Violence and Victims, *Volume 35*, *Number 5*, *2020*

It Hurts When You're Close: High Betrayal Sexual Trauma, Dissociation, and Suicidal Ideation in Young Adults

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Sexual trauma (e.g., rape), is associated with dissociation and suicidal ideation (SI). Sexual trauma is additionally harmful when perpetrated by a person(s) who is close or trusted (known as *high betrayal*). With young adulthood as a high-risk period for mental instability, the purpose of the current study is to examine the roles of high betrayal sexual trauma and dissociation in SI among young adults. Participants ($N = 192$) were college students who completed the 30-minute online survey. A multivariate analysis of variance (MANOVA) found that high betrayal sexual trauma was associated with dissociation and SI. Moreover, there was an indirect effect of high betrayal sexual trauma on SI through dissociation. Empirical implications include examining these associations longitudinally, with a focus on the impact of revictimization over time.

Keywords: dissociation; betrayal trauma theory; college students; suicidal ideation; sexual abuse

Conceptualized as a primary risk factor for suicidal behaviors, suicidal ideation (SI) is defined as ". . . the thoughts and cognitions one has about suicidal behaviors and intent . . ." (Reynolds, 1991, p. 289). Though excluded from some models of suicidality (e.g., interpersonal theory of suicide; Joiner, Ribeiro, & Silva, 2012), sexual trauma, such as rape, has been associated with SI (Ford & Gómez, 2015; Kealy, Spidel, & Ogrodniczuk, 2017; Monteith, Bahraini, Matarazzo, Soberay, & Smith, 2016; Monteith, Holliday, Schneider, Forster, & Bahraini, 2019; Stein et al., 2010), including in youth (Doorley, Williams, Mallard, Esposito-Smythers, & McGeary, 2017; Salokangas et al., 2019). When perpetrated by a person(s) who is close or trusted (known as *high betrayal*), sexual trauma is additionally harmful (Freyd, 1996). As "the lack of integration of thoughts, feelings, and experiences into the stream of consciousness" (DePrince & Freyd, 1999, p. 449), trauma-related dissociation can serve as a protective mechanism from emotional and/or physical pain (Gómez, 2019). Unsurprisingly, dissociation has also been associated with SI (Ford & Gómez, 2015; Ozdemir, Boysan, Ozdemir, & Yilmaz, 2015). With young adulthood as a high-risk period for mental instability (Hunt & Eisenberg, 2010; Kessler et al., 2007), the purpose of the current study is to examine high betrayal sexual trauma and dissociation in association with SI among young adults.

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http://dx.doi.org/10.1891/VV-D-19-00150

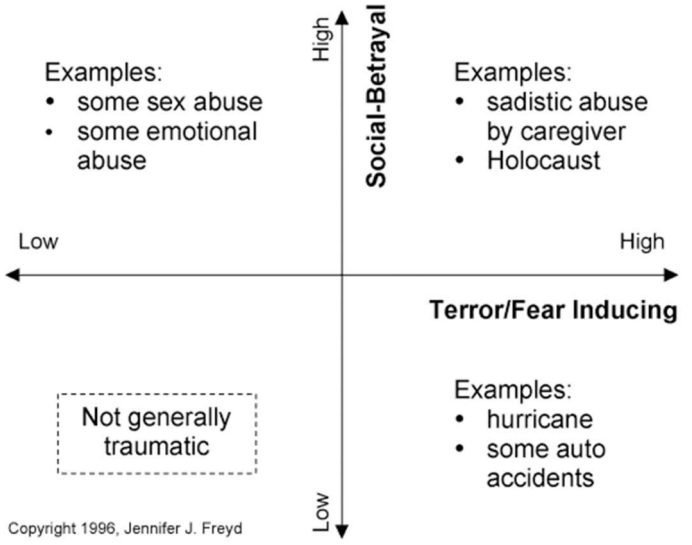

Figure 1. Betrayal trauma theory, reprinted with permission.

