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## When Home Is Where the Harm Is: Family Betrayal and Posttraumatic Outcomes in Young Adulthood

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### ABSTRACT

Research on institutional betrayal has found that institutional wrongdoing that fails to prevent or respond supportively to victims of abuse adds to the burden of trauma. In this two-study investigation with young adult university students, we demonstrated parallels between institutional betrayal and ways that families can fail to prevent or respond supportively to child abuse perpetrated by a trusted other, a phenomenon we call *family betrayal* (FB). In Study 1, psychometric analysis of a new FB questionnaire provided evidence of its internal consistency, unidimensionality, and convergent and discriminant validity. The majority (approximately 72%) of young adults abused in childhood reported a history of FB, with an average of 4.26 FB events ( $SD = 4.45$ , range 0–14). Consistent with betrayal trauma theory, Study 2 revealed that FB was 4x more likely to occur in relation to childhood abuse by someone very close to the victim (vs. non-interpersonal victimization), with a particularly strong effect for female participants. FB history predicted significant delay to disclosure of a self-identified worst traumatic event ( $\eta_p^2 = .017$ ) and significant increases in dissociation ( $\Delta R^2 = .05$ ) and posttraumatic stress ( $\Delta R^2 = .07$ ) symptoms in young adulthood. Moreover, with FB in the regression models, only FB—not child abuse nor recent interpersonal victimization—predicted dissociation and clinically significant elevations in posttraumatic stress. Findings suggest that FB is a prevalent phenomenon among young adults abused as children and that it explains unique, clinically significant variance in posttraumatic distress, warranting increased attention from trauma researchers and clinicians.

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Trauma researchers and the public are increasingly widening the lens on child abuse to reveal not only harm perpetrated by individuals, but also ways that broader social contexts can enable or perpetuate abuse. Exemplifying this trend are recent media investigations of how school, athletic, and religious institutions respond to cases of child sexual abuse perpetrated by

trusted authority figures within the institutions. Institutional actions (e.g., hiring or otherwise admitting someone known to have perpetrated abuse) and inactions (e.g., failing to act on reports of abuse) that create opportunities for or prolong abuse are known as institutional betrayal (Smith & Freyd, 2014a). Consistent with survivors' anecdotal reports that these institutional actions and/or inactions compound the pain following abuse, empirical evidence demonstrates that institutional betrayal exacerbates the negative effects of interpersonal trauma. For instance, institutional betrayal predicts increased posttraumatic symptoms in undergraduate women who were sexually assaulted (Smith & Freyd, 2013) and risk of attempting suicide after military sexual trauma (Monteith, Bahraini, Matarazzo, Soberay, & Smith, 2016).

Professionals in the fields of social work, psychology, and allied disciplines that serve survivors of childhood abuse may recognize parallels between institutional betrayal and harmful family responses to child abuse perpetrated by someone on whom the family depends or trusts. Echoing the devastation of individuals let down by institutions that they thought would protect them (Dale & Alpert, 2007; Healy, 2012), survivors of child abuse have described unsupportive family reactions to abuse as “worse than the abuse itself” (Itzin, 2005, p. 125). And although there is a robust literature on the harmful effects of disbelief and other negative reactions to sexual abuse disclosure, less is known about the range of family actions and inactions that perpetuate child abuse of all types. In this study, informed by betrayal trauma theory (Freyd, 1996) and research on institutional betrayal (Smith & Freyd, 2014a), we propose a parallel phenomenon: *family betrayal*. We consider why and under what conditions family betrayal can occur, and test hypotheses about its potential long-term negative consequences.

### ***Why families betray: Betrayal blindness within close, needed relationships***

Trust and dependence are fundamental features of many close relationships that help explain why it can be particularly difficult for victims to acknowledge harm within these relationships. Freyd (1996) developed betrayal trauma theory to account for precisely this phenomenon of victims of abuse remaining largely unaware of their abuse. When someone is violated in a significant way, a confront-or-withdraw response is natural and, arguably, adaptive: the victim confronts the perpetrator or ends the relationship as means to protect against further violation. But when victims trust and depend upon their perpetrators for caregiving or other resources—as a child trusts and depends on a parent, coach, or religious figure—confront-or-withdraw responses may jeopardize the needed relationship. In this case, diminished awareness of abuse, or “betrayal blindness,” can be adaptive in that it decreases the likelihood that victims will alienate the perpetrator.

“Betrayal blindness” may also allow victims continued access to resources (i.e., food, shelter, connection) provided by the perpetrator (Freyd & Birrell, 2013; Freyd, DePrince, & Gleaves, 2007). The terrible cost of preserving a needed or wanted relationship is the increased chances that the abuse will continue unabated over time.

In the present investigation—an extension of betrayal trauma theory beyond the dyadic victim-perpetrator relationship—we account for why victims’ *family members* may witness but not truly “see” child abuse. In some cases, the social and psychological costs of awareness for family bystanders may simply be too high, such as when the bystander also depends on the perpetrator (who may be a parent, grandparent, family doctor, etc.), or when the perpetrator (a religious leader, coach, teacher, physician, etc.) is celebrated and respected within the community. Under such conditions, family betrayal blindness reduces the likelihood that family bystanders will confront the perpetrator or end the family’s relationship with the perpetrator. In other cases, family members may be at least somewhat aware of the abuse, but may prioritize family preservation for reasons specific to the family’s socioeconomic status, ethnic background, or cultural and religious values (Fontes & Plummer, 2010). For instance, mothers are less likely to take supportive action in response to a child’s disclosure of sexual abuse if they are financially dependent on their child’s perpetrator (Leifer, Kilbane, & Grossman, 2001). This kind of unsupportive response to an abuse disclosure is a form of family betrayal that helps preserve the bystander’s relationship with the perpetrator and maintain the cohesion of the family system.

Family “betrayal blindness” can extend beyond the family to broader communities that function on the basis of implicit trust. Although a parent may not depend upon a child’s athletic coach or religious/spiritual leader to the extent that he or she depends on a spouse, a basic assumption that these authority figures are trustworthy is necessary for the parent to entrust them with the child’s care. If, for example, a child discloses abuse by a coach revered within the local community, the child’s parents may minimize or deny their child’s experience for reasons consistent with the dynamics of family betrayal. To bring allegations against the coach would require that parents admit misplaced trust in the perpetrator and could jeopardize their status in the community. The dissonance between the perpetrator’s alleged harm to the child and the attitude shared by parents and community that the perpetrator is a safe, reputable person may simply be too great.

