Gender Differences in Exposure to Betrayal Trauma

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Betrayal Trauma Theory

- Betrayal Trauma Theory had its origins in attempting to understand memory for trauma.
- Many people experience trauma.
- Many of those trauma survivors forget the trauma or parts of the trauma for some time.
- Why? How?

Many people experience trauma

- E.g. Trauma rates (Elliott, 1997):
  - Mail questionnaire (demographics, trauma history, trauma memory questions).
  - 505 (70%) completed the survey.
- Results:
  - 72% reported some form of major trauma
  - 40% experienced major motor vehicle accident or natural disaster
  - 43% witnessed violence
  - 50% victims of interpersonal violence
  - 23% childhood sexual abuse

Many People Forget...
Elliott (1997) continued

- Delayed recall reported by 32% of those who reported some form of trauma.
- Most likely to report continuous memories for:
  - adult sexual assault without penetration (94%)
  - major motor vehicle accidents (92%)
  - natural disasters (89%)
- Complete memory loss most common for:
  - victims of child sexual abuse (20%)
  - witnesses of combat injury (16%)
  - victims of adult rape (13%)
  - witnesses of domestic violence as a child (13%)

Why forget or remain unaware?

- Any class of trauma can be forgotten; why is unawareness and memory impairment more associated with some traumas than others?
- Even within a category of trauma (e.g. child sexual abuse) some traumas are forgotten (and not others): why?
- Betrayal Trauma Theory: Theorized motivation for unawareness of betrayal traumas
  - Should successfully predict when traumas most likely to be forgotten
The core of the motivation hypothesis: 
Betrayal blindness as survival mechanism

- Humans have exquisite sensitivity to betrayal (S)
- Humans, particularly children, are profoundly dependent on others, thus attachment system (D)
- Conflict between sensitivity to betrayal and needs of attachment can lead to betrayal blindness (BB)
- Under some circumstances S + D = BB

Human sensitivity to betrayal (S)

- Ability to evaluate trustworthiness highly important to social species
- Cosmides proposed humans have evolved "cheater detectors"
- Evidence from reasoning tasks (e.g., Wason Selection task) showing people much better at reasoning when task involves detecting violation of social contract.
- Empowered individuals are likely to be exquisitely aware of betrayal
- Typical response to betrayal is withdrawal or confrontation

Dependence in Humans (D)

- Social animals depend on others
- Human children are extremely dependent
- Attachment system protects dependent person/child
- Baby has "job" (love and be lovable)

Betrayal Blindness (S+D = BB)

- What does a child do when caregiver betrays?
- A child abused by a caregiver would risk further mistreatment if awareness caused withdrawal or conflict
- Betrayal blindness occurs when awareness would threaten necessary (or apparently necessary) relationships
- Thus unawareness and forgetting are sometimes an adaptive response to betrayal

Thus, Betrayal Trauma Theory Suggests Two Primary Dimensions of Trauma

Two distinct dimensions of traumas:
- Life threatening (physically terrorizing and fear inducing)
- Social betrayal ("Betrayal Trauma")

Betrayal Trauma theory: dimensions of trauma may lead to different symptoms

BT suggests different dimensions of traumas lead to different reactions:
- Life-threat – primary for hyper-arousal, anxiety, and intrusive cognitions?
- Social-betrayal – primary for symptoms of unawareness and forgetting (avoidance & dissociation)?
Testing the memory prediction

BT theory predicts that forgetting and unawareness will be greater for betrayal traumas than non-betrayal traumas.

Motivation to not remember: a specific prediction

- Specific prediction: childhood abuse perpetrated by a caregiver will lead to more memory impairment than will abuse perpetrated by a non-caregiver.

Preliminary results from the BTI (Freyd, DePrince, & Zurbriggen, 2001)

- College student population of 202 participants.
- Abuse perpetrated by a caregiver is related to less persistent memories of abuse.
- Caretaker status significant for sexual and physical abuse.
- Follow-up regression analyses: age and duration of abuse did not account for findings.
- Additional research required for further disentangling of many co-varying factors.

