

# Betrayal and Revictimization: Preliminary Findings

Robyn L. Gobin and Jennifer J. Freyd  
University of Oregon

The link between childhood sexual abuse and subsequent sexual, emotional, and physical revictimization has been widely reported. The literature is limited, however, in its exploration of the extent to which the level of betrayal inherent in a given childhood traumatic experience affects the likelihood of experiencing similar revictimization in adolescence and adulthood. This study assessed revictimization within a betrayal trauma framework among a sample of 271 college students. As predicted, individuals who reported experiencing high-betrayal trauma at any time point (childhood, adolescence, or adulthood) were more likely to report experiences of trauma high in betrayal during adolescence and adulthood. Relative risk ratios suggest that those who experience childhood trauma high in betrayal are 4.31 times more likely to be victimized in adolescence and 5.44 times more likely to be victimized in adulthood. Logistic regression analyses identified rate of childhood high-betrayal traumas and high levels of traumatic symptoms as significant predictors of high-betrayal trauma victimization in adolescence. Finally, participants' responses to an exploratory self-report measure examining the relationship among revictimization, awareness for interpersonal betrayals, and response to betrayals in interpersonal contexts were analyzed. Preliminary findings indicate that revictimization risk may be linked to inaccurate identification of specific intimate partner betrayals and the inability to engage in proper self-protection. Suggestions for future research and clinical implications are discussed.

*Keywords:* revictimization, childhood sexual abuse, trauma, betrayal, trust

The formation of healthy intimate relationships involves a willingness to trust others, a secure sense of self in relation to others, a good balance of reliance on and independence from the other, and the ability to appropriately regulate emotions in the face of conflict (Cole & Putnam, 1992). Adaptive social functioning in interpersonal relationships is based on a good conceptualization of appropriate and inappropriate behaviors as well as the ability to feel comfortable communicating personal boundaries and, when necessary, avoid or withdraw from relationships that may be emotionally, physically, or sexually harmful (Cole & Putnam, 1992; DePrince, 2005). The collection of harmful long-term consequences associated with childhood sexual abuse may render survivors vulnerable to involvement in unhealthy interpersonal relationships and, thus, vulnerable to later revictimization.

## Revictimization

One of the most disturbing consequences of childhood sexual abuse is the increased likelihood for survivors to be maltreated sexually, physically, or psychologically during adolescence and adulthood. Various researchers have reported a link between the experience of childhood sexual abuse and increased vulnerability for physical, sexual, or emotional abuse in adulthood (Cloitre, Tardiff, Marzuk, Leon, & Potrea, 1996; Mayall & Gold, 1995; Merrill et al., 1999; Messman & Long, 1996). For example, research by Cloitre et al. (1996) revealed that women who have experienced childhood sexual abuse are 2.5 to 3.1 times more likely to experience a sexual assault in adulthood than women without a history of sexual abuse.

## A Betrayal Trauma Perspective on Revictimization

Given such disturbing rates of revictimization, researchers have attempted to identify risk factors that increase a survivor's vulnerability to abuse in adolescence and adulthood

---

Robyn L. Gobin and Jennifer J. Freyd, University of Oregon, Department of Psychology.

Correspondence concerning this article should be addressed to Robyn L. Gobin, 1227 University of Oregon, Eugene, OR 97403-1227. E-mail: rgobin@uoregon.edu

(see Marx, Calhoun, Wilson, & Meyerson, 2001; Messman & Long, 1996). Although not a theory of revictimization, Freyd's (2003) betrayal trauma theory provides a useful framework for explaining the ways in which experiences such as child sexual abuse put children at risk for later victimization. Betrayal trauma theory posits that interpersonal violations such as childhood sexual or physical abuse perpetrated by individuals who victims care for, depend on, or trust will be processed and remembered differently than violations perpetrated by individuals with whom victims do not have such a close connection. A violation perpetrated by someone significant is characterized as a trauma high in betrayal and is remembered less than traumas low in betrayal (Freyd, DePrince, & Zurbriggen, 2001). Because the victim views the perpetrator as the key to his or her physical and psychological survival, he or she finds it advantageous to remain interpersonally and emotionally connected to the perpetrator (Freyd, 2003). Thus, the child may become "blind" to the betrayal and fail to identify the experience as abusive. Such *betrayal blindness* or unawareness of abuse has adaptive value in that it maintains the attachment between child and caregiver such that the child can continue trusting and depending on the caregiver (Freyd, 2003). Although betrayal blindness serves as a survival mechanism in early childhood, it may be detrimental to adult functioning and may result in maladaptive behaviors such as drug abuse, risky sexual behavior, and vulnerability to later revictimization.

Betrayal trauma theory predicts that experiencing traumas high in betrayal (such as incest) may result in damaged trust mechanisms. Such damage may lead a survivor to be overly trusting, insufficiently trusting, or unable to accurately identify betrayal and respond in a self-protective manner. Zurbriggen and Freyd (2004) contend that traumas high in betrayal damage cognitive mechanisms that would normally help an individual make healthy relationship and sexual decisions. One such cognitive mechanism is referred to as the *cheater detector* (Cosmides & Tooby, 1992), that is, the ability to detect trustworthiness in others. Because of their inability to label someone as untrustworthy and a damaged "cheater detector," sexual abuse victims are often more susceptible to ex-

ploitation later in romantic partnerships. Although theorists have posited different underlying mechanisms to explain revictimization, all emphasize the importance of betrayal in influencing later outcomes. Thus, the exploration of the impact of level of betrayal in a childhood victimization experience on revictimization risk is imperative.

While researchers have failed to examine inaccuracy in evaluations of trust as a factor contributing to the incidence of revictimization among childhood sexual abuse survivors, some studies have investigated deficits in childhood sexual abuse survivors' ability to trust others (e.g., Browne & Finkelhor, 1986; Cole & Putnam, 1992). Other investigators have found deficits in risk detection among survivors of childhood sexual abuse (e.g., Soler-Baillo, Marx, & Sloan, 2005). For example, DePrince (2005) found that survivors of childhood sexual abuse had significantly more trouble detecting violations in social exchange rules than individuals who had not experienced childhood sexual abuse. Similarly, Cloitre, Scarvalone, and Difede (1997) found that childhood sexual abuse survivors reported an inability to appropriately label threat triggers. As a result of these findings, Cloitre suggested that revictimized individuals may have distorted mental representations and fail to perceive interpersonal violence in the context of a romantic partnership as a violation. Therefore, victims who are violated in the context of an intimate partnership may be less likely to protect themselves (Cloitre). In light of the empirical support for the abuse-related social deficits (e.g., Cloitre; DePrince, 2005), the current study aimed to examine the impact of the experience of high-betrayal traumas on propensity to trust and ability to detect betrayal. We also explored trauma symptoms and dissociative tendencies among survivors of high-betrayal trauma to determine the influence of these responses to trauma on revictimization risk.

