

unctioning scales than low betrayal victims

Health Effects by Closeness of Sexual Abuse Perpetrator: A test of Betrayal Trauma theory

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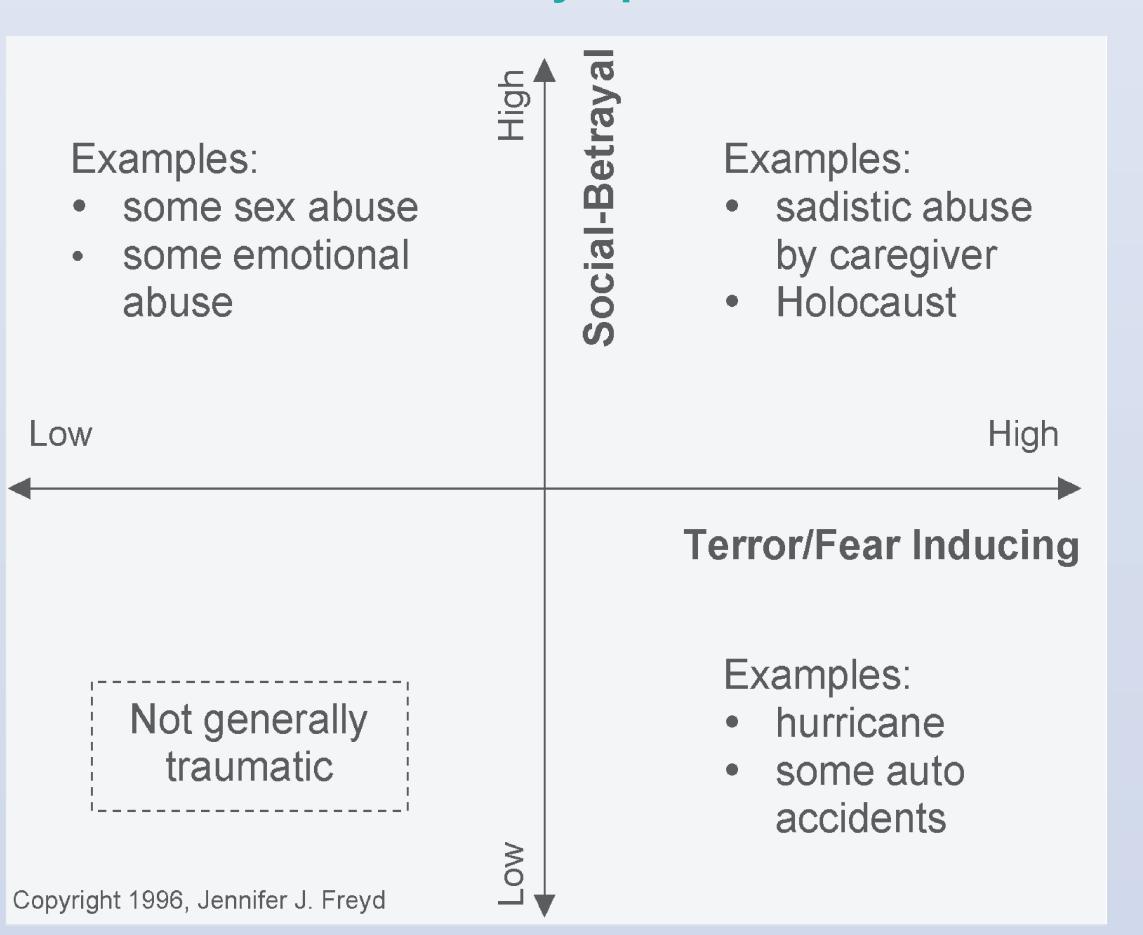
Betrayal Trauma Theory (Freyd, 2000)

nember or non- relative living in the home would report substantially poorer health than those whos Participants were HMO members undergoing a complete physical examination. 3,100 (17.4%) reporte ome form of childhood sexual abuse (fondling, attempted intercourse, or intercourse) and also dentified their abuser. Thirty-two percent of sexual abuse survivors had high betrayal, defined as an subjects had poorer health functioning on the SF-36 role-physical, role-emotional, and social

Betrayal Trauma (Freyd, 1996)

- Betrayal trauma occurs when the people or institutions we depend on for survival violate us in some way. An example of betrayal trauma is childhood physical, emotional, or sexual abuse.
- Betrayal trauma causes a profound conflict for the dependent victim because of the need to preserve the relationship for survival.
- If the betrayed person is a child and the betrayer is a parent, it is especially essential the child does not stop behaving in such a way that will inspire attachment. For the child to withdraw from a caregiver he is dependent on would further threaten his life, both physically and mentally.

