, such as abuse perpetrated by a caregiver or partner. Participants respond to each statement using a 3-point Likert scale to indicate how often they had this experience before age 18 and at age 18 and older. The Likert scale anchor points include: never experienced = 0, 1 or 2 times = 1, more than 2 times = 2. For each participant, we summed the endorsed number of high betrayal

traumas experienced at least once before age 18 to create a childhood high betrayal subscale comprised of the three high betrayal traumas: being deliberately attacked by someone very close, being made to have sexual contact with someone very close, and being emotionally or psychologically mistreated by someone very close. Scores on this subscale ranged from 0 to 3 ($M = .57$, $SD = .82$). Further details on this method of scoring the BBTS are available in Freyd et al. (2005).

The Sexual Communication Scale (SCS) assesses comfort with expressing sexual needs and desires via five items with Likert-type responses (ranging from Strongly agree = 5 to Strongly Disagree = 1) and was developed for use in this research (see Appendix). An example item is “I find it hard to tell my sexual partner(s) that I want to slow down.” The SCS had good internal consistency ($\alpha = .81$). The five items were recoded such that high scores reflected good communication and were averaged to create a single sexual communication variable. Scores on the SCS ranged from 1 to 5 ($M = 3.75$, $SD = .88$).

The Sexual Dissociation Scale (SDS) was adapted from the Curious Experiences Scale (Goldberg, 1999), which was itself based on the Dissociative Experiences Scale (Bernstein & Putnam, 1986), for use in this research. The SDS is a 7-item scale designed to assess dissociative tendencies specifically during sexual activity. An example item is “During sexual activity, I sometimes feel as though my body does not belong to me.” The item “When I wake up in the morning, I always remember whether or not I engaged in sexual activity with someone the night before” lowered the Cronbach’s alpha for the SDS and was removed. The remaining six items (see Appendix) had good internal consistency ($\alpha = .85$). Scores on the SDS ranged theoretically from 1 to 5 ($M = 1.63$, $SD = .69$).

Data analysis

Analyses were completed using SPSS software; the PROCESS macro, a third-party software package created for SPSS, was used to evaluate the multiple mediator models (Hayes, 2013). We evaluated a serial multiple mediator model with two mediators through ordinary least squares path analysis using bootstrapping resampling procedures; this method results in a confidence interval (CI) free of assumptions about the nature of the sampling distribution and has demonstrated superior performance compared to the Sobel procedure (Hayes, 2013). The significance of the effects is interpreted by examining whether the coefficients derived are contained within the CI based on the bootstrapped samples. For Study 1, we used 10,000 bootstrapped samples to determine a 95% CI to interpret our effects. We obtained a correlation matrix for all variables of interest (see Table 1).

Table 1. Correlations Among Variables of Interest (Study 1).

Variable	1	2	3	4
1. High betrayal before 18				
2. TSC dissociation subscale	.26***			
3. Sexual dissociation	.11	.39***		
4. Sexual communication	-.11	-.26***	-.44***	

Note: TSC = Trauma Symptom Checklist.
 *** $p < .001$.

Results

High betrayal traumas were relatively common among participants, with 39.6% reporting at least one high betrayal during childhood. We evaluated the same serial multiple mediator model as in Study 1 (see Figure 1). High betrayal trauma in childhood significantly predicted trait dissociation ($a_1 = .832$, CI [.431, 1.232]). Trait dissociation did not significantly predict sexual communication with partners ($b_1 = -.033$, CI [-.075, .008]), and high betrayal before age 18 did not significantly predict dissociation during sex ($a_2 = .012$, CI [-.091, .115]), but dissociation during sex did negatively predict sexual communication ($b_2 = -.496$, CI [-.654, -.338]). High betrayal in childhood did not indirectly affect sexual communication through trait dissociation ($a_1b_1 = -.028$, CI [-.0703, .002]) or through dissociation during sex ($a_2b_2 = -.006$, CI [-.062, .047]). In terms of total effects, high betrayal before age 18 significantly and negatively predicted sexual communication with partners through both trait dissociation and dissociation during sex in serial ($a_1d_2b_2 = -.042$, CI [-.071, -.023]). The direct effect of high betrayal before age 18 on sexual communication was nonsignificant ($c_1 = -.044$, $p = .493$).

