

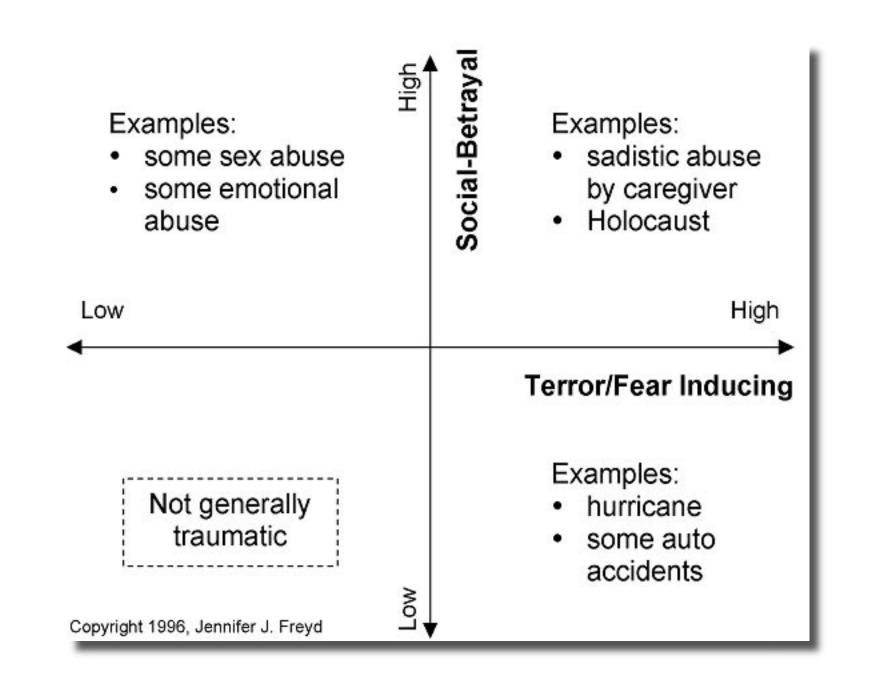
Are All Traumatic Events Equal? Further Research Using the BBTS

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Introduction-

Betrayal Trauma Theory



- Suggests there are two distinct dimensions of trauma:
 - Life threatening (physically terrorizing and fear inducing)
 - Social betrayal (psychologically traumatic)
- Trauma high in betrayal is perpetrated by someone who is close to the victim and/or upon whom the victim is dependent, producing conflict between external reality and attachment to the perpetrator necessary for survival, so that information about abuse needs to be blocked from awareness (see Freyd, 1996).
- High betrayal traumas have been associated with impaired memory for trauma (e.g., Freyd, DePrince, & Zurbriggen, 2001), and various negative sequelae, including dissociation, depression, anxiety and physical ailments (e.g., Freyd, Klest & Allard, 2005).

Objectives

- 1) Fine tune the primary instrument for assessing betrayal trauma (the BBTS; see description below), enhance its interpretability, and contribute to the empirical support of its validity.
- 2) Replicate previous findings of a betrayal trauma effect, whereby high betrayal traumas are more likely to predict memory impairment and symptomatology than low betrayal traumas.
- 3) Determine the relative importance of trauma characteristics:
 - a. Experienced in childhood and adulthood.
 - b. Direct, indirect, loss events.