HIGH BETRAYAL SEXUAL TRAUMA

According to betrayal trauma theory (BTT; Freyd, 1996, 1997), the relationship between the victim and perpetrator(s) is key to understanding the harm of interpersonal trauma, including sexual trauma (for reviews, *see* DePrince et al., 2012; Gómez & Freyd, 2019; Gómez, Smith, & Freyd, 2014). Contrary to the dominant paradigms of trauma (*see* DePrince & Freyd, 2002 for a review), BTT postulates that the social dimension of interpersonal trauma—namely the betrayal of trust in close relationships—additionally contributes to its psychological harm (Figure 1). Sexual trauma, such as rape, that occurs within intimate relationships are conceptualized as a *high betrayal trauma* because of the violation of trust that is implicit in the abuse. Though high betrayal sexual trauma has been associated with a host of mental health outcomes (e.g., Gómez, Kaehler, & Freyd, 2014), BTT itself was borne out of attempts to understand how traumatic amnesia and dissociation may be adaptive responses to sexual trauma (Freyd, 1996, 1997; Freyd, DePrince, & Gleaves, 2007).

TRAUMA-RELATED DISSOCIATION

Dissociation may be a protective response to high betrayal trauma (Freyd, 1996). High betrayal sexual trauma—that is, sexual abuse perpetrated by someone(s) close and/or trusted—puts the person victimized in a bind. If consistently aware of the abuse they are enduring, the victimized person will be compelled to either confront the abuser(s) or remove themself from the relationship for their own protection. However, doing so would disrupt a relationship that may be socioemotionally necessary. Therefore, dissociation, including lack of consistent awareness of abuse and disintegration of cognitions and emotions (DePrince & Freyd, 1999), can provide a way for victimized persons to be separated from the abuse they are experiencing while maintaining the relationship with the abuser(s). This

may be important as that relationship could serve other needs (e.g., relational connection; financial resources). Though costly—both in terms of potential for increased exposure to the current abusive context and diminished gains across healthier relational contexts—dissociation can provide needed solace from the pain of abuse and isolation. Unsurprisingly, dissociation has garnered much attention in work on BTT (Brown & Freyd, 2008; DePrince et al., 2012; DePrince, Freyd, & Malle, 2017; Gómez, 2018), with high betrayal sexual trauma being consistently linked with dissociation (DePrince & Freyd, 2002; Freyd, & DePrince, 2001; Gómez, 2019; Gómez & Freyd, 2017; Gómez et al., 2014; Kelley, Weathers, Mason, & Pruneau, 2012; Klest, Freyd, & Foynes, 2013).

DISSOCIATION AND SI

In addition to the role of trauma (e.g., Salokangas et al., 2019), dissociation is also a predictor of SI (Briere, Hodges, & Godbout, 2010; Ford & Gómez, 2015; Ozdemir et al., 2015). Studies have identified dissociation as a mediator of trauma-related nonsuicidal (e.g., Gómez, 2019) and suicidal (e.g., Stein et al., 2010) self-harm, as well as SI (Keefe, Hetzel-Riggin, & Sunami, 2017). As a lack of integration of cognitions/feelings and mind/-body (e.g., DePrince & Freyd, 1999), dissociation may contribute to trauma-related SI by making more acceptable thoughts of suicide, which may otherwise be too aversive to another individual whose processes were more fully integrated. Given that SI is a strong predictor of suicidal behaviors (e.g., Reynolds, 1991), understanding the role of trauma-related dissociation in SI can provide an opportunity for therapeutic intervention before ideation escalates to behavior, such as attempted suicide.