### Study Aims and Hypotheses

The present study assessed four exploratory hypotheses: (a) High-betrayal trauma survivors will be either overly trusting or extremely unwilling to trust when compared with participants without an abuse history, (b) high-betrayal trauma survivors will report more betrayal experiences on

a betrayal detection measure, (c) high-betrayal trauma survivors will display less awareness for interpersonal betrayal than participants without a high-betrayal trauma history, and (d) high-betrayal trauma survivors will be more likely to report continuing a relationship (rather than ending a relationship) following an interpersonal betrayal.

## Method

### *Participants*

Participants were 271 (177 females, 92 males, 2 gender unidentified) undergraduates at a university in the northwestern United States ranging in age from 16 to 57 years ( $M = 19.79$  years,  $SD = 3.66$ ). Participants were recruited from the university's online system for study sign-up and management. Prior to involvement in the study, participants were unaware of the content of the study; rather, they signed up for the study on the basis of schedule availability from a large human subject pool. Most participants were Caucasian (79.0%). Other ethnicities represented in the sample included Asian or Pacific Islander, Hispanic, Asian American, African American, and mixed/multiethnic. Most of the participants included in the study indicated that they were heterosexual. Students enrolled in psychology or linguistics courses at the time of their participation in the study were compensated with research credit.

### *Materials*

#### *Brief Betrayal Trauma Survey (BBTS; Goldberg & Freyd, 2006)*

The BBTS is a 14-item self-report measure that assesses the experience of life-threatening trauma at three time points. For each item, participants are asked whether they experienced the event before age 12, between ages 12 and 17, and at age 18 and older. Items include exposure to noninterpersonal trauma (e.g., "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"); witnessing violence (e.g., "Witnessed someone *with whom you were very close* deliberately attack another fam-

ily member so severely as to result in marks, bruises, blood, broken bones, or broken teeth"), and direct interpersonal trauma (e.g., "You were deliberately attacked that severely [so severely as to result in marks, bruises, blood, broken bones, or broken teeth] by someone with whom *you were very close*"). Items are categorized into three levels of betrayal: high (e.g., physical abuse by someone with whom the respondent was very close), medium (e.g., physical assault by someone with whom the respondent was not very close), and low (e.g., natural disasters; Goldberg & Freyd, 2006). The 3-year test-retest reliability of the BBTS is 83% for events that occurred during childhood and 75% for events that occurred in adulthood (Goldberg & Freyd, 2006).

#### *Interpersonal Trust Scale (ITS)*

Developed by Rotter (1967), the ITS is a 40-item additive scale that measures a participant's general attitudes and beliefs about trust. *Trust* is operationally defined as the expectancy that the word of another individual can be relied on. Participants are asked to indicate the degree to which they agree with each statement on a 5-point Likert scale ranging from 1 (*strongly agree*) to 5 (*strongly disagree*). Total scores are computed by first reverse coding specified items, omitting filler items as indicated by Rotter, and then computing the sum of each participant's responses. Katz and Rotter (1969) specify criteria for categorizing scores as "high" or "low." A score that is at least half a standard deviation above the sample mean is labeled high, and any score at least half a standard deviation below the mean is considered low. High scores represent a tendency to be trusting of government officials, parents, teachers, elders, physicians, friends, and so forth. Internal consistency and test-retest reliability analyses reveal adequate levels of measure stability (see Rotter for a review).

#### *Betrayal Detection Measure*

Whereas the ITS measures overall willingness to trust, we developed the betrayal detection measure for the current study as an exploratory measure of participants' adult history of common betrayals (such as having a friend betray a secret) that are not necessarily catego-

alized as traumatic (see Appendix for complete measure). Level of awareness for these betrayals, accuracy in detecting them, and reaction to them are also assessed. The goals for exploration of level of betrayal awareness with this measure were twofold: first, understanding how individuals who have experienced certain betrayals label the events; and second, exploring their cognitive awareness, that is, attempting to understand instances where individuals are aware that they are being betrayed on some level but simultaneously choose to ignore the betrayal, in effect, decreasing awareness for the event.

The scale contains seven three-part questions that investigate sexual, emotional, and social betrayals perpetrated by romantic partners, friends, and family members. The first part of each question requires participants to report how often they have experienced the betrayal in question. Response options range from 0 (*never*) to 5 (*more than 100 times*). The second part of each question examines the participants' level of awareness for each betrayal. Possible responses range from 1 (*completely unaware*) to 5 (*completely aware*). The final segment of each question asks participants to report their reaction to the betrayal on a 4-point scale. Possible responses include (1) I did not mention it to my friend/partner/family member but ended the relationship; (2) I did not mention it to my friend/partner/family member and continued the relationship; (3) I confronted my friend/partner/family member and ended the relationship; (4) I confronted my friend/partner/family member but continued the relationship. To more clearly delineate awareness from unawareness, we recorded participants' responses regarding awareness for betrayal where scores of 5 (*completely aware*) and 4 (*somewhat aware*) were converted to scores of 2 and 1, respectively. Endorsements of complete or partial unawareness (a score of 1 or 2) on the measure were converted to -2 and -1, respectively.

Internal consistency among items on the betrayal detection measure was investigated using the Pearson correlation coefficient. Support-related betrayals were significantly correlated ( $r = .37, p < .01$ ) such that individuals who received lack of social support following a traumatic event (Item 4) also tended to report receiving insufficient support on being rewarded for a major accomplish-

ment (Item 5). There was also a strong correlation between intimate betrayals (frequency of occurrence for Items 2 and 3) on the betrayal detection measure ( $r = .71, p < .05$ ). Internal consistency was good for level of awareness for both support-related ( $r = .27, p < .01$ ) and intimate betrayals ( $r = .50, p < .01$ ). A similar pattern was observed for response to intimate ( $r = .47, p < .01$ ) and support-related betrayals ( $r = .27, p < .01$ ). Response sets on the betrayal detection measure were modified from other well-validated measures. Specifically, the response set for number of times a respondent experienced each betrayal on the betrayal detection measure is based on the BBTS (Goldberg & Freyd, 2006). Likewise, the awareness part of the scale on the betrayal detection measure is similar to the scale used on the Betrayal Trauma Inventory to assess memory differences between survivors of abuse. The Betrayal Trauma Inventory has evidenced considerable validity (see Freyd et al., 2001; DePrince, 2001).