### **Forms of family betrayal**

As in cases of institutional betrayal, we argue that family betrayal encompasses any family actions or inactions that serve as *enabling conditions* for child abuse or as *harmful responses* to abuse and its effects. Enabling

conditions for child abuse may be apparently isolated, such as when a specific family member does not stop a preventable act of abuse from occurring, or they may be apparently systemic, involving broader family norms and practices. For instance, akin to normalization of abusive contexts within institutions (Dale & Alpert, 2007), family social or cultural norms that condone violence toward others or diminish the status of women and children within family relationships increase the likelihood that child abuse will occur (World Health Organization [WHO], 2016). When interpersonal violence recurs across generations within a family, children may perceive abuse as normal or inevitable. In addition, family isolation from social and community support systems may make it difficult for well-intentioned family bystanders to prevent abuse by a powerful family member.

After child victimization has occurred, family actions or inactions may serve as harmful responses to abuse and its effects. For instance, a relative may fail to intervene on the abuse (i.e., inaction) or disbelieve, blame, or punish a child (i.e., actions) who discloses abuse within the family. Harmful responses to child abuse may be apparently isolated—such as when a non-offending parent disbelieves a child's disclosure of abuse (Coohey, 2006)—or they may be apparently systemic, involving the whole family's response to abuse. For instance, a family narrative may develop that the child has lied about a disclosure or, if the facts of the abuse are believed, is to blame for it. In a qualitative study of adolescent survivors of childhood sexual abuse, a survivor described disclosing abuse to a family member who was close to the perpetrator and finding that “they deny you, they start to discredit you, and turn your own family against you” (Staller & Nelson-Gardell, 2005, p. 1423).

### ***The current investigation***

This empirical investigation of family betrayal was accomplished with two studies. In Study 1, we developed and psychometrically evaluated a self-report measure of family betrayal. A conceptualization of the family as a “private institution” informed our study design (Laslett, 1973, p. 480). According to family betrayal trauma theory, families, like public institutions, are subject to the constraints that collective trust and dependence place on bystanders' (and victims') abilities to prevent and respond supportively to abuse perpetrated by close others. Framing betrayal by the family system as an original model or template for betrayal by public institutions, we created the family betrayal measure by adapting items from the Institutional Betrayal Questionnaire (IBQ; Smith & Freyd, 2014a). As a crucial index of convergent validity, we anticipated that family betrayal would co-occur with—but be empirically distinct from (i.e., not entirely overlapping or continuous with)—physical, sexual, and psychological abuse perpetrated by close others in childhood and adolescence. We had no a priori hypothesis about the

pervasiveness of family betrayal, so determining its prevalence among child abuse survivors was exploratory.

In Study 2, we tested three hypotheses that are consistent with family betrayal trauma theory. First, we predicted that there would be significantly higher incidence of family betrayal in the context of childhood abuse perpetrated by someone very close, as compared to non-interpersonal victimization—events that by definition involve less violation of trust for both child victims and family bystanders (Hypothesis 1). This is important for establishing that family betrayal does not simply represent globally unsupportive behavior around adverse events, but rather a motivated reaction to violation of implied trust and dependence in needed relationships. Second, we anticipated that a history of family betrayal would predict less willingness to trust another person with the disclosure of a significant traumatic event, quantified as delayed time to disclosure (Hypothesis 2). This model controlled for participant gender, ethnicity, history of interpersonal victimization, and time since the worst traumatic event occurred (each found to covary with disclosure delay; Easton, 2012; Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003). Finally, in keeping with the assumption that family betrayal represents a “double betrayal” of the victim, we hypothesized that family betrayal would predict long-term posttraumatic distress above and beyond the effect of childhood abuse alone, or any interpersonal victimization history (Hypothesis 3). We anticipated that the unique effect of family betrayal history on current posttraumatic distress would be distinct from gender differences in abuse history (i.e., would not be explained by females experiencing significantly more interpersonal victimization and worse posttraumatic outcomes than males; Goldsmith, Freyd, & DePrince, 2012; Martin, Cromer, DePrince, & Freyd, 2011).

## Method

### *Participants and procedure for both studies*

Participants in Studies 1 and 2 represent 2 samples from the same university population. Participants in both studies described here were recruited from a large, public university in the northwestern United States, via a university-based online research management system, and received course credit for participating. Participants signed up for this study based on schedule availability, without knowledge of study content. The electronic informed consent procedure included several questions to confirm that participants understood their rights; participants provided informed consent electronically by agreeing to participate. The university's Research Compliance Services organization approved the study protocol. Participants completed the questionnaires on Qualtrics.com.

## Study 1

### Participants

A total of 194 students participated in Study 1. The final analytic sample ( $N = 173$ ) excluded 21 participants whose data was discarded because the participant did not pass our data quality assurance checks.<sup>1</sup> The 173 participants in the analytic sample were mostly female (83.2%) and college-aged ( $M = 19.44$ ,  $SD = 2.07$ ), reflecting the demographics of the human subjects pool at the university. The ethnic identity distribution of this sample was 69.9% White or European American; 11% Asian; 1.7% Native Hawaiian or Other Pacific Islander; 4% Black or African American; 1.2% American Indian or Alaska Native; and 11.6% Two or More Races. Further, 11% of the sample self-identified as Hispanic or Latino.

### Measures

Participants completed a variety of self-report measures in Study 1. Only those measures relevant to the current report are described here.

#### Victimization history

Childhood and recent history of interpersonal and non-interpersonal victimization was measured with the Brief Betrayal Trauma Survey (BBTS; Goldberg & Freyd, 2006). The BBTS asks participants to indicate if each of 13 traumatic events happened to them before age 12, ages 12–17, age 18 and older, and if so, how often: 0 = (*never*), 1 = (*one or two times*), 2 = (*more than that*). Sample items include: “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)” (high betrayal); “You were made to have such sexual contact by someone with whom you were not close” (medium betrayal); and “You were 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” (low betrayal/non-interpersonal victimization). The BBTS has demonstrated good construct validity and test-retest reliability (Goldberg & Freyd, 2006). In the present study, high-betrayal trauma events before age 18 were summed to create a quantity/frequency index of *childhood abuse* perpetrated by someone very close, with a possible range from 0–12. Low-betrayal trauma events before age 18 were summed to create a quantity/frequency index of *childhood non-interpersonal victimization*, with a possible range from 0–12. High-betrayal events from age 18 and over were summed to create a quantity/frequency index of *recent interpersonal victimization* by someone very close, with a possible range from 0–6.

### **Family betrayal**

The Family Betrayal Questionnaire (FBQ), created by the authors for this study, is a 14-item questionnaire that assesses family actions and inactions that perpetuate child abuse. In keeping with the proposed parallels between institutional and family betrayal, we adapted most of the FBQ items from the IBQ (Smith & Freyd, 2013) and derived others from clinical examples from the first four study co-authors. FBQ instructions prompt respondents to think about “your family as a whole. This may call to mind your entire family (e.g. extended family), different families you have been a part of (e.g. through foster care, adoption, or divorce), or a specific family unit (e.g. nuclear family).” Respondents are then asked, in regard to the events described in the previous section (the BBTS), “did your family play a role in any of the following ways?” Example FBQ items are “Creating an environment in which this type of experience seemed common or normal?” and “Telling you that you were responsible for what happened?” Response options of *yes* (1) or *no/NA* (0) were summed to yield an FBQ total score ranging from 0 to 14. In addition, the FBQ includes four follow-up questions about the respondent’s relationship with their family of origin. A complete psychometric evaluation of the FBQ follows in the Study 1 Results section.