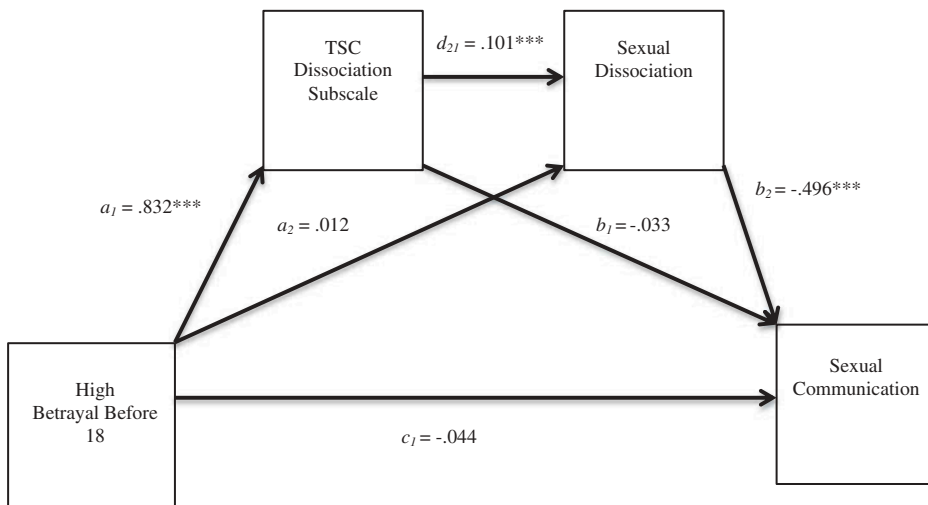


Figure 1. The indirect effect of high betrayal in childhood on sexual communication through trait dissociation and sexual dissociation (Study 1). TSC = Trauma Symptom Checklist. *** $p < .001$.

Discussion

The multiple mediation model identified in this study is consistent with our hypothesis that betrayal trauma would relate to heightened dissociation during sex and poorer communication with sexual partners. Moreover, this model not only identifies a relationship between betrayal trauma and sexual communication but also begins to explain that relationship. Consistent with previous research (Goldsmith et al., 2012), betrayal trauma is a strong predictor of trait dissociation in general as measured by the TSC-40 dissociation subscale. In turn, trait dissociation relates to domain-specific dissociation during sex; participants with heightened trait dissociation also exhibited elevated reports of sexual dissociation. Through these two mediators, betrayal trauma does indeed predict less comfort communicating with sexual partners. Notably, the direct path between betrayal and communication was nonsignificant—only when considering the mediating effects of trauma and sexual dissociation does betrayal point to poorer communication with sex partners.

Study 2

Method

Participants

A total of 194 students participated in this study. Participants who responded “No” to the question “In your honest opinion, should we use your data in our analyses of the questionnaires?” were excluded from analyses (per recommendations of Meade & Craig, 2012), leaving a sample of 173. Of these, 144 (83.0%) were female; analyses in this study are limited to these 144 female participants. Of the final sample, 68.8% identified as White. The majority of participants (75.0%) were in their first or second year of college at the time of their participation, with an average age of 19.32 ($SD = 2.01$). Information about sexual identity and relationship status was not available for this sample.

Procedure

Participants signed up for an online appointment time using the SONA research management system. After consenting, participants completed all questionnaires on their personal computers using Qualtrics online survey software.