#### *Dissociative Experiences Scale (DES)*

Developed by Bernstein and Putnam (1986), the DES measures respondents' tendency to experience dissociative phenomena in everyday life. Respondents are asked to indicate the percentage of time they experience each of 28 dissociative experiences. Response options range from 0 (*never*) to 100 (*always*). The overall DES score is computed by averaging each participant's responses across the number of items completed. Scores below 10 indicate a normal range of dissociative experiences, and scores above 20 signify the presence of frequent dissociative experiences that may interfere with adaptive functioning. The DES has good reliability and validity (Briere, 1997).

#### *Trauma Symptom Checklist—40 (TSC-40; Briere & Runtz, 1989)*

The TSC-40, a 40-item checklist, examined the prevalence of general trauma-related distress in the sample. The TSC-40 assesses symptoms commonly associated with traumatic events across six subscales: Depression, Dissociation, Anxiety, Sexual Problems, Sleep Dis-

turbance, and Sexual Trauma Index. Participants were asked to indicate how frequently they experienced each of the 40 items on a scale of 0 to 3. Sample items include anxiety attacks and trouble getting along with others. The TSC-40 is scored by summing responses, with a possible score range of 0–120. The TSC-40 has been shown to have good reliability and validity (e.g., Elliot & Briere, 1992).

### Procedure

Approval from the university's Office for the Protection of Human Subjects was obtained before the study was implemented. Prior to participating in the study, all participants were required to read and agree to the terms of an informed consent statement that indicated that participation was voluntary and could be withdrawn at any time without penalty. Participants completed all measures online and, on completion, a debriefing form appeared on the screen. Students were advised to read the debriefing form carefully and print a copy of the form for their personal records. Although prior research (Becker-Blease & Freyd, 2006) has indicated that trauma history measures such as those used in this study are generally well tolerated, the debriefing form included contact information for five community counseling centers in the event that the questions regarding participants' victimization history were emotionally upsetting.

## Results

### Data Analyses

Bivariate chi-square analyses were conducted to explore the relationship between experiences of high-betrayal trauma during

childhood, adolescence, and adulthood. Relative risk ratios were calculated to determine the revictimization risk associated with experiences of high-betrayal trauma early in life. Independent samples *t* tests were used to explore differences in dissociation, traumatic stress symptoms, and trust tendencies between those with and without high-betrayal trauma histories. When appropriate, measures of effect size (e.g., phi and Cohen's *d*) were reported to assess strength of observed group differences. Multivariate statistics were used to explore factors that contributed to the prediction of adolescent revictimization.

### Overall Victimization Rates

All participants were assigned high-, medium-, and low-betrayal trauma scores on the basis of responses on the BBTS. Table 1 outlines the specific items that were used to code levels of betrayal. Overall, 35% ( $n = 96$ ) of respondents reported experiencing a high betrayal at some point during their life, 20% ( $n = 56$ ) experienced medium betrayal, and 24% ( $n = 65$ ) experienced at least one low-betrayal event. Rates of victimization and revictimization were based on participants' responses on the BBTS.

### Revictimization Rates

For the purposes of the present study, *revictimization* was defined as the experience of a trauma high in betrayal at two or more of the three time points (e.g., childhood and adolescence; childhood and adulthood; adolescence and adulthood; childhood, adolescence, and adulthood). Rates of childhood experiences are illustrated in Table 2. Of the 83 (30%) individ-

Table 1

*Brief Betrayal Trauma Survey Items Used to Identify Presence of High-Betrayal Trauma and Revictimization*

- 
- You were deliberately attacked that severely [so severely as to result in marks, bruises, blood, broken bones, or broken teeth] by someone with whom you were very close.
  - You were made to have some form of sexual contact, such as touching or penetration, by someone with whom you were very close.
  - You were emotionally or psychologically mistreated over a significant period of time by someone with whom you were very close.
- 

*Note.* Revictimization status was determined by the reporting of a high-betrayal trauma at two or more of the three time points. From "Social Cognition and Revictimization Risk" by A. P. DePrince (2005). *Journal of Trauma and Dissociation*, 6, p. 132. Adapted with permission of the author.

Table 2  
*Number of Childhood Experiences of Betrayal Trauma (Before Age 12) and Subsequent High-Betrayal Victimization (After Age 12)*

| Betrayal              | Childhood trauma ( <i>n</i> = 83) | Revictimization rate ( <i>n</i> = 46) |           |      |
|-----------------------|-----------------------------------|---------------------------------------|-----------|------|
|                       |                                   | 12–17 years                           | ≥18 years | Both |
| Low                   | 23                                | 3                                     | 1         | 1    |
| Medium                | 8                                 | 2                                     | 0         | 0    |
| High                  | 32                                | 11                                    | 2         | 11   |
| Medium and high       | 8                                 | 1                                     | 1         | 5    |
| Low and high          | 6                                 | 2                                     | 2         | 1    |
| Low and medium        | 3                                 | 1                                     | 1         | 0    |
| Low, medium, and high | 3                                 | 1                                     | 0         | 0    |

*Note.* Both = experiencing a subsequent high-betrayal trauma during adolescence and adulthood.

uals who experienced any type of childhood betrayal trauma before age 12, 46 (55%) experienced at least one high-betrayal trauma after age 12. The presence of high-betrayal trauma before age 12 was associated with experiencing high-betrayal traumas between ages 12 and 17,  $\chi^2(1) = 57.70, p < .01, \phi = 0.46$ , and after age 18,  $\chi^2(1) = 47.15, p < .01, \phi = 0.42$ . Participants who experienced high betrayal between ages 12 and 17 were more likely to experience high-betrayal traumas after age 18,  $\chi^2(1) = 42.84, p < .01, \phi = 0.40$ . Of the 96 individuals who experienced a high-betrayal trauma at any point during their lives, 49 (51%) experienced a high-betrayal trauma later in life.

To examine whether the experience of adolescent high-betrayal trauma on top of childhood high-betrayal trauma (i.e., experiencing high betrayal at both time points) results in even greater risk, we conducted a chi-square analysis. Given our interest in the additive impact of adolescent high-betrayal trauma, only those participants who experienced childhood high-betrayal trauma were included in the analysis. Those who experienced *both* childhood and adolescent high-betrayal trauma were not significantly more likely to be revictimized during adulthood than those who experienced high betrayal only in childhood,  $\chi^2(1) = 2.12, p > .05, \phi = 0.21$ . Exploration of descriptive statistics revealed that only three participants experienced high-betrayal trauma during all three time periods. The relative risk for these participants is given below. The impact of adolescent-onset high-betrayal trauma (i.e., experiencing high betrayal for the first time during adolescence) was also examined. In this analysis, we included

only those participants who reported no history of childhood high-betrayal trauma. Analyses revealed that participants who first experienced high-betrayal trauma during adolescence were at greater risk for victimization in adulthood than those without an adolescent trauma history,  $\chi^2(1) = 17.58, p < .01, \phi = 0.28$ .

