

What is a Betrayal Trauma? What is Betrayal Trauma Theory?

Jennifer J. Freyd, University of Oregon

Short Definitions | History of Terminology | Theory and Research | Some FAQs |
References

Short Definitions

Betrayal Trauma: The phrase "betrayal trauma" can be used to refer to a kind of trauma (independent of the reaction to the trauma). E.g. This definition is on the web: "Most mental health professionals have expanded the definition of trauma to include betrayal trauma. 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." from <http://www.loyola.edu/campuslife/healthservices/counselingcenter/trauma.html>

Betrayal Trauma Theory: The phrase "Betrayal Trauma theory" is generally used to refer to the prediction/theory about the cause of unawareness and amnesia as in: "Betrayal Trauma Theory: A theory that predicts that the degree to which a negative event represents a betrayal by a trusted needed other will influence the way in which that events is processed and remembered." This definition is from: Sivers, H., Schooler, J. , Freyd, J. J. (2002) [Recovered memories](#). In V.S. Ramachandran (Ed.) *Encyclopedia of the Human Brain*, Volume 4.(pp 169-184). San Diego, California and London: Academic Press.

Also see:

- Freyd, J.J. (2008) [Betrayal trauma](#). In G. Reyes, J.D. Elhai, & J.D.Ford (Eds) *Encyclopedia of Psychological Trauma*. (p. 76). New York: John Wiley & Sons.
- Cooperative Online Dictionary of Trauma - http://en.wiktionary.org/wiki/Appendix:Glossary_of_traumatology

History of Terminology

Jennifer Freyd introduced the terms "betrayal trauma" and "betrayal trauma theory" in 1991 at a presentation at Langley Porter Psychiatric Institute:

Freyd, J.J. Memory repression, dissociative states, and other cognitive control processes involved in adult sequelae of childhood trauma. Invited paper given at the Second Annual Conference on A Psychodynamics - Cognitive Science Interface, Langley Porter Psychiatric Institute, University of California, San Francisco, August 21-22, 1991.

From that talk: "I propose that the core issue is betrayal -- a betrayal of trust that produces conflict between external reality and a necessary system of social dependence. Of course,

a particular event may be simultaneously a betrayal trauma and life threatening. Rape is such an event. Perhaps most childhood traumas are such events." Betrayal trauma theory was introduced: "The psychic pain involved in detecting betrayal, as in detecting a cheater, is an evolved, adaptive, motivator for changing social alliances. In general it is not to our survival or reproductive advantage to go back for further interaction to those who have betrayed us. However, if the person who has betrayed us is someone we need to continue interacting with despite the betrayal, then it is not to our advantage to respond to the betrayal in the normal way. Instead we essentially need to ignore the betrayal....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. Thus the trauma of child abuse by the very nature of it requires that information about the abuse be blocked from mental mechanisms that control attachment and attachment behavior. One does not need to posit any particular avoidance of psychic pain per se here -- instead what is of functional significance is the control of social behavior. "

These ideas were further developed in talks presented in the early 1990s and then in an [article](#) published in 1994. A more definitive statement was presented in [Freyd's 1996 book](#). A more recent update on the theory and research was presented by [Freyd, DePrince, and Gleaves\(2007\)](#). [See refs at end of this web page.]

Betrayal Trauma Theory and Research

Betrayal trauma theory posits that there is a social utility in remaining unaware of abuse when the perpetrator is a caregiver (Freyd, 1994, 1996). The theory draws on studies of social contracts (e.g., Cosmides, 1989) to explain why and how humans are excellent at detecting betrayals; however, Freyd argues that under some circumstances detecting betrayals may be counter-productive to survival. Specifically, in cases where a victim is dependent on a caregiver, survival may require that she/he remain unaware of the betrayal. In the case of childhood sexual abuse, a child who is aware that her/his parent is being abusive may withdraw from the relationship (e.g., emotionally or in terms of proximity). For a child who depends on a caregiver for basic survival, withdrawing may actually be at odds with ultimate survival goals, particularly when the caregiver responds to withdrawal by further reducing caregiving or increasing violence. In such cases, the child's survival would be better ensured by being blind to the betrayal and isolating the knowledge of the event, thus remaining engaged with the caregiver.

The traditional assumption in trauma research has been that fear is at the core of responses to trauma. Freyd (2001) notes that traumatic events differ orthogonally in degree of fear and betrayal, depending on the context and characteristics of the event. (see [Figure 1](#)). Research suggests that the distinction between fear and betrayal may be important to posttraumatic outcomes. For example, [DePrince \(2001\)](#) found that self-reported betrayal predicted PTSD and dissociative symptoms above and beyond self-reported fear in a community sample of individuals who reported a history of childhood sexual abuse.

