

CULTURAL BETRAYAL TRAUMA THEORY

by

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A DISSERTATION

Presented to the Department of Psychology  
and the Graduate School of the University of Oregon  
in partial fulfillment of the requirements  
for the degree of  
Doctor of Philosophy

September 2017

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Title: Cultural Betrayal Trauma Theory

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Degree awarded September 2017.

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## DISSERTATION ABSTRACT

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Department of Psychology

September 2017

Title: Cultural Betrayal Trauma Theory

Trauma victimization has deleterious effects on both physical and mental health. In a non-pathologizing manner, betrayal trauma theory offers one paradigm that contextualizes abuse within the relationship it occurs. It is possible that trauma outcomes can be further explained through incorporating aspects of the larger sociocultural context. For instance, some members of minority populations may develop (intra)cultural trust with other perceived minority members; through functioning as a buffer against inequality, (intra)cultural trust may be similar to interpersonal trust within relationships insofar that it creates a vulnerability for betrayal that affects trauma sequelae. Given the incorporation of interpersonal and societal contexts of inequality, predicted outcomes of cultural betrayal trauma are diverse, including abuse outcomes, such as PTSD, and cultural outcomes, such as internalized prejudice. This framework for examining within-group violence in minority populations is called cultural betrayal trauma theory.

In the dissertation, I first provide a review of psychological theories of trauma: the fear paradigm, the shattered assumptions paradigm, betrayal trauma theory, and institutional betrayal. I then briefly detail the trauma literature on ethnic minorities, with an emphasis on the importance of contextual factors. Based on this literature, I introduce cultural betrayal trauma theory, defining the theory and its constructs: societal trauma,



(intra)cultural trust, cultural betrayal, cultural betrayal trauma, (intra)cultural pressure, cultural betrayal unawareness, abuse outcomes, and cultural outcomes. After addressing societal trauma's potential role in both within-group and between-group violence victimization in minority populations, I detail the purpose of the empirical study: to test cultural betrayal trauma theory in a sample of ethnic minority students attending a predominantly White university.

I report the online survey results based on 296 ethnic minority undergraduates at a predominantly White university. Over half of the sample reported trauma victimization, with 43% of participants reporting within-group violence victimization specifically. This *ethno-cultural betrayal trauma* was associated with abuse outcomes— dissociation, hallucinations, PTSD, cultural betrayal unawareness, and hypervigilance—and cultural outcomes—trauma-related ethnic identity change, diverse identity changes, internalized prejudice, and (intra)cultural pressure. The dissertation suggests that cultural betrayal trauma theory is a useful framework in examining and understanding trauma sequelae in minority populations.

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## ACKNOWLEDGMENTS

I expected to grow intellectually, gain expertise in trauma psychology, and develop into a professional in graduate school. What I did not expect was the community I would gain while doing it. I am so grateful and humbled by the support I have received by so many during my time at UO. Though I could never adequately thank these wonderful people, I will do my best here to try.

My work at UO is a (hopefully positive) reflection of all the people who have helped me, supported me, believed in me, pushed me, invested in me, and showed love to me along the way. I must thank my undergraduate mentors, Audrey Hokoda, Emilio Ulloa, and Dina Miyoshi, who were there at the beginning of my academic path nine years ago.

At UO, I first must thank Jennifer Freyd: my advisor, my mentor, and my greatest supporter—professionally and personally. Jennifer has consistently believed in me, including during times when I did not have faith in myself. Developing cultural betrayal trauma theory in graduate school is a testament to her support of me as much, if not more, as it is a reflection of my work and perseverance.

Next, I must thank my dissertation committee, Jennifer Freyd, Phil Fisher, Maureen Zalewski, and Jeff Todahl, for their thoughtful feedback and respect for me as a scholar and a person. I also am so appreciative of the Freyd Dynamics Lab, Gordon Hall, the Hall Culture Lab, the Black Strategies Group, and the Alliance of Graduate Students for Diversity for their ongoing support. Further, I am indebted to the Center for Community Counseling staff and volunteers (including Melissa Thomas and Jon Davies)

for the opportunities they have given me, the supervision and mentorship they have provided me, and the love they have shown me.

I am grateful to the National Academies of Sciences, Engineering, and Medicine. I was awarded the Ford Foundation Dissertation Fellowship at a time when I was beginning to lose hope that cultural betrayal trauma theory would be accepted in professional circles. The fellowship itself, the 2015 Ford Fellows Conference, the Ford Fellows listserv, and many Ford Fellows themselves—including Rashawn Ray—have concretely and continuously provided me with a welcoming, honest, passionate community that I am honored to be a part of.

Of which there are too many people to name, I wish to express my gratitude to all my close friends, who I love more than words could ever communicate.

I am privileged beyond measure for the family I have made in graduate school while at UO. I thank each of you for supporting me, caring for me, and respecting me as a student, a friend, a colleague, and a person. I look forward to this ending being the beginning of lifelong solidarity, support, connection, and advocacy for freedom within ourselves and our communities.



To Mama Bird and Baby Bird, flying together

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# CHAPTER I

## INTRODUCTION

When trust and/or dependence is violated through abuse, the outcomes of trauma are affected by the betrayal implicit in the harm. Betrayal trauma theory (e.g., Freyd, 1994) provides a framework for understanding and further examining how violations of relational needs and expectations through trauma can explain diverse abuse outcomes, including dissociation, self-harm, PTSD, and depression (see Gómez, Smith, & Freyd, 2014 for a review). As a result, betrayal is a central component, as opposed to simply a by-product, of abuse by a close other. Further, betrayal can occur outside the scope of individual relationships, with institutions and systems being implicated in harm of its members as well (e.g., Gómez, Smith, Gobin, Tang, & Freyd, under review; Smith & Freyd, 2014; Smith, Gómez, & Freyd, 2014).

For minority populations, who have been understudied in the trauma literature (e.g., Porter & McQuiller Williams, 2011; Tyagi, 2002), trust and dependence within their own cultures of shared values, beliefs, and experiences (Schwartz, 1978) may provide a haven against societal trauma, such as discrimination. Yet, as in betrayal trauma theory (e.g., Freyd, 1994), trust and dependence create vulnerability for harm from the resultant betrayal in abuse. How might societal inequality be understood as a contributing factor to diverse outcomes of within-group violence for ethnic minorities?

### **Purpose and Organization of Dissertation**

This dissertation is meant to add to the trauma psychology literature through proposing and testing a new theoretical framework, cultural betrayal trauma theory (CBTT). With CBTT, I propose that societal trauma creates the context for within-group

violence in minority populations to be uniquely harmful. The utility of CBTT is twofold. First, it provides an avenue for engendering contextualized trauma research, thus expanding what is known of trauma sequelae generally. Second, the research on CBTT can inform culturally competent interventions for minority victims of cultural betrayal trauma.

In the dissertation, I briefly review two dominant theories of trauma: the fear paradigm and the shattered assumptions paradigm (for discussion, see DePrince & Freyd, 2002). I then detail betrayal trauma theory (e.g., Freyd, 1994) as a framework that addresses some of the limitations of the aforementioned paradigms through incorporating the interpersonal context into theory-driven trauma research. Following detailing the evidence base for betrayal trauma theory, I briefly cover institutional betrayal (e.g., Smith & Freyd, 2014) as an example of how the experience and effects of betrayal can be linked with broader groups. I then explain the importance of including aspects of the sociocultural context in trauma research with ethnic minority populations. Next, I discuss how a contextualized trauma theory, such as CBTT, provides a next step for trauma research through building on previous work. I then introduce CBTT, including defining its basic tenets: societal trauma, (intra)cultural trust, cultural betrayal, cultural betrayal trauma, (intra)cultural pressure, and cultural betrayal unawareness. Additionally, I detail outcomes to be studied under CBTT—abuse outcomes and cultural outcomes. Finally, I address societal trauma’s potentially complex role of impacting intra-racial and interracial trauma in different ways.

This introduction provides the foundation for empirically testing CBTT in a sample of ethnic minority college students at a predominantly White university.

Specifically, with CBTT, I generate hypotheses to assess outcomes of ethno-cultural betrayal trauma, which is within-group violence between members of the same ethnic minority group. In Aim 1, I assess abuse outcomes: dissociation, hallucinations, PTSD, less within-group disclosure, cultural betrayal unawareness, and hypervigilance; in Aim 2, I assess cultural outcomes: trauma-related ethnic identity change, diverse identity changes, internalized prejudice, and (intra)cultural pressure. For clarity, I detail the methods and report on the results for Aim 1 and Aim 2 separately. In synthesizing the results from both Aims, I discuss the study's findings in relation to CBTT, as well as their implications for theory, research, and clinical interventions.

### **Dominant Trauma Paradigms**

**The Fear Paradigm.** The component of fear within trauma has been the focus of proposed etiology of trauma sequelae. In the fear paradigm of trauma, fear is conceptualized as being pathological and residing within the individual (for a discussion, see DePrince & Freyd, 2002). Thus, the proposed outcomes associated with trauma are a result of the fear and terror experienced within the perceived life-threatening event (for discussions, see Brown & Freyd, 2008; DePrince & Freyd, 2002). Though it is likely a component of many traumas, there are limitations to narrowly focusing on fear. For instance, some traumatic events are likely excluded, including some forms of child sexual abuse, which may not include force, but rather grooming, manipulation, and abuse of power (Brown & Freyd, 2008). Additionally, people who experience complex trauma (Herman, 1997), which is exposure to repeated traumas, may not interpret each new trauma as life-threatening because of prior experience surviving similar traumas.

Additionally, given that the fear paradigm focuses on fear during the event, the exploration of trauma outcomes is often limited to PTSD and anxiety (for a discussion, see DePrince & Freyd, 2002). Consequently, exploration of trauma sequelae under the fear paradigm is less likely to explore diverse trauma outcomes within the ‘disguised presentation’ (Herman, 1997) of people who have experienced trauma—including relationship problems, depression, and self-injury.

**Shattered Assumptions Paradigm.** The shattered assumptions paradigm offers a cognitive theory for trauma (for a discussion, see DePrince & Freyd, 2002). According to this paradigm, individuals’ core beliefs, including “the world is safe,” “life is meaningful,” and “the self is worthy”, are disrupted by trauma. New core beliefs dominate after trauma, such as “the world and people in it are dangerous.” Through incorporating post-traumatic cognitive appraisals, defining trauma under the shattered assumptions paradigm is more individualized than the fear paradigm. Potential outcomes of trauma are also more diverse and could include alterations of mood (e.g., depression) and self-destructive behavior—such as unprotected sex and deliberate self-harm—if, for instance, the core belief that “the self is unworthy” has emerged following trauma.

The shattered assumptions paradigm appears to operate within dominant culture worldviews, as it appraises core beliefs, such as “the world is a safe place” as veracious and healthy, whereas beliefs that “the world is a dangerous place” are perceived to be fallacious and pathological. However, as a result of societal inequality, women, the poor, and ethnic minorities may experience the world as a dangerous place because they are subject to discrimination, violence, and oppression (Burstow, 2003, 2005). Furthermore, people who enjoy higher societal status, including some researchers, may hold beliefs

about a safe and just world, as denial and underestimation of the effects of at least one form of interpersonal trauma, child sexual abuse, is prevalent (Freyd et al, 2005).

Regardless of background, identity, or prior experience, integrating trauma into one's worldview may necessitate allowing space for danger, given that the reality is internally contradictory: "The world is simultaneously infinitely horrible and infinitely wonderful." (Freyd, 1996; p. 194). Therefore, while the change in perception—'the world is safe' to 'the world is dangerous'—may be traumatic in and of itself, as is explained by the shattered assumptions paradigm (for a discussion, see DePrince & Freyd, 2002), the adjusted perceptions of the world are not necessarily pathological. Furthermore, as a result of societal inequality, some individuals may not dramatically change their worldview following interpersonal trauma, as dangerousness, for instance, had been ubiquitous across the lifespan.

### **Betrayal Trauma Theory**

Identifying a new way for defining and understanding trauma and outcomes, Freyd's betrayal trauma theory (BTT; e.g., Freyd, 1996) incorporates attachment theory (Bowlby, 1969) and the interpersonal context as important mechanisms in examining trauma (Figure 1). As such, BTT (e.g., Freyd, 1996) focuses on the social relationships in which the trauma occurs to understand posttraumatic outcomes (e.g., Brown & Freyd, 2008; Freyd, 1997; Freyd, DePrince, & Gleaves, 2007; Gómez, Smith, & Freyd, 2014). Furthermore, what defines trauma is expanded to include events where imminent fear was not a component, such as sexual exploitation in adulthood by a powerful person [e.g., priest, therapist, boss] (Brown & Freyd, 2008), as well as societal trauma, such as discrimination (Bryant-Davis, 2005).

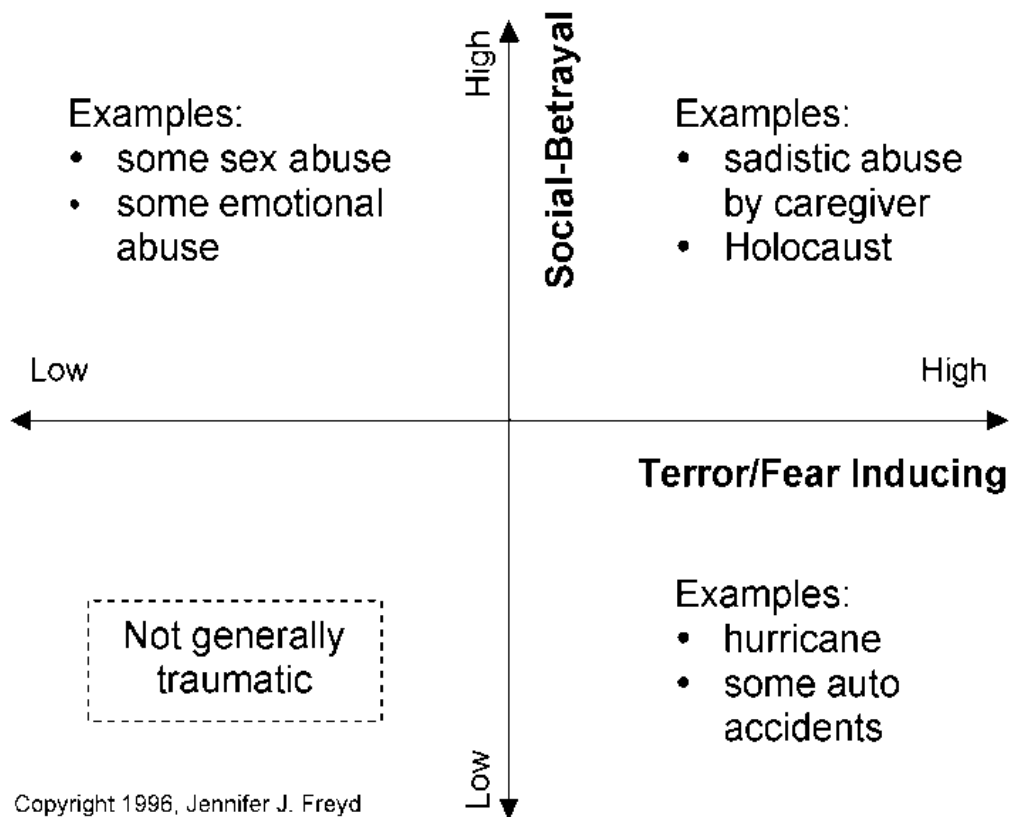


Figure 1. Betrayal Trauma Theory

In contrast with the fear and shattered assumptions paradigms (for discussion, see DePrince & Freyd, 2002), trauma outcomes predicted by BTT, including reduced recall or knowledge isolation—*betrayal blindness*—are conceptualized as adaptive when the level of betrayal in the trauma is high (Freyd, 1994). This may still be true even if the current outcomes, such as dissociation, are not universally adaptive. As such, BTT legitimizes, as opposed to pathologizes, the reactions of people who have experienced interpersonal trauma (Freyd, 1997) and frames the scope of outcomes of trauma as relational (Birrell & Freyd, 2006; Gómez, Lewis, Noll, Smidt, & Birrell, 2016).

Understanding the bond of betrayal in trauma requires first addressing the role of pain in life. According to Freyd (e.g., 1994), experiences of psychological and physical pain are motivators for behavioral change. For instance, being burned from a hot stove motivates an individual to change their present and future behavior: immediately remove the hand; do not put the hand on the hot stove again. However, for a child victim of incest, for example, being consistently aware of the pain—physical and psychological—likely would be motivation to remove oneself from the situation. Yet, this response is not advantageous for children, as they have no way of providing for themselves without their caregivers. Therefore, engaging in some form of betrayal blindness can help get physical and even emotional needs met (e.g., Freyd, 1996). Rotating betrayal blindness, which is intermittent or incomplete unawareness for the trauma and its effects (Noll & Gómez, 2013), may be protective as well.

Unsurprisingly, betrayal may also be a contributing factor to betrayal blindness. The importance of survival through protecting oneself from harm is pitted against the need for attachment. In the case of incest, the child is dependent on the caregiver for physical needs, such as food and shelter, along with emotional needs, such as psychological support and community. Consequently, having consistent conscious awareness of abuse may disrupt attachment with the caregiver because detection of betrayal calls for either confronting the caregiver or withdrawing from this relationship (e.g., Freyd, 1997). As Freyd (1996) explains, betrayal trauma causes a “. . . conflict between reality and the need to maintain trust in caregivers” (p. 321). Therefore, being aware of the trauma has diminished utility, with betrayal blindness being more advantageous in some respects (Freyd, 1996).



Betrayal trauma, then, is the term used to describe interpersonal traumas; betrayal traumas are further differentiated by level of betrayal. High betrayal trauma is abuse perpetrated by a close or trusted other(s), such as child sexual abuse by a caregiver; medium betrayal trauma describes abuse perpetrated by an un-close or un-trusted other, such as rape by a stranger. Given that BTT focuses on the social dimension of trauma (Freyd, 1996), emotional survival (e.g., attachment, social bonds, and social support) should be considered paramount, or at least equal to, physical survival. Specifically, betrayal trauma requires that individuals survive whatever physical pain is endured, along with surviving emotionally (Freyd, DePrince, & Gleaves, 2007). Importantly, this dependency on trusted others can relate to both physical and emotional needs. Thus, high betrayal trauma does not have to be perpetrated by a caregiver in childhood, but simply by a person(s) from which the victim trusts and/or depends upon (Brown & Freyd, 2008; Freyd, 1996).

In summary, BTT proposes that: pain motivates change in behavior; if pain-motivated changes are too dangerous, individuals suppress the pain; humans are dependent on caregivers; detecting betrayal is adaptive and may mean a shift in alliances; detecting betrayal can be too dangerous, so suppression of natural reactions to betrayal can occur; these information blockages are dissociations between normally integrated aspects of processing and memory (Freyd, 1996, p. 129). Thus, BTT offers seven testable predictors of betrayal blindness: incest; explicit threats demanding silence; alternative realities in environment (e.g., the abuse context is different than the non-abuse context, such as incest that occurs only at night); isolation during abuse; younger at age of abuse;

alternative reality-defining statements by caregivers (e.g., we have a happy home); and lack of discussion of abuse (Freyd, 1996, p. 140).

Finally, some outcomes of trauma may aid in maintaining the needed relationship with the perpetrator. For instance, dissociation may contribute to betrayal blindness (DePrince & Freyd, 2002), whereas shame may help foster the relationship with the perpetrator by internalizing negative appraisals of abuse (Platt & Freyd, 2012; Platt & Freyd, 2015). Across the course of relationships with exposure to high betrayal trauma, implicit betrayal may become explicit when the dependency on the perpetrator is lessened or extinguished (DePrince & Freyd, 2002). Regardless, neither betrayal blindness nor dissociation comes without costs, as the effects of betrayal trauma manifest themselves physically and psychologically (Smith & Freyd, 2013).

**Evidence Base for Betrayal Trauma Theory.** BTT engendered examining understudied outcomes of trauma, such as memory disturbance (e.g., DePrince et al., 2012; DePrince & Freyd, 1999; Freyd, 1996; Freyd, 1999; Freyd & DePrince, 2001) and dissociation (see DePrince et al., 2012, for a review), in addition to a wide range of abuse outcomes (see Gómez, Smith, & Freyd, 2014, for a review). With a focus on PTSD, Kelley, Weathers, Mason, & Pruneau (2012) examined both perceived fear and betrayal in interpersonal trauma. The findings regarding betrayal and perceived life threat are consistent with what would be expected from BTT and the fear paradigm (Brown & Freyd, 2008): betrayal predicted the constricting features of abuse outcomes (Herman, 1997), and fear predicted the anxiety subcomponents of PTSD. Furthermore, both betrayal and perceived life threat predicted PTSD overall. Additional research testing betrayal trauma theory has indicated that betrayal trauma is linked to diverse negative

outcomes, including: betrayal blindness (Freyd, 1996), dissociation (Brown & Freyd, 2008; DePrince et al., 2012; DePrince, Freyd, & Malle, 2007; Freyd & DePrince, 2001; Goldsmith, Freyd, & DePrince, 2012; Gómez, Kaehler, & Freyd, 2014; Klest, Freyd, & Foynes, 2013), hallucinations (Gómez & Freyd, 2013; Gómez & Freyd, under review), PTSD symptoms (Brown & Freyd, 2008; Klest, Freyd, & Foynes, 2013; Tang & Freyd, 2012; Ullman, 2007), anxiety, depression (Brown & Freyd, 2008; Edwards, Freyd, Dube, Anda, & Felitti, 2012; Goldsmith, Freyd, & DePrince, 2012; Klest, Freyd, & Foynes, 2013; Tang & Freyd, 2012), borderline personality characteristics (Kaehler & Freyd, 2009; Kaehler & Freyd, 2012), physical health complaints (Goldsmith, Freyd, & DePrince, 2012), shame (Platt & Freyd, 2012; Platt & Freyd, 2015), suicidality (Edwards, Freyd, Dube, Anda, & Felitti, 2012; Gómez & Freyd, 2013), panic, anger (Edwards, Freyd, Dube, Anda, & Felitti, 2012), self-injury (Gómez & Freyd, 2013), substance use (Brown & Freyd, 2008; Delker & Freyd, 2014), self-blame (Ullman, 2007), alexithymia (Goldsmith, Freyd, & DePrince, 2012), sleep disturbance (Klest, Freyd, & Foynes, 2013), intergenerational trauma (Hulette, Kaehler, & Freyd, 2011), revictimization (Gobin & Freyd, 2009), and longer durations until abuse disclosure (Foynes, Freyd, & DePrince, 2009; Ullman, 2007).

### **Institutional Betrayal**

Though betrayal that occurs in broader contexts than individual-to-individual has been proposed in writings on BTT (e.g., Freyd, 1996; Platt, Barton, & Freyd, 2009), only recently have these more complex forms of betrayal been further articulated and empirically tested. Smith and Freyd (2013) used the term *institutional betrayal* (Freyd, 2008) to refer to actions or inactions occurring within organizations in which appropriate

steps are not taken to prevent or address problematic events or situations (Figure 2), thus betraying its members in a uniquely traumatic way. In the seminal study, Smith and Freyd (2013) found that the interaction between sexual assault and institutional betrayal impacted anxiety, dissociation, and trauma-specific sexual symptoms. Furthermore, institutional betrayal may disproportionately affect minorities (Freyd & Birrell, 2013; Gómez & Freyd, 2014b; Gómez, Smith, & Freyd, 2014; Gómez, Smith, Gobin, Tang, & Freyd, under review; Smidt, Smith, Rosenthal, & Freyd, 2015), as institutions are entrenched in the broader context of societal inequality.