PURPOSE OF THE STUDY

Predictive models of suicide may underestimate the importance of trauma history (e.g., Joiner et al., 2012), even though both sexual trauma (e.g., Monteith et al., 2019) and dissociation (e.g., Ozdemir et al., 2015) have been associated with SI. Moreover, high betrayal sexual trauma—perpetrated by close other(s)—has been shown to confer increased risk for mental and behavioral health outcomes (e.g., DePrince et al., 2012). However, to the author's knowledge, high betrayal sexual trauma has not been specifically examined in relation to SI. Additionally, young adulthood provides increased risk for the onset of mental health problems (e.g., Hunt & Eisenberg, 2010). With high betrayal trauma predicting dissociation (e.g., Gómez, 2019), and dissociation predicting SI (e.g., Ozdemir et al., 2015), high betrayal sexual trauma and dissociation may together be related to SI. Therefore, the purpose of the current study was to independently and jointly examine high betrayal sexual trauma and dissociation in association with SI in young adults. Specifically, I hypothesized that:

H1 : High betrayal sexual trauma is associated dissociation
H2 : High betrayal sexual trauma is linked with SI
H3 : High betrayal sexual trauma is associated with SI through dissociation (indirect effect)

MATERIALS AND METHOD

Participants and Procedure

A subsample of students from the human subjects pool ($N = 1266$) at a predominantly White public university in the U.S. Pacific Northwest were recruited for the current study ($N = 192$). Students in the human subjects pool are traditional college student age ($M = 19.81$ years, $SD = 2.61$ years), majority women (65%) and White (71%), with smaller proportions of ethnic minorities (13% Asian, 10% Other, 3% African American, 2% Native Hawaiian or other Pacific Islander, 1% American Indian/Alaska Native, and less than 1% declining to answer). Titles of studies do not include information regarding the study content, as they are named after musical composers (e.g., Beethoven). Therefore, without prior knowledge of study content, participants chose the current study based on its characteristics, including that the online study was 30 minutes in duration and could be completed at a location of their own choosing. This process helps protect against self-selection bias, such as students choosing to participate in a study based on their interest and/or experience with SI, for instance. Participants were free to leave any question unanswered without penalty. Upon agreeing to the informed consent form and completing the study, participants received class credit for their participation. Approval for the current study was granted by the university Institutional Review Board (IRB).

Measures

These data are part of a larger collection assessing sexual victimization; therefore, only some of the measure are reported here (*Gómez & Freyd, 2017; Gómez, 2019*).

Brief Betrayal Trauma Survey. The Brief Betrayal Trauma Survey (BBTS; Goldberg & Freyd, 2006) has 12 items that assess physical, sexual, and psychological trauma that is perpetrated by close and unclose others. For the current study, the BBTS was modified to include only high betrayal sexual trauma items (perpetrator: close other) that occurred at three developmental time points: before age 13, ages 13–17, 18 or older. Likert scale: 1—never, 5—almost always. Sample item: *You were made to have some form of sexual contact, such as touching or penetration, by someone with whom you were very close.* As a valid measure of different traumatic events, the original BBTS provides a valid assessment of trauma, with good test–retest reliability (Goldberg & Freyd, 2006). Given the BBTS does not attempt to assess a latent construct, a measure of internal consistency would be inappropriate (Koss et al., 2007). For analyses, a dichotomous variable was created, with 1—any high betrayal sexual trauma reported and 0—none reported.

Curious Experiences Survey. Revised from the Dissociative Experiences Scale (Bernstein & Putnam, 1986) to be more user friendly, the Curious Experiences Survey (CES; Goldberg, 1999) is a 31-item measure that assesses dissociation. Likert scale: 1—never, 5—almost always. Sample item: *Was listening to someone talk and suddenly realized I did not hear part or all of what was said.* The CES is a valid measure of dissociation, with good predictive validity (Goldberg, 1999). In the current study, internal consistency was excellent, $\alpha = .94$. A dichotomous variable (1—any dissociation, 0—none reported) and a mean continuous variable were used in descriptive and inferential analyses, respectively.

Adult SI Questionnaire. The Adult Suicidal Ideation Questionnaire (ASIQ; Reynolds, 1991) has 25 items that assess for various suicidal thoughts. Likert scale: 1—I have never had this thought, 5—I have often had this thought. Sample Item: *I have thought*

I would kill myself if things didn't improve. Originally validated on college students, the ASIQ has excellent internal consistency and test–retest reliability (Reynolds, 1991). In the current study, dichotomous (1—any SI, 0—none reported) and continuous mean variables were used in descriptive and inferential analyses, respectively.