### **Self-family overlap**

Perceived closeness between self and family was measured with the single-item Inclusion of Other in the Self scale (IOS; Aron, Aron, & Smollan, 1992). The IOS contains seven pairs of circles that vary in the extent to which they overlap with each other. In this study, we adapted the IOS to represent overlap between “self” (one circle) and “family” (the other circle). Participants were asked to indicate which of the seven Venn-like diagrams (where 1 depicts *no overlap* and 7 depicts *almost complete overlap*) best represents their relationship with their family, the same family they had called to mind in completing the FBQ. As a measure of self-romantic partner overlap, the IOS has been found to have good alternate-form reliability ( $\alpha = .95$ ) and good test-retest reliability over a period of 2 weeks ( $r = 0.85$ ; Aron et al., 1992).

### **Analysis plan**

Data for Study 1 were analyzed in SPSS Statistics Version 23. Psychometric evaluation of the FBQ items proceeded according to the three phases of scale development articulated by Loevinger, as summarized by Simms (2008): substantive, structural, and external validity. In the *substantive validity phase*, we defined the construct of family betrayal and developed an initial item pool, as described above. In the *structural validity phase*, we evaluated the internal consistency and unidimensionality of the scale, hypothesizing that the distinct experiences

comprising the FBQ items would be inter-related (i.e., positively correlated). First, we assessed the average inter-item correlations of the FBQ items, with the recommendation that the average inter-item correlation fall within the range of 0.15 and 0.50 (Clark & Watson, 1995). The rationale for examining inter-item correlations is that, if the correlations are too high, the items may putatively be measuring the same index of family betrayal, and if too low, may not be internally consistent. We also examined Cronbach's alpha, with the guidelines that reliability coefficients around .90 are considered "excellent," around .80 "very good," and around .70 "adequate" (Kline, 2011, p. 70). Finally, we examined the corrected item-total correlations of each item. Low item-total correlations are not necessarily problematic, as this may indicate that items belong to different factors, whereas many extremely high item-total correlations may indicate that items are redundant as indices of the underlying construct (Clark & Watson, 1995). The unidimensionality of the scale was assessed by conducting a principal components analysis.

In the *external validity phase*, we evaluated the convergent and discriminant validity of the FBQ. Convergent validity was evaluated using Pearson correlations and chi-squared tests to test the hypothesis that family betrayal would indeed occur alongside childhood abuse. Pearson correlations of FBQ scores with lower self-family overlap (as measured with the IOS scores) served as an additional measure of convergent validity, as a history of family betrayal should theoretically relate to lower current perceived closeness between the self and the family of origin. Discriminant validity was evaluated using Pearson correlations of FBQ scores with psychological abuse items of the BBTS. This test of discriminant validity was performed to test the hypothesis that family betrayal will be meaningfully distinct from the construct of psychological abuse. Demographic predictors of FBQ scores were tested with Pearson's *r*, independent samples *t*-tests, and analysis of variance (ANOVA). For data analytic purposes, a categorical variable, *ethnic minority*, was created, coded as *Ethnic Minority* (1) and *European-American/White* (0). Ethnic minority participants constituted a third of the sample ( $n = 52$ ).

## Study 1 results

### *Psychometric evaluation of family betrayal questionnaire (Study 1)*

Table 1 presents the percentage of the sample endorsing each family betrayal (FB) item. Each of the 14 items was endorsed by multiple participants. The most common forms of family betrayal were the family of origin responding inadequately to the experience if shared (17.9% of the sample), not taking proactive steps to prevent the experience (16.8%), and creating an environment where the experience seemed common or normal (15.6%) or where remaining in the household was difficult (16.2%).

**Table 1.** Percentage endorsing each item of the family betrayal questionnaire (FBQ).

FBQ Item	<i>n</i>	%
Responding inadequately	31	17.9
Not taking proactive steps to prevent	29	16.8
Creating environment where remain difficult	28	16.2
Experience seemed common or normal	27	15.6
Experience seemed more likely	26	15
Making it difficult to tell	25	14.5
Denying your experience/s	25	14.5
Creating environment where engage difficult	25	14.5
Covering up the experience	22	12.7
Telling you were responsible	19	11
Creating an environment where no longer valued	18	10.4
Responding in a hurtful way	17	9.8
Experience may affect family reputation	15	8.7
Punishing you in some way for telling anyone	12	6.9

Note: *N* = 173. Items are abbreviated and sorted in descending order of frequency.

### **Structural validity of family betrayal items**

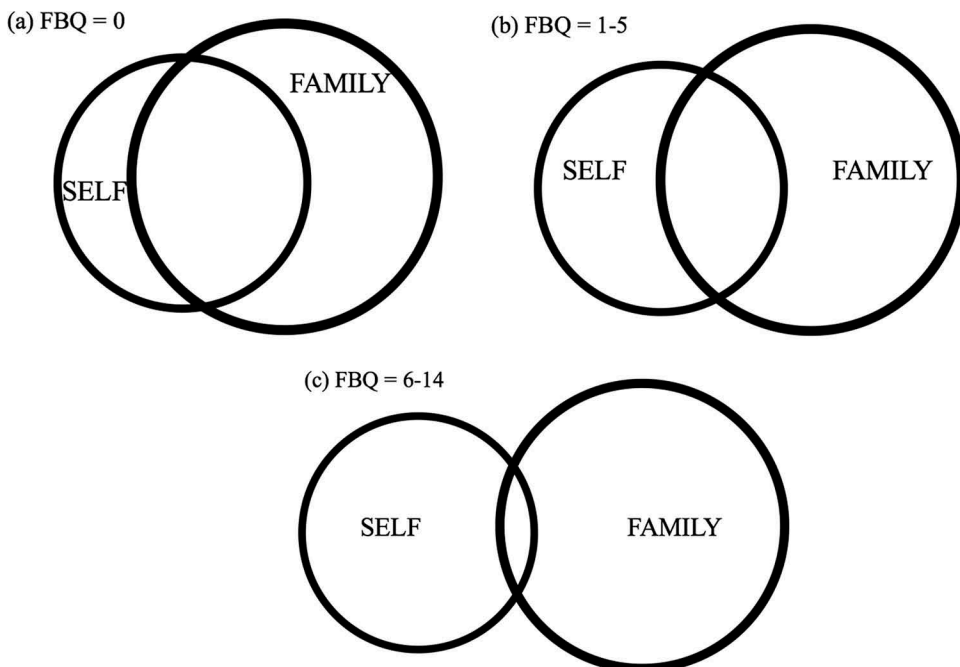
The average inter-item correlation of FB items was 0.47, within the acceptable range of 0.15 and 0.50 (Clark & Watson, 1995). The magnitude of Cronbach's alpha for the 14 FB items was excellent ( $\alpha = .92$ ). Corrected item-total correlations ranged from 0.52 to 0.76. As such, the item-total correlations are neither so low as to suggest that any item fails to serve as an index of family betrayal, nor so high as to indicate that the items are redundant as indices of the underlying construct of family betrayal (Clark & Watson, 1995). Taken together, these measures of internal consistency suggest that the 14 FB items are internally consistent. Moreover, results of a principal components analysis provide evidence in support of the unidimensionality of the 14 FB items (eigenvalue for the first component = 7.13, with 50.1% of the variance explained by the first component).