Measures

Participants responded to a variety of measures, including the SDS, the SCS, and the BBTS as used in Study 1. The version of the BBTS used differed slightly from Study 1; participants were first asked whether each event had occurred to them before age 12, and then whether each event had occurred

between the ages of 12 and 17. Again, three possible high betrayal traumas were assessed: being deliberately attacked by someone very close, being made to have sexual contact with someone very close, and being emotionally or psychologically mistreated by someone very close. Traumas endorsed before age 12 or between ages 12 and 17 were counted to create a high betrayal variable, with scores ranging from 0 to 6 ($M = .77$, $SD = 1.26$). Internal consistency was again good for the SCS ($\alpha = .74$); scores again ranged from 1 to 5 ($M = 3.85$, $SD = .78$). The same item (“When I wake up in the morning, I always remember whether or not I engaged in sexual activity with someone the night before”) once again lowered the overall alpha for the SDS and was thus removed, leaving the final 6-item scale with good internal consistency ($\alpha = .88$). Scores on the SDS again ranged from 1 to 5 ($M = 1.66$, $SD = .78$). One additional measure used in Study 2 is described next.

The Wessex Dissociation Scale (WDS; Kennedy et al., 2004) is a 40-item questionnaire to assess dissociation. Participants were asked to evaluate the extent to which each item aligned with experiences in their daily lives. An example item from the WDS is “I hear voices when no one has actually said anything.” Participants indicated the frequency with which they experienced each item using a 6-point Likert scale with the following responses: never = 0, rarely = 1, sometimes = 2, often = 3, very often = 4, and all the time = 5. Responses to the WDS items were summed to create a trait dissociation variable, with responses ranging theoretically from 0 to 200 ($M = 24.57$, $SD = 22.59$). The WDS had excellent reliability with this sample ($\alpha = .95$).

Data analysis

Analyses for Study 2 were conducted using SPSS and the PROCESS macro as described in Study 1. Mediation modeling and bootstrapping procedures used in Study 2 were the same as those used in Study 1. A correlation matrix of the variables of interest was obtained (see Table 2).

Results

Thirty-five percent of participants reported at least one high betrayal trauma during childhood. We tested a serial mediation model with two

Table 2. Correlations Among Variables of Interest (Study 2).

Measure	1	2	3	4
1. Sexual communication	—			
2. High betrayal before 18	-.18*	—		
3. Sexual dissociation	-.56***	.27**	—	
4. Wessex dissociation	-.28**	.50***	.40***	—

* $p < .05$. ** $p < .01$. *** $p < .001$.

mediators examining the indirect effect of high betrayal trauma before the age of 18 on sexual communication through trait dissociation (as measured by the WDS) and sexual dissociation (see Figure 2). High betrayal was a significant predictor of dissociation ($a_1 = 8.759$, CI [6.103, 11.414]), and dissociation did not significantly predict sexual communication ($b_1 = -.001$, CI = [.006, .005]). Trait dissociation scores significantly and positively predicted dissociation during sexual activity ($d_2 = .013$, CI [.006, .019]). High betrayal did not significantly predict dissociation during sex ($a_2 = .054$, CI = [-.061, .170]), but dissociation during sexual activity did significantly predict sexual communication ($b_2 = -.557$, CI [-.707, -.406]). High betrayal did not indirectly affect sexual communication through dissociation in general ($a_1b_1 = -.099$, CI [-.065, .037]) or through dissociation during sex ($a_2b_2 = -.030$, CI [-.110, .030]). However, high betrayal did indirectly predict sexual communication through both dissociation in general and dissociation during sex in serial ($a_1d_2b_2 = -.063$, CI [-.140, -.018]). The direct effect of high betrayal trauma before the age of 18 on sexual communication was not significant ($c_1 = -.026$, $p = .607$).

Discussion

The results of this study provide support for our hypothesis that high betrayal trauma before the age of 18 is associated with increased dissociation during sex and poorer sexual communication with partners. Moreover, Study 2 not only replicates the findings of Study 1, but also strengthens them through the use of an additional and more robust measure of dissociation.