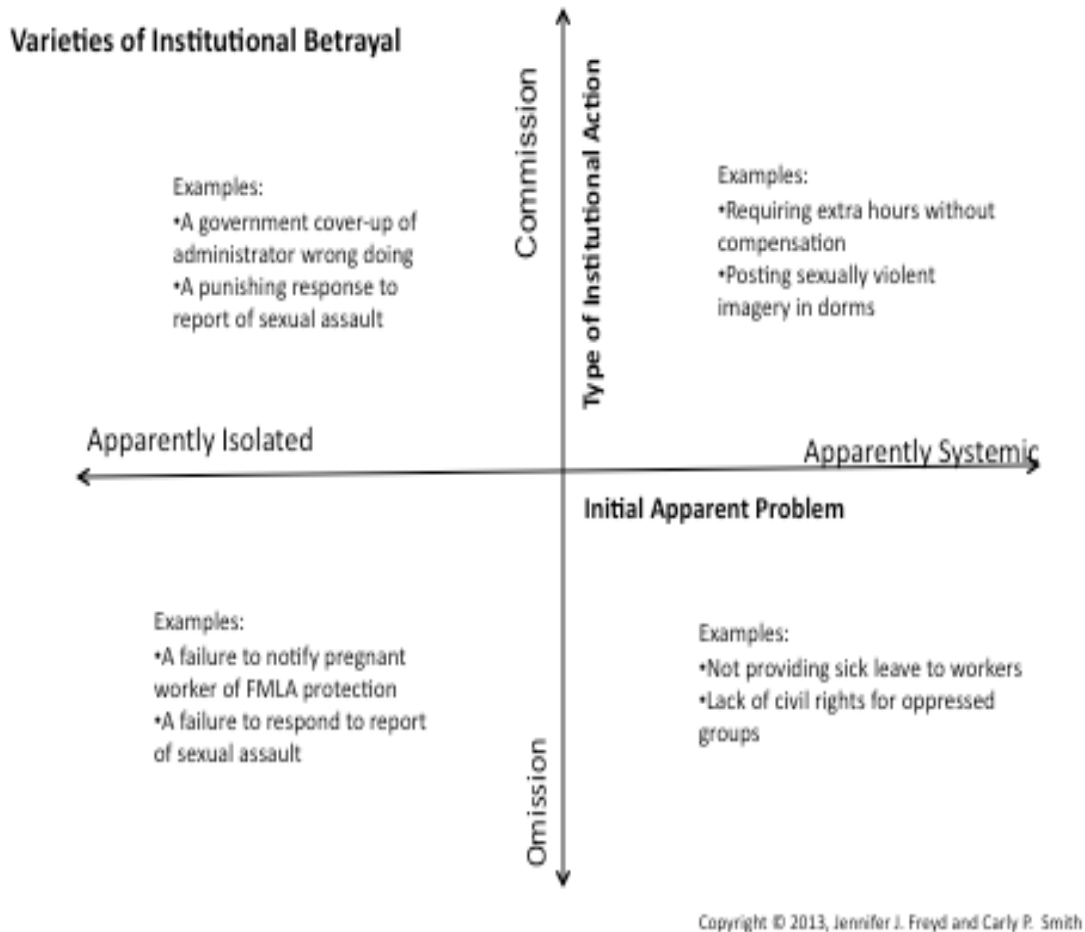


Figure 2. Institutional Betrayal

## **Ethnic Minorities: Trauma in Context**

The differential contexts that ethnic minorities face as a result of lower societal status impact meaning-making and outcomes of trauma (e.g., Brown, 2008; Bryant-Davis, 2005b), with racial/ethnic minorities at increased risk for some forms of interpersonal violence (Porter & McQuiller Williams, 2011). In an effort to advance the field, there have been numerous calls for meaningfully incorporating minorities, aspects of the sociocultural context, and cultural values and norms in the study of trauma (Briere & Scott, 2006; Bryant-Davis, 2010; Christopher, 2004; Cohen, Deblinger, Mannarino, & de Arellano, 2001; Ford & Gómez, 2015a, 2015b; Gómez, 2015a, 2015d; Gómez, Rosenthal, Smith, & Freyd, 2015; Harvey, 2007; Harvey & Tummalanarra, 2007; Korbin, 2002; Long, Ullman, Starzynski, Long, & Mason, 2007; Pole & Triffleman, 2010). However, the extant literature in this area remains relatively sparse compared with the plethora of research on White Americans (Porter & McQuiller Williams, 2011; Tyagi, 2002).

To better capture a more complete picture of trauma sequelae for ethnic minorities—thus influencing how trauma is understood generally—it is important to include: societal trauma (Bryant-Davis, Chung, Tillman, & Belcourt, 2009), such as discrimination (Bryant-Davis, Ullman, Tsong, Tillman, & Smith, 2010; Ford, 2008; Littleton, Grills-Taquechel, Buck, Rosman, & Dodd, 2013; Littleton & Ullman, 2013; Patel, Bhaju, Thompson, & Kaslow, 2012; Platt, Barton, & Freyd, 2009), historical trauma (Bryant-Davis, 2009; Bryant-Davis, Ullman, Tsong, Tillman, & Smith, 2010; Klest, Freyd, & Foynes, 2013; Lindquist, Barrick, Krebs, Crosby, Lockard, & Sanders-Phillips, 2013; Tillman, Bryant-Davis, Smith, & Marks, 2010), societal status (Klest,

Freyd, & Foynes, 2013), neighborhood environment (Littleton & Ullman, 2013; Long & Ullman, 2013), and poverty (Bryant-Davis, Ullman, Tsong, Tillman, & Smith, 2010; Ford, 2008; Klest, Freyd, & Foynes, 2013; Long & Ullman, 2013; Taft, Bryant-Davis, Woodward, Tillman, & Torres, 2009). Through contextualizing trauma research, the base level of understanding trauma sequelae can be deepened and expanded (Gómez & Johnson-Freyd, 2015), while the findings can be relevant for diverse individuals in an increasingly pluralistic society (Gómez, 2014, 2015a).

**Introducing Cultural Betrayal Trauma Theory.** Trauma psychology has evolved from relatively narrow definitions of what makes events traumatic (e.g., fear and shattered assumptions paradigms; for a discussion, see DePrince & Freyd, 2002) to more nuanced contextual approaches (e.g., BTT; Freyd, 1996). Though the majority of trauma research is conducted on White Americans, there is important theoretical and empirical work being done with ethnic minorities that includes aspects of the sociocultural context, cultural values, and/or culturally congruent approaches (e.g., Ahrens, Rios-Mandel, Carolina, Isas, del Carmen Lopez, 2010; Balsam, Huang, Fieland, Simoni, & Walters, 2004; Bryant-Davis, Ullman, Tsong, & Gobin, 2011; Bryant-Davis, Ullman, Tsong, Tillman, & Smith, 2010; Cuevas, Sabina, & Picard, 2010; Evans-Campbell, Lindhorst, Huang, & Walters, 2006; Ford, 2008; Ford & Gómez, 2015b; Foynes, Platt, Hall, & Freyd, 2014; Hampton & Gillotti, 2006; Iverson, Bauer, Shipherd, Pineles, Harrington, & Resick, 2013; Kaltman, Green, Mete, Shara, & Miranda, 2010; Kenny & McEachern, 2000; Klest, Freyd, & Foynes, 2013; Korbin, 2002; Lehavot, Walters, & Simoni, 2009; Littleton & Ullman, 2013; Long & Ullman, 2013; Porter & McQuiller Williams, 2011; Rennison & Planty, 2003; Simoni, Sehgal, & Walters, 2004; Westphal et al., 2013;

Wright, Pérez, & Johnson, 2010). Given the ubiquity of inequality and oppression, aspects of the sociocultural context should be included in trauma work (Brown, 2008; Bryant-Davis, 2005b; Ford & Gómez, 2015a, 2015b; Gómez, 2015b; Gómez, Lewis, Noll, Smidt, & Birrell, 2016), as they affect interpersonal trauma outcomes (Brown, 2008; Bryant-Davis, 2005b; Burstow, 2003, 2005).

In multiple psychology domains, such as the study of personality, intervention, and clinical psychology, theory-driven empirical research is valued as a means for independent researchers to efficiently and systematically test hypotheses (Dunn, van der Meulen, O'Campo, & Muntaner, 2013; Magidson, Roberts, Collado-Rodriguez, Lejuez, 2012; Pearson, Deeprouse, Wallace-Hadrill, Heyes, & Holmes, 2013; Snowden & Yamada, 2005; Wagner, Rizvi, & Harned, 2007), while comparing findings within and across populations in order to gain a clearer understanding of behaviors and psychological processes. Furthermore, trauma psychology has demonstrated its ability to tolerate and embrace paradigm shifts through theory (Gómez, 2015a), such as that provided by BTT (e.g., Freyd, 1996). A unifying theory that is influenced from mainstream trauma research, such as BTT (e.g., Freyd, 1996), and includes specific aspects of the sociocultural context that can be adapted across minority groups offers a means for engendering culturally relevant research on underserved populations. With the potential to incorporate multiple types of betrayal—interpersonal (e.g., Freyd, 1996); institutional—(e.g., Platt, Barton, & Freyd, 2009); judicial (Smith, Gómez, & Freyd, 2014); and cultural (e.g., Gómez, 2015a)—to diverse trauma outcomes, I introduce cultural betrayal trauma theory as one contextualized framework for examining trauma in minority populations.

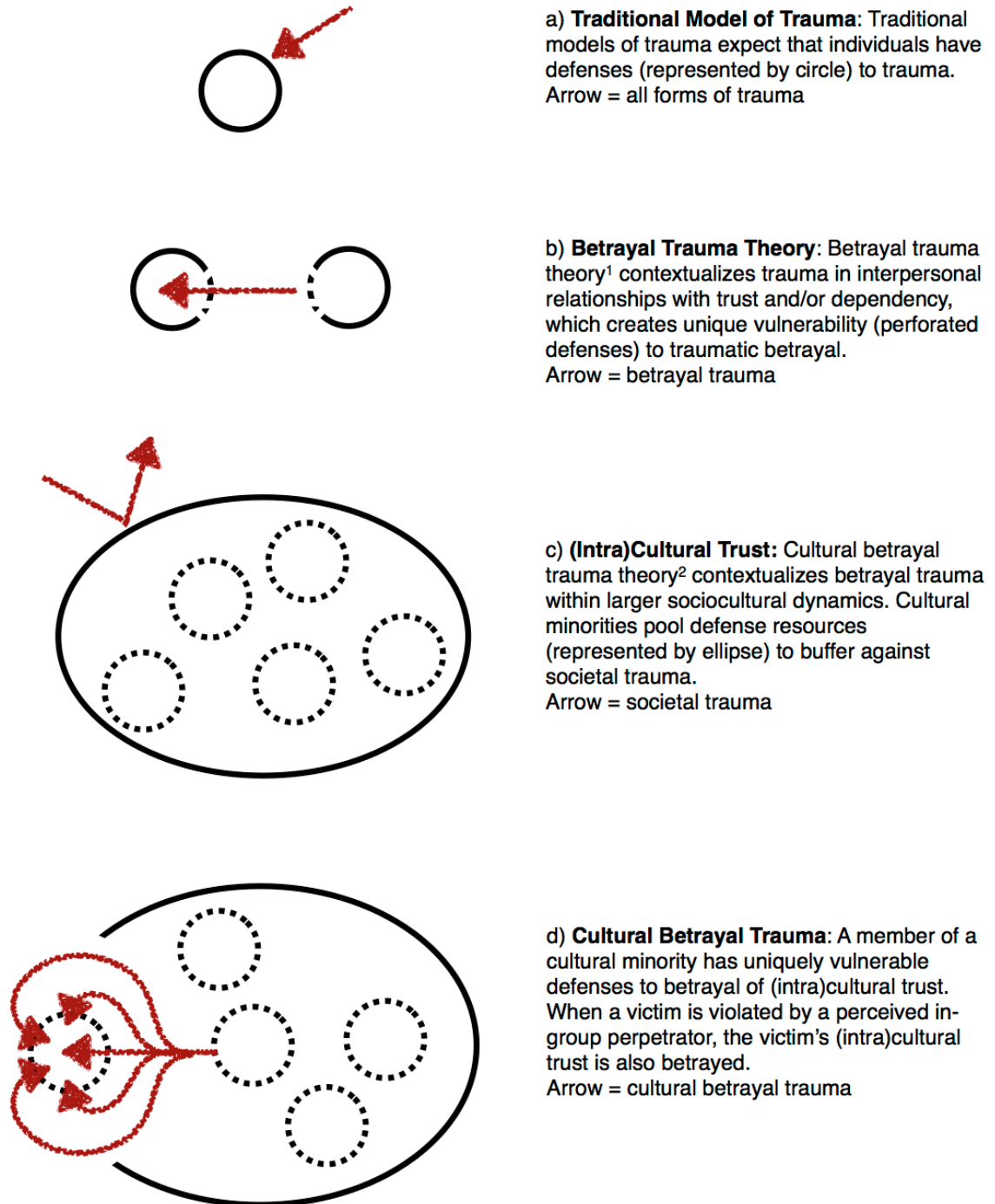
## **Cultural Betrayal Trauma Theory**

Trauma psychology has evolved over time, amidst increasing awareness of the importance of context in understanding outcomes. Even with the limitations of the fear paradigm (for discussion, see DePrince & Freyd, 2002), PTSD, for instance, puts diagnostic symptomatology ‘into context’ insofar that this diagnosis recognizes trauma as a predictor of observable symptoms (DeVries, 1996). BTT further contextualizes trauma through incorporating the interpersonal context and resultant attachment and dependency (e.g., Freyd, 1994) into research on trauma sequelae. Furthermore, the construct of institutional betrayal (e.g., Platt, Barton, & Freyd, 2009) explains, among other things, how behaviors of individuals may have meaning beyond the interpersonal level because they represent a larger entity, such as an institution; as such, these broader betrayals impact the surrounding environment and outcomes of trauma (e.g., Smith & Freyd, 2014). It is possible to expand the scope of the context even further by placing societal trauma as a stressor that contributes to the meaning-making and diverse outcomes of trauma for minorities (Figure 3). While acknowledging the effects of characteristics of abuse (type, duration, severity, etc.) and additional betrayals (interpersonal, e.g., Freyd, 1996; institutional, e.g., Smith & Freyd, 2014; judicial, Smith, Gómez, & Freyd, 2014b), the complete framework of cultural betrayal trauma theory includes: societal trauma, cultural values, (intra)cultural trust, within-group violence victimization—termed cultural betrayal trauma—(intra)cultural pressure, cultural betrayal unawareness, abuse outcomes, and cultural outcomes (Figure 4).

**Societal Trauma.** Societal trauma includes discrimination, second-class citizenship, genocide, slavery, racialized police brutality, and other forms of oppression



that manifests itself interpersonally, institutionally, and systemically in society (e.g., Gómez, 2015e).



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 1. Freyd, 1996; 2. Gómez, 2012

Figure 3. Interpersonal Betrayal, Societal, and Cultural Betrayal Trauma

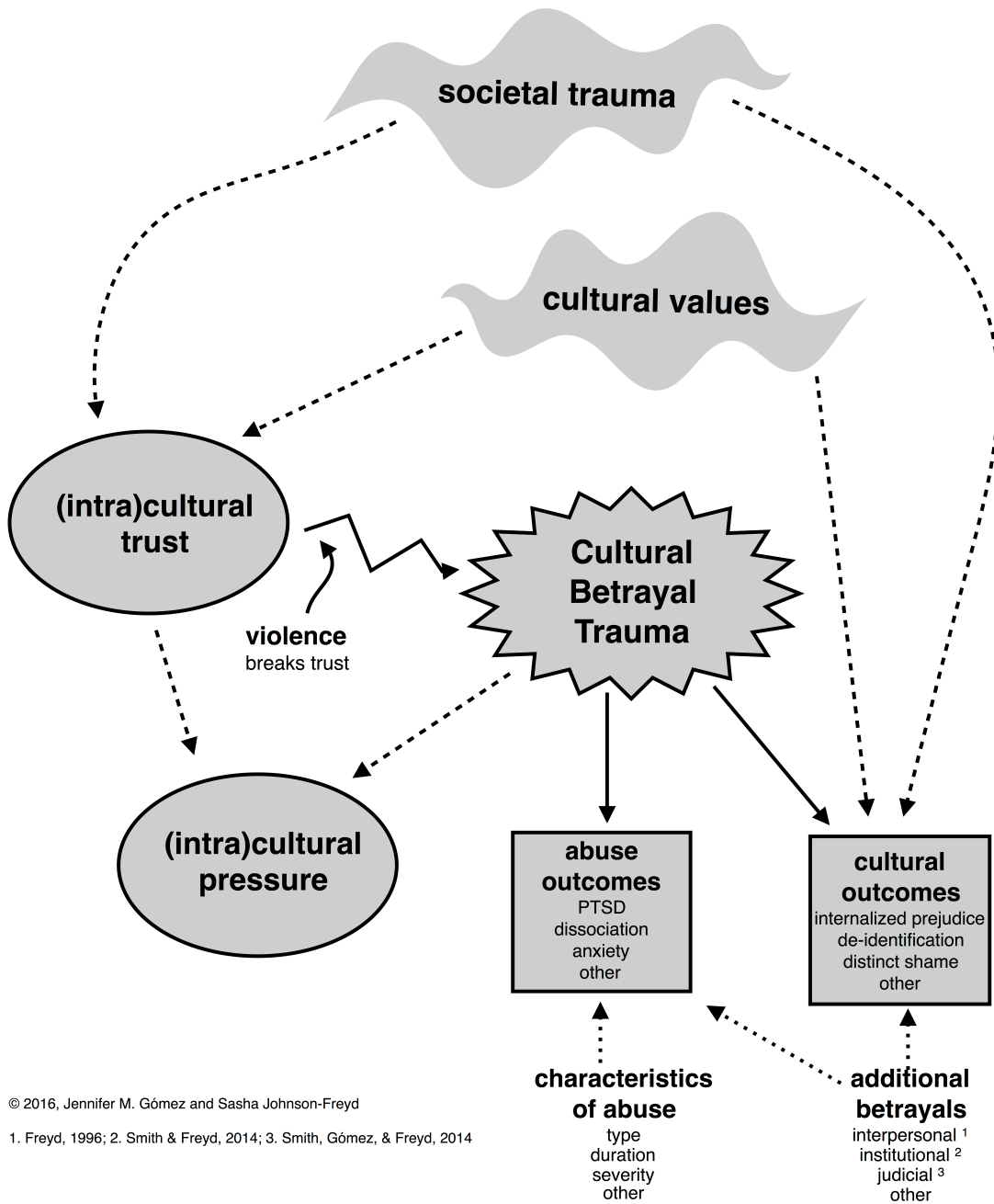


Figure 4. Cultural Betrayal Trauma Theory Flowchart

For ethnic minorities, racist incidents can be conceptualized as a type of (societal) trauma (Kessler, Michelson, & Williams, 1999; Loo, Singh, Scurfield, & Kilauano, 1998; Nagata & Cheng, 2003; Ocampo, 2000; Sanchez-Hucles, 1998; Scurfield & Mackey, 2001; Thompson Sanders, 1996; Thompson & Neville, 1999; Walters & Simoni, 2002), as these incidents share similarities with other traumatic experiences, such as domestic violence and rape (Bryant-Davis & Ocampo, 2005a, 2005b). Racist incident-based trauma can take many forms, including: individual or institutional; overt or covert; intentional or unintentional; and physical or verbal (Bryant-Davis & Ocampo, 2005a). Exposure to individual and institutional racism has negative effects on psychological health and well-being (e.g., Harrell, Hall, & Tagliaferro, 2003; Williams, Neighbors, & Jackson, 2003; Williams & Williams-Morris, 2000) and may negatively impact interpersonal trauma outcomes (Brown, 2008; Bryant-Davis, 2005; Burstow, 2003, 2005). Furthermore, minorities' potential for increased risk of institutional betrayal (Freyd & Birrell, 2013; Gómez & Freyd, 2014b; Gómez, Smith, Gobin, Tang, & Freyd, under review; Smidt, Smith, Rosenthal, & Freyd, 2015) may be another example of how societal trauma is woven systemically into institutional practices. Thus, societal trauma can be conceptualized as both an independent added life stressor, as well as a contributing factor to negative interpersonal trauma outcomes for minorities.

**(Intra)Cultural Trust.** The interpersonal trust in relationships can be mirrored between individuals who are members of cultural minorities (e.g., racial, ethnic, religious, or sexual minorities). This *(intra)cultural trust*—connection, attachment, dependency, love, loyalty, and responsibility (Gómez, 2015a)—is so named to be distinct from *cultural mistrust*, which describes African Americans' mistrust of White European

Americans as a result of oppression (Terrell & Terrell, 1981). (Intra)cultural trust is similar to the construct of racial loyalty (e.g., Bent-Goodley, 2001; Tillman, Bryant-Davis, Smith, & Marks, 2010) and can be found across contexts, including in therapist-client dyads (e.g., Cabral & Smith, 2011; Goode-Cross & Grim, 2016). Like racial loyalty, (intra)cultural trust is engendered by needs for psychological protection from societal trauma perpetrated by individuals, institutions, and policies of the dominant culture. Furthermore, the concept of (intra)cultural trust goes beyond that of racial loyalty by incorporating an understanding of the needs for attachment and dependency between perceived oppressed in-group others generally.

Examples of (intra)cultural trust are numerous. Without labeling it as such, hooks (1994) describes (intra)cultural trust as “. . . the collective sense of sweet solidarity in blackness,” (p. 67) in reference to a gathering with Black women. Additionally, in a qualitative study, Black women participants who were victims of ethno-cultural betrayal sexual trauma exhibited (intra)cultural trust by wanting to participate in the study partially to help the unknown Black woman researcher (Reinhardt, Gómez, Barnes, Mazzei, & Freyd, in preparation). (Intra)cultural trust is further informed by cultural values of the group, including those that are more collectivist in nature (e.g., Africentric cultural values).

**Cultural Betrayal.** Betrayal trauma theory (e.g., Freyd, 1996) makes explicit the interpersonal trust and dependence that is betrayed during trauma. The construct of institutional betrayal (e.g., Smith & Freyd, 2014) highlights how institutions as well can be trusted and/or depended upon, and thus have the ability to betray. As such, institutions—as opposed to simply easily identifiable individuals—create contexts and

cultural norms that may be hurtful or harmful to its members. Examples of institutional betrayal are numerous. For instance, institutional betrayal includes universities fostering a rape-tolerant culture (Freyd, 2014); an additional institutional betrayal is the American Psychological Association changing its ethics code to a pre-Nuremberg standard, ostensibly aiding in psychologists' involvement in governmental torture (Gómez, Smith, Gobin, Tang, & Freyd, under review). These examples show how harm through betrayal can occur from the policies and culture of an institution, along with individuals as actors representing an institution. Thus, the betrayals themselves have both interpersonal and institutional components.

Cultural betrayal can be understood through the lenses of both interpersonal and institutional betrayal. Just as betrayal is implicit in abuse that occurs in close relationships (e.g., Freyd, 1996), cultural betrayal is laced in within-group harm in minority populations through the perceived in-group status and (intra)cultural trust with the perpetrator(s). Similar to institutional betrayal, the perpetrator(s), by virtue of perceived group membership, is not just an individual, but is also identified as representing the larger minoritized cultural group. Thus, a cultural betrayal occurs as a function of the perpetrator as both an individual and a perceived 'close minority other.'

Given that individuals have multiple identities that intersect (e.g., Crenshaw, 1989, 1991) and inform each other (Collins, 1997; Hames-Garcia, 2011), there are different types of cultural betrayal that can occur. For instance, ethno-cultural betrayal occurs between individuals perceived to be of the same minority ethnic group. Gender-cultural betrayal occurs between members of marginalized genders, such as women and transgendered individuals. Minority-cultural betrayal can happen between individuals

across perceived minority groups (e.g., between people of color who do not share the same ethnicity).

There are indications that cultural betrayal can be felt outside of abusive interactions. For instance, Bonilla-Silva (2015) discussed fellow ethnic minority professionals who were ‘false positives’: individuals who he expected to have a bond with based on shared ethnic minority status, who betrayed this (intra)cultural trust by virtue of behaving in ways that were antithetical to equality. Furthermore, hooks (1994) describes then-unnamed ethno-cultural betrayal amongst a group of Black women through “. . . the silencing we experience, the censoring, the anti-intellectualism in predominantly black settings that are supposedly supportive. . .” (p. 68). hooks (1994) then likened this to the silencing that occurs in institutions of higher learning that devalue the theoretical work of Black women and other women of color—an institutional betrayal. The ethno-cultural betrayal in predominantly Black settings is distinct in that it occurs within a community that is further needed to be safe through intra(cultural) trust in response to societal trauma, such as the aforementioned institutional betrayal at universities.