Method

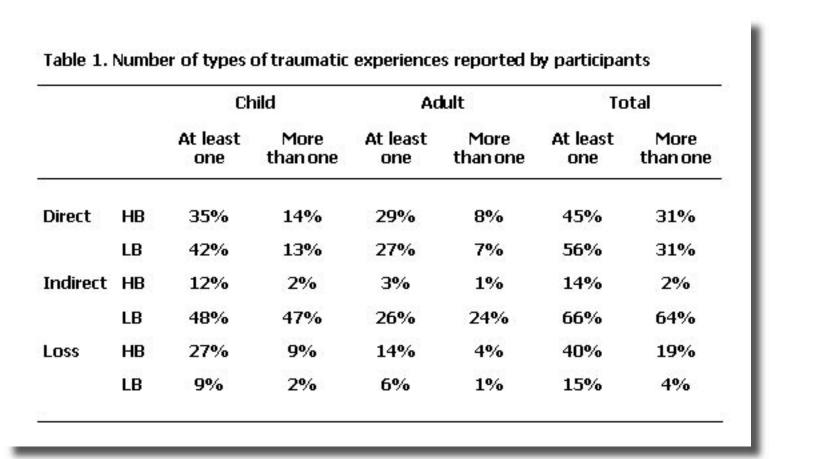
Participants

- 248 (164 women, 84 men) undergraduates recruited from psychology Human Subjects Pool compensated with partial course credit
- Demographics (representative of UO undergraduate population):
 Age: M = 20.96 years (SD = 4.89) and mostly (94%) single
 Ethnicity: 211 (85.1%) Caucasian, 23 (9.3%) Asian American, 5 (2.0%) Hispanic/Latino/a, 23 (11%) Other

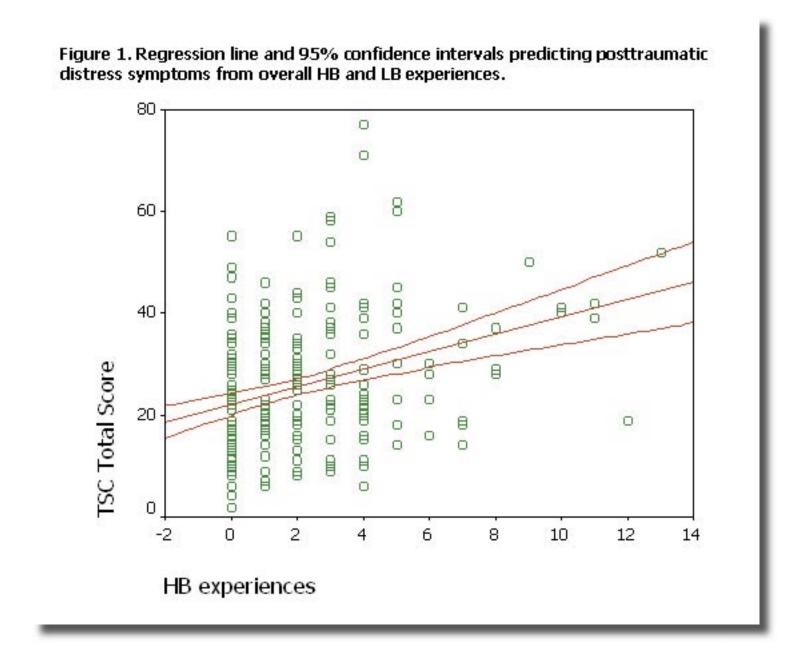
Assessments

Computer-administered questionnaires:

- 1) Brief Betrayal Trauma Survey (BBTS; Freyd & Goldberg, 2004)
 - Distinguishes between events perpetrated by individuals who are close to the respondent (HB) and those that involve no or non-close perpetrators (LB). The number of different types of traumas that fell into each category was totalled and used in the analyses.
 - Events can be categorized as directly experienced, witnessed or heard about. The latter can be further categorized as involving loss of others or not.
 - Events experienced in childhood are those occurring before 12, adolescence 13 to 17, and adulthood after 18th birthday.
- 2) Trauma Symptom Checklist 40 (TSC-40; Elliott & Briere, 1992)
 - Includes symptoms commonly reported in child abuse survivors, including depression, dissociation, anxiety, sleep difficulties, and sexual problems.
- 3) Balanced Inventory of Desirable Responding Version 6 (BIDR-6; Paulhus, 1991)
 - 40-item self-report instrument measures the tendency to give socially desirable responses in the form of self-deception and impression management.



The number of different types of HB experiences reported by participants ranged from 0 to 13, and LB experiences 0 to 18.