Data Analysis Plan

I ran all analyses using SPSS Software, Version 25. Prior to analyses of the data set ($N = 202$), I excluded 10 participants' scores due to missing data, resulting in a final sample size of 192. A power analysis using G*Power indicated that my sample size was appropriate for testing my hypotheses. I ran descriptive statistics on demographics and construct variables, including item-level frequency of the ASIQ (Reynolds, 1991). To test Hypotheses 1 and 2, I ran a multivariate analysis of variance (MANOVA) with high betrayal sexual trauma as the independent variable and dissociation and SI as the dependent variables. Finally, to test Hypothesis 3, I used Preacher and Hayes' (2013) 50,000 bootstrap samples for bias-corrected bootstrap confidence intervals to test for an indirect effect of high betrayal sexual trauma on SI through dissociation.

RESULTS

The purpose of the current study was to examine high betrayal sexual trauma, dissociation, and SI in young adults. A minority subset of the sample (12.5%) reported any high betrayal sexual trauma (perpetrator: close other) in their lifetime. The majority of the sample endorsed any dissociation (89.1%; $M = 1.36$, $SD = .58$, range = 1–3.84) and SI (67.7%; $M = 1.36$, $SD = 3.79$, range = 1–3.10). Prevalence of suicidal thoughts varied, with "I have thought of how others would feel if I were gone" being the most common (60.9%) and "I have thought of telling others my intent" being the least prevalent at under 10% (Table 1). In support of Hypotheses 1 and 2, a MANOVA found that high betrayal sexual trauma was associated with dissociation [F (1, 190) = 12.02, $p = .001$, $\eta^2 = .06$] and SI [F (1, 190) = 6.96, $p = .009$, $\eta^2 = .04$]. Hypothesis 3 was also supported. With 50,000 bootstrap samples for bias-corrected bootstrap confidence intervals, a test for an indirect effect (Preacher & Hayes, 2008) found that there was a significant indirect effect of high betrayal sexual trauma on SI through dissociation (Figure 2), indicating that dissociation explains the link between high betrayal sexual trauma and SI. With the absence of a direct effect of trauma on SI, the confidence interval suggests a modest indirect effect. Taken together, these findings suggest that dissociation may play a role in the link between high betrayal sexual trauma and SI.

DISCUSSION

The purpose of the current study was to independently and jointly examine high betrayal sexual trauma (perpetrator(s): close other) and dissociation in relation to SI in young adults. Hypothesis 1 was supported, which is line with the vast literature linking trauma generally (Barbosa et al., 2014; Ford & Gómez, 2015; Gómez, 2018; Stein et al., 2010), and high betrayal sexual trauma specifically (Gómez & Freyd, 2017; Gómez et al., 2014; Martin, Cromer, DePrince, & Freyd, 2013), with dissociation. Additionally, I found support for

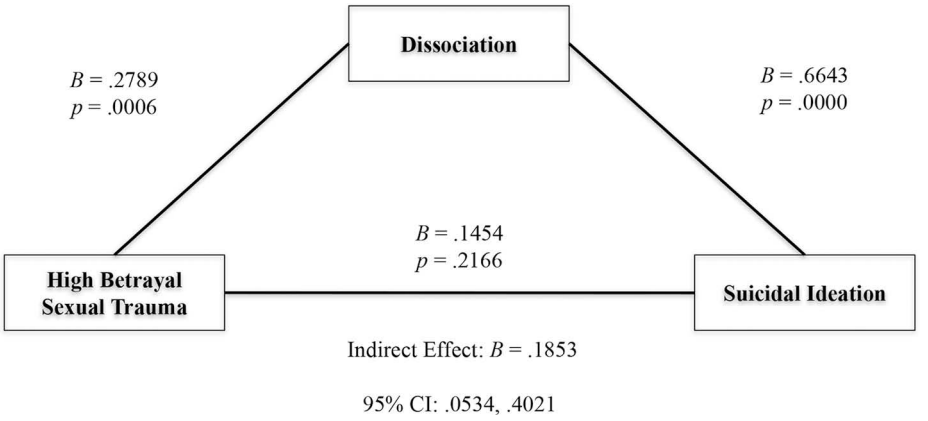

Figure 2. Indirect effect of high betrayal sexual trauma on suicidal ideation through dissociation.