#### *Relative Risk Ratios*

Risk ratios were calculated to determine the relative risk of being victimized at any point in life after experiencing a trauma high in betrayal during childhood (before age 12). Analyses revealed that 69% of individuals who experienced childhood high-betrayal traumas were revictimized during adolescence (ages 12–17). Figure 1 illustrates the rates of adolescent revictimization. In the present sample, the relative risk for adolescent revictimization was 4.31. That is, survivors of childhood high-betrayal trauma were 4.31 times more likely to be victimized in adolescence than those who did not experience a trauma high in betrayal during childhood.

In this sample, 49% of childhood high-betrayal trauma survivors were also victimized during adulthood, whereas only 9% of those who did not experience high betrayal in childhood were victimized as adults. Thus, survivors of childhood high-betrayal trauma were 5.44 times more likely to be victimized in adulthood than those who did not experience a high-betrayal trauma during childhood.

In this sample, 41% of adolescent high-betrayal trauma survivors later experienced high-betrayal trauma in adulthood, regardless of childhood high-betrayal status, whereas

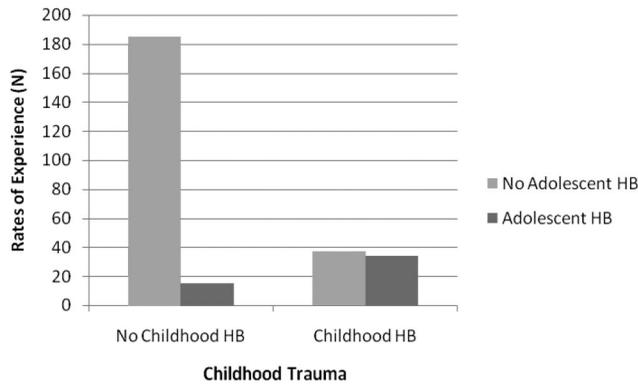


Figure 1. Rates of adolescent victimization by childhood high-betrayal trauma history. HB = experience of high betrayal.

only 7% of adolescents who did not experience high-betrayal trauma were later victimized during adulthood. Survivors of adolescent high betrayal were 5.45 times more likely to be victimized in adulthood. The relative risk for adult victimization among those participants who experienced both childhood and adolescent high betrayal was 1.68. Adolescent-onset high-betrayal trauma survivors were victimized in adulthood 27% of the time, whereas those who experienced neither childhood nor adolescent high betrayal victimization were victimized in adulthood 5% of the time. Survivors of high-betrayal trauma who experienced their first high betrayal during adolescence were thus 5 times more likely to be revictimized in adulthood.

#### *Dissociation and Traumatic Symptoms*

To examine differences in levels of dissociation and traumatic symptoms among high-betrayal trauma survivors and those who reported never experiencing a high betrayal, we conducted *t* tests. High-betrayal trauma survivors reported significantly higher rates of dissociation ( $M = 12.93$ ,  $SD = 10.90$ ) than those individuals who did not report any high betrayals ( $M = 7.86$ ,  $SD = 6.79$ ),  $t(136.32) = 4.14$ ,  $p < .01$ . This corresponded to a medium effect size (Cohen's  $d = 0.56$ ). Likewise, high-betrayal trauma survivors experienced more traumatic symptoms ( $M = 30.06$ ,  $SD = 16.69$ ) than individuals with no high-betrayal trauma history

( $M = 21.51$ ,  $SD = 11.23$ ),  $t(143.17) = 4.49$ ,  $p < .01$ . The finding corresponded to a moderate effect size (Cohen's  $d = 0.60$ ).

#### *Interpersonal Trust*

To test the hypothesis about differences in willingness to trust between high-betrayal trauma survivors and those with no high-betrayal trauma history, we conducted an independent samples *t* test. High-betrayal trauma survivors' mean interpersonal trust score ( $M = 64.51$ ,  $SD = 8.27$ ) was significantly less than those who did not report any high-betrayal traumas ( $M = 67.32$ ,  $SD = 8.65$ ),  $t(269) = 2.59$ ,  $p < .05$ , Cohen's  $d = 0.33$ . There was no indication that high-betrayal trauma survivors showed greater variability in trust scores, which might indicate a tendency to trust too much or not at all.

#### *Predicting Revictimization*

Given the high relative risk rate for adolescent victimization among those initially victimized during childhood, we conducted a logistic regression analysis to identify factors, other than betrayal trauma status, that predict high-betrayal trauma victimization during adolescence. Rates of childhood trauma (high, medium, and low in betrayal) and TSC-40 scores were entered as predictors in the model. The model accounted for 27% of the variance in adolescent victimization,  $\chi^2(4) = 55.30$ ,  $p < .01$ , Nagelkerke  $R^2 = .27$ . Table 3 displays the unique contribution of each of the variables to

Table 3  
*Logistic Regression Model With Adolescent High-Betrayal Trauma as the Criterion Variable*

| Step | Variable        | <i>B</i> | Wald     | Exp ( <i>B</i> ) |
|------|-----------------|----------|----------|------------------|
| 1    | Low betrayal    | 0.13     | 0.10     | 1.14             |
|      | Medium betrayal | 0.69     | 1.63     | 2.01             |
|      | High betrayal   | 1.47     | 20.99*** | 4.33             |
| 2    | TSC-40          | 0.04     | 9.79**   | 1.04             |
|      | Medium betrayal | 0.73     | 1.83     | 2.07             |
|      | High betrayal   | 1.47     | 21.12*** | 4.35             |
| 3    | TSC-40          | 0.04     | 9.76**   | 1.04             |
|      | High betrayal   | 1.54     | 23.42*** | 4.67             |
|      | TSC-40          | 0.04     | 10.12**  | 1.04             |

Note. *B* = unstandardized logit coefficients; Wald = Wald chi-square test; Exp (*B*) = odds ratios (i.e., the odds of experiencing high-betrayal during adolescence); TSC-40 = Trauma Symptom Checklist-40.  
 \*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

the prediction of adolescent victimization. The amount of high-betrayal trauma experienced by a participant during childhood and level of traumatic symptoms contribute significantly to the prediction of adolescent high-betrayal trauma victimization. Overall, the model correctly predicted adolescent victimization status for 82% of participants.