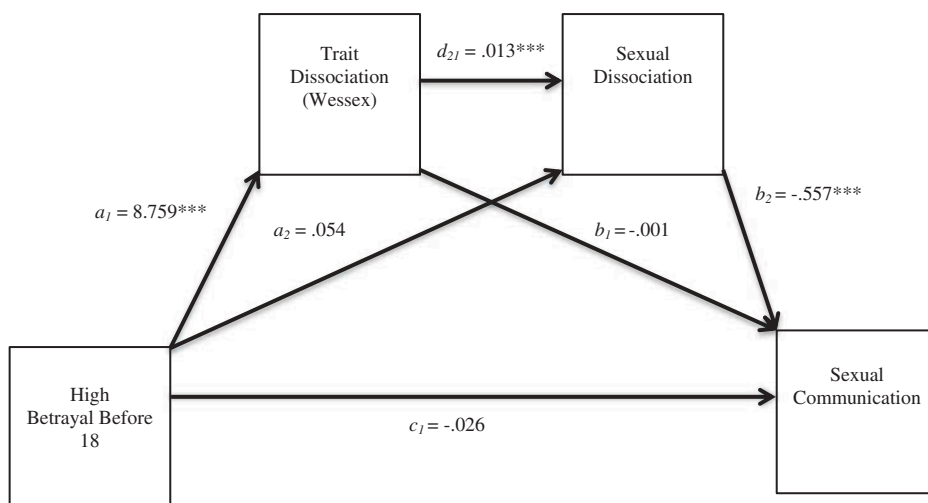


Figure 2. The indirect effect of high betrayal in childhood on sexual communication through dissociation and sexual dissociation (Study 2). $***p < .001$.

Our model suggests that high betrayal in childhood consistently catalyzes a path to trait dissociation, which results in a specific series of dissociative behaviors during sexual activity, finally affecting an individual's ability to express his or her needs, wants, and desires with sexual partners. Notably, trait dissociation scores did not directly relate to sexual communication; trait dissociation alone fails to capture the adverse impact of sexual dissociation on communication with partners.

General discussion

This two-study investigation explored the relationship between childhood betrayal trauma and sexual communication in adulthood. We hypothesized that high betrayal trauma in childhood would exacerbate dissociation during sexual activity and weaken communication with sex partners. This hypothesis was supported in both studies (see Table 3). We found an indirect relationship between childhood betrayal trauma and sexual communication such that participants with more high betrayal in childhood exhibited heightened trait dissociation and more dissociation during sex specifically; through these two mediators, participants were ultimately less adept at communicating with their sexual partners. Moreover, this finding was consistent across two replications and through the use of two distinct measures of dissociation (the TSC-40 dissociation subscale and the WDS). Importantly, the direct paths between trait dissociation and sexual communication were not significant in either study. This further underscores the idea that dissociation during sexual activity is a unique type of dissociative behavior that correlates with, but is also distinct from, the construct of trait, or more global, dissociation and dissociative behaviors.

These studies have several distinct limitations. First, the overall homogeneity of the sample is a clear limitation to the generalizability of these findings; participants were mostly White, all seeking a college degree, and about 19 years of age on average. Because all reports of childhood trauma were retrospective, some degree of inaccuracy is likely; in particular, betrayal blindness after traumas perpetrated by close others might have diminished our prevalence estimates in this sample. Moreover, this research is by nature cross-sectional, and as such we cannot determine causal relationships between

Table 3. Means and Standard Deviations for Both Studies.

		Sexual communication		Sexual dissociation	
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Study 1	High betrayal (<i>n</i> = 99)	3.70	.92	1.71	.65
	No high betrayal (<i>n</i> = 181)	3.67	.83	1.75	.83
Study 2	High betrayal (<i>n</i> = 91)	3.71	.83	1.84	.86
	No high betrayal (<i>n</i> = 50)	3.92	.74	1.55	.72

variables. One could argue that rather than sexual dissociation predicting sexual communication, the relationship is reversed and poor sexual communication promotes disconnection or dissociation. Although technically possible, this seems unlikely given previous research and theory. However, future longitudinal research can and should explore the directionality among these relationships.