Hypothesis 2, which found an association between high betrayal sexual trauma with SI. Though this is the first known study to address this specific link, this finding bolsters the literature on BTT (Freyd, 1996), which indicates that the close relationship with the perpetrator—high betrayal—is an important dimension of traumatic harm (Brown & Freyd, 2008; DePrince et al., 2012; DePrince, Freyd, & Malle, 2007; Freyd, & DePrince, 2001; Goldsmith, Freyd, & DePrince, 2012; Klest et al., 2013). This finding is also in line with the literature linking sexual trauma generally with SI (Doorley et al., 2017; Ford & Gómez, 2015; Kealy et al., 2017; Monteith et al., 2016; Monteith et al., 2019; Salokangas et al., 2019; Stein et al., 2010). Finally, in support of Hypothesis 3, there was an indirect effect of high betrayal sexual trauma on SI through dissociation. Meaning, dissociation helped explain the link between victimization and SI. These results add to the research suggesting that trauma-related dissociation is an important factor in SI (Briere et al., 2010; Ford & Gómez, 2015; Kaplan et al., 1995; Keefe et al., 2017; Ozdemir et al., 2015). With SI being a strong predictor of suicidal behaviors (e.g., Reynolds, 1991), this finding provides multiple avenues for intervention prior to physical self-directed harm.

Clinical Implications

The current study replicates multiple findings that link sexual trauma with SI (e.g., Ford & Gómez, 2015). However, this replication, along with additionally conceptualizing sexual trauma within BTT (e.g., Freyd, 1996) provides important information given that some models of suicidality and self-harm fail to include trauma as a distal or proximal risk factor (Gómez, Becker-Blease, & Freyd, 2015; Joiner et al., 2012). Framing high betrayal sexual trauma as a correlate of SI has implications for trauma-informed mental healthcare treatment. Clinicians' assessment of sexual trauma history, including relationship with the perpetrator(s), dissociation, and SI can be used to guide treatment planning. Specifically, in the current study, dissociation explained the link between high betrayal sexual trauma and SI, while BTT (e.g., Freyd, 1996) postulates that dissociation is a protective mechanism against abuse perpetrated by someone depended upon or trusted. Therefore, therapy that examines dissociation as an understandable though potentially costly reaction to high betrayal sexual trauma potentially has downstream implications for reducing SI.

Though the relationship with the perpetrator has been shown to impact outcomes (e.g., DePrince et al., 2012), it is often excluded from standardized treatments in trauma-exposed

TABLE 1. Prevalence of Suicidal Thoughts in Full Sample of Young Adults

Suicidal Thought	Percentage
I have thought of how others would feel if I were gone.	60.9%
I have thought about it, but would not do it.	40.0%
I have thought about having a bad accident.	33.3%
I have thought it would be better if I were not alive.	32.3%
I have thought about killing myself.	31.8%
I have thought of how I would kill myself.	28.3%
I have thought it would solve my problems.	27.6%
I have thought of how easy it would be.	27.1%
I have wished I were dead.	26.7%
I have thought of ways people kill themselves.	23.4%
I have wondered if I could kill myself.	23.0%
I have thought others would be better off.	22.5%
I have thought life was not worth living.	20.8%
I have thought that others would be happier if I were gone.	20.8%
I have thought others would realize my worth if I did it.	19.8%
I have thought that no one cared if I was alive or not.	18.9%
I have thought life was too rotten to continue.	17.9%
I have wished I had never been born.	16.3%
I have wished I had the nerve.	15.1%
I have thought of when I would kill myself.	14.1%
I have thought of writing a suicide note.	13.0%
I have thought I would kill myself if things didn't improve.	12.6%
I have thought I would if I had the chance.	9.9%
I have thought it was the only way to be noticed.	9.9%
I have thought of telling others of my intent.	9.4%
Any suicidal ideation	67.7%