When the frequencies of HB and LB events were jointly used to predict symptom reports, the multiple correlation was .39 (p < .01). However, when each variable was used separately (with the other one partialed out), only the HB events were significantly predictive ($partial\ r(192) = .22,\ p < .01$).

Acknowledgments

We would like to thank the participants, members of the Dynamics Lab (http://dynamic.uoregon.edu), and our research assistants (Noah Berkoff, Roger Boling, Robin Graves, Lindsey Henson, Brenda Jarkow, Tiegan Tidball, & Mary Thomson).

This study was supported in part by the Trauma and Oppression Research Fund at the University of Oregon Foundation.

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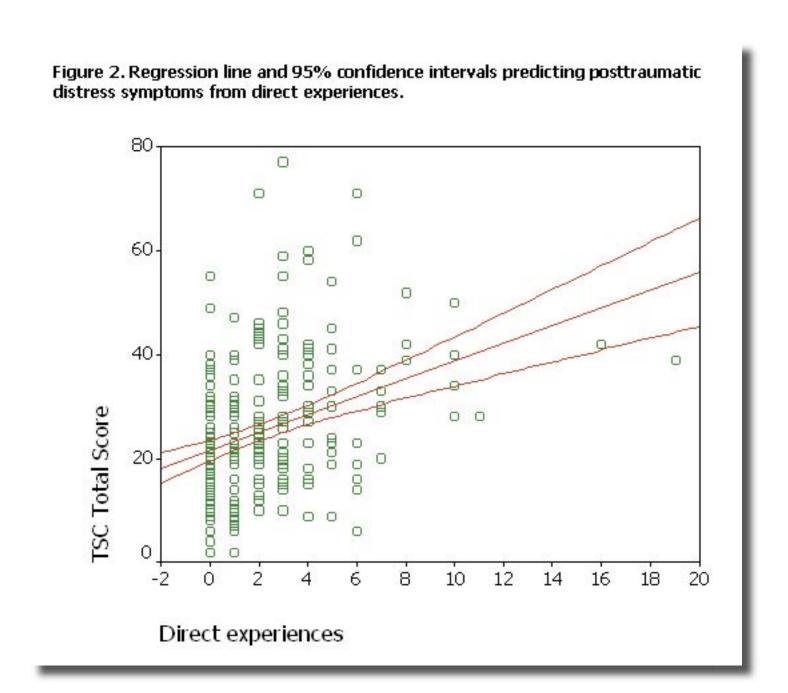
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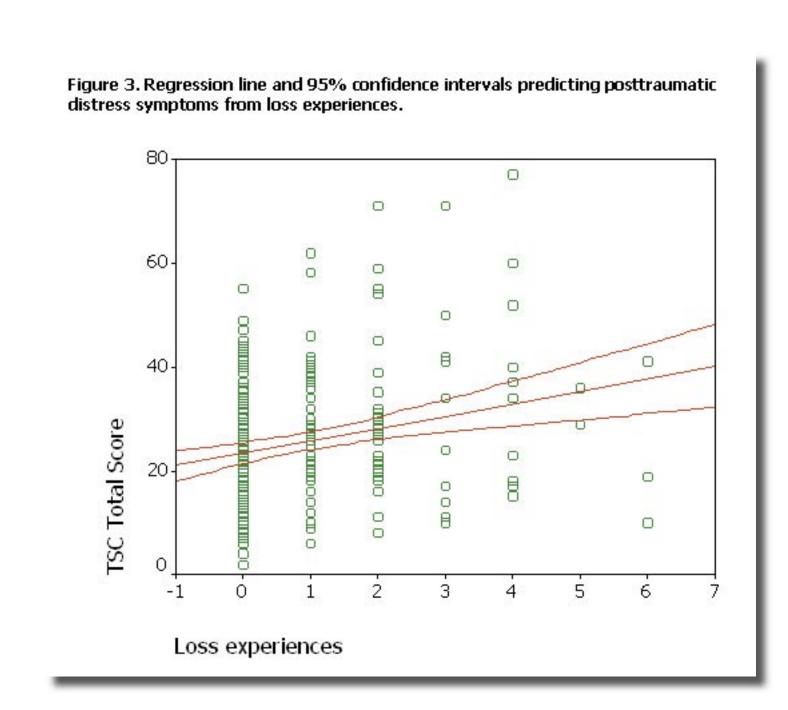
Copies of this poster and handout can be obtained at http://dynamic.uoregon.edu/~jjf/istss05/