Betrayal Trauma theory: dimensions of trauma lead to different symptoms?



The Adverse Childhood Experiences (ACE) Study

The largest study of its kind ever done to examine the health and social effects of these childhood experiences throughout the lifespan (17,421 participants)

What do we mean by Adverse Childhood Experiences?

Experiences that represent health or social problems of national importance.

- childhood abuse and neglect
- growing up with domestic violence, substance abuse or mental illness in the home, parental discord, crime

Definition of Adverse Childhood Experiences Family Dysfunction:

Substance Abuse

Live with anyone who was a problem drinker or alcoholic? Live with anyone who used street drugs?

Mental Illness

Was a household member depressed or mentally ill? Did a household member attempt suicide?

Mother Treated Violently

Was your mother (or stepmother):

Sometimes, often, or very often pushed, grabbed, slapped or had something thrown at her?

Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?

Ever repeatedly hit over at least a few minutes?

Ever threatened with, or hurt by, a knife or gun?

Criminal Behavior in Household

Did a household member go to prison?

Abuse By Parents During Childhood:

Often or very often swore at, insulted, or put me down...? Often or very often acted in a way that made me afraid that I would be physically hurt?

Sometimes, often or very often pushed, grabbed, shoved, slapped me... Once, sometimes, often, or very often hit me so hard that I had marks or

were injured

(Did an adult or person at least 5 years older ever...): Touch or fondle you in a sexual way? Have you touch their body in a sexual way? Attempt oral, anal, or vaginal intercourse with you?

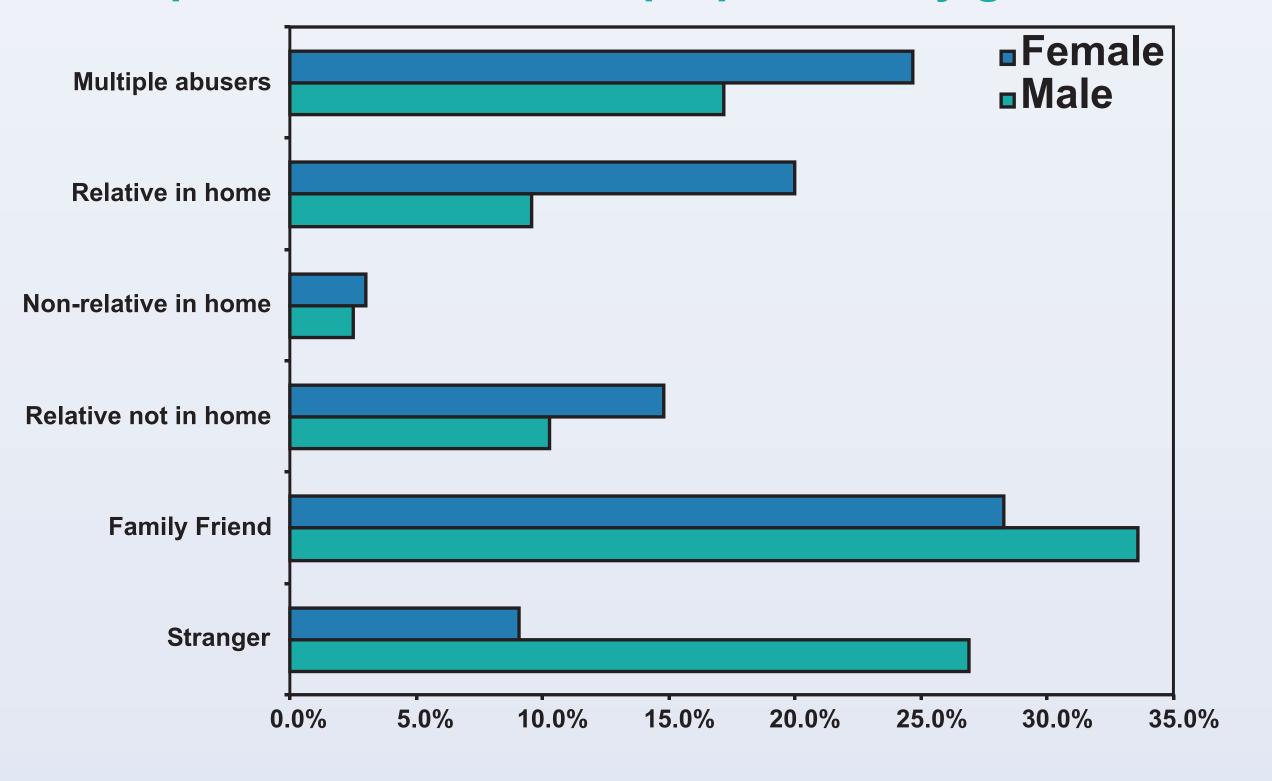
Actually have oral, anal or vaginal intercourse with you?