populations (*see* Gómez, Lewis, Noll, Smidt, & Freyd, 2016, *for a review*). An evidence-based therapeutic approach that centers the roles of relationships while examining potential intrapersonal and contextual causes of distress is relational cultural therapy (RCT; Birrell & Freyd, 2006; Comstock et al., 2008; Jordan, 2010; Miller, 1976; Miller & Stiver, 1997).

RCT is a feminist theoretical orientation that operates under two primary tenets: (a) the primary cause of human distress are relational disconnections with the self and others; and (b) clients' psychological and behavioral experiences, including past sexual trauma and dissociation, should be understood within the context in which it occurs. Meaning, RCT can specifically utilize the therapeutic relationship to repair ruptures caused by high betrayal sexual trauma. Moreover, in taking a curious stance of clients' experiences, the costs of dissociation can be explored within the context of its potentially psychologically protective mechanisms related to high betrayal sexual trauma. Therefore, RCT (e.g., Miller, 1976) can serve as a nonpathologizing therapeutic approach to address abuse history, dissociation, and SI in a trauma-informed manner (Gómez et al., 2016).

Limitations and Future Directions

Though providing a contribution to the literature, the current study should be appraised within its limitations. Regarding trauma history, due to low numbers, the high betrayal sexual trauma items were amalgamated across developmental time points (younger than age 13, 13–17 years, and 18 years or older). This made it impossible to examine revictimization or the impact of developmental time periods on trauma-related sequelae. Moreover, this relatively low prevalence rate is in contrast with past work on university students (e.g., Gómez et al., 2015; Howard, Potter, Guedj, & Moynihan, 2018), which may limit the generalizability to undergraduate populations. Additionally, the exclusion of other types of trauma (e.g., physical abuse) did not allow for examination of cumulative trauma, which have been shown to further impact outcomes (e.g., Martin et al., 2013). For these and other reasons, future research should attempt to replicate the current study among a sample with various types (e.g., physical, sexual trauma) and severity (e.g., molestation, rape) of trauma histories. Along this vein, future work should incorporate additional known risk factors of SI, including posttraumatic stress disorder (PTSD), emotion dysregulation, and shame (e.g., Ford & Gómez, 2015). Additionally, although dissociation is relatively common (Douglas, 2009) and has been studied in high functioning populations (Karpel & Jarrem, 2015), future work should examine the role of clinical levels of dissociation among traumatized individuals with and without SI and other psychological distress (e.g., PTSD). Longitudinal work can further address the cross-sectional nature of the current study. Though demographics were known of the human subjects pool, demographics for the current study's subsample was not collected. Therefore, I was unable to examine how the findings did or did not vary based on age, gender, and race. Finally, future work can incorporate trauma into models that have previously excluded trauma (e.g., Joiner et al., 2012). For instance, working in conjunction with the interpersonal theory of suicide (Joiner et al., 2012), researchers could test if constructs of the model, such as tolerance for physical pain, is related to trauma victimization (Gómez et al., 2015) and increased risk for suicidality.

CONCLUDING THOUGHTS

The current study adds to the literature on SI by demonstrating the interrelated predictive nature of high betrayal sexual trauma and dissociation. Though often excluded from models of suicidality (e.g., Gómez et al., 2015), the findings suggest that high betrayal sexual trauma (perpetrator: close other) and dissociation are factors in SI in young adults. This has

implications for trauma-informed mental healthcare, such as RCT (e.g., Miller & Stiver, 1997), to be employed in addressing SI in sexual trauma survivors.

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Disclosure. The author(s) have no relevant financial interest or affiliations with any commercial interests related to the subjects discussed within this article.

Funding. The author(s) received no specific grant or financial support for the research, authorship, and/or publication of this article.

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