#### *Revictimized Versus Nonrevictimized Group Differences*

Forty-nine percent ( $n = 47$ ) of participants who experienced high-betrayal trauma reported only one occurrence, and 51% ( $n = 49$ ) participants reported revictimization. Table 4 contains specific revictimization rates. The majority of revictimized participants were female (85.7%).

Significant differences were found between participants who were revictimized and those who experienced one occurrence of high betrayal on two domains: dissociation and

trauma-related distress. Revictimized participants reported higher rates of dissociation ( $M = 14.79$ ,  $SD = 12.91$ ) than participants who reported one betrayal trauma experience ( $M = 10.99$ ,  $SD = 8.00$ ),  $t(80.68) = 1.74$ ,  $p < .05$ , Cohen's  $d = 0.35$ . Revictimized participants ( $M = 35.20$ ,  $SD = 19.17$ ) also reported more general trauma-related distress than participants who experienced one high-betrayal trauma ( $M = 24.70$ ,  $SD = 11.61$ ),  $t(79.57) = 3.26$ ,  $p < .01$ , Cohen's  $d = 0.66$ . No significant differences were found for levels of interpersonal trust.

#### *Exploratory Measure Data Analysis*

To examine the relationship among betrayal trauma history, betrayal awareness/detection accuracy, and response to betrayals, we conducted two analyses. Given our hypothesis that high-betrayal trauma survivors would experience more betrayals and display less awareness for interpersonal betrayal, we used one-tailed independent samples  $t$  tests to examine group (i.e., lifetime high betrayal vs. no lifetime high betrayal) differences in overall frequency of experience of betrayals and level of awareness. Chi-square analyses were used to explore differences in response to betrayals.

Analyses revealed high-betrayal trauma survivors ( $M = 4.61$ ,  $SD = 1.42$ ) experienced more betrayals than participants without a high-betrayal trauma history ( $M = 3.25$ ,  $SD = 1.54$ ),  $t(269) = 7.21$ ,  $p < .01$ . The difference between the means corresponded to a large effect size (Cohen's  $d = 0.92$ ). Moreover, when they en-

Table 4  
*Rates of Revictimization Among High-Betrayal Trauma Survivors*

| Age(s) of occurrence (years) | <i>n</i> |
|------------------------------|----------|
| <12 only                     | 10       |
| 12-17 only                   | 27       |
| ≥18 only                     | 10       |
| <12 and 12-17 but not ≥ 18   | 15       |
| <12 and ≥ 18 but not 12-17   | 5        |
| 12-17 and ≥ 18 but not < 12  | 10       |
| <12, 12-17, and ≥ 18         | 19       |

dorsed a betrayal, high-betrayal trauma survivors tended to experience the betrayal at a greater frequency than those without a high-betrayal trauma history,  $t(244.02) = 4.39, p < .01$ , Cohen's  $d = 0.54$ .

### *Intimate Betrayals*

Our exploratory betrayal detection measure assessed frequency, awareness of, and response to seven interpersonal betrayals. However, given the aims of the current study (i.e., the impact of experiences high in betrayal), only results for those betrayals that usually occur within the context of an intimate relationship are reported here. The first betrayal involves nonsexual infidelity in a romantic relationship. Overall, 98 (36%) individuals reported the experience of being betrayed by a partner who intimately kissed another person. Of those 98 individuals, 53 (54%) were high-betrayal trauma survivors. An independent samples  $t$  test revealed significantly lower levels of awareness among high-betrayal trauma survivors who experienced this particular betrayal ( $M = -0.6, SD = 1.57$ ) than participants without a high-betrayal trauma history who experienced this betrayal ( $M = 0, SD = 1.52$ ),  $t(96) = 1.92, p < .05$ , Cohen's  $d = 0.39$ . This relationship is displayed in Figure 2. Chi-square analyses revealed an association between high-betrayal trauma and reaction to being betrayed by an unfaithful partner in a nonsexual manner,  $\chi^2(4) = 9.72, p < .05, \phi = 0.31$ . Whereas 20% of the no-high-betrayal trauma group confronted their partner but continued the relation-

ship, 38% of the high-betrayal trauma group confronted and continued the relationship with the partner.

Another betrayal that typically occurs in the context of an intimate partnership involves a partner who has sexual intercourse with someone else while in a committed relationship. Overall, 19% ( $n = 53$ ) of the participants reported such an experience. Of the individuals who experienced this betrayal, 64% ( $n = 34$ ) were high-betrayal trauma survivors. Level of awareness for sexual infidelity was not affected by high-betrayal trauma history,  $t(51) = 1.21, p > .05$ . Comparable levels of awareness were found between the two groups (57% of the no-high-betrayal trauma group and 64% of the high-betrayal trauma group reported some level of unawareness for the infidelity). Chi-square analyses did not reveal high-betrayal trauma and reaction to sexual infidelity to be related,  $\chi^2 = ns$ .

### Discussion

This article describes the role of trust and betrayal in revictimization risk among those who report the experience of trauma high in betrayal early in life. Results support our prediction that survivors of high-betrayal trauma would report a higher frequency of everyday betrayals and differ from those participants who did not report a high-betrayal trauma history in their willingness to trust, awareness for interpersonal betrayals, and reaction to betrayals. In addition to offering a new framework for conceptualizing revictimization, our work high-

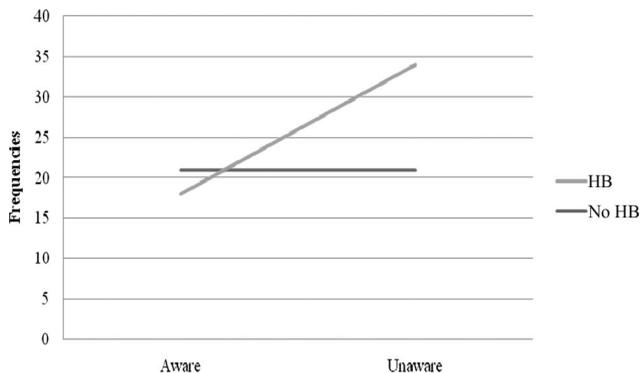


Figure 2. Awareness levels for kissing betrayal by high-betrayal trauma history. HB = experience of high betrayal.

lights the importance of trust and betrayal in trauma and draws attention to the potential long-term consequences of unrepaired socio-cognitive mechanisms.

Individuals who experienced trauma high in betrayal before age 12 were more likely to report experiences of high-betrayal trauma during adolescence (ages 12–17) and adulthood (age 18 and older). In addition, survivors of high-betrayal trauma tended to report the experience of everyday betrayals with greater frequency than those who did not have such a history. Our findings indicate that the experience of trauma perpetrated by individuals who the victim trusts or depends on for fulfillment of basic needs is associated with greater risk for revictimization.