### **External validity of FBQ**

Almost half of the sample ( $n = 79$ , 45.7%) reported that they experienced at least one form of physical, sexual, or psychological abuse before age 18. The majority of these individuals—about one third of the overall sample—reported that the perpetrator was someone with whom they had been *very close* ( $n = 61$ , 35.3%). Among participants who reported a history of childhood high-betrayal abuse (i.e., occurring before age 18 by someone very close), the majority ( $n = 44$ , 72.1%) reported that they had experienced at least one form of family betrayal. The average number of forms of family betrayal for individuals who reported a history of childhood abuse was 4.26 ( $SD = 4.45$ , range = 0–14). A self-reported history of abuse by someone very close before age 18 was strongly correlated with total scores on the 14-item FBQ ( $r = 0.66$ ,  $p < .001$ ).

FBQ scores were significantly correlated with current perceived closeness between the self and the family of origin, a measure of convergent validity, in the expected direction. The magnitude of the correlation was large ( $r = -0.49$ ,  $p < .001$ ), indicating that the greater the degree of family betrayal by the family of origin, the less overlap between the Venn diagram-like circles representing self and family. Figure 1 provides a schematic depiction of mean self-family overlap scores among those with an FBQ score of 0 ( $M = 5.29$ ,  $SD = 1.32$ ), 1–5 ( $M = 4.98$ ,  $SD = 1.26$ ), or 6 or more ( $M = 2.85$ ,  $SD = 1.60$ ),  $F(2, 169) = 27.90$ ,  $p < .001$ . Follow-up inferential analyses revealed that participants with histories of 6 or more forms of family betrayal reported significantly less perceived closeness between the self and the family of origin than participants with histories of 1–5 forms of family betrayal ( $M_D = -2.13$ ,  $p < .001$ , 95%  $CI_D [-2.97, -1.29]$ ) or no family betrayal ( $M_D = -2.44$ ,  $p < .001$ , 95%  $CI_D [-3.21, -1.67]$ ).

Regarding discriminant validity, family betrayal was hypothesized to be related to but conceptually distinct from psychological abuse. Consistent with this hypothesis, FBQ scores were significantly correlated with scores on the childhood psychological abuse items of the BBTS ( $r = 0.67$ ,  $p < .001$ ), but not to a magnitude that would suggest that these two scales are measuring the same construct (i.e., about .85 or above).



**Figure 1.** Schematic depiction of mean perceived overlap between self and family of origin per Family Betrayal Questionnaire (FBQ) score range of (a) 0, (b) 1–5, and (c) 6–14.

FBQ scores did not differ on the basis of participant self-reported ethnicity or sex. Rates of self-reported family betrayal were equivalent for self-identified White ( $n = 120$ ) and ethnic minority ( $n = 52$ ) participants,  $t(170) = .32$ ,  $p = .746$ , 95%  $CI_D$   $[-.92, 1.28]$ . Rates of self-reported family betrayal were also equivalent for self-identified female ( $n = 143$ ) and male ( $n = 29$ ) participants,  $t(170) = -.07$ ,  $p = .941$ , 95%  $CI_D$   $[-1.40, 1.30]$ .

## Study 1 discussion

The aim of Study 1 was to develop and psychometrically evaluate a self-report measure of family betrayal, the FBQ. An evaluation of the measure's structural validity revealed that the 14 FBQ items are internally consistent and unidimensional. As hypothesized, a self-reported history of family betrayal was related to a history of abuse perpetrated by someone close to the victim in childhood and adolescence. The effect size was strong, with the majority (72.1%) of young adults with childhood abuse histories also reporting family betrayal. This is a critical finding that demonstrates the different reactions families have to abuse perpetrated by someone who is likely close to the family compared to abuse in general. Providing evidence of external validity, FBQ scores did not differ on the basis of ethnicity or sex, suggesting that aspects of family betrayal assessed with the FBQ are not tapping into experiences that might better be explained by demographics. Moreover, providing evidence for discriminant validity, FBQ scores were related to but not equivalent to scores on the psychological abuse subscale of the BBTS. This distinguishes behaviors that are specifically related to a family's reaction to abuse (e.g., blaming the victim for their abuse) from other types of mistreatment (e.g., blaming a child for their sibling's misbehavior). Finally, the self-reported experience of family betrayal converged with a meaningful, logical outcome of being unsupported by the family—diminished perceived closeness between the self and the family of origin in the present day. Taken together, the results of this psychometric analysis support the construct validity of the FBQ and the hypothesis that the forms of family betrayal will parallel betrayal by trusted institutions.

## Study 2

### Participants

A total of 399 students participated in Study 2. The final analytic sample ( $N = 361$ ) excluded 38 participants whose data was discarded because the participant did not pass our data quality assurance checks.<sup>2</sup> The 361 participants in the sample were mostly female (68.7%) and college-aged ( $M = 19.63$ ,  $SD = 2.12$ ), reflecting the demographics of the human subjects pool at the

university. The ethnic identity distribution of this sample was 70.4% White or European American; 14.1% Asian; 1.7% Native Hawaiian or Other Pacific Islander; 1.4% Black or African American; 1.7% American Indian or Alaska Native; and 15.5% Two or More Races. Moreover, 10% of the sample self-identified as Hispanic or Latino. For Study 2, participants completed the FBQ only if they reported that they had experienced any events on the BBTS, and as such, the majority of the analyses in Study 2 were performed in an analytic subsample that completed the FBQ ( $n = 267$ ).

### **Measures**

Participants completed a variety of self-report measures in Study 2. Only those measures relevant to the current report are described here. In addition to the BBTS and FBQ, participants completed the following measures.

#### **Disclosure of events**

Participants were asked to identify the “worst event” from the BBTS and the FBQ, defined as the event that “currently bothers you the most.” Respondents’ delay to disclosure of the worst event was assessed with a single item from the Betrayal Trauma Inventory (Freyd, DePrince, & Zurbriggen, 2001). This item assesses how long after the worst event that the respondent first told another person about it, with response options on a 6-point Likert-type scale: 1 = (*hours*), 2 = (*days*), 3 = (*weeks*), 4 = (*months*), 5 = (*years*), and 6 (*never told*). Time since the worst event occurred was indexed with a single item on a 5-point Likert-type scale: 1 = (*within the past month*), 2 = (*more than one month ago but less than 1 year ago*), 3 = (*1–2 years ago*), 4 = (*3–5 years ago*), and 5 = (*more than 5 years ago*).