On a broader scale, hooks (1994) noted the then-unnamed gender-cultural betrayal that White women perpetrated against Black women during the American slavery era: Black women “. . . were particularly aggrieved by the overwhelming absence of sympathy shown by white women in circumstances involving sexual and physical abuse of black women” [by White men] “. . . Again it was within this realm of shared concern (white women knew the horror of sexual and physical abuse . . .) that the majority of white women . . . turned their backs on black women’s pain.” (p. 96-97).

In this way, cultural betrayal results from societal trauma, as its roots can be traced to societal inequality. In the case of hooks' (1994) example of gender-cultural betrayal between White and Black women, the societal trauma of gendered violence fomented the need for (intra)cultural trust amongst women, irrespective of the minority status of non-White race. These examples can aid in understanding cultural betrayal that occurs through commission in trauma: the physical assault of a Black woman by a Black man is an ethno-cultural betrayal trauma due to the implicit violation of (intra)cultural trust.

**Cultural Betrayal Trauma.** *Cultural betrayal trauma* is interpersonal trauma that is perpetrated by presumed in-group member(s) of minority groups. For example, within ethnic minorities, ethno-cultural betrayal trauma is intra-racial violence. Types of trauma that could be cultural betrayal traumas include, but are not limited to, child abuse, incest, intimate partner violence, physical assault, and sexual violence (Gómez, 2012). Similar to high betrayal trauma that occurs within a family (e.g., Freyd, 1996), cultural betrayal in trauma is an implicit violation of (intra)cultural trust.

**(Intra)Cultural Pressure.** Whereas members of the dominant culture in the U.S. are viewed as individuals, oppression dictates that minorities are tasked with representing their entire group (e.g., Platt, Barton, & Freyd, 2009). Through the microaggressions, 'assumption of homogeneity' and 'assumption of universality', minorities are typically assumed to be similar to one another; an exception is *tokenism*—a minority is perceived positively and thus assumed to be different than their minority counterparts (see Gómez, 2015c, for a discussion). (Intra)cultural pressure is a transformation of (intra)cultural trust, occurring to protect the minority group generally at the expense of the well-being of

individual members. For instance, “The same loyalty to innocent Black men who are abused by discriminatory police and judicial systems can also transfer to rapists: Black women are charged with protecting their attackers at the expense of themselves.” (Gómez, 2015d, p. 12). In this way, coercion for secrecy purported by either the perpetrator(s) or the non-offending members of the minority group dictate that the needs of one in-group member (the victim) is trumped by the needs of the group. Stemming from societal trauma, such as racialized police brutality (Gómez & Freyd, 2014b), (intra)cultural pressure can manifest itself in various ways, including: covert or overt demands for silence; creating a cultural environment in which cultural betrayal trauma is not taken seriously; suggesting the trauma may affect the reputation of the entire group; and punishing individuals who disclose cultural betrayal trauma victimization.

**Cultural Betrayal Unawareness.** *Cultural betrayal unawareness* is betrayal blindness for cultural betrayal trauma. Conceptually, cultural betrayal unawareness and betrayal blindness are analogous—indicative of knowledge isolation regarding trauma that has occurred or is occurring due to cultural betrayal or interpersonal betrayal, respectively. The term *cultural betrayal unawareness* is used in favor of *cultural betrayal blindness* as not to equate different physical ability with psychological inability. The need for cultural betrayal unawareness may occur from pressure to keep problems ‘in house.’ Cultural betrayal unawareness may arise as a way for victimized individuals to align their views with those of the group: that is, knowledge isolation for the trauma may make cohesion with the minority group and culture easier. As in betrayal trauma theory (e.g., Freyd, 1996), this unawareness may be related to negative outcomes.



**Abuse outcomes.** According to cultural betrayal trauma theory (e.g., Gómez, 2015a), cultural betrayal in trauma carries a specific harm, beyond that of the trauma itself and level of interpersonal betrayal. Therefore, cultural betrayal trauma may be associated with typically-studied abuse outcomes that have been linked empirically with betrayal trauma (see Gómez, Smith, & Freyd, 2014, for a review), including: dissociation, hallucinations, PTSD, less disclosure, betrayal blindness/cultural betrayal unawareness, and hypervigilance.

Despite being a typically-studied abuse outcome (e.g., Foynes, Freyd, & DePrince, 2009; Ullman, 2007), decreased disclosure for minorities may occur for additional reasons related to cultural betrayal. Within-group violence (e.g., cultural betrayal trauma) may elicit a feeling of responsibility for the victims to protect the perpetrators (McNair & Neville, 1996) and/or family (Xu, Sun, Zhang, & Xu, 2001)—termed (intra)cultural trust in CBTT; furthermore, (intra)cultural pressure may occur, with disclosing trauma—even to those outside law enforcement—being interpreted, by the victims or other members of the minority group, as a betrayal in and of itself (Bryant-Davis, 2005; Gómez, 2015d), thereby reducing the likelihood for disclosure.

**Cultural Outcomes.** With CBTT, I centralize societal trauma's influence on minority within-group violence outcomes into the theoretical and empirical investigation of trauma sequelae. Akin to how BTT expanded types of outcomes to be studied by incorporating the interpersonal context (e.g., Freyd, 1996), CBTT includes un-explored or under-explored cultural outcomes of trauma, including (intra)cultural pressure, de-identification with minority identity, and internalized prejudice. Cultural outcomes can be explained through the following vignette (Gómez, 2015a, p. 41):

A Black American woman attends a party hosted by a Black American fraternity that has been a source of emotional support for her at the predominantly White university she attends. At this party, she is raped by a presumed Black American male party-goer. Following the [ethno-]cultural betrayal trauma, this woman experiences symptoms of PTSD—hypervigilance around Black American men of the same build and complexion as the perpetrator. This heightened fear also contributes to internalized racism, as she thinks, “Maybe Black people really are violent and criminal.”

This example illustrates how in addition to abuse outcomes, internalized prejudice and potential subsequent de-identification with her ethnic identity may be associated with ethno-cultural betrayal trauma.

**Intra-Racial versus Interracial Trauma.** Resulting from societal inequality, intra-racial sexual assault—termed ethno-cultural betrayal sexual trauma—may be particularly harmful because of the violation of (intra)cultural trust. For ethnic minority women in the general public, the majority of sexual assaults are perpetrated by men of the same race (e.g., Bryant-Davis, Chung, Tillman, & Belcourt, 2009; National Alliance to End Sexual Violence, 2015), with the exception that Native American women report more rapes by Whites (Greenfeld & Smith, 2009). This difference may be the result of Native Americans’ experience with genocide and colonization; it could also be indicative of (intra)cultural pressure and/or cultural betrayal unawareness: There may be (intra)cultural pressure not to acknowledge or report rapes by fellow in-group members,

with disclosure being potentially unsafe given the oppression and discrimination perpetrated against people, communities, and systems of diverse Native American cultures. Regardless, both intra-racial (ethno-cultural betrayal) and interracial trauma occur within the context of societal racial discrimination; therefore, both types of trauma are likely affected by this context.

Implicitly or explicitly perceived as a re-instantiation of colonization and oppression, interracial violence perpetrated by members of the dominant culture against minorities may be uniquely traumatic. For instance, Woods and colleagues (2009) found that sexual harassment perpetrated by White American men had more negative outcomes for Black American women compared to intra-racial sexual harassment. Not surprisingly, the type of harassment and power differential between perpetrators and victims varied such that interracial sexual harassment was more likely to be both racial and gendered, and these perpetrators were more likely to be of higher status. Therefore, societal inequality (e.g., racism; White men more likely to be in positions of power) was incorporated into interracial sexual harassment in a way that was dissimilar to intra-racial sexual harassment. Given the role of societal trauma in affecting differential harm for both intra- and inter-racial trauma, CBTT is simply a single guiding framework for examining trauma in minorities. This theory does not and could not capture all the ways in which societal inequality affects the experience and meaning-making of diverse forms of interpersonal trauma.

### **Purpose of the Current Study**

Understanding trauma in context allows for more nuanced examinations of outcomes (e.g., BTT; Freyd, 1996). Societal inequality affects trauma sequelae in ethnic

minority populations (e.g., Burstow, 2003). Predominantly White universities are sites of inequality (Freyd & Johnson, 2010; Pearson, 2015). Furthermore, college populations experience relatively high rates of trauma across the lifespan (e.g., Gómez, Smith, Rosenthal, & Freyd, 2015; Porter & McQuiller Williams, 2011). Finally, cultural betrayal trauma theory is a contextualized framework from a minority perspective that may be an effective tool in examining and understanding trauma sequelae in minority populations. Thus, the purpose of the current study is to empirically test cultural betrayal trauma theory in a sample of ethnic minority college students at a predominantly White university.

I will be testing CBTT in one data collection with two aims (Table 1; Table 2). Aim 1 will assess abuse outcomes (dissociation, hallucinations, PTSD, less within-group disclosure, cultural betrayal unawareness, and hypervigilance), whereas Aim 2 will assess cultural outcomes (trauma-related ethnic identity change, diverse identity changes, internalized prejudice, and (intra)cultural pressure). I will test three broad research questions in Aim 1 and four broad research questions in Aim 2.

Table 1. Aim 1 Research Questions and Hypotheses

<b>Research Question</b>	<b>Hypothesis</b>
1. Will ethno-cultural betrayal trauma predict abuse outcomes*?	a. Controlling for medium betrayal in trauma, ethno-cultural betrayal trauma with high betrayal will predict abuse outcomes.
	b. Ethno-cultural betrayal trauma (total) will predict abuse outcomes.
2. Will there be indirect effects of ethno-cultural betrayal trauma with high betrayal on select abuse outcomes through cultural betrayal unawareness?	c. There will be an indirect effect of ethno-cultural betrayal trauma with high betrayal on dissociation through cultural betrayal unawareness.
	d. There will be an indirect effect of ethno-cultural betrayal trauma with high betrayal on hallucinations through cultural betrayal unawareness.
3. When controlling for the trauma itself and high (interpersonal) betrayal, will ethno-cultural betrayal in trauma explain additional variance in abuse outcomes?	e. After the trauma itself and high betrayal are included in the model, ethno-cultural betrayal will explain additional variance in abuse outcomes.
	f. After the trauma itself and high betrayal are included in the model, 'interracial' will not explain additional variance in abuse outcomes.

\*Abuse outcomes: dissociation, hallucinations, PTSD, less within-group disclosure, cultural betrayal unawareness, and hypervigilance.

Table 2. Aim 2 Research Questions and Hypotheses

<b>Research Question</b>	<b>Hypothesis</b>
1. Will ethno-cultural betrayal trauma predict trauma-related ethnic identity change?	a. Controlling for medium betrayal in trauma, ethno-cultural betrayal trauma with high betrayal will predict trauma-related ethnic identity change.
	b. Ethno-cultural betrayal trauma (total) will predict trauma-related ethnic identity change.
2. Will there be an indirect effect of ethno-cultural betrayal trauma on diverse identity changes through trauma-related ethnic identity change?	c. There will be an indirect effect of ethno-cultural betrayal trauma on diverse identity changes through trauma-related ethnic identity change.
3. Will ethno-cultural betrayal trauma predict internalized prejudice?	d. Ethno-cultural betrayal trauma (total) will predict internalized prejudice.
	e. Interracial trauma (total) will not predict internalized prejudice.
4. Will the interaction between ethno-cultural betrayal trauma and perception of societal trauma impact (intra)cultural pressure?	f. The interaction between ethno-cultural betrayal trauma and perception of societal trauma will impact (intra)cultural pressure.

## CHAPTER II

### METHOD: AIM 1

#### Participants

With the University of Oregon's Institutional Review Board (IRB) approval, participants ( $N = 302$ ) were recruited from the University of Oregon Human Subjects Pool through the online SONA system. A pre-screen item—"I identify as an ethnic minority"—was used to identify eligible individuals. Following completing various pre-screen items for the Human Subjects Pool, students were provided with a list of potential studies. Participants did not self-select into the current study; given that studies were named after composers, participants chose the current online study based on the time and credit they would receive for participation. Five participants' responses were excluded from analyses due to missing data. An additional participant was excluded because that participant did not identify as an ethnic minority when asked again in the study proper.

The final sample size was 296 participants (Male: 38.9%; Female: 60.5%; Other: .3%; Decline to Answer: .3%). Participants ranged in age from 17 to 40 years ( $M = 20.12$ ;  $SD = 2.81$ ). The sample was ethnically diverse, with 35.0% Asian, 24.7% Hispanic/Latino American, 14.2% Other, 13.2% Black/African American, 5.7% Native Hawaiian or Other Pacific Islander, 3.4% American Indian/Alaska Native, and 3.4% Middle Eastern. Just over half (51.5%) of participants indicated their nation of origin as America, with an additional 35 countries and continents being identified as nationalities. Given the low frequency of some of these locations, I am not providing a list in order to protect participants' confidentiality. The majority of participants identified as heterosexual (71.3%), with 10.5% identifying as asexual, bisexual, homosexual,

pansexual, or queer. The remaining 17.5% of participants declined to answer or provided their biological sex. Finally, regarding religious affiliation, participants identified as Christian (43.9%), agnostic, atheist, or having no religion (38.9%), and eight other religions (9.1%; again, due to low frequency, I am not listing specific religions here to protect confidentiality), with 7.8% of participants declining to answer.

## **Materials**

**Consent Form.** The consent form provided participants with information about the general purpose of the study, logistical details about participation, the voluntary nature of participation, potential risks and benefits of participation, information regarding confidentiality, and contact information for the principle investigator and the University of Oregon Research Compliance Services. The consent form also informed participants that they were free to withdraw from the study or decline to answer any question without penalty. Participants clicked “Agree” if they chose to participate following reading the informed consent form. The full consent form is in Appendix A.

**Demographics.** Participants completed a brief demographic questionnaire that inquired about age, gender, race, ethnicity, national origin, sexual orientation, religion, and ethnic minority identification. Participants typed in their age, national origin, and sexual orientation. Gender was indicated with one multiple-choice item: Gender- male, female, other. Race and ethnicity were indicated in separate multiple-choice items, with the same seven response choices: American Indian/Alaska Native; Asian; Black/African American; Hispanic/Latino American; Middle Eastern; Native Hawaiian or Other Pacific Islander; and Other. Ethnic minority status was indicated with the same text as the pre-



screen item: Identify as an ethnic minority—yes, no. See Appendix B for full questionnaire.

**Brief Betrayal Trauma Survey—Modified for Ethno-Cultural Betrayal**

**Trauma.** The Brief Betrayal Trauma Survey—Modified for Ethno-Cultural Betrayal Trauma (BBTS-M; Goldberg & Freyd, 2006) is a 12-item self-report questionnaire that assesses for physical, sexual, and emotional abuse perpetrated by close (high betrayal) and un-close (medium betrayal) others of the same ethnicity (ethno-cultural betrayal) or of a different ethnicity (interracial). Items are rated on a six-point Likert scale from *never* to *more than 100 times*. A sample item is: “You were deliberately attacked so severely as to result in marks, bruises, blood, broken bones, or broken teeth by someone *of your same ethnicity* with whom you were very close.” In its initial validation, the completed measure yielded good test re-test reliability for childhood items [83%] and adulthood items [75%] (Goldberg & Freyd, 2006). A test of internal consistency is not appropriate for this measure given that the BBTS-M assesses for frequency of different events, as opposed to a latent construct, such as depression. A version of this measure has been used previously to assess cultural betrayal trauma (Gómez & Freyd, in preparation). See Appendix C for full measure.

**Sexual Experiences Survey—Modified for Ethno-Cultural Betrayal Trauma.**

The Sexual Experiences Survey—Modified for Ethno-Cultural Betrayal Trauma (SES-M; Koss & Oros, 1982) is a 28-item self-report questionnaire that has been modified to assess for medium betrayal, high betrayal, ethno-cultural betrayal, and interracial sexual trauma. Identical to the BBTS-M (Goldberg & Freyd, 2006), items are rated on a six-point Likert scale, from *never* to *more than 100 times*. A sample item is: “An unknown or

unfamiliar person of the *same ethnicity* used some degree of physical force (twisting your arm, holding you down, etc.) to try to make you engage in kissing or petting when you didn't want to." This measure has been used previously to assess cultural betrayal trauma (Gómez & Freyd, in preparation). The original SES has good test re-test reliability (Koss & Gidycz, 1985). This measure assesses different types of sexually abusive experiences, therefore, a measure of internal consistency is not warranted. See Appendix E for the full measure used in the current study.

Several mean scores for trauma—any trauma; physical, sexual, and emotional abuse separately; high betrayal trauma; ethno-cultural betrayal trauma; interracial trauma; ethno-cultural betrayal trauma with medium betrayal; and ethno-cultural betrayal with high betrayal—were created with BBTS-M and SES-M and used in descriptive and inferential analyses. Dichotomous variables (any trauma vs. no trauma reported) were also calculated; all analyses were run with continuous variables unless otherwise stated in text.

**Betrayal Trauma Inventory—Modified for Disclosure.** The Betrayal Trauma Inventory—Modified for Disclosure (BTI-M; Freyd, DePrince, & Zurbriggen, 2001) is a three-item self-report questionnaire that has been modified to assess for disclosure of ethno-cultural betrayal trauma: in general; to people of the same ethnicity; and to people of different ethnicities. The four-point Likert scale ranges from *never* to *6+ times*. Only participants who endorsed at least one experience of trauma completed the BTI—M. A sample item is: "How many times did you tell person(s) of your same ethnicity about the experience(s)?" Given that this measure assesses different types of disclosure, a measure of internal consistency would not be appropriate. A version of the BTI-M that included

these items has been used previously (Gómez & Freyd, in preparation). Only the item for within-group disclosure was used for analyses in the current study. See Appendix F for the items.

**Rotating Betrayal Blindness Questionnaire.** The Rotating Betrayal Blindness Questionnaire (RBBQ; Noll, Gómez, & Freyd, in preparation) assesses memory and cognitive appraisal of traumatic events. The RBBQ has three subscales, each with 33 items—1. memory and appraisal at the time of the event and shortly thereafter; 2. current memory and appraisal; and 3. conflicting memories and appraisals over time. The first two subscales have four-point Likert scales, from *never true for me* to *always true for me*. The third subscale has a four-point Likert scale, from *strongly disagree* to *strongly agree*. Only participants who endorsed at least one experience of trauma completed the RBBQ. For the purposes of the current study, items assessing dissociative amnesia (also known as betrayal blindness and cultural betrayal unawareness) at the time of the event were combined into a mean score and included in analyses (items 17, 18, 19, 24, 25, 26, and 27 from the first subscale). A sample item is: “At the time of the event(s) and for the period right after it happened, I didn’t remember the event(s), but was told it happened by someone else.” The dissociative amnesia subscale had excellent internal consistency,  $\alpha = .91$ . Appendix G has the full RBBQ, with items used in the current study in bold.

**Brief Hypervigilance Scale.** The Brief Hypervigilance Scale (Bernstein, Delker, Knight, & Freyd, 2015) is a five-item self-report measure that was designed to assess hypervigilance in a college sample. The measure uses a 5-point Likert scale, from *not at all like me/never true* to *very much like me/always true*. A sample item is: “I feel that if I don't stay alert and watchful, something bad will happen.” A mean score was created and

used in analyses. With the current sample, internal consistency was good,  $\alpha = .84$ . The full questionnaire is in Appendix I.

**Wessex Dissociation Scale.** The Wessex Dissociation Scale (WDS; Kennedy et al., 2004) is a 40-item self-report questionnaire that assesses cognitive aspects of dissociation in daily life. The WDS uses a 6-point Likert scale, from *never* to *all the time*. A sample item is: “I sometimes look at myself as though I were another person.” A mean score was created and used in analyses. The WDS has been significantly correlated with the Dissociative Experiences Scale—II (Carlson & Putnam, 1993). Internal consistency was excellent,  $\alpha = .95$ . The WDS is in Appendix J.

**PTSD Checklist—5.** The PTSD Checklist for DSM-5 (Weathers, Litz, Keane, Palmieri, Marx, & Schnurr, 2013) is a 20-item questionnaire that assesses symptoms of posttraumatic stress disorder (PTSD), including hyperarousal, avoidance, and negative alterations in mood. The questionnaire has a 5-point Likert scale from *not at all* to *extremely*. A sample item is: “In the past month, how much were you bothered by feeling jumpy or easily startled?” A mean score of the entire measure was created and used in analyses. The PTSD Checklist—5 had excellent internal consistency,  $\alpha = .95$ . The full questionnaire is in Appendix K.

**The Composite International Diagnostic Interview: ‘Beliefs and Experiences Module’.** The Composite International Diagnostic Interview: ‘Beliefs and Experiences Module (CIDI; World Health Organization, 1990) assesses tactile, visual, and auditory hallucinations with 3 items, using a 4-point Likert scale from *never* to *almost always*. A sample item is: “Have you ever seen things, objects or persons which other people can’t see?” Items from the CIDI were combined with those created by Ohayon (2000).

**Ohayon Hallucination Items.** These six items (Ohayon, 2000) were created for the cited study to assess tactile, visual, and auditory hallucinations, using a 4-point Likert scale of *never* to *almost always*. A sample item is: “Have you ever had the experience of hearing things other people could not hear, such as noises or a voice?” These items, along with the CIDI items are in Appendix L. The Ohayon Hallucination Items were combined with the aforementioned CIDI items to create a mean score that was used in analyses. For the combined CIDI (World Health Organization, 1990) and Ohayon Hallucination Items (Ohayon, 2000), internal consistency was excellent,  $\alpha = .93$ .

### **Procedure**

Participants completed the one-hour online survey at a location of their own choosing. The entire survey consisted of measures from both Aim 1 and Aim 2. All measures are in the appendices in the order in which they were presented to participants. Measures were not counter-balanced because beginning with trauma measures is considered to be least stressful for participants (Nijenhuis, van der Hart, & Kruger, 2002). Following the study, participants received a debriefing form that detailed the purpose of the study, the study’s importance, contact information of the principle investigator and faculty advisor, and a list of local mental health resources: Center for Community Counseling, Sexual Assault Support Services, and White Bird Clinic (Appendix Q). To obtain a large enough sample, data collection lasted for 15 months, beginning in Fall Term 2014 and completing at the end of Fall Term 2015.

## CHAPTER III

### RESULTS: AIM 1

#### Data Analysis Plan

These data were analyzed with PASW statistical software (SPSS Inc., 2009). In order to assess if ethno-cultural betrayal trauma predicted abuse outcomes—dissociation, hallucinations, PTSD, less disclosure, cultural betrayal unawareness, and hypervigilance—I ran a series of linear regression analyses (each with one abuse outcome as the outcome variable). In the first model, with ethno-cultural betrayal trauma with medium betrayal and ethno-cultural betrayal trauma with high betrayal were predictors; in the second model, ethno-cultural betrayal trauma [total] was the sole predictor.

To assess if there were indirect effects of ethno-cultural betrayal trauma with high betrayal on dissociation and hallucinations through cultural betrayal unawareness, I ran two bootstrapping analyses for indirect effect (Preacher & Hayes, 2008): one with dissociation as the outcome variable, the other with hallucinations as the outcome variable. In both of these analyses, ethno-cultural betrayal trauma with high betrayal was the independent variable and cultural betrayal unawareness was the mediator.

Finally, in order to assess if ethno-cultural betrayal in trauma explained additional variance in abuse outcomes, I ran a series of hierarchical linear regression analyses, one with each outcome variable: dissociation, hallucinations, PTSD, within-group disclosure, cultural betrayal unawareness, and hypervigilance. In the first step, I inputted trauma. In the second step, I added high betrayal trauma; in the third step, I added ethno-cultural betrayal trauma. All predictors were dichotomous (0 = no trauma reported; 1 = any trauma reported), whereas the outcome variables were continuous, using mean scores of

each construct. Additionally, I ran these same analyses with interracial trauma in the third step instead of ethno-cultural betrayal trauma.