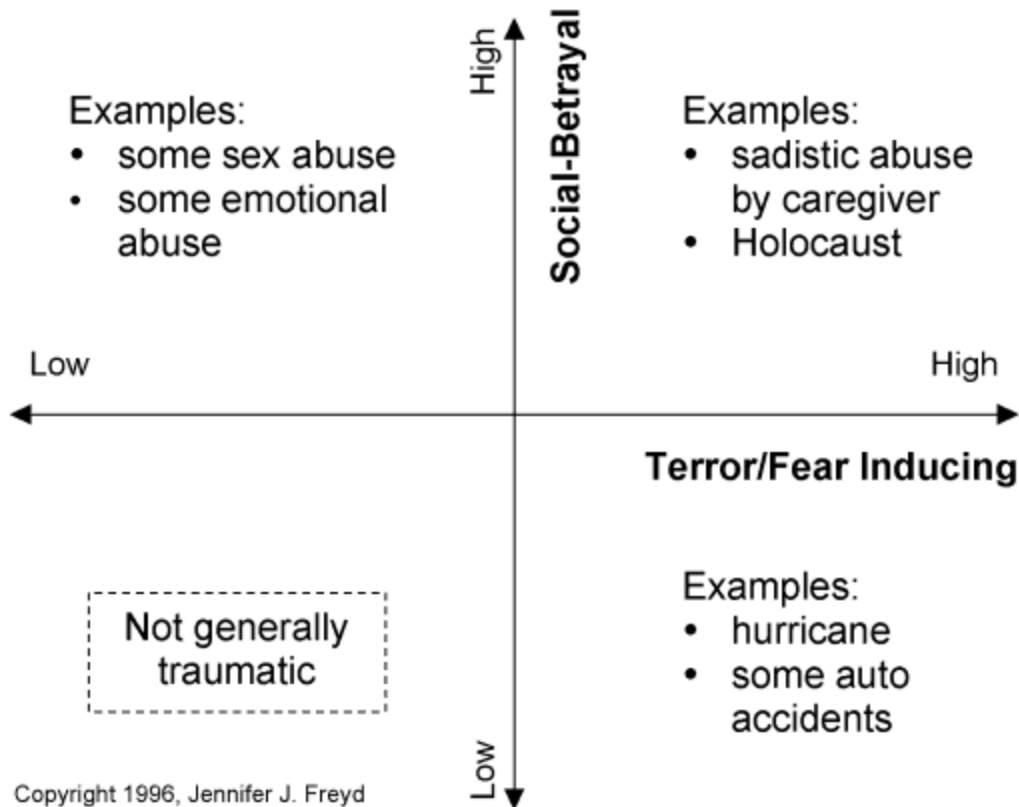


Figure 1: Freyd's Two-Dimensional Model for Traumatic Events

Research on Betrayal, Dissociation, and Cognitive Mechanisms

Betrayal trauma theory predicts that dissociating information from awareness is mediated by the threat that the information poses to the individual's system of attachment (Freyd, 1994, 1996). Consistent with this, Chu and Dill (1990) reported that childhood abuse by family members (both physical and sexual) was significantly related to increased DES scores in psychiatric inpatients, and abuse by nonfamily members was not. Similarly, Plattner et al (2003) report that they found significant correlations between symptoms of pathological dissociation and intrafamilial (but not extrafamilial) trauma in a sample of delinquent juveniles and Leahy, Pretty, and Tenebaum (2004) found that victims abused by a perpetrator in a position of trust, guardianship, or authority, had higher dissociation scores than did other victims. DePrince (2005) found that the presence of betrayal trauma before the age of 18 was associated with pathological dissociation and with revictimization after age 18. She also found that individuals who report being revictimized in young adulthood following an interpersonal assault in childhood perform worse on reasoning problems that involve interpersonal relationships and safety information compared to individuals who have not been revictimized.