Consistent with prior literature, we found that survivors of high-betrayal trauma reported higher levels of dissociation and traumatic symptoms. Moreover, dissociation and trauma-related symptoms distinguished survivors of betrayal trauma who were revictimized from those who were not revictimized. Taken together, these findings suggest dissociation and traumatic symptoms may contribute significantly to revictimization risk. Consistent with this, many researchers have found maladaptive coping mechanisms, such as dissociation, to be linked to decreased capacity to feel the anticipatory anxiety that usually accompanies dangerous situations (Noll, Trickett, & Putnam, 2003), more severe abuse, combined physical and sexual trauma, and a greater number of perpetrators (Hall, 2003). However, given the cross-sectional nature of the research, we cannot rule out the possibility that our finding is due merely to the fact that exposure to multiple events leads to higher symptoms.

We found that survivors of high-betrayal trauma reported lower levels of willingness to trust. This finding suggests that high-betrayal trauma survivors will be less likely to trust individuals who could be important to intervention and prevention of later violence, such as government officials (e.g., law enforcement), physicians, and friends. Future studies that identify the circumstances under which survivors of high-betrayal trauma are least likely to trust would have important implications for developing interventions that are acceptable to survivors.

Betrayal trauma theory predicts that the experience of a high betrayal results in damaged trust mechanisms. Our findings support this prediction by indicating a decreased ability to detect certain betrayals within the context of an intimate partnership. Specifically, survivors of high-betrayal trauma reported lower levels of awareness of betrayal by an intimate partner who intimately kissed another person. It is possible that decreased awareness for minor betrayals increases risk for further disloyalty and resultant emotional distress. The inability to decipher potentially disadvantageous or emotionally unhealthy situations limits one's ability to engage in proper self-defense actions. Other researchers have reported similar findings (e.g., DePrince, 2005). Zurbriggen and Freyd (2004) suggest that the cheater detection mechanism becomes damaged as a consequence of high-betrayal traumas experienced during childhood. The decreased awareness for betrayal reported by participants in the present study may be the result of damaged cognitive and social mechanisms. This proposed connection between damaged sociocognitive mechanisms and decreased betrayal awareness has implications for clinical work with survivors of high-betrayal trauma. Reducing revictimization risk may, in fact, be linked to accurate identification of interpersonal betrayals in childhood contexts and the effect on the subsequent ability to self-protect, ending an emotionally, physically, or sexually damaging relationship. It should be noted that there were no group differences in betrayal detection for the more serious betrayal of infidelity. This null finding may be due to a lack of statistical power given that only 53 participants reported this experience, 34 of whom were in the high-betrayal group.

There were no statistically significant overall group differences when participants' reactions to all seven of the betrayals were examined together. However, high-betrayal trauma survivors appeared more likely to remain in a relationship after a betrayal occurred when the betrayal was kissing another person. This statistically significant result is consistent with predictions from betrayal trauma theory. In particular, high-betrayal trauma survivors may generalize early coping responses to maintain caregiver attachments in spite of harm to intimate relationships in adolescence and adulthood.

The findings of this study have implications for both clinical practice and prevention with survivors of high-betrayal trauma. Survivors may benefit from interventions that target accurate identification and labeling of interpersonal betrayals and determination of trustworthiness. Traditional intervention strategies may be enhanced by adding an interpersonal component. Skills training around asking for help, soliciting emotional support from safe individuals, and discontinuing relationships in which there may be risk for future victimization may be beneficial to survivors who may remain in abusive relationships because of a lack of perceived alternative options. Our findings suggest that revictimization prevention initiatives, health education, and domestic violence programming may be more efficacious in reducing revictimization risk if key interpersonal processes such as trust and betrayal and adaptive coping are incorporated.

### *Limitations and Future Research*

Because the current study relied on undergraduate volunteers, issues of generalizability should be taken into account when interpreting these findings. College students have higher levels of functioning (e.g., educational attainment, socioeconomic status) than those not in college, making it important to conduct this study on a community sample for comparison. We did not detect significant group differences for overall awareness or reaction to betrayal. This result may differ in a community sample where a more diverse range of experiences may be represented. Furthermore, inclusion of individuals from additional ethnic backgrounds, ages, cultural values, sexual orientations, and gender identities is important because these factors often influence the way individuals experience, cope with, disclose, and interpret high-betrayal traumas (see Russell, Schurman, & Trocki, 1988). In addition, our reliance on self-report measures to assess trauma history may have resulted in underreporting (Tang, Freyd, & Wang, 2007). Thus, future investigations should consider the use of multiple methods of assessment to more accurately identify survivors of trauma.

Future investigations may benefit from the use of an alternative measure of interpersonal trust. The ITS (Rotter, 1967) was originally

created to measure general trust of government officials, parents, teachers, elders, physicians, and friends. Because this measure was created to predict general trust across a wide range of circumstances, it does not adequately reflect an individual's willingness to trust in specific contexts such as romantic partnerships (Johnson-George & Swap, 1982). Furthermore, many of the items on the ITS inquire about trust of authority figures. Although we observed a significant difference among high-betrayal trauma survivors and those without a high-betrayal trauma history, we cannot conclude that high-betrayal trauma survivors are distrusting in romantic interpersonal contexts. In future investigations, it will be important to make the distinction between a tendency to be trusting of others generally and a tendency to be overly trusting of romantic partners. Delineating this relationship has implications for relational interventions with survivors of high-betrayal trauma. Similarly, the present study did not clearly separate the construct of trust from the closely related concepts of loyalty, attachment, and identity. Given the complexity of interpersonal processes, future investigations should explore the interrelatedness of these constructs to identify the distinct influence of trust on response to betrayal in adult relationships.

### *Conclusion*

In sum, the current investigation explored associations among trust, betrayal, and revictimization. This study adds important social factors—specifically, trust and betrayal—to the list of emotional factors that have been associated with revictimization (e.g., depression and self-blame; Messman-Moore & Long, 2000, 2003). As noted by Arata (2002), theories of revictimization will have to take into account social, emotional, and behavioral factors that mediate the relationship between early experiences of victimization and subsequent revictimization. The current study points to trust and betrayal as key social factors to be examined in future studies.