## Results

**Descriptive Statistics.** Just over half of participants reported experiencing any type of trauma (physical, sexual, emotional abuse), with sizable minority portions of the sample reporting specific types and categories of trauma (Table 3). Types of trauma were correlated (Table 4). Chi-square analyses showed that men reported significantly more physical abuse and ethno-cultural betrayal trauma with medium betrayal, whereas women reported more sexual abuse; no other gender differences in trauma were found (Table 5).

Table 3. Rates of Trauma: Prevalence, Means, and Standard Deviations

Trauma Type	Percentage	Range*	Mean (SD)
Total Trauma	55.4%	1 – 4	1.16 (.37)
Physical Abuse	19.3%	1 – 4.75	1.16 (.45)
Sexual Abuse	29.4%	1 – 4.10	1.10 (.37)
Emotional Abuse	42.7%	1 – 6	1.53 (.91)
Categories of Trauma			
High Betrayal	46.3%	1 – 3.85	1.19 (.41)
Ethno-Cultural Betrayal	42.9%	1 – 3.80	1.15 (.36)
Interracial	44.3%	1 – 4.20	1.17 (.41)
Ethno-Cultural Betrayal with Medium Betrayal	23.0%	1 – 3.80	1.11 (.34)
Ethno-Cultural Betrayal with High Betrayal	36.5%	1 – 3.90	1.19 (.41)

\*Denotes participants' range of scores. Likert Scale: 1 (never) to 6 (more than 100 times)

Table 4. Correlation Table for Different Types of Trauma

	1.	2.	3.	4.	5.
1. High Betrayal	-				
2. Ethno-Cultural Betrayal	.91***	-			
3. Interracial	.94***	.84***	-		
4. Ethno-Cultural Betrayal with Medium Betrayal	.81***	.94***	.83***	-	
5. Ethno-Cultural Betrayal with High Betrayal	.91***	.96***	.76***	.80***	-

\*\*\*significant at the .001 level

Table 5. Rates of Trauma by Gender

Trauma Type	Men: Percentage	Women: Percentage	$\chi^2$ (1)
Total Trauma	52.2%	57.5%	.82
Physical Abuse	27.8%	14.0%	8.61**
Sexual Abuse	21.7%	34.1%	5.15*
Emotional Abuse	37.4%	45.8%	2.15
Betrayal in Trauma			
High Betrayal	41.7%	49.2%	1.55
Ethno-Cultural Betrayal	47.0%	40.2%	1.30
Interracial	40.9%	46.4%	.86
Ethno-Cultural Betrayal with Medium Betrayal	30.4%	18.4%	5.55*
Ethno-Cultural Betrayal with High Betrayal	37.4%	35.8%	.08

\*significant at the .05 level

\*\*significant at the .01 level

Many abuse outcomes were correlated with each other (Table 6). Though the average scores were relatively low (Table 7), there was a range of endorsement of abuse outcomes: dissociation (Figure 5), hallucinations (Figure 6), PTSD (Figure 7), less within-group disclosure (Figure 8), cultural betrayal unawareness (Figure 9), and



hypervigilance (Figure 10). For clarity and brevity in the figures, percentages are not shown for all items.

Table 6. Correlation Table for Abuse Outcomes

	1.	2.	3.	4.	5.	6.
1. Dissociation	-					
2. Hallucinations	.63***	-				
3. PTSD	.68***	.47***	-			
4. Within-Group Disclosure	.02	.08	.11	-		
5. Cultural Betrayal Unawareness	.33***	.19*	.39***	.23**	-	
6. Hypervigilance	.60***	.33***	.55***	.21**	.15	-

\*significant at the .05 level

\*\*significant at the .01 level

\*\*\*significant at the .001 level

Table 7. Abuse Outcomes: Means and Standard Deviations

<b>Outcome (Likert Scale)</b>	<b>Range</b>	<b>Mean (SD)</b>
Dissociation (1 – 6)	1 – 4.33	1.82 (.63)
Hallucinations (1 – 5)	1 – 3.80	1.22 (.43)
PTSD (1 – 5)	1 – 4.33	1.80 (.76)
Within-Group Disclosure (1 – 4)	1 – 4	1.69 (.99)
Cultural Betrayal Unawareness (1 – 4)	1 – 4	1.61 (.70)
Hypervigilance (1 – 5)	1 – 5	1.96 (.84)

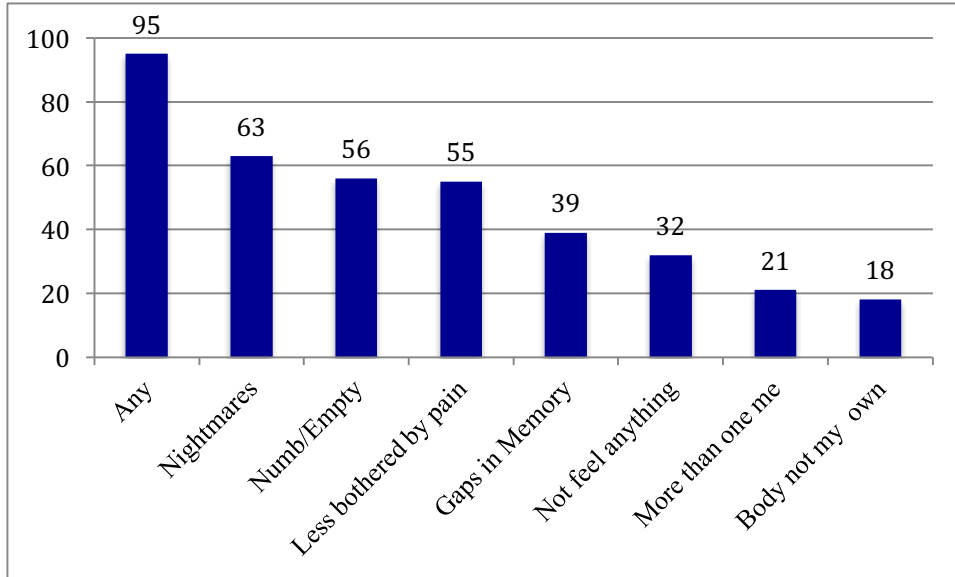


Figure 5. Dissociation: Percentages

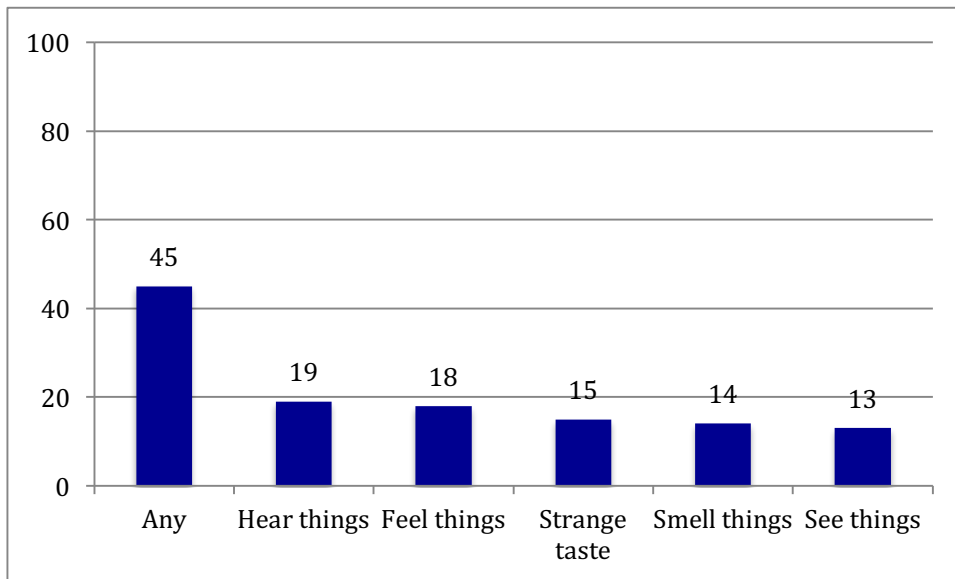


Figure 6. Hallucinations: Percentages

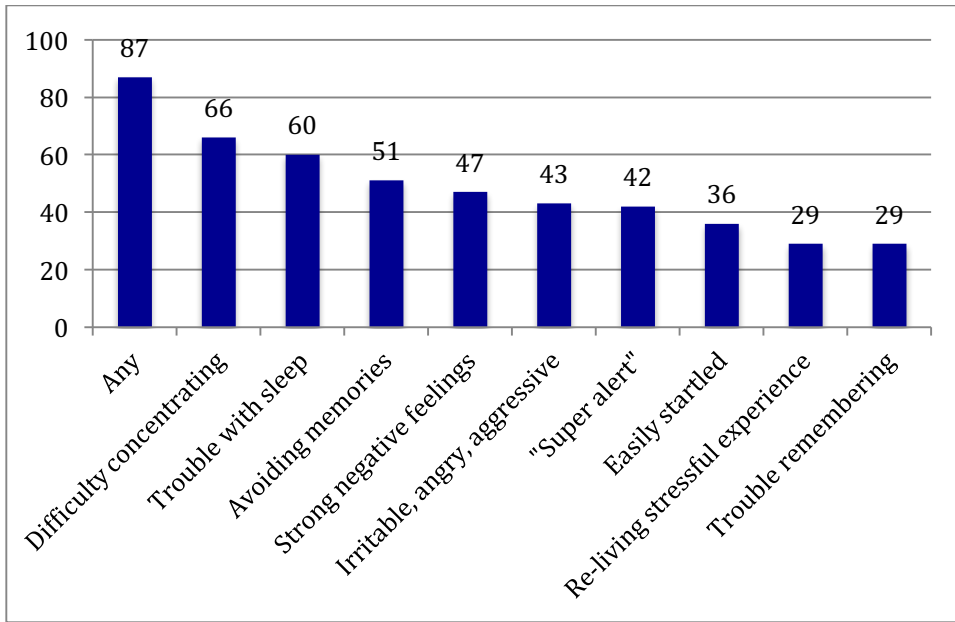
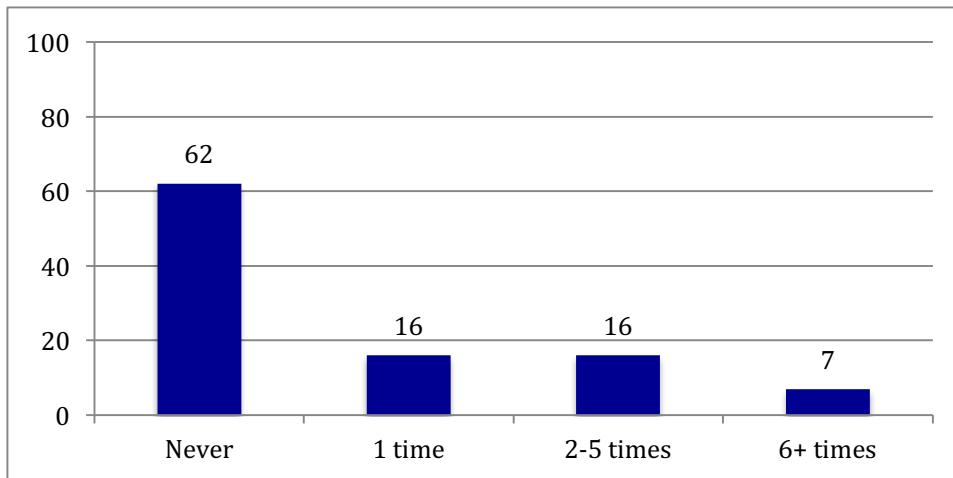
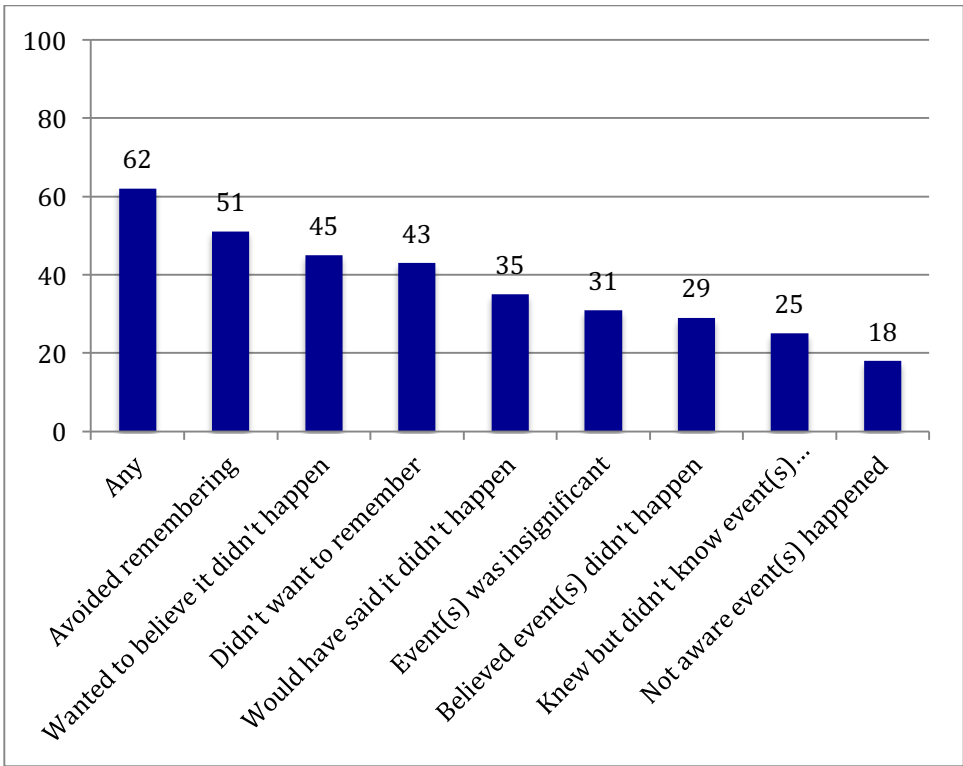


Figure 7. PTSD: Percentages



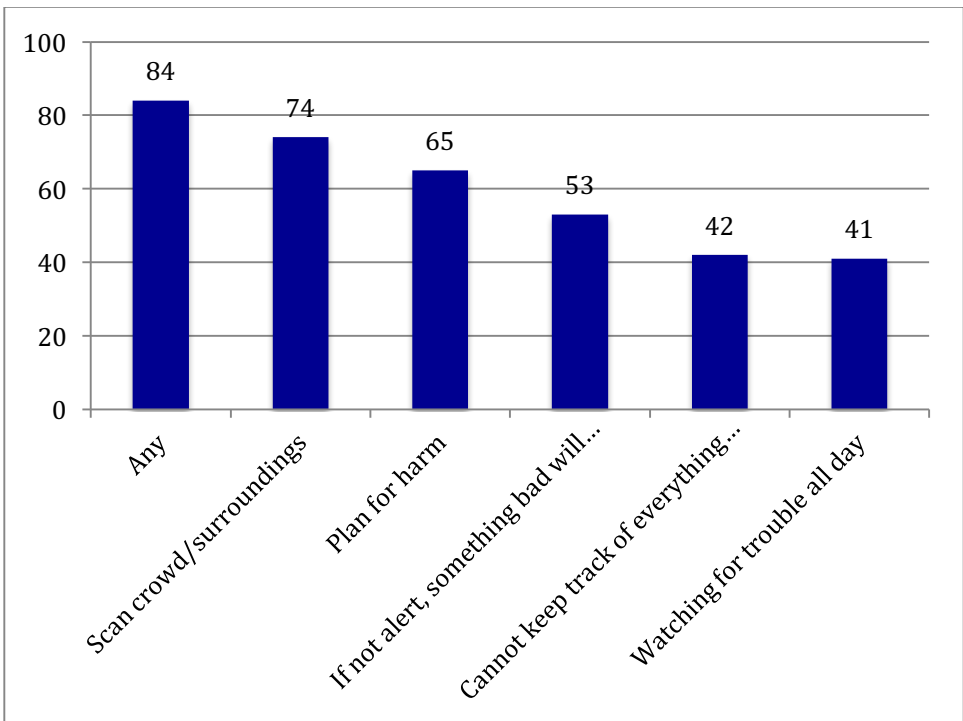
How many times did you tell person(s) of your same ethnicity about the experience(s)?

Figure 8. Within-Group Disclosure: Percentages



*At the time of the event(s) and for the period right after . . .*

*Figure 9. Cultural Betrayal Unawareness: Percentages*



*Figure 10. Hypervigilance: Percentages*

**Research Question 1.** *Will ethno-cultural betrayal trauma predict abuse outcomes?* I tested two hypotheses to assess if ethno-cultural betrayal trauma (physical, sexual, and emotional abuse) predicted negative abuse outcomes: dissociation, hallucinations, PTSD, less within-group disclosure, cultural betrayal unawareness, and hypervigilance. My first hypothesis related to betrayal trauma theory (e.g., Freyd, 1996)—controlling for medium betrayal in trauma, ethno-cultural betrayal trauma with high betrayal will predict abuse outcomes. This hypothesis was partially supported. Using linear regression analyses, I found that, while controlling for ethno-cultural betrayal trauma with medium betrayal, ethno-cultural betrayal trauma with high betrayal predicted dissociation and hypervigilance. Conversely, while controlling for ethno-cultural betrayal trauma with high betrayal, ethno-cultural betrayal trauma with medium betrayal predicted PTSD and cultural betrayal unawareness. Finally, both ethno-cultural betrayal trauma with medium and high betrayal predicted hallucinations, whereas neither predicted within-group disclosure (Table 8).

Table 8. Ethno-Cultural Betrayal Trauma With Interpersonal Betrayal: Linear Regression Analyses

	<b>With Medium Betrayal</b>	<b>With High Betrayal</b>
<b>Dissociation</b>	.16	.32***
<b>Hallucinations</b>	.37***	.21*
<b>PTSD</b>	.22*	.18 <sup>+</sup>
<b>Within-Group Disclosure</b>	.11	.05
<b>Cultural Betrayal Unawareness</b>	.27*	.02
<b>Hypervigilance</b>	.01	.27**

\*significant at the .05 level

\*\*significant at the .01 level

\*\*\*significant at the .001 level

<sup>+</sup> trending significant at the .06 level

My second hypothesis—ethno-cultural betrayal trauma (total) would predict abuse outcomes—was partially supported. In separate regression models, ethno-cultural betrayal trauma (total) predicted dissociation,  $\beta = .45, p < .001$ , hallucinations,  $\beta = .55, p < .001$ , PTSD,  $\beta = .39, p < .001$ , cultural betrayal unawareness,  $\beta = .27, p < .01$ , and hypervigilance,  $\beta = .27, p < .001$ . Ethno-cultural betrayal trauma (total) did not significantly predict less within-group disclosure,  $\beta = .15, p = .05$ .

**Research Question 2.** *Will there be an indirect effect of ethno-cultural betrayal trauma with high betrayal on select abuse outcomes through cultural betrayal unawareness?* To test the role of cultural betrayal unawareness on dissociation and hallucinations, I used two models to test two hypotheses: there will be an indirect effect of ethno-cultural betrayal trauma with high betrayal on dissociation through cultural betrayal unawareness; and there will be an indirect effect of ethno-cultural betrayal trauma with high betrayal on hallucinations through cultural betrayal unawareness. Using Preacher and Hayes (2008) test for an indirect effect, the results were mixed, with a significant indirect effect being found for dissociation (Figure 11), but not hallucinations (Figure 12).

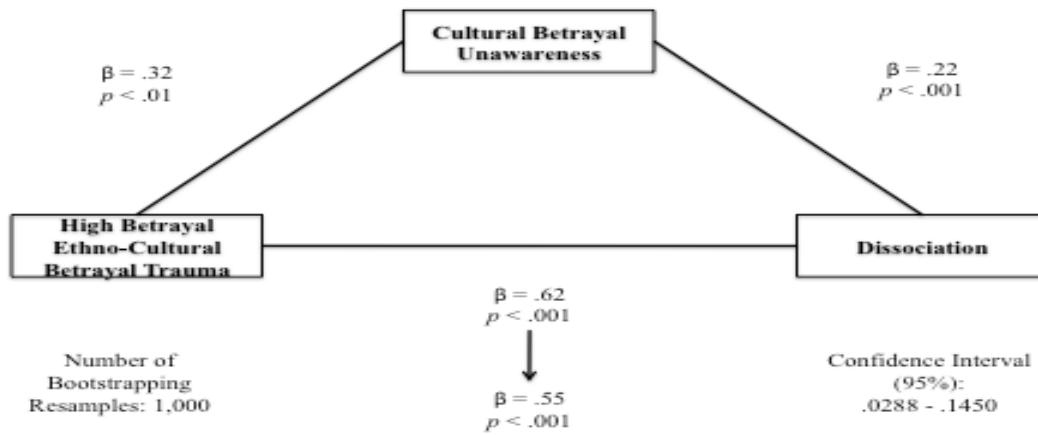


Figure 11. Dissociation: An Indirect Effect of Ethno-Cultural Betrayal Trauma with High Betrayal through Cultural Betrayal Unawareness

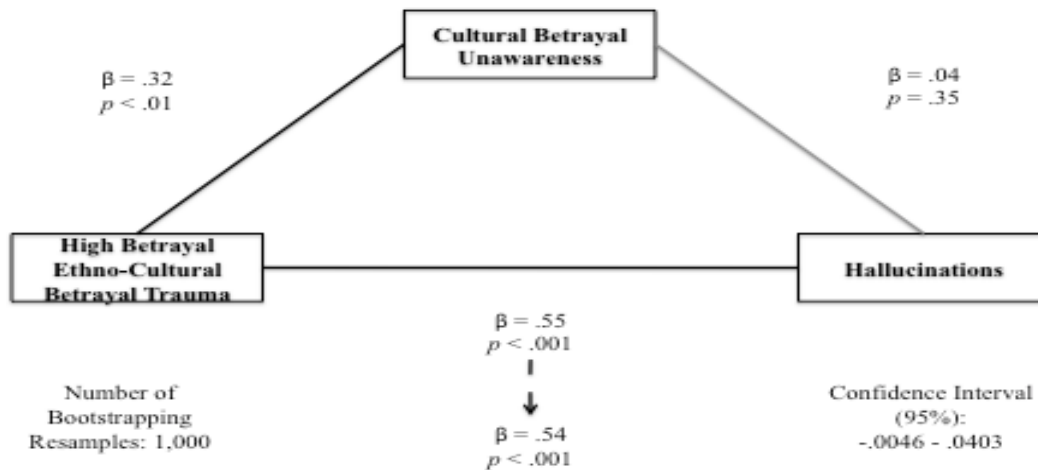


Figure 12. Hallucinations: No Indirect Effect of Ethno-Cultural Betrayal Trauma with High Betrayal through Cultural Betrayal Unawareness

**Research Question 3.** *Will ethno-cultural betrayal in trauma explain additional variance in abuse outcomes?* This final research question for Aim 1 is at the crux of cultural betrayal trauma theory: will ethno-cultural betrayal in trauma explain additional variance in abuse outcomes? I hypothesized that after the trauma and high betrayal was included in the model, ethno-cultural betrayal would explain additional variance in abuse outcomes. This hypothesis was partially supported. Using hierarchical linear regression analyses with dichotomous trauma variables, I found that, beyond the trauma itself and high betrayal, ethno-cultural betrayal in trauma explained additional variance in dissociation (Table 9), hallucinations (Table 10), and PTSD (Table 11), but not within-group disclosure (Table 12), cultural betrayal unawareness (Table 13), or hypervigilance (Table 14).