#### **Posttraumatic stress**

Posttraumatic stress symptoms were measured with the Posttraumatic Stress Disorder Checklist, a 20-item questionnaire with items that correspond to DSM-5 symptom criteria for PTSD (PCL-5; Weathers et al., 2013). The PCL-5 asks respondents how much they have been bothered by each symptom in the past month on a 5-point scale from 0 = (*not at all*) to 4 = (*extremely*). Total symptom severity scores range from 0–80. In this study, participants completed the PCL-5 with regard to a reference event from either the BBTS or FBQ. Based on scoring guidelines from the National Center for PTSD, a total symptom score cut-point of 38 was selected to indicate clinically significant elevation in posttraumatic stress (Cohen et al., 2014). Internal consistency reliability for PCL-5 items in this sample was excellent ( $\alpha = .95$ ).

### **Dissociation**

Dissociation was measured with the 40-item Wessex Dissociation Scale (WDS; Kennedy et al., 2004). Respondents indicate how often each experience has occurred on a 6-point scale from 0 = (*never*) to 5 = (*all the time*). Sample items are “I just feel numb and empty inside” and “My mind just goes blank.” Instructions prompt participants to note the frequency of these experiences when they are *not* under the influence of alcohol or other drugs. WDS scores are summed and then divided by the total number of items to yield an overall symptom score with a range from 0–5. The WDS has demonstrated satisfactory internal consistency and convergent and concurrent validity relative to other measures of psychopathology (Kennedy et al., 2004). Internal consistency reliability for WDS items in this sample was excellent ( $\alpha = .94$ ).

### **Analysis plan**

Data for Study 2 were analyzed in SPSS Statistics Version 23. Logistic and hierarchical linear regression, analysis of covariance (ANCOVA), *t*-tests, and Pearson’s *r* were used to test hypotheses. For data analytic purposes, a binary categorical variable, *ethnic minority*, was created, coded as *Ethnic Minority* (1) and *European-American/White* (0). Ethnic minority participants constituted a third of the sample ( $n = 107$ ; 29.6%). Interpersonal victimization by a “not close” other (medium-betrayal trauma) was excluded from the analyses due to the challenges interpreting study findings due to the greater ambiguity in how these “not close” perpetrators are related to victims and family bystanders (e.g., peer? stranger? family friend who is not close?), relative to perpetrators who are “close others.” However, we wanted to ensure that the effects of family betrayal and of childhood interpersonal victimization by a close other (high-betrayal trauma) on posttraumatic outcomes could not better be accounted for by participants’ co-occurring experiences of medium-betrayal trauma. As such, we conducted all analyses below with a medium-betrayal victimization variable included in the models, and substantive findings for each model remained equivalent.

## **Study 2 results**

### ***Inferential tests of family betrayal trauma theory (Study 2)***

Means, standard deviations, and intercorrelations among the major study variables are presented in Table 2.

### ***Family betrayal and childhood interpersonal versus non-interpersonal victimization (Hypothesis 1)***

Consistent with Study 1, the majority of individuals with a history of childhood abuse perpetrated by someone very close reported a history of family betrayal ( $n =$

**Table 2.** Means, standard deviations, and intercorrelations among the major study variables.

Measure	1	2	3	4	5	6	<i>M</i>	<i>SD</i>
1. FBQ							2.79	4.00
2. Childhood abuse	.65**						1.17	2.04
3. Recent interpersonal victimization	.23**	.51**					0.39	0.88
4. Childhood non-interpersonal victimization	.16**	.22**	.19**				0.81	1.25
5. Disclosure delay	.16*	.13*	.02	-.02			2.95	1.80
6. PCL-5	.46**	.43**	.33**	.09	.09		20.04	16.73
7. WDS	.35**	.33**	.27**	.17**	.14*	.55**	0.66	0.56

Note: FBQ = family betrayal questionnaire total score; childhood abuse = quantity/frequency of physical, sexual, and psychological abuse perpetrated by someone very close prior to age 18; recent interpersonal victimization = quantity/frequency of physical, sexual, and psychological abuse perpetrated by someone very close from age 18 to the present; childhood non-interpersonal victimization = quantity/frequency of non-interpersonal traumas prior to age 18; disclosure delay = how long after the self-identified worst traumatic event that the respondent first told another person about it on the scale of 1 = (*hours*), 2 = (*days*), 3 = (*weeks*), 4 = (*months*), 5 = (*years*), and 6 = (*never told*); PCL-5 = Posttraumatic Stress Disorder Checklist total score; WDS = Wessex Dissociation Scale total score. For all scales, higher scores are indicative of more extreme responding in the direction of the construct assessed.

\* $p < .05$ . \*\* $p < .01$ .

91; 68.4%). At the sample level, abuse perpetrated by someone very close before age 18 was correlated more strongly with family betrayal ( $r = 0.65$ ,  $p < .001$ ) than non-interpersonal victimization ( $r = 0.16$ ,  $p < .001$ ). The correlation between family betrayal and non-interpersonal victimization before age 18 appeared to be driven by the male participants, for whom the correlation between family betrayal and non-interpersonal victimization before age 18 was statistically significant ( $r = 0.42$ ,  $p < .001$ ) even when controlling for history of abuse perpetrated by a close other before age 18 ( $r = 0.32$ ,  $p = .007$ ). For female participants, however, there was no correlation between family betrayal and non-interpersonal victimization before age 18, neither bivariate ( $r = 0.08$ ,  $p = .286$ ) nor partial correlation controlling for history of abuse by a close other before age 18 ( $r = 0.04$ ,  $p = .626$ ).

Odds of experiencing any family betrayal were significantly higher for childhood interpersonal victimization by a very close other than for non-interpersonal victimization,  $\chi^2(1) = 24.41$ ,  $p < .001$ . The occurrence of family betrayal was 4.18 times more likely in relation to childhood abuse perpetrated by someone very close than in relation to non-interpersonal victimization,  $B = 1.43$ , Wald (1) = 22.97,  $p < .001$ ,  $e^B$  95% CI [2.33, 7.50]. These increased odds were observed for both males and females, but the effect appeared to be stronger for females. For females, the occurrence of family betrayal was 4.67 times more likely in relation to abuse perpetrated by someone very close than in relation to non-interpersonal victimization, whereas for males, the occurrence of family betrayal was 2.84 times more likely.