Basic cognitive processes involved in attention and memory most likely play an important role in dissociating explicit awareness of betrayal traumas. Across several studies, we have found empirical support for the relationship between dissociation and knowledge isolation in laboratory tasks. Using the classic Stroop task, Freyd and colleagues ([Freyd, Martorello, Alvarado, Hayes, & Christman, 1998](#)) found that participants who scored high on the

Dissociative Experiences Scale (DES) showed greater Stroop interference than individuals with low DES scores, suggesting that they had more difficulty with the selective attention task than low dissociators. The results from Freyd et al. (1998) suggested a basic relationship between selective attention and dissociative tendencies. In a follow-up study, we tested high and low DES groups using a Stroop paradigm with both selective and divided attention conditions; participants saw stimuli that included color terms (e.g., "red" in red ink), baseline strings of x's, neutral words, and trauma-related words such as "incest" and "rape." A significant DES by attention task interaction revealed that high DES participants' reaction time was worse (slower) in the selective attention task than the divided attention task when compared to low dissociators' performance (replication and extension of Freyd et al., 1998). A significant interaction of dissociation by word category revealed that high DES participants recalled more neutral and fewer trauma-related words than did low DES participants. Consistent with betrayal trauma theory, the free recall finding supported the argument that dissociation may help to keep threatening information from awareness.

In two follow-up studies we used a directed forgetting paradigm (a laboratory task in which participants are presented with items and told after each item or a list of items whether to remember or forget the material). In both studies we found an interaction such that high DES participants recalled fewer charged and more neutral words compared with low DES participants who showed the opposite pattern for items they were instructed to remember when divided attention was required (item method: [DePrince & Freyd, 2001](#), list method: [DePrince & Freyd, 2004](#)). The high dissociators reported significantly more trauma history ([Freyd & DePrince, 2001](#)) and significantly more betrayal trauma ([DePrince & Freyd, 2004](#)). A similar interaction has been found with children using pictures instead of words as stimuli. Children who had trauma histories and who were highly dissociative recognized fewer charged pictures and more neutral relative to non-traumatized children under divided attention conditions; no group differences were found under selective attention conditions ([Becker-Blease, Freyd, & Pears, 2004](#)). Some authors have recently questioned the replicability of these memory findings. For discussion see: [DePrince, Freyd, and Malle \(2007\)](#) and [Freyd, DePrince, and Gleaves\(2007\)](#).

Research on Betrayal, Forgetting, and Recovered Memories

Betrayal trauma theory predicts that unawareness and forgetting of abuse will be higher when the relationship between perpetrator and victim involves closeness, trust, and/or caregiving. It is in these cases that the potential for a conflict between need to stay in the relationship and awareness of betrayal is greatest, and thus where we should see the greatest amount of forgetting or memory impairment. Freyd (1996) reported finding from re-analyses of a number of relevant data sets that incestuous abuse was more likely to be forgotten than non-incestuous abuse. These data sets included the prospective sample assessed by Williams (1994, 1995), and retrospective samples assessed by Cameron (1993) and Feldman-Summers and Pope (1994). Using new data collected from a sample of undergraduate students, [Freyd, DePrince and Zurbriggen \(2001\)](#) found that physical and sexual abuse perpetrated by a caregiver was related to higher levels of self-reported memory impairment for the events compared to non-caregiver abuse. Research by Schultz, Passmore, and Yoder (2003) and a doctoral dissertation by Stoler (2000) has revealed similar results. For instance the abstract to Schultz et al (2003) indicate: "Participants reporting memory disturbances also reported significantly higher numbers of perpetrators,

chemical abuse in their families, and closer relationships with the perpetrator(s) than participants reporting no memory disturbances." Sheiman (1999) reported that, in a sample of 174 students, those participants who reported memory loss for child sexual abuse were more likely to experience abuse by people who were well-known to them, compared to those who did not have memory loss. Similarly Stoler (2001) notes in her dissertation abstract: "Quantitative comparisons revealed that women with delayed memories were younger at the time of their abuse and more closely related to their abusers" (p. 5582). Interestingly, Edwards et al (2001) reported that general autobiographical memory loss measured in a large epidemiologic study was strongly associated with a history of childhood abuse, and that one of the specific factors associated with this increased memory loss was sexual abuse by a relative.

Some researchers have presumably failed to find a statistically significant relationship between betrayal trauma and memory impairment. It is hard to know how many times a possible relationship was examined and yet not found at the statistically significant level because of the bias to publish only significant results. When a relationship is not found, the question then is whether it does not exist or simply cannot be detected due to measurement or power limitations. For instance, Goodman et al (2003) reported that that "relationship betrayal" was not a statistically significant predictor for forgetting in their unusual sample of adults who had been involved in child abuse prosecution cases during childhood. It is not clear whether the relationship truly does not exist in this sample (which is possible given how unusual a sample it is) or whether there was simply insufficient statistical power to detect the relationship (see commentaries by [Freyd, 2003](#) and [Zurbriggen & Becker-Blease, 2003](#)). Future research will be needed to clarify these issues. At this point we know that betrayal effects on memorability of abuse have been found in at least seven data sets (see paragraph above).