→ n=3100

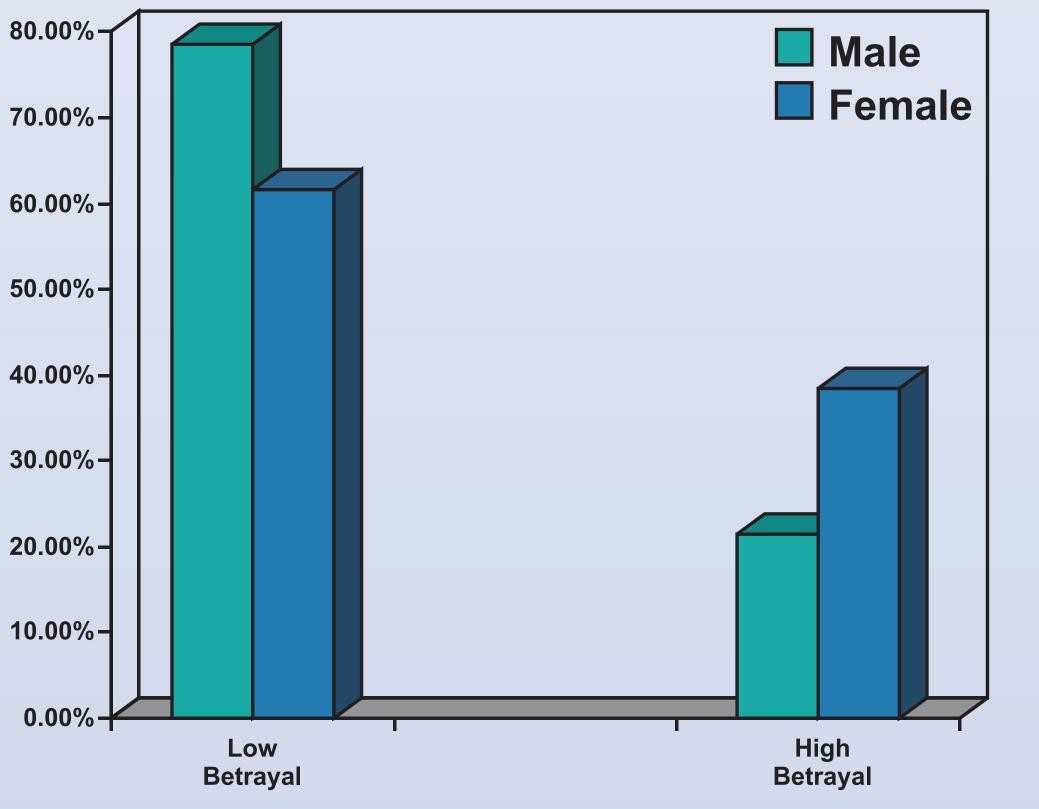
Prevalence of Individual ACEs

ACE	Prevalence (%)
Physical abuse	26.5
Household substance abuse	28.5
Parental separation/divorce	24.3
Sexual abuse	21.2
Household mental illness	20.4
Witnessing interparental violence	13.2
Emotional abuse	10.3
Household criminal activity	6.0