### ***Family betrayal and delayed disclosure of trauma (Hypothesis 2)***

Nearly half of respondents reported delayed disclosure of the self-identified “worst event” from the BBTS or FBQ for between *weeks* and *years* ( $n = 99$ ; 39.9%). Overall, disclosure delay ranged from *hours* ( $n = 82$ ; 33.1%), the

modal response, to *never told* ( $n = 28$ ; 7.8%). The “worst event” could have been interpersonal or non-interpersonal victimization, occurring at any time across childhood to young adulthood. The modal time since the worst event occurred was *more than 5 years ago* ( $n = 94$ ; 38.4%).

An ANCOVA revealed that family betrayal history predicted increased delay to respondent disclosure of the “worst event,”  $B = 0.06$ ,  $t(237) = 2.01$ ,  $p = .046$ , 95% CI [0.001, 0.12], a small effect size,  $\eta_p^2 = .017$  (see Table 3). Time since the worst event occurred was included as a covariate in the ANCOVA model, to ensure that the effect of family betrayal on delayed disclosure was not a function of the worst event occurring long ago. As expected, the farther in the past that the event occurred, the longer the delay to disclosure of the event,  $B = 0.32$ ,  $t(237) = 3.48$ ,  $p < .001$ , 95% CI [0.14, 0.50],  $\eta_p^2 = .048$ , a small-to-medium effect size.

**Gender and ethnicity.** Moreover, family betrayal history predicted increased delay to disclosure of the worst event above and beyond several additional demographic and trauma-related covariates. First, to ensure that family betrayal’s effect on delayed disclosure was not confounded by a history of high-betrayal interpersonal victimization broadly, any lifetime history of interpersonal victimization by someone very close was included in the ANCOVA model. Any lifetime history of interpersonal victimization by someone very close was reported by a significantly higher proportion of female (48.8%) versus male (25.2%) participants in this sample,  $\chi^2(1) = 17.54$ ,  $p < .001$ . As such, the interaction between participant sex and lifetime interpersonal victimization by someone very close (*yes* or *no*) was included in the ANCOVA analysis as a covariate. There was a significant cross-over interaction between participant sex and lifetime interpersonal victimization by someone very close in predicting delayed disclosure to the worst event, a small effect size  $\eta_p^2 = .024$  (see Table 3). Controlling for the other predictors in the model, female participants delayed disclosure of the worst event significantly longer if they had a history of interpersonal victimization by someone very close (vs. no such history). The average delay for females with a history of high-betrayal

**Table 3.** ANCOVA of family betrayal predicting delayed disclosure of trauma.

	<i>SS</i>	<i>df</i>	<i>F</i>	<i>p</i>	$\eta_p^2$
<i>Disclosure Delay</i>					
Time since event	34.19	1	12.06	<b>.001</b>	.05
Lifetime interpersonal victimization	0.78	1	0.27	.601	.00
Female	0.34	1	0.12	.728	.00
Female * victimization	16.50	1	5.82	<b>.017</b>	.02
Ethnic minority	21.88	1	7.72	<b>.006</b>	.03
Family betrayal	11.41	1	4.03	<b>.046</b>	.02
Error	671.94	237			
Total	2883.00	244			
Corrected total	776.08	243			

Note: Lifetime interpersonal victimization = history of any interpersonal victimization perpetrated by someone very close, coded as *yes* (1) and *no* (0); female coded as *female* (1) and *male* (0); ethnic minority coded as *Ethnic Minority* (1) and *European American/White* (0); family betrayal = total score on the FBQ.

interpersonal victimization was on the order of *weeks to months* ( $M = 3.28$ ,  $SD = 1.68$ ) versus *days to weeks* ( $M = 2.39$ ,  $SD = 1.74$ ) for females with no such history. For male participants, the finding was the opposite. Male participants delayed disclosure of the worst event significantly longer if they had *no* history of interpersonal victimization by someone very close (vs. such a history). The average difference was on the order of *weeks* ( $M = 3.03$ ,  $SD = 1.98$ ) versus *days to weeks* ( $M = 2.69$ ,  $SD = 1.81$ ). In addition, participants who identified as ethnic minorities (vs. those who identified as European American) reported a significantly longer delay to disclosure of the worst event, a small-to-medium effect size ( $\eta_p^2 = .032$ ). The average delay for ethnic minority participants was on the order of *weeks to months* ( $M = 3.41$ ,  $SD = 1.90$ ) versus *days to weeks* ( $M = 2.74$ ,  $SD = 1.70$ ) for European American participants. Finally, the parameter estimate for family betrayal remained statistically significant when the above-mentioned demographic and trauma covariates were removed from the model.

### ***Family betrayal as a unique predictor of posttraumatic distress (Hypothesis 3)***

A two-step hierarchical regression model revealed that family betrayal history uniquely predicted past-month posttraumatic stress symptoms above and beyond both childhood and recent interpersonal victimization by someone very close (see Table 4). Without family betrayal included in the model (Step 1), both childhood abuse and recent interpersonal victimization predicted increased past-month PCL-5 scores. But when family betrayal was included in the model (Step 2), only family betrayal and recent interpersonal victimization predicted increased past-month PCL-5 scores. The addition of FBQ total score to the model significantly increased the variance in PCL-5 scores explained by the model,  $\Delta R^2 = .07$ ,  $\Delta F(1,$

**Table 4.** Two-step hierarchical regression model predicting PTSD symptoms from family betrayal.

	<i>B</i>	<i>SE</i>	<i>t</i>	<i>p</i>	<i>LLCI</i>	<i>ULCI</i>
Total PTSD Symptoms						
Step 1	$R^2 = .21^{***}$					
Childhood abuse	3.30	0.91	3.63	<b>&lt;.001</b>	1.51	5.08
Recent interpersonal victimization	3.39	1.42	2.39	<b>.018</b>	0.59	6.18
Female	−0.55	2.13	−0.26	.796	−4.75	3.65
Female * victimization	−0.72	0.96	−0.76	.450	−2.61	1.16
Step 2	$\Delta R^2 = .07^{***}$					
Childhood abuse	1.06	0.99	1.07	.285	−0.89	3.01
Recent interpersonal victimization	3.47	1.36	2.55	<b>.011</b>	0.79	6.16
Female	−0.44	2.05	−0.22	.830	−4.47	3.59
Female * victimization	−0.18	0.93	−0.19	.849	−2.00	1.65
FBQ	1.43	0.30	4.80	<b>&lt;.001</b>	0.85	2.02

Note:  $N = 263$ ; CI = 95% confidence interval; LL = lower limit; UL = upper limit. Childhood abuse = quantity/frequency of physical, sexual, and psychological abuse perpetrated by someone very close prior to age 18; recent interpersonal victimization = quantity/frequency of physical, sexual, and psychological abuse perpetrated by someone very close from age 18 to the present; "female" coded as *female* (1) and *male* (0); female \* victimization = interaction between participant sex and the quantity/frequency of lifetime victimization by someone close; FBQ = family betrayal questionnaire total score; "total PTSD symptoms" refers to PCL-5 total score.