Table 9. Dissociation- Impacts of Trauma, High Betrayal, and Ethno-Cultural Betrayal: Hierarchical Linear Regression Analyses

Step	Trauma	$\beta$	$R^2$	F	F Change
Step 1			.08	F(1, 285) = 23.78***	-
	Trauma	.28***			
Step 2			.10	F(2, 284) = 16.35***	F(1, 284) = 8.31**
	Trauma	.03			
	High Betrayal	.30**			
Step 3			.13	F(3, 283) = 13.73***	F(1, 283) = 7.71**
	Trauma	-.11			
	High Betrayal	.22*			
	Ethno-Cultural Betrayal	.25**			

\*significant at the .05 level

\*\*significant at the .01 level

\*\*\*significant at the .001 level



Table 10. Hallucinations- Impacts of Trauma, High Betrayal, and Ethno-Cultural

Betrayal: Hierarchical Linear Regression Analyses

Step	Trauma	$\beta$	$R^2$	F	F Change
Step 1			.03	F(1, 283) = 7.03**	-
	Trauma	.16**			
Step 2			.04	F(2, 282) = 5.33**	F(1, 282) = 3.81
	Trauma	-.02			
	High Betrayal	.21			
Step 3			.06	F(3, 281) = 5.55**	F(1, 281) = 5.53*
	Trauma	-.14			
	High Betrayal	.14			
	Ethno-Cultural Betrayal	.22*			

\*significant at the .05 level

\*\*significant at the .01 level

Table 11. PTSD- Impacts of Trauma, High Betrayal, and Ethno-Cultural Betrayal:  
Hierarchical Linear Regression Analyses

Step	Trauma	$\beta$	$R^2$	F	F Change
Step 1			.08	F(1, 282) = 25.65***	-
	Trauma	.29***			
Step 2			.13	F(2, 281) = 20.55***	F(1, 281) =14.25***
	Trauma	-.03			
	High Betrayal	.39***			
Step 3			.15	F(3, 280) = 16.19***	F(1, 280) = 6.65*
	Trauma	-.16			
	High Betrayal	.32**			
	Ethno-Cultural Betrayal	.23*			

\*significant at the .05 level

\*\*significant at the .01 level

\*\*\*significant at the .001 level

Table 12. Within-Group Disclosure: Impacts of Trauma, High Betrayal, and Ethno-  
Cultural Betrayal

Step	Trauma	$\beta$	$R^2$	F	F Change
Step 1			.02	F(1, 165) = 3.13	-
	Trauma	.14			
Step 2			.03	F(2, 164) = 2.19	F(1, 164) = 1.24
	Trauma	.10			
	High Betrayal	.09			
Step 3			.03	F(3, 163) = 1.50	F(1, 163) = .14
	Trauma	.09			
	High Betrayal	.09			
	Ethno-Cultural Betrayal	.03			

Table 13. Cultural Betrayal Unawareness: Impacts of Trauma, High Betrayal, and Ethno-Cultural Betrayal

Step	Trauma	$\beta$	$R^2$	F	F Change
Step 1			.02	F(1, 160) = 2.75	-
	Trauma	.13			
Step 2			.03	F(1, 159) = 2.77	F(1, 159) = 2.76
	Trauma	.08			
	High Betrayal	.14			
Step 3			.04	F(3, 158) = 1.96	F(1, 158) = .38
	Trauma	.09			
	High Betrayal	.15			
	Ethno-Cultural Betrayal	-.05			

Table 14. Hypervigilance: The Impacts of Trauma, High Betrayal, and Ethno-Cultural Betrayal

Step	Trauma	$\beta$	$R^2$	F	F Change
Step 1			.09	F(1, 285) = 26.71***	-
	Trauma	.29***			
Step 2			.10	F(2, 284) = 15.75***	F(1, 284) = 4.48*
	Trauma	.11			
	High Betrayal	.22*			
Step 3			.10	F(3, 283) = 10.73***	F(1, 283) = .70
	Trauma	.07			
	High Betrayal	.20			
	Ethno-Cultural Betrayal	.08			

\*significant at the .05 level

\*\*\*significant at the .001 level

Additionally, I hypothesized that interracial trauma would not explain variance in outcomes above and beyond that explained by the trauma itself and high betrayal in trauma. This hypothesis was fully supported. Controlling for the trauma itself and high betrayal in trauma, interracial trauma was not a significant predictor of dissociation (Table 15), hallucinations, (Table 16), PTSD (Table 17), within-group disclosure (Table 18), cultural betrayal unawareness (Table 19), and hypervigilance (Table 20).

Table 15. Dissociation- Impacts of Trauma, High Betrayal, and Interracial: Hierarchical Linear Regression Analyses

Step	Trauma	$\beta$	$R^2$	F	F Change
Step 1			.08	F(1, 285) = 23.78***	-
	Trauma	.28***			
Step 2			.10	F(2, 284) = 16.35***	F(1, 284) = 8.31**
	Trauma	.03			
	High Betrayal	.30**			
Step 3			.12	F(3, 283) = 11.50***	F(1, 283) = 7.71**
	Trauma	-.06			
	High Betrayal	.29**			
	Interracial	.12			

\*\*significant at the .01 level

\*\*\*significant at the .001 level

Table 16. Hallucinations- Impacts of Trauma, High Betrayal, and Interracial: Hierarchical Linear Regression Analyses

Step	Trauma	$\beta$	$R^2$	F	F Change
Step 1			.03	F(1, 283) = 7.03**	-
	Trauma	.16**			
Step 2			.04	F(2, 282) = 5.33**	F(1, 282) = 3.81
	Trauma	-.02			
	High Betrayal	.20			
Step 3			.06	F(3, 281) = 3.81*	F(1, 283) = 1.70
	Trauma	-.08			
	High Betrayal	.20			
	Interracial	.09			

\*\*significant at the .01 level

Table 17. PTSD- Impacts of Trauma, High Betrayal, and Interracial: Hierarchical Linear Regression Analyses

Step	Trauma	$\beta$	$R^2$	F	F Change
Step 1			.08	F(1, 282) = 25.65***	-
	Trauma	.29***			
Step 2			.13	F(2, 281) = 20.55***	F(1, 281) = 14.25***
	Trauma	-.03			
	High Betrayal	.39***			
Step 3			.15	F(3, 280) = 13.82***	F(1, 280) = .44
	Trauma	-.08			
	High Betrayal	.38***			
	Interracial	.06			

\*\*\*significant at the .001 level

Table 18. Within-Group Disclosure- Impacts of Trauma, High Betrayal, and Interracial:  
Hierarchical Linear Regression Analyses

<b>Step</b>	<b>Trauma</b>	<b><math>\beta</math></b>	<b><math>R^2</math></b>	<b>F</b>	<b>F Change</b>
Step 1			.02	F(1, 165) = 3.13	-
	Trauma	.14			
Step 2			.03	F(2, 164) = 2.19	F(1, 164) = 1.24
	Trauma	.10			
	High Betrayal	.09			
Step 3			.03	F(3, 163) = 1.49	F(1, 163) = .11
	Trauma	.11			
	High Betrayal	.10			
	Interracial	-.03			

Table 19. Cultural Betrayal Unawareness- Impacts of Trauma, High Betrayal, and  
Interracial: Hierarchical Linear Regression Analyses

<b>Step</b>	<b>Trauma</b>	<b><math>\beta</math></b>	<b><math>R^2</math></b>	<b>F</b>	<b>F Change</b>
Step 1			.02	F(1, 160) = 2.75	-
	Trauma	.13			
Step 2			.03	F(2, 159) = 2.77	F(1, 159) = 2.76
	Trauma	.08			
	High Betrayal	.14			
Step 3			.04	F(3, 158) = 2.85*	F(1, 158) = .38
	Trauma	.04			
	High Betrayal	.15			
	Interracial	-.05			

Table 20. Hypervigilance- The Impacts of Trauma, High Betrayal, and Interracial:  
Hierarchical Linear Regression Analyses

Step	Trauma	$\beta$	$R^2$	F	F Change
Step 1			.09	F(1, 285) = 26.71***	-
	Trauma	.29***			
Step 2				F(2, 284) = 15.75***	F(1, 284) = 4.48*
	Trauma	.11	.10		
	High Betrayal	.22*			
Step 3			.10	F(3, 283) = 10.68***	F(1, 283) = .59
	Trauma	.06			
	High Betrayal	.21*			
	Interracial	.07			

\*significant at the .05 level

\*\*\*significant at the .001 level

### Brief Discussion

In Aim 1, I tested various hypotheses informed by cultural betrayal trauma theory and betrayal trauma theory (e.g., Freyd, 1996) to gain information on whether ethno-cultural betrayal trauma predicted abuse outcomes: dissociation, hallucinations, PTSD, less within-group disclosure, cultural betrayal unawareness, and hypervigilance. The results suggested that both high (interpersonal) betrayal and ethno-cultural betrayal are factors to explore in a range of abuse outcomes. Furthermore, I found an indirect effect of ethno-cultural betrayal trauma with high betrayal on dissociation, but not hallucinations, through cultural betrayal unawareness. Finally, in separate models, ethno-cultural betrayal trauma—but not interracial trauma—explained variance in dissociation, hallucinations, and PTSD, above and beyond that explained by the trauma itself and high

betrayal. These findings support cultural betrayal trauma theory, as they indicate that ethno-cultural betrayal in trauma may be a factor in abuse outcomes.



## CHAPTER IV

### METHOD: AIM 2

As Aim 1 and Aim 2 are data analyses using the same data set, the following will be identical to Aim 1: Participants, Consent Form, Demographics, Brief Betrayal Trauma Survey—Modified for Ethno-Cultural Betrayal, Sexual Experiences Survey—Modified for Ethno-Cultural Betrayal, and Procedure.

#### **Participants**

Same as Aim 1 (Chapter 2).

#### **Materials**

**Consent Form, Demographics, Brief Betrayal Trauma Survey—Modified for Ethno-Cultural Betrayal, and Sexual Experiences Survey—Modified for Ethno-Cultural Betrayal.** Same as Aim 1 (Chapter 2).

**Trauma-Related Ethnic Identity Change.** These two items (Gómez & Freyd, unpublished) assess the importance of ethnic identity prior to trauma and subsequent changes of ethnic identity following trauma. Each item was on a 4-point Likert scale, *This was not part of my self-concept* to *This was a large part of who I was*; *Not changed at all* to *Has changed a lot*. These items were placed following both the BBTS-M (Golberg & Freyd, 2006) and the SES-M (Koss & Oros, 1982). Given that all participants saw these items, participants could mark ‘not applicable’ if they had not endorsed any trauma item. A sample item is: “If you experienced any of the above from someone of your same ethnicity: Has your identification with this ethnicity changed?” For the current study, the same items regarding trauma-related ethnic identity change following the BBTS-M (Golberg & Freyd, 2006) and the SES-M (Koss & Oros, 1982) were combined

for participants who experienced at least one ethno-cultural betrayal trauma to create one continuous mean variable, which could range from 1.5 (with an average between “not applicable” and “never”) to 5 (“has changed a lot”). A measure of internal consistency would not be appropriate given these items are identical and related to different events. Items are in Appendix D.

### **Institutional Betrayal Trauma Questionnaire 2—Modified for**

**(Intra)Cultural Pressure.** The Institutional Betrayal Questionnaire 2—Modified (IBQ-2—M; Smith & Freyd, as cited in Smith, 2014) is an 11-item questionnaire that has been modified to assess (intra)cultural pressure following ethno-cultural betrayal trauma, with two additional items assessing ethnic group membership. As such, only participants who endorsed at least one experience of any form of trauma completed the IBQ-2—M. The IBQ-2—M uses a four-point Likert scale, from *not at all* to *very much*. A sample item is: “In thinking about the events described in the previous section, did your ethnic group play a role by . . . Suggesting your experience might affect the reputation of your ethnic group.” The 11-item IBQ-2—M (excluding ethnic group membership items) had excellent internal consistency,  $\alpha = .92$ . Appendix H has the IBQ-2—M.

### **Multidimensional Inventory for Black Identity—Modified for Ethnic**

**Minorities.** The Multidimensional Inventory for Black Identity—Modified for Ethnic Minorities (MIBI—M; Sellers et al., 1998) is a 20-item inventory that assesses dimensions of ethnic identity using the Centrality Scale (eight items; centrality of identity), the Private Regard Subscale (six items; internalized prejudice), and the Public Regard Subscale (6 items; perception of societal trauma). All subscales use a 5-point Likert scale, ranging from *strongly disagree* to *strongly agree*. For the current study, only

the Private and Public Regard subscales were included in analyses. Prior to calculating a continuous mean variable for societal trauma, items one, two, five, and six of the Public Regard subscale were reverse-coded. Similarly, items one, two, three, five, and six of the Private Regard subscale were reverse-coded before calculating a continuous mean variable for internalized prejudice. A sample item from the Private Regard Subscale is “I often regret that I am this ethnicity”; a sample item from the Public Regard Subscale is “My ethnic group is not respected by the broader society.” Both Private and Public Regard subscales had good internal consistency,  $\alpha = .89$  and  $\alpha = .86$ , respectively. The MIBI—M is in Appendix M.

**Centrality of Identities Scale.** The Centrality of Identities Scale (CIS; Gómez & Freyd, 2014a) is a 22-item measure that assesses centrality of multiple stable (e.g., ethnicity) and unstable (e.g., UO student) identities using a 4-point Likert scale from *This is not a part of my self-concept* to *This is a large part of who I am*. With sample items, the instructions are: “We would like you to tell us how important the following things are to your identity and self-concept- my race; my gender identity; my intelligence.” The CIS had good internal consistency,  $\alpha = .86$ . This measure was not used in analyses in the dissertation. The CIS is in Appendix N.

**Diverse Identity Changes Scale.** The Diverse Identity Changes Scale (DICS; Gómez & Freyd, 2014a) has the same 22 items as the CIS (Gómez & Freyd, 2014a), with different instructions to assess for changes in identities. The 4-point Likert scale ranges from *not changed at all* to *has changed a lot*. With instructions, sample items are: “We would now like you to tell us how much these identities have changed over your lifetime- my sexual orientation; my religion; my membership in my family (e.g., I am part of the

Martínez family).” The DICS had good internal consistency,  $\alpha = .87$ . The DICS is in Appendix O.

**Qualitative Identities.** These items (Gómez & Freyd, unpublished) were created for the dissertation for two related reasons: to mitigate the oppressive nature of reducing participants to a single marginalized identity; to explore the intersectionality (e.g., Crenshaw, 1989) of identities among ethnic minority participants, thus informing future studies on cultural betrayal trauma (e.g., gender-cultural betrayal amongst Black women). The instructions ask participants to list all of their identities, including ethnic identity, in three categories based on importance: very important; moderately important; and less important. There is an additional option to qualitatively explain the importance of one or more of these identities. These items were not included in analyses in the dissertation. The items are in Appendix R.

### **Procedure**

Same as Aim 1 (Chapter 2).

## CHAPTER V

### RESULTS: AIM 2

#### **Data Analysis Plan**

These data were analyzed using the PASW statistical software (SPSS Inc., 2009). In order to assess if ethno-cultural betrayal trauma predicted trauma-related ethnic identity change, I ran two linear regression analyses. In the first model, I included ethno-cultural betrayal trauma with medium betrayal and ethno-cultural betrayal trauma with high betrayal as predictors; in the second model, I included cultural betrayal trauma (total) as a predictor; both models had trauma-related ethnic identity change as the outcome variable.

In order to assess if there were an effect of ethno-cultural betrayal trauma on diverse identity changes through trauma-related ethnic identity change, I ran a bootstrapping analysis for indirect effect (Preacher & Hayes, 2008). In this model, ethno-cultural betrayal trauma (total) was the independent variable and trauma-related ethnic identity change was the mediator, with diverse identity changes being the outcome variable.

In order to assess if ethno-cultural betrayal trauma predicted internalized prejudice, I ran two linear regression analyses, with internalized prejudice as the outcome variable for each. The first model had ethno-cultural betrayal trauma (total) as the predictor, whereas the second model had interracial trauma (total) as the predictor.

Finally, in order to assess if the interaction between ethno-cultural betrayal trauma and perception of societal trauma was associated with (intra)cultural pressure, I ran an ANOVA. The categorical independent variables were ethno-cultural betrayal trauma

(total), perception of societal trauma, and the interaction between ethno-cultural betrayal trauma and perception of societal trauma; the continuous dependent variable was (intra)cultural pressure.

## Results

**Descriptive Statistics.** The descriptive statistics regarding trauma are the same as that described in Aim 1 (see Table 3 and Table 4). Some cultural outcomes were correlated with each other (Table 21). For cultural outcomes, average scores were moderate (Table 19), with a range of endorsement of trauma-related ethnic identity change (Figure 13), (intra)cultural pressure (Figure 14), perception of societal trauma (Figure 15), internalized prejudice (Figure 16) , and diverse identity changes (Figure 17).

Table 21. Correlation Table for Cultural Outcomes

	1.	2.	3.	4.	5.
1. Trauma-Related Ethnic Identity Change	-				
2. (Intra)Cultural Pressure	.28***	-			
3. Perception of Societal Trauma	.07	-.07	-		
4. Internalized Prejudice	.07	.18*	.22***	-	
5. Diverse Identity Changes	.91***	.96***	.76***	.80***	-

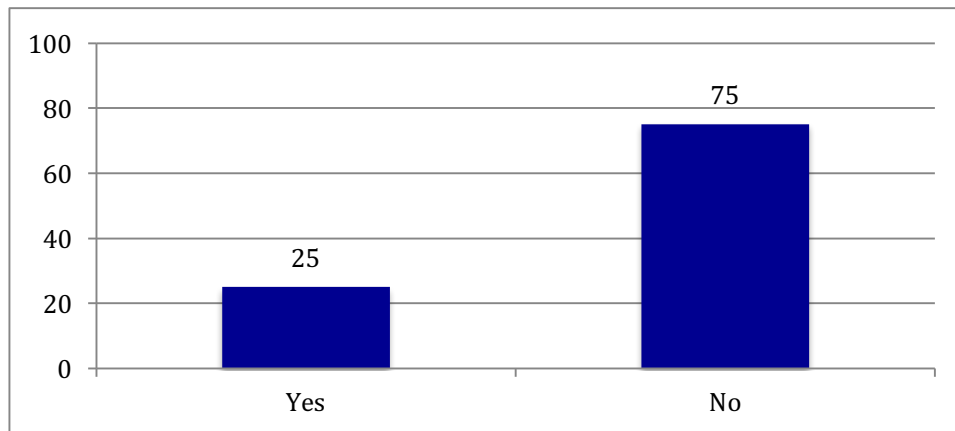
\*significant at the .05 level

\*\*significant at the .01 level

\*\*\*significant at the .001 level

Table 22. Cultural Outcomes: Means and Standard Deviations

<b>Outcome (Likert Scale)</b>	<b>Range</b>	<b>Mean (SD)</b>
Trauma-Related Ethnic Identity Change (1.5 – 5)	1.50 – 5	2.09 (.76)
(Intra)Cultural Pressure (1 – 4)	1 – 3.92	1.77 (.66)
Perception of Societal Trauma (1 – 5)	1 – 5	2.94 (.92)
Internalized Prejudice (1 – 5)	1 – 4.50	2.10 (.92)
Diverse Identity Changes (1 – 4)	1 – 4	1.88 (.54)



*Has your identification with this ethnicity changed?*

Figure 13. Trauma-Related Ethnic Identity Change: Percentages

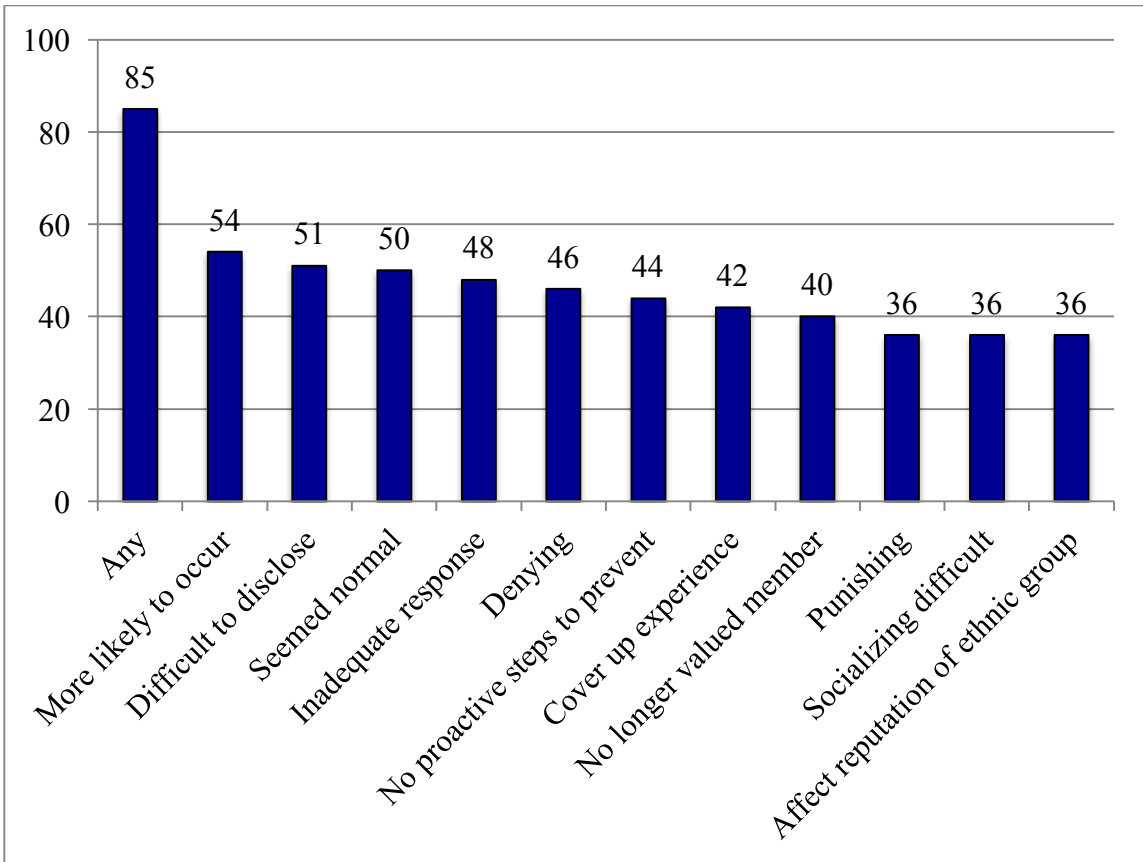
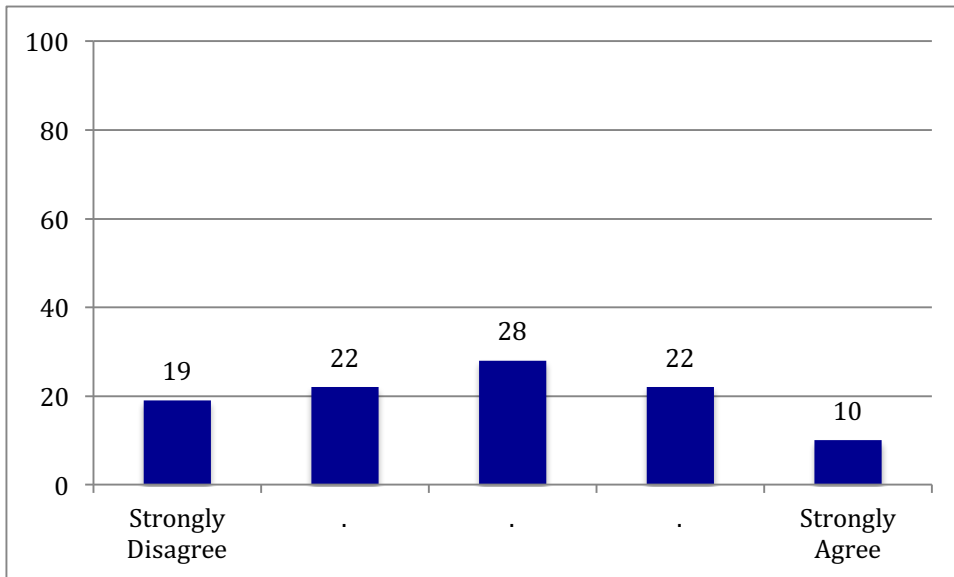