These studies also have several strengths. First, the replication of the multiple mediation model across two samples constitutes a significant strength, particularly given the use of two different measures of dissociation. Moreover, the effects self-selection were minimized for both samples, as participants were not aware of the research topic before completing the consent process, thus adding to the generalizability of these results. Although the homogeneity of the sample is in some ways a limitation, college student samples also offer particularly rich information about sexual experiences. Sexual relationships increase in frequency as students enter college, putting survivors of childhood trauma at heightened risk for additional sexual trauma (Testa, Hoffman, & Livingston, 2010). By studying this particular age group, we have the opportunity to capture posttraumatic outcomes at an important developmental stage. Future research should include diverse populations, such as older subjects and historically marginalized groups (i.e., lesbian, gay, bisexual, and transgender populations; people of color). Moreover, future studies should examine the trajectory of sexual dissociation and sexual communication as survivors of trauma age to identify patterns in posttraumatic outcomes across the life span.

Although a negative relationship between betrayal trauma and sexual communication has been hypothesized in previous research (Zurbriggen & Freyd, 2004), this study offers the first empirical evidence of such a relationship. Betrayal trauma in childhood appears to initiate a trajectory wherein survivors' trauma symptoms inhibit their capacity to communicate clearly with sexual partners. The path from trauma to dissociation during sexual activity to poor sexual communication is currently unexplained. It is possible that betrayal blindness necessitates chronic dissociation, leaving victims out of touch with their bodies and minds and preventing them from both knowing and expressing what they want and do not want sexually. Future studies should examine whether individuals with a history of betrayal trauma are truly unaware of what they want from sexual partners or whether they are aware of but unable to communicate their needs. This research has important clinical implications for trauma survivors seeking treatment for difficulties staying present and engaging during sexual activity. Therapists can explore and address the effects of habitual disconnection during sexual activity that might hamper their clients' capacity to engage in healthy, satisfying sexual relationships.

Although dissociation in general and dissociation specifically during sexual activity are theoretically and statistically related, dissociation's negative impact on sexual communication appears to be domain specific. Dissociating

while grocery shopping or driving does not deteriorate sexual communication, yet dissociating during sexual activity does indeed impair communication with partners. This result is particularly interesting given that research on trauma tends to measure dissociation through the use of broad trait scales rather than examining dissociation within specific domains of functioning. Future research should assess for dissociation in a variety of domains, including sexual activity. In conclusion, these studies suggest that trauma survivors, already coping with posttraumatic stress, also face barriers to enjoying safe and good sex with their partners. Revealing and addressing dissociative patterns during sexual activity might allow survivors access to enhanced pleasure, connection, and safety.

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Appendix

Sexual Communication Scale

- I feel uncomfortable telling my sexual partner(s) when I want them to do something differently.
- I find it hard to tell my sexual partner(s) that I want to slow down.
- I have had sex that is uncomfortable or painful and not known how to ask my sexual partner(s) to stop or slow down.
- If something doesn’t feel good during sexual activity, I say so.
- I ask my sexual partner(s) for what I want sexually.

Sexual Dissociation Scale

- During sexual activity, I have felt as though my body was numb.
- During sexual activity, I have felt as though I was watching myself from outside my body.
- During sexual activity, I sometimes feel as though my body does not belong to me.
- Sometimes when I am sexual with someone, I realize I do not remember what has happened during all or part of our sexual activity.
- During sexual activity, I have felt physical pain and been able to ignore it.
- During sexual activity, I have felt as though I was looking at the world through a fog so that my sexual partner(s) seemed far away or unclear.