Reported Sexual abuse perpetrator by gender



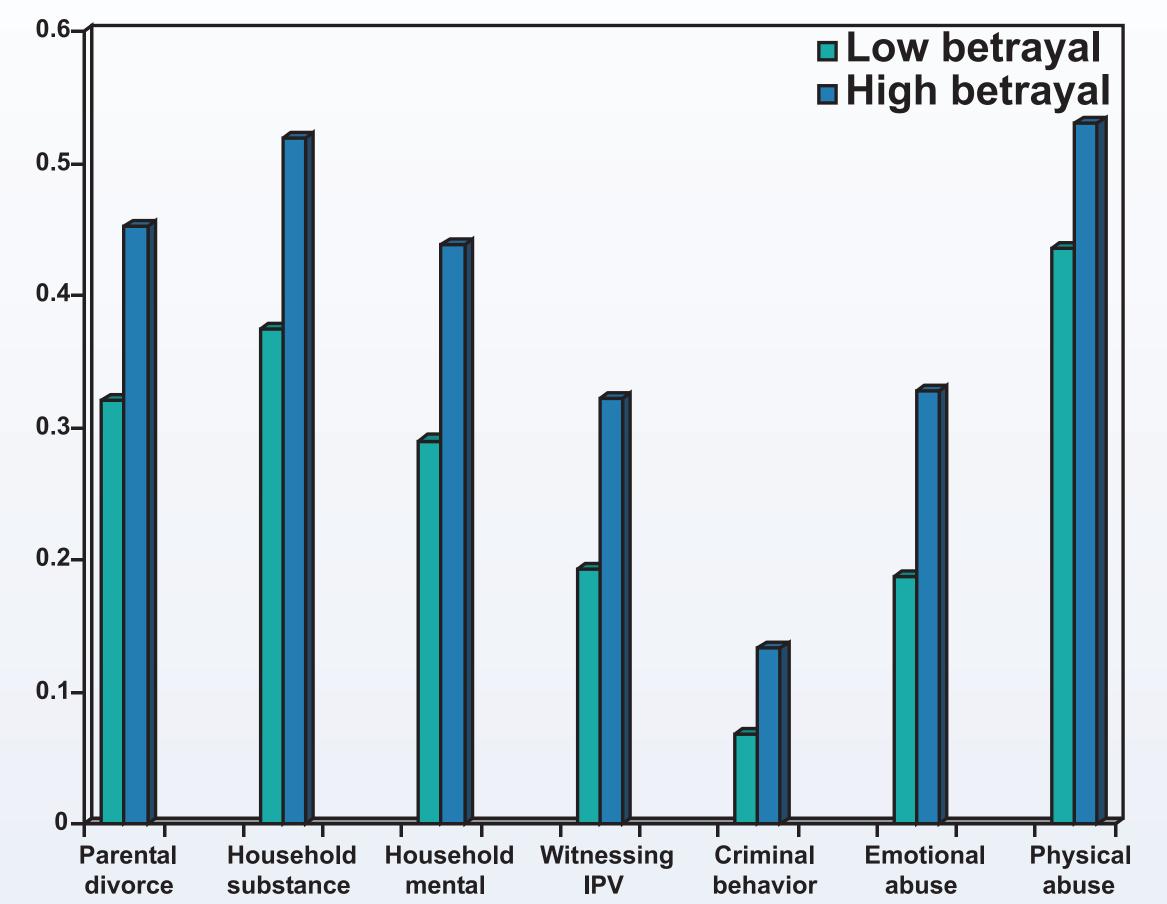
Betrayal Group by Gender