\*\*\* $p < .001$ .

258) = 23.06,  $p < .001$ . Overall, 27.5% of the variance in PCL-5 scores was explained by the full model with the 5 predictors,  $F(5, 258) = 19.59$ ,  $p < .001$ . This model controlled for two additional parameters: participant sex and the interaction between participant sex and lifetime high-betrayal trauma, neither of which predicted PCL-5 scores in this model.

A follow-up binary logistic regression analysis was conducted to test whether the elevation in posttraumatic stress predicted by family betrayal history was clinically significant (PCL-5 total symptom score cut-point of 38 or higher—yes or no). This model included the same predictors as in the two-step hierarchical regression model above, but with a binary (rather than continuous) PCL-5 outcome variable. In this follow-up binary logistic regression model, only family betrayal history—not any of the other predictors, including recent interpersonal victimization—predicted exceeding the cut-point for clinically significant posttraumatic stress,  $\chi^2(5) = 55.86$ ,  $p < .001$ . Overall, 19% of the variance in exceeding the PCL-5 cut-point for clinically significant posttraumatic stress was explained by the full model, with 84.8% of cases correctly classified based on the predictors. With every one act of family betrayal by the family of origin, the young adults in this sample were 1.21 times more likely to exceed clinically significant levels of posttraumatic stress on the PCL-5,  $B = 0.19$ , Wald (1) = 12.15,  $p < .001$ , 95% CI for  $e^B$  [1.09, 1.34]. Put another way, young adults who reported experiencing the sample mean number of acts/forms of family betrayal, 2.79 ( $SD = 4.00$ ), were almost three and a half times as likely to report clinically significant levels of posttraumatic stress than young adults with no histories of family betrayal. There were 45 participants in the sample who exceeded the cut-off for clinically significant distress on the PCL-5; of these, 35 participants (77.8%) reported having a history of family betrayal.

In a two-step hierarchical regression model predicting dissociation symptoms, family betrayal predicted dissociation symptoms, but interpersonal victimization by someone very close did not (see Table 5). In Step 1, none of the variables predicted dissociation symptoms: childhood abuse, recent interpersonal victimization, female sex, nor the interaction between the latter two variables. However, family betrayal significantly predicted increased dissociation symptoms when it was added to the model (Step 2). The addition of FBQ total score to the model significantly increased the variance in dissociation symptoms explained by the model,  $\Delta R^2 = .05$ ,  $\Delta F(1, 258) = 16.36$ ,  $p < .001$ . Overall, 14.6% of the variance in dissociation symptoms was explained by the full model with the five predictors,  $F(5, 258) = 8.81$ ,  $p < .001$ .

## Study 2 discussion

The aim of Study 2 was to test three core hypotheses of family betrayal trauma theory. Consistent with Hypothesis 1, family betrayal was significantly more likely to occur in relation to childhood abuse perpetrated by someone very close than in

**Table 5.** Two-step hierarchical regression model predicting dissociation symptoms from family betrayal.

	<i>B</i>	<i>SE</i>	<i>t</i>	<i>p</i>	<i>LLCI</i>	<i>ULCI</i>
Total Dissociation Symptoms						
Step 1	$R^2 = .09^{***}$					
Childhood abuse	0.05	0.03	1.37	.173	−0.02	0.11
Recent interpersonal victimization	0.06	0.05	1.12	.264	−0.05	0.16
Female	−0.01	0.08	−0.15	.879	−0.17	0.14
Female * victimization	0.01	0.04	0.40	.690	−0.06	0.08
Step 2	$\Delta R^2 = .05^{***}$					
Childhood abuse	−0.03	0.04	−0.72	.475	−0.10	0.05
Recent interpersonal victimization	0.06	0.05	1.17	.242	−0.04	0.16
Female	−0.01	0.08	−0.17	.869	−0.16	0.14
Female * victimization	0.03	0.04	0.95	.343	−0.04	0.10
FBQ	0.05	0.01	4.04	<b>&lt;.001</b>	0.02	0.07

Note: *N* = 263; *CI* = 95% confidence interval; *LL* = lower limit; *UL* = upper limit. Childhood abuse = quantity/frequency of physical, sexual, and psychological abuse perpetrated by someone very close prior to age 18; recent interpersonal victimization = quantity/frequency of physical, sexual, and psychological abuse perpetrated by someone very close from age 18 to the present; “female” coded as *female* (1) and *male* (0); female\*victimization = interaction between participant sex and the quantity/frequency of lifetime victimization by someone close; FBQ = family betrayal questionnaire total score; “total dissociation symptoms” refers to WDS total score.

\*\*\**p* < .001

relation to childhood non-interpersonal victimization. This effect was particularly strong for female versus male participants. In turn, the more family betrayal that participants had experienced, the longer they delayed disclosure of their self-identified worst traumatic event, a small effect size that remained when controlling for several covariates with specific empirical and theoretical relevance to disclosure delay (Hypothesis 2). Finally, family betrayal history uniquely predicted young adults’ posttraumatic stress and dissociation symptoms above and beyond the effect of both recent and childhood interpersonal victimization history (Hypothesis 3). The effect of family betrayal both on clinically significant degrees of posttraumatic stress and on dissociation was particularly strong. Family betrayal accounted for all of the variance in clinically significant posttraumatic stress and all of the variance in dissociation explained by victimization history of any kind. Taken together, these findings provide evidence that a self-reported history of family betrayal contributes independently and uniquely—above and beyond the effects of recent and childhood interpersonal victimization by close others—to suffering in young adulthood.

## General discussion

The goal of this two-study investigation was to increase understanding of the family of origin’s role in childhood abuse and suffering into young adulthood. Both studies provide evidence that, among young adults abused as children, a history of family betrayal is common. The majority of young adults who were abused in childhood reported a history of family betrayal,

with an average of four family actions and inactions that enabled or perpetuated the abuse. These actions and inactions parallel wrongdoings by such trusted institutions as athletic and religious organizations when children are harmed within the context of the institution. In parallel to institutional betrayal (Smith & Freyd, 2014a), family betrayal occurred both leading up to and following the traumatic experiences: in this study, families failed to proactively prevent child abuse and covered up, denied, or responded inadequately to disclosures of abuse, among other wrongdoings. Consistent with family betrayal trauma theory, this pattern of family responses was significantly more common when a child was victimized by someone close, than when a child experienced non-interpersonal trauma. This provides indirect evidence that family “betrayal blindness” to wrongdoing by trusted others may in part motivate family betrayal. Sadly, these findings on the parallels between family and institutional betrayal suggest that both forms of betrayal are part of a larger social process of denial in response to interpersonal violence. Collective trust and dependence on the perpetrator appear to be barriers to bystanders’ ability to prevent, recognize, and respond supportively to abuse.