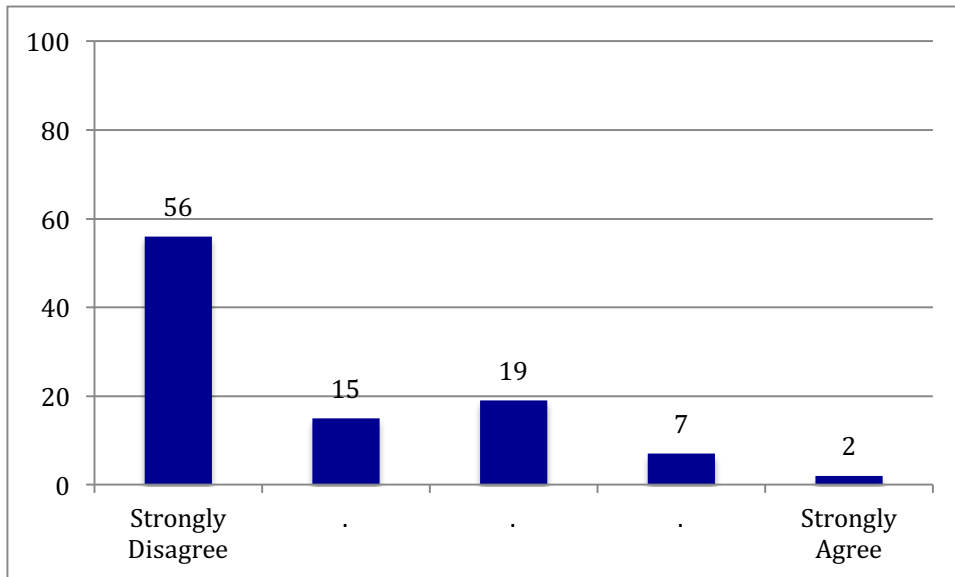
Figure 14. (Intra)Cultural Pressure: Percentages



*My ethnic group is not respected by the broader society.*

Figure 15. Perception of Societal Trauma: Percentages





*I often regret that I am this ethnicity.*

Figure 16. Internalized Prejudice: Percentages

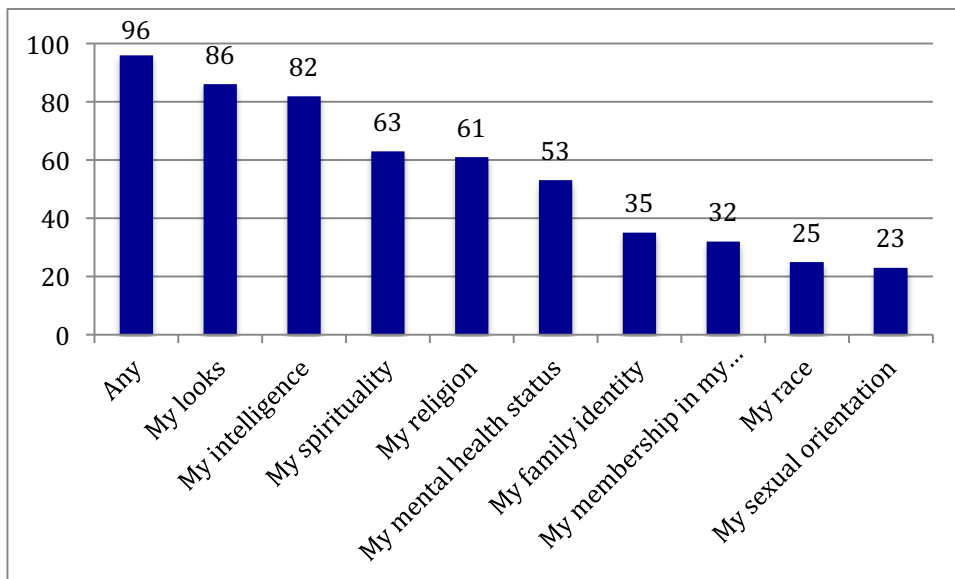


Figure 17. Diverse Identity Changes: Percentages

**Research Question 1.** *Will ethno-cultural betrayal trauma predict trauma-related ethnic identity change?* Informed by betrayal trauma theory (BTT; e.g., Freyd,

1996) and cultural betrayal trauma theory (CBTT), I had two hypotheses to assess if ethno-cultural betrayal trauma would predict trauma-related ethnic identity change. Regarding BTT, I hypothesized that interpersonal betrayal may impact the relationship between ethno-cultural betrayal trauma and trauma-related ethnic identity change. The data supported this hypothesis, indicating that ethno-cultural betrayal trauma with high betrayal predicted trauma-related ethnic identity change,  $\beta = .56, p < .001$ , whereas ethno-cultural betrayal trauma with medium betrayal did not,  $\beta = -.02, p = .77$ . Finally, the second hypothesis was supported, with ethno-cultural betrayal trauma (total) predicting trauma-related ethnic identity change,  $\beta = .52, p < .001$ .

**Research Question 2.** *Will there be an indirect effect of ethno-cultural betrayal trauma on diverse identity changes through trauma-related ethnic identity change?* Using the Preacher and Hayes (2008) statistical technique, the results did not support this hypothesis (Figure 18). However, ethno-cultural betrayal trauma was related to diverse identity changes, suggesting that the impact of ethno-cultural betrayal trauma may extend to instability in various identities.

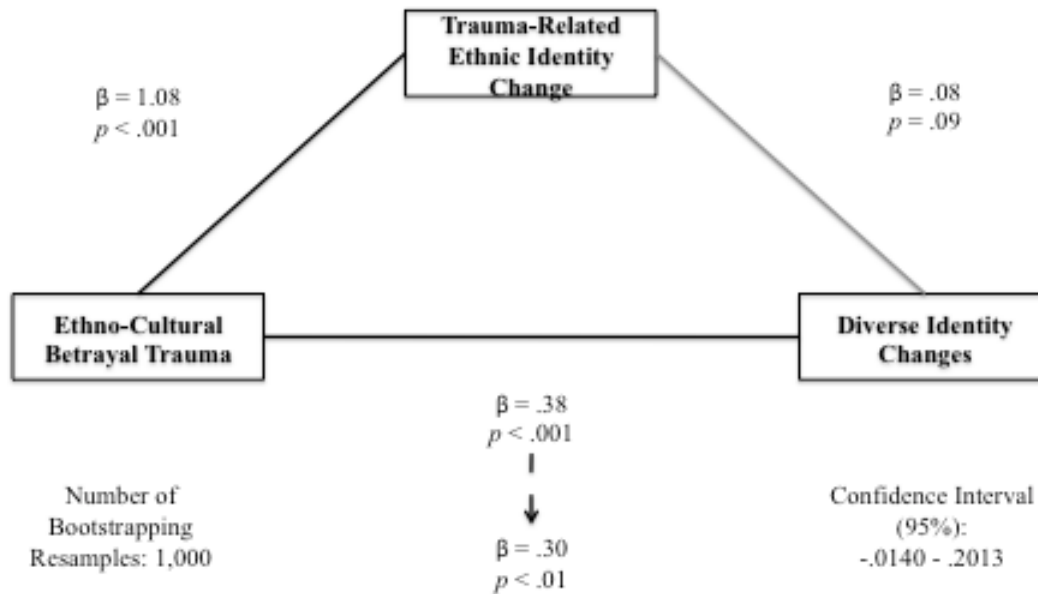


Figure 18. Diverse Identity Changes: No indirect Effect of Ethno-Cultural Betrayal Trauma through Trauma-Related Ethnic Identity Change.

**Research Question 3.** *Will ethno-cultural betrayal trauma predict internalized prejudice?* I tested two related hypotheses to examine this research question: I hypothesized that ethno-cultural betrayal trauma would predict internalized prejudice, whereas interracial trauma would not. In support of these hypotheses, linear regression analyses showed that ethno-cultural betrayal trauma predicted internalized prejudice,  $\beta = .13, p < .05$ , whereas interracial trauma did not,  $\beta = .07, p = .26$ .

**Research Question 4.** *Will the interaction between ethno-cultural betrayal trauma and perception of societal trauma impact (intra)cultural pressure?* In the final

research question for Aim 2, the results from an ANOVA did not support the hypothesis. Ethno-cultural betrayal trauma did have an impact on (intra)cultural pressure,  $F(1, 145) = 4.48, p < .05$ , whereas perception of societal trauma did not,  $F(1, 145) = .25, p = .62$ . Further, the impact of ethno-cultural betrayal trauma on (intra)cultural pressure was not moderated by perception of societal trauma,  $F(1, 145) = .81, p = .38$ .

### **Brief Discussion**

In Aim 2, I examined the impact of ethno-cultural betrayal trauma on cultural outcomes. The results suggest that ethno-cultural betrayal trauma is linked with trauma-related ethnic identity change and diverse identity changes. Though the valence, timeline, and rates of instability remains unexamined at this point, this work provides glimpses of the impact that ethno-cultural betrayal trauma may have on identity specifically. Furthermore, I found that ethno-cultural betrayal trauma was associated with internalized prejudice, whereas interracial trauma was not. Finally, though the interaction between ethno-cultural betrayal trauma and perception of societal trauma was not significant, there was a main effect of ethno-cultural betrayal trauma on (intra)cultural pressure. Follow-up analyses revealed that interracial trauma did not impact (intra)cultural pressure,  $F(1, 157) = .80, p = .37$ . Taken together, the results of Aim 2 suggest that ethno-cultural betrayal trauma may affect a diverse range of outcomes, including those typically not associated with trauma.

## CHAPTER VI

### DISCUSSION

I introduced cultural betrayal trauma theory (CBTT; e.g., Gómez, 2012, 2015a, 2015d) as a contextualized framework for examining trauma sequelae in minority populations. Specifically, I propose that minority groups' differential experiences of interpersonal and institutional oppression make within-group violence uniquely harmful; given that the context of inequality is included in the theoretical framework, potential outcomes of trauma are diverse and include abuse outcomes (e.g., PTSD) and cultural outcomes (e.g., internalized prejudice). As such, CBTT can foment research that furthers the scientific understanding of trauma and outcomes, as well as having implications for minority victims of cultural betrayal trauma specifically. In addition to reviewing the relevant literature and defining CBTT in this dissertation, I also employed one study with two aims—to examine abuse outcomes and cultural outcomes separately—to test CBTT. Given the rates of previous and current trauma victimization (e.g., Gómez, Smith, Rosenthal, & Freyd, 2015; Porter & McQuiller Williams, 2011), and the salience of inequality (e.g., Pearson, 2015), I chose to conduct the study with an ethnic minority sample of undergraduate students at a predominantly White university. The results from both Aim 1 (Table 23) and Aim 2 (Table 24) provide evidence for CBTT being an effective tool in examining and understanding trauma sequelae in minority populations.

Table 23. Aim 1: Summary of Research Questions, Hypotheses, and Results

<b>Research Question</b>	<b>Hypothesis</b>	<b>Supported?</b>
1. Will ethno-cultural betrayal trauma predict abuse outcomes?	a. Controlling for medium betrayal in trauma, ethno-cultural betrayal trauma with high betrayal will predict abuse outcomes.	Partially Supported <sup>1</sup>
	b. Ethno-cultural betrayal trauma (total) will predict abuse outcomes.	Partially Supported <sup>2</sup>
2. Will there be indirect effects of ethno-cultural betrayal trauma with high betrayal on select abuse outcomes through cultural betrayal unawareness?	c. There will be an indirect effect of ethno-cultural betrayal trauma with high betrayal on dissociation through cultural betrayal unawareness.	Fully supported
	d. There will be an indirect effect of ethno-cultural betrayal trauma with high betrayal on hallucinations through cultural betrayal unawareness.	Not Supported
3. When controlling for the trauma itself and high (interpersonal) betrayal, will ethno-cultural betrayal in trauma explain additional variance in abuse outcomes?	e. After the trauma itself and high betrayal is included in the model, ethno-cultural betrayal trauma will explain additional amounts of the variance in abuse outcomes.	Partially Supported <sup>3</sup>
	f. After the trauma itself and high betrayal is included in the model, interracial trauma will not explain additional amounts of the variance in abuse outcomes.	Fully Supported

<sup>1</sup>Hypothesis “a” was supported for dissociation, hallucinations, and hypervigilance, but not for PTSD, less within-group disclosure, and cultural betrayal unawareness.

<sup>2</sup>Hypothesis “b” was supported for dissociation, hallucinations, PTSD, cultural betrayal unawareness, and hypervigilance, but not less within-group disclosure.

<sup>3</sup>Hypothesis “e” was supported for dissociation, hallucinations, and PTSD, but not less within-group disclosure, cultural betrayal unawareness, or hypervigilance.

Table 24. Aim 2: Summary of Research Questions, Hypotheses, and Results

<b>Research Question</b>	<b>Hypothesis</b>	<b>Supported?</b>
1. Will ethno-cultural betrayal trauma predict trauma-related ethnic identity change?	a. Controlling for medium betrayal in trauma, ethno-cultural betrayal trauma with high betrayal will predict trauma-related ethnic identity change.	Fully Supported
	b. Ethno-cultural betrayal trauma (total) will predict trauma-related ethnic identity change.	Fully Supported
2. Will there be an indirect effect of ethno-cultural betrayal trauma on diverse identity changes through trauma-related ethnic identity change?	c. There will be an indirect effect of ethno-cultural betrayal trauma on diverse identity changes through trauma-related ethnic identity change.	Not Supported
3. Will ethno-cultural betrayal trauma predict internalized prejudice?	d. Ethno-cultural betrayal trauma (total) will predict internalized prejudice.	Fully Supported
	e. Interracial trauma (total) will not predict internalized prejudice.	Fully Supported
4. Will the interaction between ethno-cultural betrayal trauma and perception of societal trauma impact (intra)cultural pressure?	f. The interaction between ethno-cultural betrayal trauma and perception of societal trauma will impact (intra)cultural pressure.	Not Supported

### Revisiting Hypotheses: Aim 1 Abuse Outcomes

**Research Question 1.** *Will ethno-cultural betrayal trauma predict abuse outcomes?* This research question assesses ethno-cultural betrayal trauma's role in posttraumatic distress. The results are in line with the literature that suggests that

interpersonal betrayal is an important component in trauma (e.g., DePrince et al., 2012; Gómez, Smith, & Freyd, 2014). It further adds support of cultural betrayal as harmful traumatic construct.

In the current study, ethno-cultural betrayal trauma with high betrayal predicted dissociation, hallucinations, and hypervigilance, whereas ethno-cultural betrayal trauma with medium betrayal predicted hallucinations as well, along with PTSD and cultural betrayal unawareness. Neither ethno-cultural betrayal trauma with high betrayal nor medium betrayal predicted within-group disclosure. Furthermore, without regard to interpersonal betrayal, ethno-cultural betrayal trauma (total) predicted dissociation, hallucinations, PTSD, cultural betrayal unawareness, and hypervigilance, but not within-group disclosure.

It is somewhat surprising that ethno-cultural betrayal trauma was not associated with less within-group disclosure, despite evidence that there are lower rates of disclosure in ethnic minority populations (Bryant-Davis et al., 2009) in general. The non-significant association may have been impacted by the low rates of disclosure in the sample generally. However, given that the current study amalgamates diverse ethnic minorities into a single sample, it would be wise to test these hypotheses within ethnic groups.

**Research Question 2.** *Will there be indirect effects of ethno-cultural betrayal trauma on select abuse outcomes through cultural betrayal unawareness?* The impetus for this research question comes from the BTT (e.g., Freyd, 1996) literature that suggests that betrayal blindness is linked with dissociation (DePrince & Freyd, 2002). The betrayal blindness-dissociation link has implications for hallucinations, given that some hallucinations may be dissociative in nature (Gómez & Freyd, under review; Longden,



Madill, & Waterman, 2012; Mauritz, Goossens, Draijer, & van Achterberg, 2013; Moskowitz, 2011), with dissociation contributing to the etiology of some hallucinations (Anketell, Dorahy, & Curran, 2011; Anketell et al., 2010; Dorahy et al., 2009; Parra & Paul, 2010; van der Hart, Nijenhuis, & Steele, 2006). Therefore, trauma and betrayal blindness/cultural betrayal unawareness may affect dissociation and hallucinations in similar ways.

The findings suggest that there was an indirect effect of ethno-cultural betrayal with high betrayal on dissociation through cultural betrayal unawareness, adding evidence to the literature that knowledge isolation for trauma (also known as betrayal blindness; cultural betrayal unawareness) is related to dissociation (e.g., DePrince et al., 2012). Though this same indirect effect was not shown for hallucinations, there still was a direct effect of ethno-cultural betrayal trauma with high betrayal on hallucinations. This adds to the body of the literature that suggests that trauma predicts hallucinations (e.g., Moskowitz, 2011; Gómez & Freyd, under review; Gómez, Kaehler, & Freyd, 2014).

**Research Question 3.** *Will ethno-cultural betrayal in trauma explain additional variance in abuse outcomes?* The impact of ethno-cultural betrayal in trauma beyond the trauma itself and high betrayal is at the crux of testing cultural betrayal trauma theory. Because of societal inequality, race and ethnicity of the victims and perpetrators may affect outcomes. To get closer to testing the effect of ethno-cultural betrayal specifically—as opposed to simply capturing the impact of race and ethnicity on abuse outcomes generally—I ran separate hierarchical linear regression analyses with ethno-cultural betrayal and ‘interracial’ in the third steps. ‘Interracial’ did not explain any of the variance in outcomes above and beyond that explained by the trauma itself and high

betrayal. Conversely, ethno-cultural betrayal did predict dissociation, PTSD, and hallucinations while controlling for the trauma and high betrayal.

Specifically, for dissociation and PTSD, both high betrayal and ethno-cultural betrayal in trauma were significant predictors, providing evidence for both BTT (e.g., Freyd, 1997) and CBTT (e.g., Gómez, 2015a). For hallucinations, only ethno-cultural betrayal remained a significant predictor when trauma and high betrayal were both included in the model. Uncovering the explanations of this may require more in-depth analyses regarding not only the type of hallucinations, but also the qualitative nature of them. For instance, some hallucinatory experiences may be entrenched in ethno-cultural norms or contexts (Johns, Nazroo, Bebbington, & Kuipers, 2002), and therefore, are uniquely affected by ethno-cultural betrayal.

Finally, neither high betrayal nor ethno-cultural betrayal in trauma was a predictor of within-group disclosure, cultural betrayal unawareness, or hypervigilance. There may be additional factors, such as gender (Ullman & Filipas, 2005) and self-blame (e.g., Starzynski, Ullman, Filipas, & Townsend, 2005) that impact both disclosure and the need for cultural betrayal unawareness. Regarding hypervigilance, it may be that the trauma itself has the driving effect on this outcome, as predicted by the fear paradigm (see DePrince & Freyd, 2002 for a discussion). There was still an effect of ethno-cultural betrayal in trauma on PTSD, however, potentially because of the expanded definition of this disorder in the *DSM-5*, which includes negative alterations in mood (APA, 2013), such as depression, which previously has been associated with betrayal trauma generally (e.g., Edwards, Freyd, Dube, Anda, & Felitti, 2012).

## Revisiting Hypotheses: Aim 2 Cultural Outcomes

**Research Question 1.** *Will ethno-betrayal trauma predict trauma-related ethnic identity change?* Trauma-related changes to ethnic identity may have implications for other cultural outcomes, such as de-identification with minority group and internalized prejudice. Thus, identifying this link may impact further study of cultural outcomes of trauma. The preliminary findings indicate that ethno-cultural betrayal trauma with high betrayal—but not medium betrayal—may affect individuals' understanding of their own ethnic identity. Because these items simply assessed the existence of change in ethnic identity, and not valence (stronger identity? weaker identity?), it is unclear what this change actually means for victims of ethno-cultural betrayal trauma. However, this analysis is a good first step in demonstrating that ethno-cultural betrayal trauma may be linked with trauma-related ethnic identity change. Furthermore, additional analyses found that trauma-related ethnic identity change was correlated with dissociation,  $r = .29, p < .01$ , hallucinations,  $r = .24, p < .01$ , PTSD,  $r = .27, p < .01$ , and hypervigilance,  $r = .14, p < .05$ . Future research can examine if it is the instability of trauma-related ethnic identity changes, the valence of the changes, or both that are associated with the aforementioned abuse outcomes.

**Research Question 2.** *Will there be an indirect effect of ethno-cultural betrayal trauma on diverse identity changes through trauma-related ethnic identity change?* Beyond trauma-related ethnic identity change affecting psychological distress, ethno-cultural betrayal trauma may predict diverse identity changes (e.g., family identity, work identity) through trauma-related ethnic identity change, potentially indicating broader instability in identities and/or substantial life changes. Contrary to the hypothesis, the

indirect effect was not significant; however, ethno-cultural betrayal trauma was related to both trauma-related ethnic identity change and diverse identity changes, indicating that the impact of ethno-cultural betrayal trauma may extend to instability in various identities.

**Research Question 3.** *Will ethno-cultural betrayal trauma predict internalized prejudice?* Internalized prejudice is costly (e.g., Paradies, 2006; Speight, 2007; Thompson & Neville, 1999). The results suggest that ethno-cultural betrayal trauma is a predictor of internalized prejudice, whereas interracial trauma is not. Furthermore, post hoc correlational analyses showed that internalized prejudice was associated with perception of societal trauma,  $r = .22, p < .01$ , (intra)cultural pressure,  $r = .18, p < .05$ , and hallucinations,  $r = .20, p < .01$ . Future studies can examine how internalized prejudice may further interact and/or impact various outcomes of trauma, both abuse and cultural.

**Research Question 4.** *Will the interaction between ethno-cultural betrayal trauma and perception of societal trauma impact (intra)cultural pressure?* With this research question, I most directly addressed the role that societal trauma may play in ethno-cultural betrayal trauma sequelae. Contrary to the hypothesis, the interaction between ethno-cultural betrayal trauma and perception of societal trauma was not associated with (intra)cultural pressure. However, there was a main effect of ethno-cultural betrayal trauma on (intra)cultural pressure. Furthermore, additional correlational analyses indicated that (intra)cultural pressure itself was linked with abuse outcomes: dissociation,  $r = .44, p < .01$ , hallucinations,  $r = .40, p < .01$ , PTSD,  $r = .40, p < .01$ , and

hypervigilance,  $r = .21$ ,  $p < .01$ . Future research can elucidate the complex interplay of ethno-cultural betrayal trauma, (intra)cultural pressure, and trauma sequelae.

### **Theoretical Implications**

Theory-driven empirical research is valued as a means for systematically investigating complex psychological phenomena (e.g., Snowden & Yamada, 2005). Theories dictate the types of questions that are asked and therefore, the lines of research that are pursued. Broadly, theoretical writings about incest—and potentially other forms of interpersonal trauma—are based on North American White women; the associated cultural framework for reality, as well as ideals for psychological and behavioral coping styles, are often presumed to be universal (e.g., Tyagi, 2002). However, the social and cultural contexts are necessary to take into account when studying various minority populations because (1) it has been implicitly taken into account in the mainstream theories and (2) the sociocultural context shapes the meaning, effects, resources, and expression and trauma outcomes, both positive and negative (e.g., Bryant-Davis, Chung, & Tillman, 2009), and necessarily differs within and across groups.

The results of the dissertation support cultural betrayal trauma theory as a viable theory-driven approach to: contextualize trauma research; examine trauma within minority populations; inform what is known about trauma sequelae generally; have specific implications for diverse minority populations; and de-stigmatize minority populations' different experiences with trauma and mental health. Therefore, one next step from the findings of this dissertation is to publish an evidence-informed theoretical paper on CBTT (Gómez, under review<sup>3</sup>). Within societies of inequality—where CBTT

could be the most relevant—a parallel next step is to address common misconceptions (Table 25) that arise from misunderstanding or cultural mistrust of psychology.

Table 25. Cultural Betrayal Trauma Theory: Misconceptions and Clarifications

<b>Misconception</b>	<b>Clarification</b>
CBTT treats all minorities as if they are the same.	With CBTT, both within-group differences and between-group differences can be systematically examined.
CBTT proposes that there is more violence within minority groups.	CBTT says nothing about prevalence of trauma, as within-group violence occurs across majority and minority groups.
CBTT assumes that between-group violence—particularly with majority perpetrators and minority victims—is not harmful.	CBTT focuses on one facet of trauma (within-group) and does not speak to other forms of trauma (between-group) that themselves may be uniquely harmful in their own ways.
CBTT ignores all the other harmful aspects of trauma (e.g., severity, high betrayal).	CBTT highlights cultural betrayal as a specific contributing factor of trauma sequelae, but also includes characteristics of trauma, interpersonal betrayal, institutional betrayal, judicial betrayal, and other factors.
CBTT requires that perpetrators of cultural betrayal trauma are actively trying to betray in-group members through abuse.	Similar to how BTT conceptualizes trauma in interpersonal relationships (e.g., Freyd, 1996), in CBTT, the intent of perpetrators is distinct from the cultural betrayal implicit in within-group violence in minority populations.
CBTT ignores the complexity of identity.	There are multiple types of cultural betrayal that a single individual could experience (e.g., ethno-cultural betrayal; gender cultural betrayal).
CBTT is a cultural betrayal in and of itself, as it highlights violence within minority groups.	The ultimate determinant of cultural betrayal is societal trauma. The next most responsible parties are perpetrators for violating (intra)cultural trust. Disclosing and/or discussing cultural betrayal trauma is not a cultural betrayal.