High-betrayal trauma survivors reported lower trust levels, less awareness for certain types of interpersonal betrayals, and the tendency to remain in a relationship where a be-

trayal occurred. These results suggest high-betrayal trauma may be associated with damage to essential cognitive mechanisms (i.e., cheater detector) that later result in lower awareness of betrayal, a lower ability to accurately detect betrayal, a lesser willingness to trust those who are trustworthy, and a related tendency to remain in relationships where betrayal has occurred. Implications for treatment are many. Interventions for survivors of high-betrayal trauma must provide victims with alternative schema that challenge and correct damaged cognitive and social mechanisms that then allow the development of healthy and nonexploitive relationships, thus decreasing vulnerability to revictimization.

### References

- Arata, C. M. (2002). Child sexual abuse and sexual revictimization. *Clinical Psychology: Science and Practice, 9*, 135–164.
- Becker-Blease, K. A., & Freyd, J. J. (2006). Research participants telling the truth about their lives: The ethics of asking and not asking about abuse. *American Psychologist, 61*, 218–226.
- Bernstein, E., & Putnam, F. (1986). Development, reliability, and validity of a dissociation scale. *Journal of Nervous and Mental Disease, 174*, 727–735.
- Briere, J. (1997). *Psychological assessment of adult posttraumatic states*. Washington, DC: American Psychological Association.
- Briere, J., & Runtz, M. (1989). The Trauma Symptom Checklist (TSC–33). *Journal of Interpersonal Violence, 4*, 151–163.
- Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin, 99*, 66–77.
- Cloitre, M., & Rosenberg, A. (1998). Sexual revictimization: Risk factors and prevention. In V. M. Follette, J. I. Ruzek, & F. R. Abueg (Eds.), *Cognitive-behavioral therapies for trauma* (pp. 278–304). New York: Guilford Press.
- Cloitre, M., Scarvalone, P., & Difede, J. (1997). Posttraumatic stress disorder, self- and interpersonal dysfunction among sexually retraumatized women. *Journal of Traumatic Stress, 10*, 437–452.
- Cloitre, M., Tardiff, K., Marzuk, P., Leon, A. C., & Portera, L. (1996). Child abuse and subsequent sexual victimization among female inpatients. *Journal of Traumatic Stress, 9*, 473–482.
- Cole, P. C., & Putnam, F. W. (1992). Effect of incest on self and social functioning: A developmental psychopathology perspective. *Journal of Consulting and Clinical Psychology, 60*, 174–184.
- Cosmides, L., & J. Tooby. (1992). Cognitive adaptations for social exchange. In J. H. Barkow, L. Cosmides, & J. Tooby (Eds.), *The adapted mind: Evolutionary psychology and the generation of culture* (pp. 163–228). New York: Oxford University Press.
- DePrince, A. P. (2001). *Trauma and posttraumatic responses: An examination of fear and betrayal* (Doctoral dissertation, University of Oregon). Retrieved from <http://dynamic.uoregon.edu/~jjf/theses/deprince01.pdf>
- DePrince, A. P. (2005). Social cognition and revictimization risk. *Journal of Trauma & Dissociation, 6*, 125–141.
- Elliott, D. M., & Briere, J. (1992). Sexual abuse trauma among professional women: Validating the Trauma Symptom Checklist-40 (TSC-40). *Child Abuse and Neglect: The International Journal, 16*, 391–398.
- Freyd, J. J. (2003). *What is a betrayal trauma? What is betrayal trauma theory?* Retrieved April 10, 2007, from <http://dynamic.uoregon.edu/~jjf/defineBT.html>
- Freyd, J. J., DePrince, A. P., & Zurbriggen, E. L. (2001). Self-reported memory for abuse depends upon victim-perpetrator relationship. *Journal of Trauma & Dissociation, 2*, 5–17.
- Goldberg, L. R., & Freyd, J. J. (2006). Self reports of potentially traumatic experiences in an adult community sample: Gender differences and test-retest stabilities of the items in a Brief Betrayal Trauma Survey. *Journal of Trauma & Dissociation, 7*, 39–63.
- Hall, J. M. (2003). Dissociative experiences of women child abuse survivors: A selective constructivist review. *Trauma, Violence, & Abuse, 4*, 283–308.
- Johnson-George, C., & Swap, W. C. (1982). Measurement of specific interpersonal trust: Construction and validation of a scale to assess trust in a specific other. *Journal of Personality and Social Psychology, 43*, 1306–1317.
- Katz, H. A., & Rotter, J. B. (1969). Interpersonal trust scores of college students and their parents. *Child Development, 40*, 657–661.
- Mayall, A., & Gold, S. R. (1995). Definitional issues and mediating variables in the sexual revictimization of women sexually abused as children. *Journal of Interpersonal Violence, 10*, 26–42.
- Merrill, L. L., Newell, C. E., Thomsen, C. J., Gold, S. R., Milner, J. S., Koss, M. P., & Rosswork, S. G. (1999). Childhood abuse and sexual revictimization in a female navy recruit sample. *Journal of Traumatic Stress, 12*, 211–225.
- Messman, T. L., & Long, P. J. (1996). Child sexual abuse and its relationship to revictimization in adult women: A review. *Clinical Psychology Review, 16*, 397–420.

- Messman-Moore, T. L., & Long, P. J. (2000). Child sexual abuse and revictimization in the form of adult sexual abuse, adult physical abuse, and adult psychological maltreatment. *Journal of Interpersonal Violence, 15*, 489–503.
- Messman-Moore, T. L., & Long, P. J. (2003). The role of childhood sexual abuse sequelae in the sexual revictimization of women: An empirical review and theoretical reformulation. *Clinical Psychology Review, 23*, 537–571.
- Noll, J. G., Trickett, P. K., & Putnam, F. W. (2003). A prospective investigation of the impact of childhood sexual abuse on the development of sexuality. *Journal of Consulting and Clinical Psychology, 71*, 575–586.
- Rotter, J. B. (1967). A new scale for the measurement of interpersonal trust. *Journal of Personality, 35*, 651–665.
- Russell, D. E. H., Schurman, R. A., Trocki, K. (1988). The long-term effects of incestuous abuse: A comparison of Afro-American and White American victims. In G. E. Wyatt & G. J. Powell, (Eds.), *Lasting effects of child sexual abuse* (pp. 119–134). Newbury Park: Sage Publications Inc.
- Soler-Baillo, J. M., Marx, B. P., & Sloan, D. M. (2005). The psychophysiological correlates of risk recognition among victims and non-victims of sexual assault. *Behavior Research and Therapy, 43*, 169–181.
- Tang, S. S., Freyd, J. J., & Wang, M. (2007). What do we know about gender in the disclosure of child sexual abuse? *Journal of Psychological Trauma, 6*(4), 1–26.
- Trickett, P. K. (1997). Sexual and physical abuse and the development of social competence. In S. S. Luther, J. A. Burack, D. Cicchetti, & J. Weisz (Eds.), *Developmental Psychopathology: Perspectives on Adjustment, Risk, and Disorder*, (pp. 390–416). New York: Cambridge University Press.
- Zurbriggen, E. L., & Freyd, J. J. (2004). The link between childhood sexual abuse and risky sexual behavior: The role of dissociative tendencies, information-processing effects, and consensual sex decision mechanisms. In L. J. Koenig, L. S. Doll, A. O'Leary, & W. Pequegnat (Eds.), *From child sexual abuse to adult sexual risk: Trauma, revictimization, and intervention* (pp. 135–157). Washington, DC: American Psychological Association.

