Women are diagnosed with a host of mental health problems, including depression, anxiety and post traumatic stress disorder (PTSD), more often than men. Why? This mystery has inspired countless theories, but has remained unsolved.

Betrayal Trauma Theory (BTT; Freyd, 1996) may provide a framework for understanding some of the gender differences in mental distress by focusing on the relationship between the victim and perpetrator in abuse exposure. With support from CSWS, my students and I have been developing BTT since the early 1990s. BTT postulates that betrayal traumas—abuses perpetrated by someone the victim trusts and depends upon—pose unique challenges to the victim, creating a conflict between the need to maintain a relationship and the need to respond to betrayal with protective action. While protective action might usually involve confronting or withdrawing from the perpetrator, the requirements of maintaining a necessary relationship may make such a response dangerous. BTT proposes that this bind leads to a number of serious reactions, including betrayal blindness and risk for mental and physical distress. Although child abuse is the prototypical betrayal trauma, Platt, Barton, and Freyd (2009) have also explored the plight of battered women in terms of betrayal trauma theory.

Our empirical research confirmed that exposure to traumas high in betrayal (e.g., assault by a close other) is linked to poorer mental health outcomes, including symptoms of depression, anxiety, dissociation, PTSD, borderline personality, and physical health problems (Edwards, et al, under review; Freyd, Klest, and Allard 2005; Tang and Freyd, in preparation; Goldsmith, Freyd, and DePrince, under review; Kaehler and Freyd, in press). Exposure to childhood betrayal trauma is also associated with revictimization in early adulthood (Gobin and Freyd, in press).

Our research also reveals that women report alarmingly high rates of exposure to traumas high in betrayal. A close, interpersonal relationship to the perpetrator is a distinguishing characteristic of traumas commonly suffered by girls and women. For example, Goldberg and Freyd (2006) discovered a strong relationship between gender and trauma exposure in a large adult community sample in the Eugene-Springfield area of Oregon. Men reported more traumas with lower betrayal (e.g., assault by someone not close) and women reported more trauma with higher betrayal (e.g., assault by someone close). My colleagues and students have replicated this finding in other samples.

Goldberg and Freyd (2006) also examined rates of women and men reporting at least one event high in betrayal or low in betrayal. This analysis revealed a highly significant crossover interaction of gender by trauma type (see fig. 1). Men and women did not differ in overall rates of trauma; however, they differed in the types of events to which they were exposed.

Closer inspection of the data from Goldberg and Freyd (2006) reveals patterns that are critical to thinking about the intersection of gender and trauma exposure. For example, rates of exposure to physical abuse appear comparable between men and women overall. However, women report more physical abuse by someone with whom they were close in both childhood and adulthood (see fig. 2). These data reveal that even for an event such as physical assault that appears to affect men and women at a comparable rate, women experience assault by close others more often than men.

What about non-North American samples? Klest, Freyd, Hampson, and Goldberg (in preparation) surveyed 833 members of an ethnically diverse sample in Hawaii. Ethnic groups with lower socioeconomic status generally reported more exposure to both high and low betrayal traumas. Yet, once again we found
that although men and women are exposed to similar rates of trauma overall, women report more exposure to traumas high in betrayal, and men report exposure to more lower-betrayal traumas. Women also reported more mental health symptoms, and traumas higher in betrayal were more predictive of those symptoms.

To the extent that betrayal traumas are potent for some sorts of serious psychological impact, these gender differences imply some non-subtle socialization factors that may be putting females at risk. In recent work supported by CSWS research grants, Tang and Freyd (in preparation), using both a large college sample and a community sample, confirmed prior research that traumas high in betrayal are more strongly associated with symptoms of posttraumatic stress than traumas lower in betrayal. Using structural equation modeling we found that betrayal trauma mediated part of the association between gender and PTSD symptoms.

We will continue to explore the relationship between gender, distress, and exposure to betrayal trauma. We hope this will lead to a deeper understanding of the status of girls and women in society, and also to prevention strategies that reduce risk to their well-being. At the same time we have been exploring related questions about gender and trauma. In a series of studies supported by CSWS research grants, Cromer and Freyd (2007) found that men are not as likely to believe abuse allegations unless they have experienced betrayal traumas themselves. As noted above, men do not experience betrayal traumas at the same alarming rates as do women.

I leave you with a question these results cause me to ponder: Is this part of the reason the dominant narrative—that close relationships and families are safe places—is inconsistent with the empirical data indicating high rates of abuse in those contexts?

References