Forgetting - betrayal relationship found in at least seven data sets

- Freyd (1996) reanalysis:
- Williams (1994, 1995)
- Cameron (1993)
- Feldman-Summers and Pope (1994)
- Sheiman (1999)
- Freyd, DePrince and Zurbriggen (2001)
- Stoler (2001)
- Schultz, Passmore, and Yoder (2003)

Also dissociation related to exposure to betrayal trauma

- Chu and Dill (1990)
  - Childhood abuse by family members was significantly related to increased DES scores in psychiatric inpatients, but abuse by nonfamily members was not.
  - Significant correlations between symptoms of pathological dissociation and intrafamilial (but not extrafamilial) trauma in a sample of delinquent juveniles.

Beyond forgetting: Are health and distress also related to betrayal trauma?

- Overall trauma & abuse are associated with negative physical and mental health consequences
  - What about traumas high in betrayal?
  - 185 college students
  - 99 community members with health/pain problems, wave 1 of a longitudinal writing intervention study
- Assessment of physical (PILL) and mental health (TSC) symptoms
- Trauma assessed using the BBTS
Brief Betrayal Trauma Survey (BBTS - Goldberg & Freyd, 2004)

- 12 items of potentially traumatic events
- Answer each item for before 18 and after 18
- Response choices: never, 1 or 2 times, more than that
- Items include natural disasters, accidents, and interpersonal traumas perpetrated by a close other, and those perpetrated by someone not so close

BBTS example items

- Low Betrayal: Been in a major earthquake, fire, flood, hurricane, or tornado that resulted in significant loss of personal property, serious injury to yourself or a significant other, the death of a significant other, or the fear of your own death.
- Medium Betrayal: You were deliberately attacked so severely as to result in marks, bruises, blood, broken bones, or broken teeth by someone with whom you were not close.
- High Betrayal: You were made to have some form of sexual contact, such as touching or penetration, by someone with whom you were very close (such as a parent or lover).

BBTS on the web

- The complete BBTS (including parent report version) is on the web at:
  - [http://dynamic.uoregon.edu/~jjf/bbts/](http://dynamic.uoregon.edu/~jjf/bbts/)

BBTS, Preliminary Results, n=185 college students, Goldsmith, Freyd, & DePrince (2004)

<table>
<thead>
<tr>
<th></th>
<th>Exposure to Trauma with Less Betrayal</th>
<th>Exposure to Trauma with More Betrayal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Corr</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days Sick</td>
<td>.02</td>
<td>.24**</td>
</tr>
<tr>
<td>Number of physician visits</td>
<td>.02</td>
<td>.26**</td>
</tr>
<tr>
<td>Anxiety</td>
<td>.07</td>
<td>.38**</td>
</tr>
<tr>
<td>Depression</td>
<td>.16*</td>
<td>.35**</td>
</tr>
<tr>
<td>Dissociation</td>
<td>.18*</td>
<td>.39**</td>
</tr>
</tbody>
</table>

- More betrayal is a significant predictor of both anxiety and depression
- When we add less betrayal into the model (using multiple regression), R-square statistics change very little, and these changes are not significant.

BBTS, Preliminary results from Freyd, Klest, Allard (2004), 99 individuals from the community with chronic illness and/or pain

<table>
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<th>Exposure to Traumas with less betrayal</th>
<th>Exposure to Traumas with more betrayal</th>
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<tr>
<td>Pearson Correlations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression (TSC)</td>
<td>.31**</td>
<td>.45**</td>
</tr>
<tr>
<td>Anxiety (TSC)</td>
<td>.39**</td>
<td>.49**</td>
</tr>
<tr>
<td>Dissociation (TSC)</td>
<td>.40**</td>
<td>.46**</td>
</tr>
<tr>
<td>Physical Illness Symptoms</td>
<td>.31**</td>
<td>.37**</td>
</tr>
</tbody>
</table>
Multiple Regression Results -- Depression predicted by MB and LB (Freyd, Klest, Allard, 2004)