A core prediction of this investigation was that childhood abuse would be harmful not only in and of itself, but also as a result of family betrayal. Consistent with this assumption, family betrayal history predicted increased posttraumatic distress for young adults above and beyond the effect of recent and childhood interpersonal victimization. Strikingly, in the case of post-month posttraumatic stress, family betrayal history was the only significant predictor of clinically significant posttraumatic stress. More than 75% of young adults in the sample who exceeded the cutoff for clinically significant posttraumatic stress symptoms had a history of family betrayal. Given the frequency with which family betrayal accompanied abuse by someone close to the victim (and therefore, likely close to the family), this finding in particular may help to explain the enduring effects of child abuse. In particular, beyond the exposure to family betrayal at the time of abuse (or when abuse is first disclosed), family systems theory suggests that the family itself may re-organize in an attempt to maintain homeostasis when exposed to a potentially disruptive force, such as abuse (Broderick, 1993). Therefore, a victim of childhood abuse is likely to be repeatedly exposed to explicit or implicit reminders that their experience is inconsistent with maintaining family functioning. In keeping with research on disclosure of childhood sexual abuse, this systemic reaction could explain some of the internalized doubt that victims report (Staller & Nelson-Gardell, 2005).

In the case of dissociation, family betrayal accounted for all of the variance in dissociation symptoms explained by victimization history of any kind. This finding is intriguing for what it suggests about the prominent role of children’s social context in the etiology of dissociation. When a family creates

an environment where child abuse seems normal or when they respond to child abuse with denial, blame, or lack of support, this may undermine children's ability to process the events of child abuse as betraying and threatening. The decoupling of information about an event and processing of the event as threatening can be protective both during trauma and "later, to keep trauma-related information out of awareness" (DePrince & Freyd, 2014, p. 138). But diminished awareness of betrayal, while protecting the individual from painful, dislocating truths, can be harmful in that it perpetuates trauma both within and across generations.

This investigation also revealed a role for family betrayal in delayed disclosure of abuse. Disrupted interpersonal functioning is a posttraumatic outcome that is, in part, marked by diminished trust that bystanders will respond supportively to traumatic experiences, which in turn often delays recovery as survivors are not able to access necessary social support. In previous research, it has been well documented that interpersonal victimization by a close other (as opposed to victimization by a stranger) predicts less willingness to trust others (Gobin & Freyd, 2014) and less likelihood that victims will disclose child sexual abuse to others (Alaggia, Collin-Vézina, & Lateef, 2017; Hershkowitz, Lanes, & Lamb, 2007). Our novel findings complement and extend this work by demonstrating that family betrayal history predicts delayed disclosure of a significant traumatic event, regardless of whether the event occurred recently or in childhood. Although trauma disclosure is not guaranteed to benefit survivors due to the potential for negative reactions (Relyea & Ullman, 2013), unwillingness to disclose raises concern that abuse and suffering will continue in the absence of intervention from potentially supportive others. Additionally, in this study, women with histories of lifetime interpersonal victimization and young adults who are ethnic minorities are particularly vulnerable to disclosure delay, with average delays of *weeks to months* after the traumatic event as opposed to *days to weeks*. Just as a family or institutional context may enable abuse of a child to protect a trusted, powerful perpetrator, the broader social context in this country historically has silenced and questioned the credibility of less powerful groups (including women and people of color) when they disclose the harms they have suffered. Although there is likely inherent wisdom in the decision to delay disclosure in the context of a family where abuse is tolerated or normalized, it is critical to understand the long-term impact of continued non-disclosure.

### ***Limitations and future directions***

Several limitations should be considered when interpreting study results. First, although the direction of effects specified in each model was theory-driven, all variables were measured at a single time-point and causal inferences cannot be made. Longitudinal research will be necessary to capture the dynamic and likely

bi-directional relationship between abuse and family betrayal, with the caveat that children and adolescents embedded within betraying family systems may be less reliable reporters of betrayal due to on-going constraints against awareness of abuse, much less disclosure. Second, this study relied on retrospective reports of childhood experiences, which contain unavoidable ambiguity and likelihood for under-reporting (Hardt & Rutter, 2004). Third, though reflective of the demographics of the university's subject pool, participants who identify as female and White are overrepresented in our undergraduate sample to a degree that exceeds their overrepresentation in the U.S. college student population (U.S. Department of Education, 2016). Moreover, family practices are of course embedded within specific cultural contexts. Ongoing research with both quantitative and qualitative methods is needed to do justice to the diverse enculturated notions of family in this country, and to understand important cultural divergences in how and why families may respond unsupportively to child abuse—responses that may themselves be embedded within broader social contexts, including oppression and historical trauma (Hartmann & Gone, 2014).

Finally, in this study, the identity of child abuse perpetrators and precisely how close family bystanders were to the perpetrators (e.g., were perpetrators within or outside the family?) is unknown. Based on national statistics on child maltreatment, we can infer that child abuse perpetrators in this sample—who were “very close” to the victims—were likely parents or other relatives. In documented child maltreatment cases, 91.6% of victims are maltreated by one or both parents, and more than 13% by a perpetrator who is not a parent (U.S. Department of Health and Human Services [USDHHS], 2015; percentages total more than 100% due to multiple maltreatment). The largest categories in the non-parent perpetrator group are “male relative, male parent of partner, or ‘other’”—such as “non-related adult, foster sibling, household staff, clergy, nonrelated child, and school personnel” (USDHHS, 2015, p. 24). However, our data do not permit making conclusive statements about how family betrayal differs based on the precise degree of closeness between family bystanders and perpetrators, an important direction for continued family betrayal research and theory development.

## Conclusions

Judith Herman has written that perpetrators discourage bystanders from taking empowered action by “appeal[ing] to the universal desire to see, hear, and speak no evil” (Herman, 1992, p. 8). Despite this universal desire, scholars and the public have shown increased willingness to acknowledge interpersonal and institutional wrongdoings that they may wish did not exist, especially those that involve violence against children (Middleton et al., 2014; Smith & Freyd, 2014b). Those working with victims of childhood abuse have been required to lift the veil of

bystander “betrayal blindness” that protects us from knowledge of the extent of human harm and suffering caused by abuse. With the phenomenon of family betrayal, bystanders are asked to lift an additional layer of the veil. This study has found that the family, where many assume that children can expect safety and protection from foreseeable harm, plays a role in enabling abuse for the majority of those abused in childhood. An urgent question for ongoing research is how family bystanders who depend on the perpetrator can be empowered to anticipate and respond supportively when a vulnerable member of the family has been abused.

## Notes

1. Participants who responded “No” to the question “In your honest opinion, should we use your data in our analyses in this study?” were excluded from the analysis (Meade & Craig, 2012).
2. Participants who responded “No” to the question “In your honest opinion, should we use your data in our analyses in this study?” were excluded from the analysis (Meade & Craig, 2012).

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