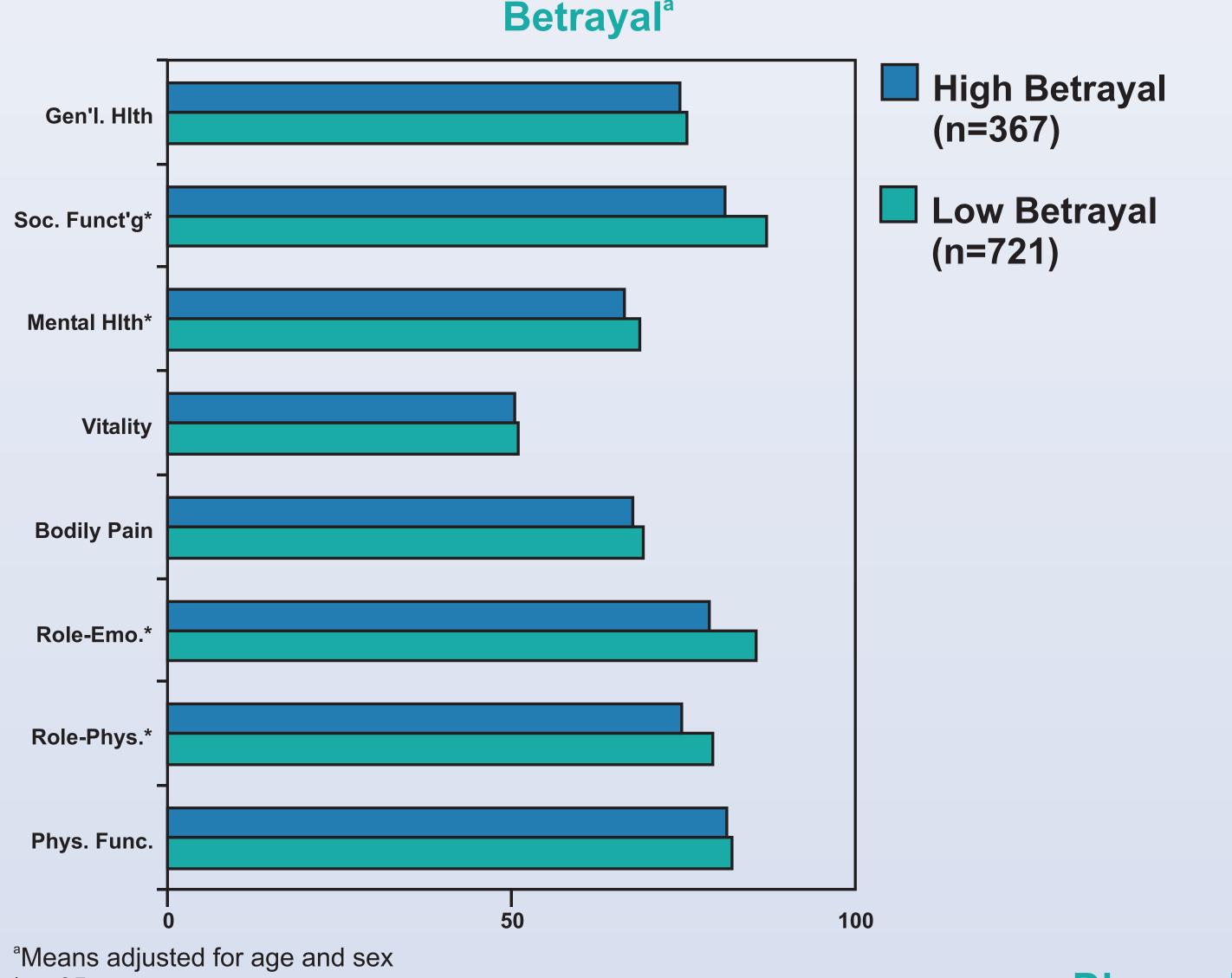
Low Betrayal = stranger, family friend, family member not in home