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Given the potential for misunderstanding, betrayal, and ultimately harm, the question arises: should CBTT and other contextualized and culturally-relevant theories even be used? I believe the answer is a conditional yes, with the understanding that continuous reappraisal of definitions, terms, and implications is necessary in responsibly studying trauma over the long-term—particularly because culture and identity, along with the meaning behind those two constructs, necessarily evolve with societies over time. Thus, when responsibly undertaken, CBTT has the ability to further inform what is known about trauma sequelae generally, while having specific implications for minority populations (Gómez & Johnson-Freyd, 2015), who have been underrepresented in the scientific study of trauma (e.g., Tyagi, 2002).

### **Empirical Implications**

In the dissertation, over half of the sample reported experiencing any form of interpersonal trauma across the lifespan; the high rates of trauma are similar to the trauma literature on ethnic minority populations (Beristianos, Maguen, Neylan, & Byers, 2016; Ford, 2008; National Alliance to End Sexual Violence, 2015; Porter & McQuiller Williams, 2011; Tjaden & Thoennes, 1998). Beyond prevalence, the dissertation provides evidence for the impact of ethno-cultural betrayal trauma on wide-ranging outcomes, including: dissociation, hallucinations, PTSD, cultural betrayal unawareness, hypervigilance, trauma-related ethnic identity change, diverse identity changes, internalized prejudice, and (intra)cultural pressure. Though racial loyalty and pressure to protect the in-group by not disclosing to formal sources have been examined in the literature (e.g., Bent-Goodley, 2001), CBTT, to my knowledge, is the first approach specifically testing cultural outcomes of trauma.

While providing some evidence for CBTT, the results of the dissertation engender more questions than answers: *How do abuse and cultural outcomes relate and impact one another? Both in the meaning-making and outcomes of trauma, how is ethno-cultural betrayal similar to high betrayal? How does (intra)cultural trust and cultural values influence (intra)cultural pressure? What might be within-group protective factors against (intra)cultural pressure? If (intra)cultural pressure is a silencing mechanism that simultaneously functions as protection against societal trauma, how might clinicians and advocates reach and treat victims of ethno-cultural betrayal trauma?* These and other empirical questions will continue to propel studying CBTT in ways that can ultimately benefit diverse victims of cultural betrayal trauma.

From the dissertation itself, I have three empirical studies under review that use the current data set to examine ethno-cultural betrayal trauma and sequelae in distinct ethnic groups (Gómez, under review<sup>1</sup>, under review<sup>2</sup>, under review<sup>4</sup>), as to avoid homogenizing ethnic groups and over-generalizing findings across diverse ethnic groups (e.g., Pole & Triffleman, 2010). In addition to continuing data collection with a qualitative study on Black women's experience with ethno-cultural betrayal sexual trauma (Reinhardt, Gómez, Barnes, Mazzei, & Freyd, in preparation), I would like to build on CBTT in the near future with at least one more project. With the current study's data as a guide, I plan to explore ethno-cultural betrayal sexual trauma for Black American women, using CBTT (e.g., Gómez, 2015a), BTT (e.g., Freyd, 1996), and intersectionality (e.g., Crenshaw, 1989) as theoretical foundations. I hope to explore additional abuse outcomes, such as depression, anxiety, and sleep disturbances, along



with the interplay between abuse outcomes, (intra)cultural pressure, disclosure, institutional betrayal (e.g., Smith & Freyd, 2014), and cultural outcomes.

### **Clinical Implications**

As CBTT (e.g., Gómez, 2015a) has BTT (e.g., Freyd, 1994) as its base, some of the implications of CBTT are similar those of BTT. First, because trauma outcomes are conceptualized as resulting from relational violations (Birrell & Freyd, 2006; Freyd, 1997; Gómez, Kaehler, & Freyd, 2014; Gómez, Lewis, Noll, Smidt, & Birrell, 2016), the therapeutic relationship is important to recovery (e.g., Freyd, 1996). Therefore, relational cultural therapy (Jordan, 2010; Miller, 1976; Miller & Stiver, 1997; Walker, 2011) may be particularly useful for victims of relational trauma (Banks, 2006; Birrell & Freyd, 2006; Gómez, Kaehler, & Freyd, 2014; Gómez, Lewis, Noll, Smidt, & Birrell, 2016), including ethno-cultural betrayal trauma. In therapy, it likely would be beneficial for the meaning and impact of ethno-cultural betrayal to be explored, along with the specific interpersonal relationship(s) between victims and perpetrators.

The results from the current study identify cultural betrayal trauma—in the form of ethno-cultural betrayal trauma—as a distinct type of interpersonal trauma that is linked with diverse abuse and cultural outcomes. Some of these outcomes for ethnic minorities would necessarily be different than those experienced by White Americans, who enjoy higher status (Bryant-Davis, 2005). Thus, differential sociocultural contributors should be incorporated into every aspect of trauma recovery (Brown, 2004), from: the trauma itself; the experience of trauma; coping skills for trauma sequelae; and community responses to trauma. Furthermore, in line with the literature, the current study may have implications for cultural competency in treatment (Brown, 2008; Bryant-Davis, Ullman, Tsong, &

Gobin, 2011; Bryant-Davis, Ullman, Tsong, Tillman, & Smith, 2010; Harrington, Crowther, Janis, & Shipherd, 2010; Lindquist, Barrick, Krebs, Crosby, Lockard, & Sanders-Phillips, 2013; Littleton, Grills-Taquechel, Buck, Rosman, & Dodd, 2013; Long & Ullman, 2013; Wright, Pérez, & Johnson, 2010). For interventions for victims of ethno-cultural betrayal trauma, the dissertation suggests that aspects of the sociocultural context, including societal trauma, (intra)cultural trust, and cultural betrayal, may be important factors in understanding trauma sequelae. Given that oppression and bias may interfere with therapy (Hays, 2008; Sue, 1978; Vasquez, 2007), it would be useful to assess clients' perspectives of cultural competency and quality of care during interventions (Boykins, Alvanzo, Carson, Forte, Leisey, & Plichta, 2010).

One type of cultural competency that has been shown to benefit therapeutic outcomes is ethnic matching (Cabral & Smith, 2011; Goode-Cross & Grim, 2016; Ibaraki & Hall, 2014; Maramba & Hall, 2002; Meyer, Zane, & Cho, 2011; Shin et al., 2005). Ethnic matching in therapeutic interventions may benefit victims of ethno-cultural betrayal trauma specifically through helping to repair (intra)cultural trust and combating (intra)cultural pressure. Furthermore, victims of ethno-cultural betrayal trauma may feel more comfortable disclosing to a within-group other because of (intra)cultural trust (Reinhardt, Gómez, Barnes, Mazzei, & Freyd, in preparation), which may be beneficial to healing (Ibaraki & Hall, 2014). Given that over 90% of mental health professionals in the U.S. are White (Puryear Keita, 2006), increasing racial, ethnic, and cultural diversity in the field is important to creating and implementing interventions that are beneficial to minorities (Hall, 2006).

One clinical implication of the growing empirical base for CBTT, including the dissertation, is to contribute to evidence-informed trainings for clinicians to provide culturally competent care in therapy for victims of cultural betrayal trauma. With CBTT as a guide, such curricula could include training clinicians to attend to the existence and effects of societal trauma, (intra)cultural trust, (intra)cultural pressure, cultural values, characteristics of abuse (e.g., relationship with perpetrator(s), age of onset, duration), institutional betrayal (Smith & Freyd, 2014), judicial betrayal (Smith, Gómez, & Freyd, 2014), and diverse abuse and cultural outcomes (e.g., PTSD, internalized prejudice). Finally, such trainings would likely benefit from including specific education for White therapists about the importance of privileging ethnic minority clients' perceptions of and reactions to discrimination over the therapists' perspectives, including: beliefs in a just world; and distractions from White guilt (*critical race theory*: e.g., Calmore, 1992; Solórzano, Ceja, & Yosso, 2000; Yosso, Smith, Ceja, & Solórzano, 2009; *standpoint theory*: e.g., Collins, 1986; Collins, 1997; Hartstock, 1983).

Moreover, non-traditional interventions (e.g., Gómez, 2015c) and diverse extra-therapeutic forms of healing (e.g., Bryant-Davis, 2005b; Gómez, Lewis, Noll, Smidt, & Birrell, 2016) may be beneficial to healing as well. For instance, the Association of Black Psychologists conducts Emotion Emancipation Circles within Black communities (Grills, 2013; Myers, 2013) to provide healing from societal trauma. Additionally, Bryant-Davis (2005) suggests that journaling/poetry, movement, drama/theater, music, nature, arts and crafts, spirituality, social support, and activism can help clients engage in treatment in the ways that feel most true to themselves and who they are. Moreover, anonymous online forums (Drexel University, 2016) may be another way for victims of ethno-cultural

betrayal trauma to avoid both (intra)cultural pressure and discrimination in mental health care (e.g., Gómez, 2015c), while still receiving support.

Furthermore, regardless of the avenues of healing, symptom reduction should not be the exclusive end goal (Christopher, 2004). Creating meaning can help foment posttraumatic growth; meaning-making is culturally specific (Brown, 2008) and ranges from broad questions of ‘why me?’ to examining cultural values and assumptions, such as respect for authority and belief in a higher power (Brown, 2008). Therefore, knowledge of and attendance to meaning-making processes is likely important to both posttraumatic growth and healing as a whole person (Gómez, Lewis, Noll, Smidt, & Birrell, 2016). Finally, *Condemned to Dance: Cultural Betrayal Trauma Theory* (Gómez & Johnson-Freyd, 2015) is filmed dance that uses music and movement to illustrate societal trauma, (intra)cultural trust, and cultural betrayal with a fictional group of minority individuals; creative avenues such as this film can create a sense of belongingness from shared access to empirically-supported information that has the potential to validate the experiences of diverse victims of cultural betrayal trauma. Put together, the clinical implications from CBTT necessarily include diverse, culturally competent, formal and informal options for healing that incorporate aspects of the sociocultural context with sensitivity and care.

### **Limitations & Future Directions**

This dissertation has provided evidence that CBTT may be a useful framework for exploring trauma sequelae, with a contextualized focus on minority populations. Nevertheless, the study is not without its limitations (Table 26). Future studies can incorporate additional constructs to better understand trauma sequelae (Table 27).

Table 26. Limitations and Future Directions

<b>Limitation</b>	<b>Importance</b>	<b>Future Directions</b>
One Sample: diverse ethnic minority groups	<i>Ethnic Gloss</i> <sup>1</sup> : potentially missing important between-group differences	Run analyses in this data set with each ethnic minority group as a community of interest
Single Construct: tactile, visual, and auditory hallucinations	Different types of hallucinations may be indicative of different types of distress <sup>2,3</sup> and/or cultural meanings <sup>4</sup>	Run separate analyses for tactile, visual, and auditory hallucinations; assess for culturally-relevant meanings of hallucinatory experiences
Abuse and cultural outcomes examined separately	Correlations between some abuse and cultural outcomes in the current data set	Empirically test cultural outcomes as predictors, mediators, and/or moderators of abuse outcomes
Quantitative Methods	Qualitative methods and mixed-method designs can provide more detailed information	Conduct qualitative and mixed-methods studies on diverse populations
Limited measures on societal trauma and internalized prejudice	Societal trauma and internalized prejudice are complex constructs that likely vary in specifics by group	Can use more comprehensive measures for internalized prejudice and perception of societal trauma perpetrated against the self and the group
Un-validated measures of ethno-cultural betrayal trauma and (intra)cultural pressure	Psychometric properties of adapted measures are undetermined	Use mixed-methods design to finalize and validate measures, which can be adapted across groups
Implicit cultural betrayal	Implicit cultural betrayal of within-group violence is distinct from explicit feelings of betrayal	Measure explicit feelings of cultural betrayal and assess its relation to cultural betrayal unawareness, (intra)cultural pressure, and other outcomes

<sup>1</sup>Pole & Triffleman, 2010

<sup>2</sup>Gómez, Kaehler, & Freyd, 2014

<sup>3</sup>Ruddle, Mason, & Wykes, 2011

<sup>4</sup>Johns, Nazroo, Bebbington, & Kuipers, 2002

Table 27. Constructs to Include in Future CBTT Studies

<b>Excluded Construct</b>	<b>Importance</b>	<b>Future Directions</b>
Measure of (intra)cultural trust	There are likely within-group differences in psychological and behavioral aspects of (intra)cultural trust	Create and validate a measure of (intra)cultural trust that incorporates psychological and behavioral components; assess vicarious traumatization of within-group others as a proxy of (intra)cultural trust
Shame	Because of (intra)cultural trust, abuse outcomes, such as PTSD, may elicit shame, guilt, and self-betrayal <sup>1</sup>	Include shame, guilt, and self-betrayal as outcomes that may be mediated by abuse outcomes
Cultural Values	Ethnic-specific cultural values may mediate or moderate outcomes <sup>1</sup> ; there is likely within-group differences in endorsement of cultural values	Include ethnic-specific cultural values in future studies as risk and/or protective factors of ethno-cultural betrayal trauma outcomes that may vary within-group
(Intra)cultural Support	In addition to (intra)cultural pressure, victims may also experience (intra)cultural support as a buffer against negative outcomes	Create and validate a measure of (intra)cultural support and examine its relation to negative outcomes and posttraumatic growth
Posttraumatic Growth	Strength-based approaches may be particularly useful in minority populations <sup>2</sup>	Incorporate a measure of posttraumatic growth

<sup>1</sup> Gómez, 2015a

<sup>2</sup> Bryant-Davis, 2005b

Furthermore, the current study did not differentiate between trauma that occurred at different points in the lifespan. Differentiating trauma that occurs at different development stages, ideally with a longitudinal design, could provide more specificity in understanding trauma sequelae. Additionally, utilizing a sample in which all participants have been victimized may have increased implications for treatment (Hansen, Gómez, & Allard, in preparation). In such samples, future studies could further explore how ethno-cultural betrayal in trauma, (intra)cultural trust, and (intra)cultural pressure function.

## CHAPTER VII

### CONCLUDING THOUGHTS

One goal of work in academia, including research, is to contribute mechanisms to effect social change (Bryant-Davis, 2007; Gómez, 2013, 2014). To work towards this goal, I have developed and begun testing cultural betrayal trauma theory (CBTT; Gómez, 2015a), which incorporates aspects of the broader sociocultural context of inequality into the study of interpersonal trauma for minority populations. With CBTT, I hope to foster validation and understanding of trauma sequelae for minorities, which ultimately can be used to improve the lives of victims of cultural betrayal trauma. Further, work with CBTT perhaps can engender advocacy against the ultimate cause of cultural betrayal: societal trauma in the forms of discrimination, violence, oppression, and second-class citizenship. As such, I hope for CBTT research to aid in creating an avenue for lasting change through documenting trauma and its effects while potentially reducing its prevalence and impact.



## APPENDIX A

### CONSENT FORM

Thank you for your interest in our research project. The following is a summary of the project:

**Purpose:** The purpose of this study is to better understand the experiences of students who identify as ethnic minorities. You will be asked questions about your identity, past experiences including some potentially difficult experiences about sexual history, and questions about your thoughts and reactions to different experiences. You should take this survey in a quiet and private place in order to concentrate. To help ensure that your responses are kept confidential, be sure to use a secure network and close the browser when finished.

**Participation:** This study will take approximately 60 minutes to complete and must be completed in one session. You will be awarded 1 credit for your participation. You will be awarded .25 credits for every 0-15 minutes of participation. Thus, you should expect to receive 1 credit for completion of this survey. If you choose to discontinue participation in this study at any point after clicking through the consent page, you will receive credit for the amount of time you participated.

When responding to items in this survey, you may leave any individual items blank that you do not wish to answer. This will not affect your credit.

Your participation is voluntary. Your decision whether or not to participate will not affect your relationship with the UO Psychology Department or the UO Linguistics Department. If you decide to participate, you are free to withdraw your consent and discontinue participating at any time without penalty. The Psychology and Linguistics Departments have established alternative assignments for students who do not wish to participate as research subjects. Please see your instructor if you would rather complete an alternative assignment.

No information you provide in this survey will be linked to your identity in any way. To ensure your confidentiality, you will receive credit for your participation through the SONA system.

Thus, the SONA system and the coordinator of the Psychology and Linguistics Departments' Human Subjects Pool will have a record of who participated in this study. However, neither the SONA system nor the Human Subjects Pool coordinator will have access to participants' survey responses.

In order to receive a copy of this consent form, you can print a copy using the browser's print function, or you can email the project coordinator, Jennifer M. Gómez, M.S., [jgomez@uoregon.edu](mailto:jgomez@uoregon.edu), who will then provide you with a copy of this consent form.

Risks and Benefits: Participants may experience discomfort in completing this study. There are no direct benefits to participation other than contribution to generalizable knowledge.

If you have questions about your rights as a participant in this research project, please contact the University of Oregon Research Compliance Services at (541) 346-2510 or [ResearchCompliance@uoregon.edu](mailto:ResearchCompliance@uoregon.edu).

Please choose 'Agree' if you wish to participate.

**APPENDIX B**  
**DEMOGRAPHICS**

Age \_\_\_\_\_

Gender

- Male
- Female
- Other

Race

- Asian
- Black/African American
- Hispanic/Latino American
- Middle Eastern
- Native Hawaiian or Other Pacific Islander
- Other

Ethnicity

- Asian
- Black/African American
- Hispanic/Latino American
- Middle Eastern
- Native Hawaiian or Other Pacific Islander
- Other

National Origin \_\_\_\_\_

Sexuality \_\_\_\_\_

Religion \_\_\_\_\_

I identify as an ethnic minority

- Yes
- No

## APPENDIX C

### BRIEF BETRAYAL TRAUMA SURVEY

*Each of us has many different aspects of identity that are important to us. For this particular study, we are interested in understanding people's experiences as seen through their ethnic identities. That's what we'll be asking you about in the following questions. After you're done with this survey, there will be chance to make some comments to us about your other important personal identities.*

**Please consider the following items pertaining to experiences with people that you were close to.**

Never	1 time	2-5 times	6-20 times	21-100 times	More than 100 times
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- 
1. You were deliberately attacked so severely as to result in marks, bruises, blood, broken bones, or broken teeth by someone of your *same ethnicity* with whom you were very close.
  2. You were deliberately attacked that severely by someone of a different ethnicity with whom you were very close.
  3. You were made to have some form of sexual contact, such as touching or penetration, by someone of your *same ethnicity* with whom you were very close (such as a parent or lover).
  4. You were made to have some form of sexual contact, such as touching or penetration, by someone of a different ethnicity with whom you were very close (such as a parent or lover).
  5. You were emotionally or psychologically mistreated over a significant period of time by someone of your *same ethnicity* with whom you were very close (such as a parent or lover).
  6. You were emotionally or psychologically mistreated over a significant period of time by someone of a different ethnicity with whom you were very close (such as a parent or lover).

**Please consider the following items pertaining to experiences with strangers, acquaintances, or other persons that you were not close to.**

- 
1. You were deliberately attacked so severely as to result in marks, bruises, blood, broken bones, or broken teeth by someone of your *same ethnicity* with whom you were *not* close.
  2. You were deliberately attacked that severely by someone of a different ethnicity with whom you were *not* close.
  3. You were made to have some form of sexual contact, such as

touching or penetration, by someone of your *same ethnicity* with whom you were *not* close.

4. You were made to have some form of sexual contact, such as touching or penetration, by someone of a different ethnicity with whom you were *not* close.

5. You were emotionally or psychologically mistreated over a significant period of time by someone of your *same ethnicity* with whom you were *not* close.

6. You were emotionally or psychologically mistreated over a significant period of time by someone of a different ethnicity with whom you were *not* close.

**APPENDIX D**

**TRAUMA-RELATED ETHNIC IDENTITY CHANGE**

**If you experienced any of the above from someone of your same ethnicity:**

Not applicable	This was not a part of my self-concept.	.	.	This was a large part of who I was.
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What was your identification with this ethnicity before the experience(s)?

Not applicable	Not changed at all	.	.	Has changed a lot
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Has your identification with this ethnicity changed?

## APPENDIX E

### SEXUAL EXPERIENCES SURVEY

Never	1 time	2-5 times	6-20 times	21-100 times	More than 100 times
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1. A trusted or depended upon person of the *same ethnicity* used some degree of physical force (twisting your arm, holding you down, etc.) to try to make you engage in kissing or petting when you didn't want to.
2. A trusted or depended upon person of the *same ethnicity* tried to have sexual intercourse with you when you didn't want to by threatening to use physical force (twisting your arm, holding you down, etc.) if you didn't cooperate, but for various reasons, sexual intercourse did not occur.
3. A trusted or depended upon person of the *same ethnicity* used some degree of physical force (twisting your arm, holding you down, etc.) to try to get you to have sexual intercourse with them when you didn't want to, but for various reasons, sexual intercourse did not occur.
4. You have had sexual intercourse with a trusted or depended upon person of the *same ethnicity* when you didn't want to because they threatened to use physical force (twisting you arm, holding you down, etc.) if you didn't cooperate.
5. You have had sexual intercourse with a trusted or depended upon person of the *same ethnicity* because they used some degree of physical force (twisting your arm, holding you down, etc.).
6. A trusted or depended upon person of the *same ethnicity* obtained sexual acts with you such as anal or oral intercourse when you didn't want to by using threats or physical force (twisting your arm, holding you down, etc.).
7. You have been raped by a trusted or depended upon person of the *same ethnicity*.
  
8. A trusted or depended upon person of a different ethnicity used some degree of physical force (twisting your arm, holding you down, etc.) to try to make you engage in kissing or petting when you didn't want to.
9. A trusted or depended upon person of a different ethnicity tried to have sexual intercourse with you when you didn't want to by threatening to use physical force (twisting your arm, holding you down, etc.) if you didn't cooperate, but for various reasons, sexual intercourse did not occur.
10. A trusted or depended upon person of a different ethnicity used some degree of physical force (twisting your arm, holding you down, etc.) to try to get you to have sexual intercourse with them when you didn't want to, but for various reasons, sexual intercourse did not occur.
11. You have had sexual intercourse with a trusted or depended upon person of a different ethnicity when you didn't want to because they threatened to use physical force (twisting you arm, holding you down, etc.) if you didn't cooperate.

12. You have had sexual intercourse with a trusted or depended upon person of a different ethnicity because they used some degree of physical force (twisting your arm, holding you down, etc.).
13. A trusted or depended upon person of a different ethnicity obtained sexual acts with you such as anal or oral intercourse when you didn't want to by using threats or physical force (twisting your arm, holding you down, etc.).
14. You have been raped by a trusted or depended upon person of a different ethnicity.
15. An unknown or unfamiliar person of the *same ethnicity* used some degree of physical force (twisting your arm, holding you down, etc.) to try to make you engage in kissing or petting when you didn't want to.
16. An unknown or unfamiliar person of the *same ethnicity* tried to have sexual intercourse with you when you didn't want to by threatening to use physical force (twisting your arm, holding you down, etc.) if you didn't cooperate, but for various reasons, sexual intercourse did not occur.
17. An unknown or unfamiliar person of the *same ethnicity* used some degree of physical force (twisting your arm, holding you down, etc.) to try to get you to have sexual intercourse with them when you didn't want to, but for various reasons, sexual intercourse did not occur.
18. You have had sexual intercourse with an unknown or unfamiliar person of the *same ethnicity* when you didn't want to because they threatened to use physical force (twisting you arm, holding you down, etc.) if you didn't cooperate.
19. You have had sexual intercourse with an unknown or unfamiliar person of the *same ethnicity* because they used some degree of physical force (twisting your arm, holding you down, etc.).
20. An unknown or unfamiliar person of the *same ethnicity* obtained sexual acts with you such as anal or oral intercourse when you didn't want to by using threats or physical force (twisting your arm, holding you down, etc.).
21. You have been raped by an unknown or unfamiliar person of the *same ethnicity*.
22. An unknown or unfamiliar person of a different ethnicity used some degree of physical force (twisting your arm, holding you down, etc.) to try to make you engage in kissing or petting when you didn't want to.
23. An unknown or unfamiliar person of a different ethnicity tried to have sexual intercourse with you when you didn't want to by threatening to use physical force (twisting your arm, holding you down, etc.) if you didn't cooperate, but for various reasons, sexual intercourse did not occur.
24. An unknown or unfamiliar person of a different ethnicity used some degree of physical force (twisting your arm, holding you down, etc.) to try to get you to have sexual intercourse with them when you didn't want to, but for various reasons, sexual intercourse did not occur.
25. You have had sexual intercourse with an unknown or unfamiliar person of a different ethnicity when you didn't want to because they threatened to use physical force (twisting you arm, holding you down, etc.) if you didn't cooperate.