Adding LB does not significantly improve model
• MB accounts for 20% of variance
• Results for Anxiety are similar (24% of variance)

High Betrayal Correlated with Mental Health & Physical Symptoms (Freyd, Klest, & Allard 2004)

What about gender and trauma?
• Depression, anxiety, and dissociation associated with exposure to betrayal trauma
• Other research suggests women have higher rates of these sorts of mental health problems
• This raises the question:
  Is gender predictive of exposure to betrayal trauma?

Lots of gender differences for reporting different types of traumas (BBTS, Goldberg & Freyd, 2004)

Women experience more sexual abuse in both childhood and adulthood
But for physical abuse the rates are much closer, with boys the more common victims in childhood, women in adulthood.

And for traumatic accidents, males experience more, particularly as adults.

What about Gender & Betrayal?
- Combining across traumas, men and women have similar overall rates of trauma.
- But gender differences emerge for different types of event categories.
- Can we get more insight into this gender difference by considering exposure to betrayal trauma versus terrorizing traumas?

Goldberg & Freyd’s observed gender differences categorized by degree of betrayal.

Goldberg & Freyd gender effects continued

High versus low betrayals in graphical form (Goldberg & Freyd, 2004).
What about physical abuse?

- Remember...for physical abuse the gender effects were not so big...
- But what happens if we look at closeness of perpetrator?

Gender and exposure to physical abuse: Close versus not-close attack

Are men and women interpreting “close” and “not close” differently?

- Could the gender effects reflect different categorization systems?
- Perhaps women categorize individuals as close that men would categorize as not close?
- Follow-up study on same sample collected more detailed perpetrator information.
- If participant indicated event happened, a question on the next page asked for perpetrator gender and perpetrator category.
- Would the gender effect be diminished using relationship categories instead of “close” versus “not close”?

Perpetrator Categories (including those particularly likely to be close other)

- Parent or guardian
- Other family member
- Husband, wife, or romantic partner
- Babysitter or nanny
- Teacher, doctor, coach, religious counselor, or other professional
- Friend or acquaintance
- Stranger

Follow-up Data Collection: Gender & Closeness of Perpetrator (Goldberg & Freyd, 2004)

<table>
<thead>
<tr>
<th>Perpetrator Category</th>
<th>Number of Women Participants Reporting Attack</th>
<th>Number of Men Participants Reporting Attack</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 7 (attacked by close other)</td>
<td>99</td>
<td>44</td>
</tr>
<tr>
<td>Item 8 (attacked by not close other)</td>
<td>26</td>
<td>60</td>
</tr>
<tr>
<td>Either 7 or 8 but Relationship likely close</td>
<td>107</td>
<td>41</td>
</tr>
<tr>
<td>Either 7 or 8 but Relationship likely not close</td>
<td>18</td>
<td>63</td>
</tr>
</tbody>
</table>
FYI: About 85% of attack perpetrators are reported to be male (Goldberg & Freyd, 2004)

<table>
<thead>
<tr>
<th>Item 7 (attacked by close other)</th>
<th>Women Ss: report male perp</th>
<th>Women Ss: report female perp</th>
<th>Men Ss: report male perp</th>
<th>Men Ss: report female perp</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>11</td>
<td>36</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Item 8 (attacked by non-close other)</td>
<td>20</td>
<td>6</td>
<td>58</td>
<td>2</td>
</tr>
</tbody>
</table>

In Conclusion: Gender Differences Considered

- The majority of women experience a betrayal trauma
- The majority of men experience a trauma with low betrayal
- Exposure to betrayal is associated with symptoms...
- Future research question: Are gender differences in mental health based in part on differences in betrayal trauma exposure?

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