## Appendix

### Betrayal Detection Measure

We are interested in how often you have experienced situations similar to the ones listed below and how you reacted to these situations. Read each statement below carefully and respond to each item honestly.

- 1) You tell your close friend, Amy, a deep secret that you have not shared with anyone else. She promises to keep your secret. A few weeks later, you discover that Amy has shared your secret with other individuals. How many times has a situation similar to the one described above happen to you?

Never    1 time    2-5 times    6-20 times    21-100 times    more than 100 times

1a) How aware were you that you had been betrayed by your friend?

- a) Completely unaware.
- b) Somewhat unaware.
- c) I could have been aware if I wanted to be.
- d) Somewhat aware.
- e) I was completely aware.
- f) Other (please explain) \_\_\_\_\_

1b) What did you do after your friend told your secret?

- a) Did not mention it to friend but ended relationship.
- b) Did not mention it to friend but continued relationship.
- c) Confronted friend and ended relationship.
- d) Confronted friend and continued relationship.
- e) Other (please explain) \_\_\_\_\_

- 2) You discover your partner has cheated on you by kissing another male or female. How many times has this happen to you?

Never    1 time    2-5 times    6-20 times    21-100 times    more than 100 times

2a) How aware were you that you had been betrayed by your partner?

- a) Completely unaware.
- b) Somewhat unaware.
- c) I could have been aware if I wanted to be.
- d) Somewhat aware.
- e) I was completely aware.
- f) Other (please explain) \_\_\_\_\_

2b) What did you do after your partner kissed the other person?

- a) Did not mention it to partner but ended relationship.
- b) Did not mention it to partner but continued relationship.
- c) Confronted partner and ended relationship.
- d) Confronted partner and continued relationship.
- e) Other (please explain) \_\_\_\_\_

- 3) You discover your partner has cheated on you by having sex with another male or female. How many times has this happen to you?

Never    1 time    2-5 times    6-20 times    21-100 times    more than 100 times

3a) How aware were you that you had been betrayed by your partner?

- a) Completely unaware.
- b) Somewhat unaware.
- c) I could have been aware if I wanted to be.
- d) Somewhat aware.
- e) I was completely aware.
- f) Other (please explain) \_\_\_\_\_

3b) What did you do after your partner had sex with the other person?

- a) Did not mention it to partner but ended relationship.
- b) Did not mention it to partner but continued relationship.
- c) Confronted partner and ended relationship.
- d) Confronted partner and continued relationship.
- e) Other (please explain) \_\_\_\_\_

*(Appendix continues)*

- 4) You experience a traumatic event in your life (i.e., a death in the family, a major disappointment, a car accident). You go to your friend seeking social support. Your friend does not respond with the social support you were hoping for. How many times has this happen to you?

Never    1 time    2-5 times    6-20 times    21-100 times    more than 100 times

4a) How aware were you that you had been betrayed by your friend?

- a) Completely unaware.
- b) Somewhat unaware.
- c) I could have been aware if I wanted to be.
- d) Somewhat aware.
- e) I was completely aware.
- f) Other (please explain) \_\_\_\_\_

4b) What did you do after your friend was not supportive?

- a) Did not mention it to friend but ended relationship.
- b) Did not mention it to friend but continued relationship.
- c) Confronted friend and ended relationship.
- d) Confronted friend and continued relationship.
- e) Other (please explain) \_\_\_\_\_

- 5) You get an award for your outstanding academic, athletic, or community service achievements. You are excited to share the news with your close friend Scott. When you tell Scott he reacts as if he doesn't care at all about your good news. How many times has something like this happen to you?

Never    1 time    2-5 times    6-20 times    21-100 times    more than 100 times

5a) How aware were you that you had been betrayed by your friend?

- a) Completely unaware.
- b) Somewhat unaware.
- c) I could have been aware if I wanted to be.
- d) Somewhat aware.
- e) I was completely aware.
- f) Other (please explain) \_\_\_\_\_

5b) What did you do after your friend acted like he/she did not care about your good news?

- a) Did not mention it to friend but ended relationship.
- b) Did not mention it to friend but continued relationship.
- c) Confronted friend and ended relationship.
- d) Confronted friend and continued relationship.
- e) Other (please explain) \_\_\_\_\_

- 6) A family member promised you something very important to you, but never delivered on his/her promise. How many times has this happen to you?

Never    1 time    2-5 times    6-20 times    21-100 times    more than 100 times

6a) How aware were you that you had been betrayed by your family member?

- a) Completely unaware.
- b) Somewhat unaware.
- c) I could have been aware if I wanted to be.
- d) Somewhat aware.
- e) I was completely aware.
- f) Other (please explain) \_\_\_\_\_

6b) What did you do after your family member did not come through with the promise?

- a) Did not mention it to family member but ended relationship.
- b) Did not mention it to family member but continued relationship.
- c) Confronted family member and ended relationship.
- d) Confronted family member and continued relationship.
- e) Other (please explain) \_\_\_\_\_

- 7) You played a card game or board game with a friend and your friend won by cheating. How many times has someone cheated you in order to win a game?

Never    1 time    2-5 times    6-20 times    21-100 times    more than 100 times

7a) How aware were you that you had been betrayed by your friend?

- a) Completely unaware.
- b) Somewhat unaware.
- c) I could have been aware if I wanted to be.
- d) Somewhat aware.
- e) I was completely aware.
- f) Other (please explain) \_\_\_\_\_

7b) What did you do after your friend cheated in the game?

- a) Did not mention it to friend but ended relationship.
- b) Did not mention it to friend but continued relationship.
- c) Confronted friend and ended relationship.
- d) Confronted friend and continued relationship.
- e) Other (please explain) \_\_\_\_\_

7c) If given another opportunity would you play a game with this friend?

- a) Absolutely Not.
- b) No.
- c) Indifferent.
- d) Yes.
- e) Absolutely Yes.
- f) Other (please explain) \_\_\_\_\_

Received November 7, 2008  
Revision received July 29, 2009  
Accepted August 6, 2009 ■