

High Betrayal Trauma and Dissociation in a Population of Young Children

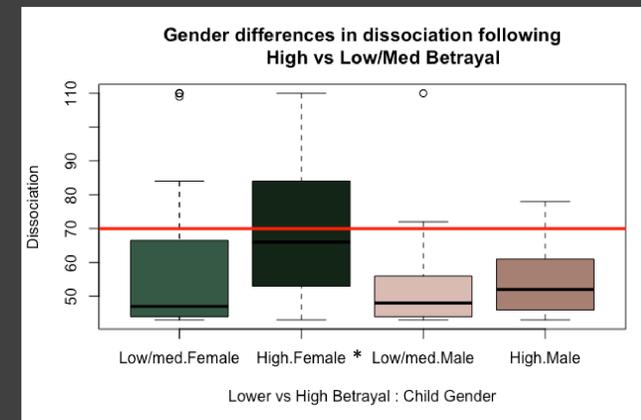
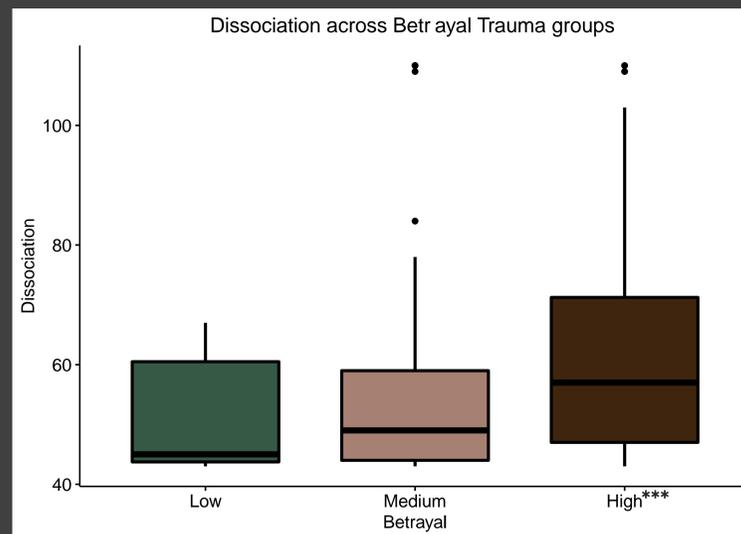
Belén Rogowski, BA, Alagia J. Cirolia, BA, Nicole L. Vu, PhD, Ann T. Chu, PhD, Alicia F. Lieberman, PhD

Child Trauma Research Program, Department of Psychiatry, University of California, San Francisco

INTRODUCTION

- Children are dependent on their caregivers for love and safety... so what happens when said caregivers **perpetrate a traumatic event** against the child?
- Betrayal Trauma Theory^{1,2} (BTT) suggests dissociation is more likely in High Betrayal experiences (those committed by someone **close** and perpetrated directly against the victim) compared to Medium Betrayal (i.e., witnessing an attack against someone else or being the victim of an attack by a stranger) and Low Betrayal experiences (i.e., enduring an event with no perpetrator at all).
- High Betrayal has been linked to dissociation in studies with adults,^{3,4,5} but it has not been investigated in **young children** – a group particularly dependent on caregivers and arguably the most vulnerable to dissociation.
- Previous BTT research⁶ has postulated that gender differences exist in the development of dissociation, presumably due to women's greater exposure to High Betrayal experiences and magnified cultural expectations for women to assume more dependent roles in interpersonal relationships, but this has not been explored in a sample of young children before.

Toddlers who experienced **High Betrayal** trauma showed **more dissociation**. **Girls** showed the highest dissociation.



RESULTS

- A Spearman correlation ($p < .001$) and Mann Whitney U-test ($p < .001$) showed toddlers with High Betrayal demonstrated significantly higher dissociative symptoms compared to toddlers with Low and Medium Betrayal experiences.
- A two-way ANOVA showed that Betrayal Trauma interacted with child gender to predict differences in dissociation, such that girls in the High Betrayal group had higher dissociation ($p < .05$) than all other groups.
- A post-hoc analysis from a Mann-Whitney U-test indicated there were no significant gender differences in the incidence of High Betrayal experiences ($p = .53$).