International Society for Traumatic Stress Studies Annual Meeting 2005

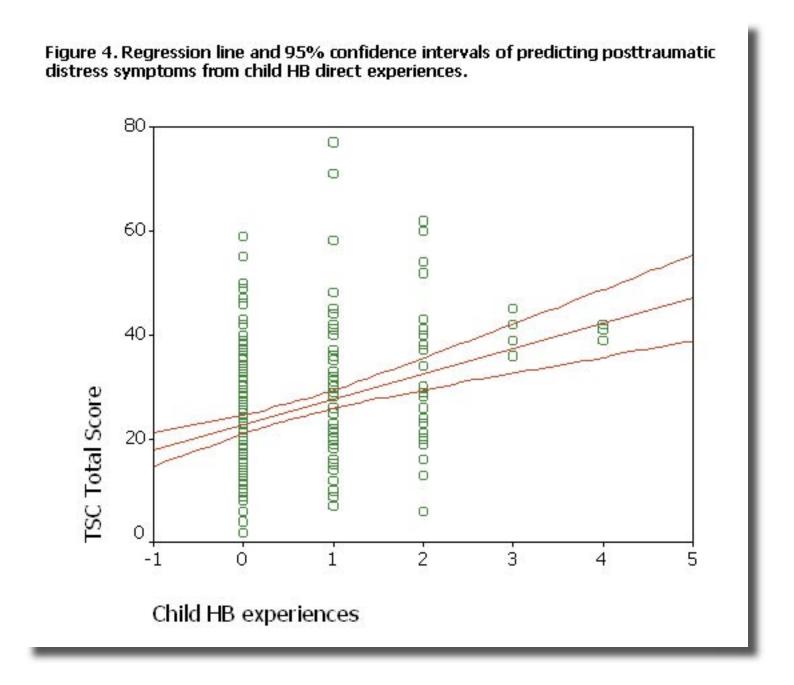
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-Summary of Results





In a regression predicting psychological distress from overall direct, indirect and loss experiences, the multiple R was .42 (p < .001), and a significant proportion of the variance was explained by direct experiences ($partial\ r\ (192) = .29$, p < .001; see Figure 2). Experiences that were witnessed or heard about only contribute significantly to the prediction when participants reported loss or threat of loss of other, regardless of who perpetrated the act ($partial\ r\ (192) = .19$, p < .05; see figure 3). Indirect experiences on the whole did not significantly predict symptomatology ($partial\ r\ (192) = .90$, n.s.).



In a regression of child and adult HB and LB direct and loss events on symptomatology, which yielded a multiple R of .46 (p < .05), only direct HB events experienced in childhood significantly predicted distress (partial r(194) = .18, p < .05; see figure 4).

- Discussion

Our preliminary findings are consistent with previous research in that HB events significantly predicted higher levels of posttraumatic distress than LB events. Further, we found that direct and loss experiences predicted symptomatology, whereas other indirectly experienced distressing events did not. Childhood HB events that were directly experienced explained the most variance, relative to other types of childhood and adulthood experiences.

These findings provide support for betrayal trauma theory and have implications for the conceptualization of trauma and its effects, and therefore intervention planning.

Future plans include elucidating the types of individuals identified as close, investigating the relative importance of rating the dependence level of the respondent on the perpetrator, and comparing the relative predictive value of HB to other measures of severity identified in the literature. Efforts are also underway to investigate the betrayal trauma effect in cultures outside the Western majority.

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