High Betrayal = family member in home, non-family member in home

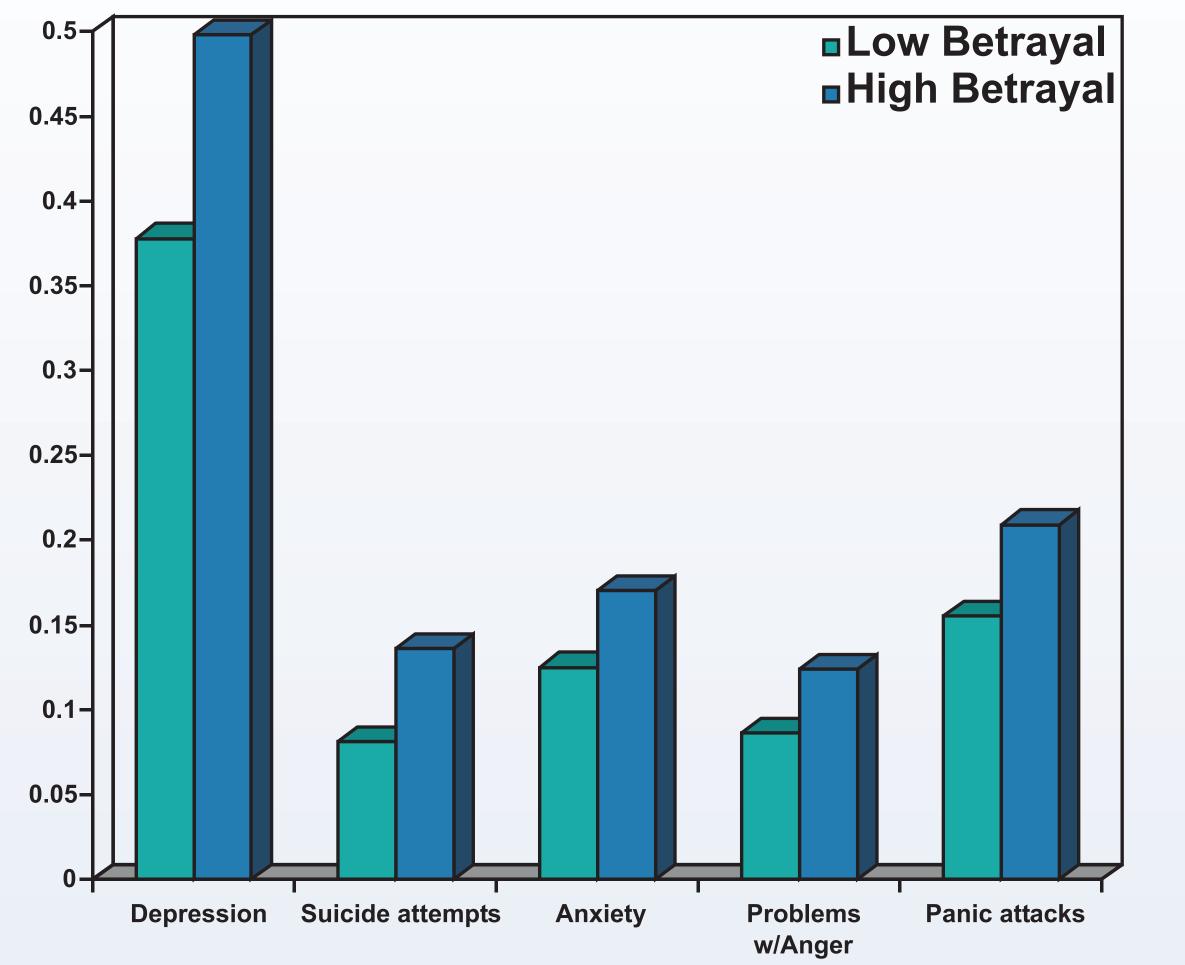
Other Adverse Childhood Experiences by **Betrayal Group**



Adjusted Mean SF-36 Scale Scores by



Crude prevalences of mental health problems by Betrayal



Logistic regression Mental health problems by Betrayal

ental health problem	Separate model	Full model including ACEs
pression	1.38 (1.19–1.63)	1.21 (1.02–1.42)
icide attempts	1.50 (1.17–1.91)	1.09 (.84–1.41)
xiety	(1.24 (1.00–1.54)	1.03 (.83–1.29)
ger	1.47 (1.14–1.88)	1.20 (.93-1.56)
nic attacks	1.27(1.04–1.54)	1.13(.92–1.38)

Discussion

- Support for Betrayal Trauma theory was demonstrated in SF-36 scales and in dichotomous mental health symptoms
- These associations were reduced by the addition of other adverse childhood experiences
- This reduction in associations may reflect confounding due to the effect of other types of trauma, that may or may not share underlying properties of betrayal theory

Conclusions

- High betrayal trauma leads to poorer health among trauma
- More work needs to be done to understand the relation between betrayal and health

The findings and conclusions in this poster are those of the author(s) and do not necessarily represent the views of the Centers for Disease Control and Prevention.