26. You have had sexual intercourse with an unknown or unfamiliar person of a different ethnicity because they used some degree of physical force (twisting your arm, holding you down, etc.).
27. An unknown or unfamiliar person of a different ethnicity obtained sexual acts with you such as anal or oral intercourse when you didn't want to by using threats or physical force (twisting your arm, holding you down, etc.).
28. You have been raped by an unknown or unfamiliar person of a different ethnicity.

## APPENDIX F

### BETRAYAL TRAUMA INVENTORY

Please think about the event(s) you said you experienced on the last questionnaire that was the most distressing or had the greatest effect on your life.

Never	1 time	2-5 times	6+ times
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1. How many times have you talked about the experience(s)?
2. How many times did you tell person(s) of your same ethnicity about the experience(s)?
3. How many times did you tell person(s) of a different ethnicity you do not share your group identity with about the experience(s)?

## APPENDIX G

### ROTATING BETRAYAL BLINDNESS

*Think back to the event(s) you reported experiencing. Please indicate to what extent the following statements describe your experience of that event(s)(s) AT THE TIME OF THE EVENT(S)(S) AND FOR THE PERIOD RIGHT AFTER IT HAPPENED:*

0 Never true for me.	1 Sometimes true for me.	2 Often true for me.	3 Always true for me.
-------------------------	-----------------------------	-------------------------	--------------------------

1. At the time of the event(s)(s) and for the period right after it happened, I didn't remember the event(s)(s) but was told it happened by someone else.
2. At the time of the event(s)(s) and for the period right after it happened, the event(s)(s) was at the forefront of my conversations with others.
3. At the time of the event(s)(s) and for the period right after it happened, the event(s) was the focus of my journal entries and/or other writing.
4. At the time of the event(s) and for the period right after it happened, the event(s) was often the focus of my thoughts.
5. At the time of the event(s) and for the period right after it happened, the event(s) was very important to me.
6. At the time of the event(s) and for the period right after it happened, the event(s) was all consuming.
7. At the time of the event(s) and for the period right after it happened, the event(s) was insignificant.
8. At the time of the event(s) and for the period right after it happened, I thought the event(s) didn't have an effect on me.
9. At the time of the event(s) and for the period right after it happened, the event(s) really didn't have an effect on me.
10. At the time of the event(s) and for the period right after it happened, the event(s) was part of my identity.
11. At the time of the event(s) and for the period right after it happened, the event(s) was not important.
12. At the time of the event(s) and for the period right after it happened, the event(s) affected my decision-making.
13. At the time of the event(s) and for the period right after it happened, the event(s) was readily available for remembering.
14. At the time of the event(s) and for the period right after it happened, sometimes I tried to remember the event(s) but couldn't.
15. At the time of the event(s) and for the period right after it happened, I tried to remember the details of the event(s) but I couldn't.
16. At the time of the event(s) and for the period right after it happened, sometimes I wanted to remember the event(s) but I couldn't.
- 17. At the time of the event(s) and for the period right after it happened, I didn't want to remember the event(s) but remembered it anyway.**

18. **At the time of the event(s) and for the period right after it happened, there were times I believed the event(s) didn't happen.**
19. **At the time of the event(s) and for the period right after it happened, there were times I wanted to believe the event(s) didn't happen.**
20. At the time of the event(s) and for the period right after it happened, I was not aware the event(s) had happened.
21. At the time of the event(s) and for the period right after it happened, part of me was aware the event(s) happened but part of me wasn't.
22. At the time of the event(s) and for the period right after it happened, I couldn't help but remember the event(s).
23. At the time of the event(s) and for the period right after it happened, I couldn't stop remembering the event(s) even if I tried.
24. **At the time of the event(s) and for the period right after it happened, I tried to avoid remembering the event(s).**
25. **At the time of the event(s) and for the period right after it happened, if asked I would have said the event(s) didn't happen.**
26. **At the time of the event(s) and for the period right after it happened, I wanted to believe the event(s) didn't happen.**
27. **At the time of the event(s) and for the period right after it happened, I knew the event(s) happened but on some level I didn't know.**
28. At the time of the event(s) and for the period right after it happened, I was consciously aware the event(s) happened but not emotionally connected to it.
29. At the time of the event(s) and for the period right after it happened, I could always remember the event(s) if I wanted to.
30. At the time of the event(s) and for the period right after it happened, the extent to which I remembered the event(s) depended on who I was with.
31. At the time of the event(s) and for the period right after it happened, the extent to which I remembered the event(s) depended on where I was.
32. At the time of the event(s) and for the period right after it happened, I thought of the event(s) more when I was around people I trusted.
33. At the time of the event(s) and for the period right after it happened, I thought of the event(s) less when I was around people I trusted.

**\*Bolded items are those analyzed in the current study.**

*Think back to this same event(s) you reported. Please indicate to what extent the following statements describe your experience of that event(s) NOW:*

0 Never true for me.	1 Sometimes true for me.	2 Often true for me.	3 Always true for me.
-------------------------	-----------------------------	-------------------------	--------------------------

1. Now, I don't remember the event(s) but was told it happened by someone else.
2. Now, the event(s) is at the forefront of my conversations with others.
3. Now, the event(s) is the focus of my journal entries and/or other writing.
4. Now, the event(s) is often the focus of my thoughts.
5. Now, the event(s) is very important to me.
6. Now, the event(s) is all consuming.
7. Now, the event(s) is insignificant.
8. Now, I currently believe the event(s) had an effect on me.
9. Now, the event(s) really didn't have an effect on me.
10. Now, the event(s) is part of my identity.
11. Now, the event(s) is not important.
12. Now, the event(s) affects my decision-making.
13. Now, the event(s) is readily available for remembering.
14. Now, sometimes I try to remember the event(s) but can't.
15. Now, I try to remember the details of the event(s) but I can't.
16. Now, sometimes I want to remember the event(s) but I can't.
17. Now, I don't want to remember the event(s) but remember it anyway.
18. Now, there are times I believe the event(s) didn't happen.
19. Now, there are times I want to believe the event(s) didn't happen.
20. Now, I am not aware the event(s) happened.
21. Now, part of me is aware the event(s) happened but part of me isn't.
22. Now, I can't help but remember the event(s).
23. Now, I can't stop remembering the event(s) even if I tried.
24. Now, I try to avoid remembering the event(s).
25. Now, if asked I would have said the event(s) didn't happen.
26. Now, I want to believe the event(s) didn't happen.
27. Now, I know the event(s) happened but on some level I don't know.
28. Now, I am consciously aware the event(s) happened but not emotionally connected to it.
29. Now, I can always remember the event(s) if I want to.
30. Now, the extent to which I remember the event(s) depends on who I am with.
31. Now, the extent to which I remember the event(s) depends on where I am.
32. Now, I think of the event(s) more when I am around people I trust.
33. Now, I think of the event(s) less when I am around people I trust.

*Think back to this same event(s) you reported. Please indicate HOW MUCH YOU AGREE with the following statements:*

0 Strongly Disagree	1 Disagree	2 Agree	3 Strongly Agree
------------------------	---------------	------------	---------------------

1. Since the event(s), there have been times when I didn't remember the event(s) but was told it happened by someone else AND there have been other times when I did remember the event(s) without having to be told by someone else.
2. Since the event(s), there have been times when the event(s) was at the forefront of my conversations with others AND other times when it was not at the forefront of my conversations with others.
3. Since the event(s), there have been times when the event(s) was the focus of my journal entries and/or other writing AND other times when it was not the focus of my journal entries and/or other writing.
4. Since the event(s), there have been times when the event(s) was the focus of my thoughts AND other times when it was not the focus of my thoughts.
5. Since the event(s), there have been times when I believed the event(s) was important to me AND other times when I did not believe it was important to me.
6. Since the event(s), there have been times when the event(s) was all consuming AND other times when it was not all consuming.
7. Since the event(s), there have been times when I considered it to be insignificant AND other times when I considered it to be significant.
8. My beliefs about whether the event(s) had an effect on me have changed over time.
9. Since the event(s), there have been times when I believed the event(s) really didn't have an effect on me AND other times when I believed it did really have an effect on me.
10. Since the event(s), there have been times when the event(s) was part of my identity AND other times when the event(s) was not part of my identity.
11. Since the event(s), there have been times when I believe the event(s) was not important to me AND other times when I believe the event(s) was important to me.
12. Since the event(s), there have been times when the event(s) affects my decision-making AND other times when the event(s) does not affect my decision-making.
13. Since the event(s), there have been times when the event(s) is readily available for remembering AND other times that the event(s) was not readily available for remembering.
14. Since the event(s), there have been times when I try to remember the event(s) but can't AND other times when I try to remember the event(s) and can.
15. Since the event(s), there have been times when I try to remember the details of the event(s) but can't AND other times when I try to remember the details of the event(s) and can.
16. Since the event(s), there have been times when I want to remember the event(s) but can't AND other times when I want to remember the event(s) and can.

17. Since the event(s), there have been times when I didn't want to remember the event(s) but remember it anyway AND other times when I didn't want to remember the event(s) and was able to prevent(s) myself from remembering it
18. Since the event(s), there have been times when I didn't believe the event(s) happened AND there have been other times when I believed that it did.
19. Since the event(s), there have been times when I wanted to believe the event(s) didn't happen AND other times when I didn't want to believe the event(s) didn't happen.
20. Since the event(s), there have been times when I was not aware the event(s) happened AND other times when I was aware the event(s) happened.
21. Since the event(s), there have been times when only part of me was aware the event(s) happened AND other times when all of me was aware the event(s) happened.
22. Since the event(s), there have been times when I can't help but remember the event(s) AND other times when I am able to stop myself from remembering it.
23. Since the event(s), there have been times when I couldn't stop remembering the event(s) even if I tried AND other times when I could stop remembering the event(s) when I tried.
24. Since the event(s), there have been times when I tried to avoid remembering the event(s) AND other times when I did not try to avoid remembering the event(s).
25. Since the event(s), there have been times when, if asked, I would say the event(s) didn't happen AND other times when, if asked, I would say the event(s) did happen.
26. Since the event(s), there have been times when I wanted to believe the event(s) didn't happen AND other times when I did not want to believe the event(s) didn't happen.
27. Since the event(s), there have been times when I knew the event(s) happened but on some level I didn't know AND other times when I fully and completely knew the event(s) happened.
28. Since the event(s), there have been times when I was consciously aware the event(s) happened but not emotionally connected to it AND other times when I was consciously aware the event(s) happened and was emotionally connected to it.
29. Since the event(s), there have been times when I could always remember the event(s) if I wanted to AND other times when I could not remember the event(s) even if I wanted to.
30. Since the event(s), there have been times when my ability to remember the event(s) depends on who I am with AND other times when my ability to remember the event(s) does not depend on who I am with.
31. Since the event(s), there have been times when my ability to remember the event(s) depends on where I am AND other times when my ability to remember the event(s) did not depend on where I am.
32. Since the event(s), there have been times when I think more of the event(s) when I am around people AND other times when I do not think more of the event(s) when I am around people.

33. Since the event(s), there have been times when I think of the event(s) less when I am around people AND other times when I do not think of the event(s) less when I am around people.



## APPENDIX H

### INSTITUTIONAL BETRAYAL TRAUMA QUESTIONNAIRE 2

This section will ask you to think about the ethnic group to which you identify with or have identified with, which may or may not call to mind specific individuals.

In thinking about the events described in the previous section, did your ethnic group play a role by . . .

Not at all	Very little	A good deal	Very much
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1. Not taking proactive steps to prevent this type of experience?
2. Creating a culture in which this type of experience seemed common or normal?
3. Creating a culture in which this experience seemed more likely to occur?
4. Making it difficult to disclose the experience?
5. Responding inadequately to the experience, if disclosed?
6. Covering up the experience?
7. Denying your experience in some way?
8. Punishing you in some way for disclosing the experience (e.g., loss of status)?
9. Suggesting your experience might affect the reputation of your ethnic group?
10. Creating a cultural environment where you no longer felt like a valued member of your ethnic group?
11. Creating a cultural environment where continued socializing was difficult for you?
12. Prior to this experience, was this an ethnic group or culture you identified with or felt a part of?
13. Do you still consider yourself part of this ethnic group or culture?

## APPENDIX I

### BRIEF HYPERVIGILANCE SCALE

**Instructions:** Please respond to each of the statements by placing an “X” in the answer column that best applies to you. There is no right or wrong response for each statement.

To help you decide your answer for each item, think back over the past month and then mark a column with your answer based either on "*About how much the statement is true as it relates to you,*" or on "*About how often the statement is true as it relates to you.*"

	<b>Not at All Like Me (Never True)</b>	<b>Somewh at Like Me (Sometim es True)</b>	<b>Much Like Me (Often True)</b>	<b>Mostl y Like Me (Very Often True)</b>	<b>Very Much Like Me (Alwa ys True)</b>
1. As soon as I wake up and for the rest of the day, I am watching for signs of trouble					
2. When I am outside, I think ahead about what I would do (or where I would go) if someone would try to surprise or harm me					
3. I notice that when I am in public or new places, I need to scan the crowd or surroundings					
4. When I am in public, I feel overwhelmed because I cannot keep track of everything going on around me					
5. I feel that if I don't stay alert and watchful, something bad will happen					

## APPENDIX J

### WESSEX DISSOCIATION SCALE

This questionnaire asks about experiences that you may have in your daily life. Please indicate, by ticking one of the boxes, how often you have experiences like these. It is important that your answers state how often you have these experiences when you are *not* under the influence of alcohol or drugs.

0- Never	1- Rarely	2- Sometimes	3- Often	4- Very Often	5- All the Time
----------	-----------	--------------	----------	---------------	-----------------

1. Unwanted images from my past come into my head
2. I hear voices when no one has actually said anything
3. Other people describe meetings we have had but that I cannot remember
4. Unwanted memories come into my head
5. My personality is very different in different situations
6. My mood can change very rapidly
7. I have vivid and realistic nightmares
8. I don't always remember what people have said to me
9. I feel physical pain, but it does not seem to bother me as much as other people
10. I smell things that are not actually there
11. I remember bits of past experiences, but cannot put them together
12. I have arguments with myself
13. I do not seem to be as upset by things as I should be
14. I act without thinking
15. I do not really seem to get angry
16. I just feel numb and empty inside
17. I notice doing things that do not make sense
18. Sometimes I feel relaxed and sometimes I feel very tense, even though the situation is the same
19. Even though it makes no sense, I believe that doing certain things can prevent(s) disaster
20. I have unexplained aches and pains
21. It feels as if there is more than one of me
22. Unwanted thoughts come into my head
23. My mind just goes blank
24. I feel touched by something or someone that is not there
25. I have big gaps in my memory
26. I see something that is not actually there
27. My body does not feel like my own
28. I cannot control my urges
29. I feel detached from reality
30. Chunks of time seem to disappear without my being able to account for them
31. I sometimes look at myself as though I were another person
32. Things around me do not seem real
33. I do not seem to feel anything at all
34. I taste something that I have not eaten

35. I find myself unable to think about some things, however hard I try
36. I talk to myself as if I were another person
37. I do not seem to feel physical pain as much as other people
38. I hear things that are not actually there
39. I find myself in situations or places with no memory of how I got there
40. It is absolutely essential that I do some things in a certain way

## APPENDIX K

### PTSD CHECKLIST 5

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

*In the past month, how much were you bothered by:*

Not at all	A Little Bit	Moderately	Quite a Bit	Extremely
------------	--------------	------------	-------------	-----------

1. Repeated, disturbing, and unwanted memories of the stressful experience?
2. Repeated, disturbing dreams of the stressful experience?
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?
4. Feeling very upset when something reminded you of the stressful experience?
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?
6. Avoiding memories, thoughts, or feelings related to the stressful experience?
  
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?
8. Trouble remembering important parts of the stressful experience?
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?
10. Blaming yourself or someone else for the stressful experience or what happened after it?
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?
  
12. Loss of interest in activities that you used to enjoy?
13. Feeling distant or cut off from other people?
14. Trouble experiencing positive feelings (for example, being

unable to feel happiness or have loving feelings for people close to you)?

15. Irritable behavior, angry outbursts, or acting aggressively?

16. Taking too many risks or doing things that could cause you harm?

17. Being “superalert” or watchful or on guard?

18. Feeling jumpy or easily startled?

19. Having difficulty concentrating?

20. Trouble falling or staying asleep?

## APPENDIX L

### HALLUCINATIONS ITEMS

Never	Occasionally	Sometimes	Frequently	Almost Always
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1. Have you ever seen things, objects or persons which other people can't see?
2. Do you smell things which other people can't smell for example, chemical odors, urine, smoke for no apparent reason?
3. Do you feel something is under your skin or on your skin for example, as though bugs are crawling on you ?
4. Do you have a strange taste in your mouth for example, a metallic taste for no apparent reason?
5. Do you have the sense that you are outside of your body and watching yourself?
6. Have you ever heard sounds, music or voices which other people can't hear?
  
7. Have you ever had unusual feelings inside or on your body, like being touched when nothing was there or feeling something moving inside your body?
8. Have you ever had the experience of seeing something or someone that others present could not see- that is, had a vision when you were wide awake?
9. Have you ever had the experience of hearing things other people could not hear, such as noises or a voice?

**APPENDIX M**

**MULTIDIMENSIONAL INVENTORY FOR BLACK IDENTITY**

1 Strongly Disagree				5 Strongly Agree
---------------------------	--	--	--	------------------------

1. Overall, being this ethnicity has very little to do with how I feel about myself.
2. In general, being this ethnicity is an important part of my self-image.
3. My destiny is tied to the destiny of other people who are this ethnicity.
4. Being this ethnicity is unimportant to my sense of what kind of person I am.
5. I have a strong sense of belonging to this ethnicity.
6. I have a strong attachment to other people who are this ethnicity.
7. Being this ethnicity is an important reflection of who I am.
8. Being this ethnicity is not a major factor in my social relationships.

1 Strongly Disagree				5 Strongly Agree
---------------------------	--	--	--	------------------------

1. Overall, my ethnic group is considered good by others.
2. In general, others respect people in my ethnic group.
3. Most people consider my ethnic group, on the average, to be more ineffective than other ethnic groups.
4. My ethnic group is not respected by the broader society.
5. In general, other groups view my ethnic group in a positive manner.
6. Society views my ethnic group as an asset.

1 Strongly Disagree				5 Strongly Agree
---------------------------	--	--	--	------------------------

1. I feel good about people in this ethnic group.
2. I am happy that I am this ethnicity.
3. I feel that people with this ethnic group has made major accomplishments and advancements.
4. I often regret that I am this ethnicity.
5. I am proud to be this ethnicity.
6. I feel that people with this ethnic community has made valuable contributions to this society.



## APPENDIX N

### CENTRALITY OF IDENTITIES SCALE

**We would like you to tell us how important the following things are to your identity and self-concept.**

0 This is not part of my self- concept			3 This is a large part of who I am
---	--	--	---------------------------------------

1. My religion
2. My spirituality
3. My race
4. My ethnicity
5. My sexual orientation
6. My gender identity
7. My intelligence
8. My looks
9. My political affiliation/ideology (e.g., Republican, Democrat)
10. My mental health status (e.g., diagnosed with depression)
11. My physical ability or disability
12. My nationality (e.g., country of origin)
13. Being a student at UO
14. Being a member of a fraternity, sorority, or co-op
15. My job (e.g., I am a teacher)
16. My family identity (e.g., I am a sister, a father, etc.)
17. My membership in my family (e.g., I am part of the Smith family)
18. My hometown
19. My home state or region
20. My relationship status (e.g., I am his/her girlfriend; I am single)
21. Being a member of the military
22. Being a member of a community organization (e.g., church; boys and girls club)

**APPENDIX O**

**DIVERSE IDENTITY CHANGES SCALE**

**We would now like you to tell us how much these identities have changed over your lifetime.**

0 Not changed at all			3 Has changed a lot
-------------------------	--	--	------------------------

1. My religion
2. My spirituality
3. My race
4. My ethnicity
5. My sexual orientation
6. My gender identity
7. My intelligence
8. My looks
9. My political affiliation/ideology (e.g., Republican, Democrat)
10. My mental health status (e.g., diagnosed with depression)
11. My physical ability or disability
12. My nationality (e.g., country of origin)
13. Being a student at UO
14. Being a member of a fraternity, sorority, or co-op
15. My job (e.g., I am a teacher)
16. My family identity (e.g., I am a sister, a father, etc.)
17. My membership in my family (e.g., I am part of the Martínez family)
18. My hometown
19. My home state or region
20. My relationship status (e.g., I am his/her girlfriend; I am single)
21. Being a member of the military
22. Being a member of a community organization (e.g., church; boys and girl

## APPENDIX P

### QUALITATIVE IDENTITIES

Throughout this survey, we have asked you to think about events in your life as they related to your ethnicity. However, each person has multiple identities that affect who they are. We are interested in those identities in you (e.g., Black, woman, Christian, fraternity brother, etc.). Therefore, we would like you to list all of your important identities, including ethnic identity, into the appropriate categories based on importance of these identities to you: very important, moderately important, less important. Below that, you will have the option to explain about the meaning of these identities.

Identities that are very important to you:

---

Identities that are moderately important to you:

---

Identities that are less important to you:

---

Optional: Explain what one or more of these identities mean to you.

---

## APPENDIX Q

### DEBRIEFING FORM

Thank you for your participation in this study!

The purpose of this study was to examine the prevalence and impact of interpersonal trauma. Through this research, we hope to understand the role that culture may play in impacting outcomes of interpersonal trauma. In order to help us understand this topic, you were given several questionnaires asking about trauma history, outcomes of trauma, and identification with your ethnic identity.

Your participation is extremely valuable because it will provide insight into an area of research that has been understudied. The specific information you provided will give us valuable information.

There are no known or foreseeable risks associated with the study you just participated in. However, participation in this study involves thinking about situations that might be sensitive or even upsetting for some participants. If you would like to discuss any feelings that may have arisen during your participation, please feel free to contact any of the counselors or mental health professionals listed below. The results of this participation will be confidential. No one other than the research team will have access to your questionnaire responses. The principal and co-investigator will have no way of linking your questionnaire answers to your identity.

Should you be interested in the results of this study, feel free to contact Jennifer M. Gómez at [jgomez@uoregon.edu](mailto:jgomez@uoregon.edu) or Dr. Jennifer Freyd at [jjf@uoregon.edu](mailto:jjf@uoregon.edu). If you have any questions concerning your rights as a research participant, please contact Research Compliance Services. You can also email the Human Subjects Coordinator for psychology and linguistics research.

Research Compliance  
5237 University of Oregon  
Eugene, OR 97403  
541-346-2510  
[researchcompliance@uoregon.edu](mailto:researchcompliance@uoregon.edu)

Human Subjects Coordinator  
[hscoord@uoregon.edu](mailto:hscoord@uoregon.edu)

For counseling services, please feel free to contact the following:

1. Center for Community Counseling (541) 344-0620
2. Sexual Assault Support Services (541) 484-9791  
(541) 343-7277  
(Crisis/Support Line)

3. White Bird

(541) 342-8255 (Counseling  
Program)

(541) 687-4000 (Crisis Line)

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