DISCUSSION

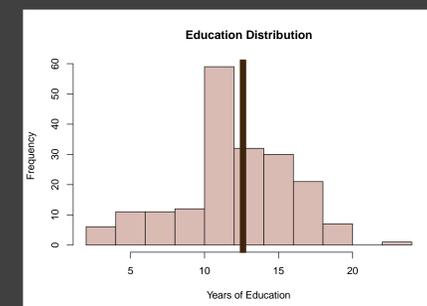
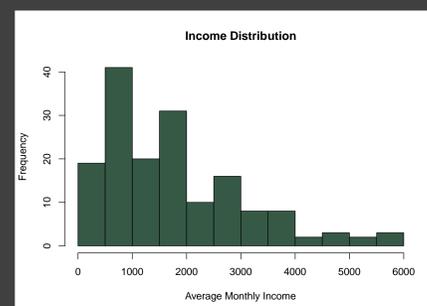
- Findings suggest toddlers are susceptible to developing higher levels of dissociation following exposure to High Betrayal trauma.
- Girls with High Betrayal experiences appear to be the most vulnerable to the development of dissociative symptoms, perhaps due to girls' cultural socialization into valuing interpersonal relationships and assuming more dependent roles than boys.³
- These results highlight the importance of considering contextual factors (such as victim-perpetrator relationship) and individual factors (i.e., child gender) when evaluating children's risk for developing posttraumatic responses.

METHODS

- Sample consisted of 207 trauma-exposed children ages 3-6 (mean/SD = 4.5/0.8); 56% male.
- Collected trauma history and dissociative t-scores through caregiver report using the Traumatic Events Screening Inventory (TESI) and the Dissociation subscale of the Trauma Symptom Checklist for Young Children (TSCYC), respectively.
- Trauma history was coded as Low (experienced non-interpersonal event; $n = 8$), Medium (experienced event perpetrated by stranger or witnessed event perpetrated by someone close; $n = 129$), and High Betrayal (experienced event perpetrated by someone close; $n = 70$).

SAMPLE DEMOGRAPHICS

Caucasian	African-American	Latino/a	Native American	Asian	Other	Two or More Races	Declined to Answer
8.7%	8.7%	49.8%	1.0%	3.9%	5.8%	17.9%	4.3%



REFERENCES

1. Freyd, J. J. (1997). Violations of power, adaptive blindness, and betrayal trauma theory. *Feminism Psychology*, 7(1), 22-32. doi:10.1177/0959353597071004
2. Platt, M. G., & Freyd, J. J. (2015). Betray my trust, shame on me: Shame, dissociation, fear, and betrayal trauma. *Psychological Trauma: Theory, Practice, & Policy*, 7, 398-404.
3. DePrince, A. P. (2005). Social Cognition and Revictimization Risk. *Journal of Trauma & Dissociation*, 6(1), 125-141. doi:10.1300/j229v06n01_08
4. Martin, C. G., Cromer, L. D., DePrince, A. P., & Freyd, J. J. (2013). The role of cumulative trauma, betrayal, and appraisals in understanding trauma symptomatology. *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(2), 110.
5. Gómez, J. M., Kaehler, L. A., & Freyd, J. J. (2014). Are hallucinations related to betrayal trauma exposure? A three-study exploration. *Psychological Trauma: Theory, Research, Practice, and Policy*, 6(6), 675-682. doi:10.1037/a0037084
6. DePrince, A. P., & Freyd, J. J. (2002). The intersection of gender and betrayal in trauma. In R. Kimerling, P. C. Oumette, & J. Wolfe (Eds.) *Gender and PTSD*. (pp 98-113). New York: Guilford Press.