Research on Betrayal, Distress, and Health

In the section above research relating betrayal to forgetting was reviewed. What about the relationship between betrayal and distress? DePrince (2001) discovered that trauma survivors reporting traumatic events high in betrayal were particularly distressed. Freyd, Klest, & Allard (2005) found that a history of betrayal trauma was strongly associated with physical and mental health symptoms in a sample of ill individuals. Goldsmith, DePrince, & Freyd (2004) reported similar results in a sample of college students.

Atlas and Ingram (1998) "Investigated the association of histories of physical and sexual abuse with symptoms of posttraumatic stress. 34 hospitalized adolescents (aged 14-17.10 yrs) with histories of abuse were given the Trauma Symptom Checklist for Children. Sexual distress was associated with histories of abuse by family members as compared to nonabuse or abuse by other, while posttraumatic stress was not." Turell and Armsworth (2003) compared sexual abuse survivors who self-mutilate from those who do not. They report that self-mutilators were more likely to have been abused in their family of origin.

In addition, as mentioned above, Chu and Dill (1990) reported that childhood abuse by family members (both physical and sexual) was significantly related to increased DES scores in psychiatric inpatients, and abuse by nonfamily members was not. Plattner et al (2003) report that they found significant correlations between symptoms of pathological

dissociation and intrafamilial (but not extrafamilial) trauma in a sample of delinquent juveniles.

In contrast to these other findings, Lucenko, Gold, & Cott (2000) report: "subjects whose perpetrators were not caretakers experienced higher levels of posttraumatic symptomatology (PTS) in adulthood than those abused by caretakers." Future research is necessary to determine why this one study resulted in such a different pattern than the others reviewed in this section.

Implications of the Research

Taken together, these investigations support the underlying betrayal trauma model. Specifically, betrayal appears to be related to avoidance and dissociative responses that help the individual to keep threatening information from awareness under conditions where the individual's survival depends upon the perpetrator. Furthermore betrayal trauma appears to be associated with numerous other physical and mental health symptoms.

Some FAQs

Is it necessary for the victim to be conscious of the betrayal in order to call it "betrayal trauma"?

The short answer is "no." The following text is from [DePrince and Freyd \(2002a\)](#), page 74-75:

"The role of betrayal in betrayal trauma theory was initially considered an implicit but central aspect of some situations. If a child is being mistreated by a caregiver he or she is dependent upon, this is by definition betrayal, whether the child recognizes the betrayal explicitly or not. Indeed, the memory impairment and gaps in awareness that betrayal trauma theory predicted were assumed to serve in part to ward off conscious awareness of mistreatment in order to promote the dependent child's survival goals.....While conscious appraisals of betrayal may be inhibited at the time of trauma and for as long as the trauma victim is dependent upon the perpetrator, eventually the trauma survivor may become conscious of strong feelings of betrayal."

An important issue for future research is investigating the role the emotional perception of betrayal has in distress and recovery (see [Brown & Freyd, 2008](#)).

Is gender a factor?

It appears that men experience more non-betrayal traumas than do women, while women experience more betrayal traumas than do men. These effects may be substantial ([Goldberg & Freyd, 2006](#); [Freyd & Goldberg, 2004](#)) and of significant impact on the lives of men and women ([DePrince & Freyd, 2002b](#)). To the extent that betrayal traumas are potent for some sorts of psychological impact and non-betrayals potent for other impacts (e.g. [Freyd, 1999](#)), these gender difference would imply some very non-subtle socialization

factors operating as a function of gender. [A 2009 summary of BT gender findings can be found here.](#)

Is betrayal trauma related to Stockholm syndrome?

Stockholm syndrome (named for a 1973 bank hostage situation in Sweden) refers to what seems at first a paradoxical reaction to being held hostage. This reaction involves positive feelings toward the captors. Stockholm syndrome is a term applied to the special case of those feelings developing after a hostage take-over, as when an individual or group is kidnapped and held for a ransom. From a theoretical perspective the Stockholm Syndrome reaction may possibly be understood as a special kind of betrayal trauma. The unusual aspect of Stockholm syndrome compared with most betrayal trauma situations is that the strong emotional attachment occurs after the abduction and without the pre-existing context of an enduring caretaker or trusting relationship. It is usually considered that for Stockholm Syndrome to occur the captors must show a certain amount of kindness (or at least lack of cruelty) toward the hostages. From a betrayal trauma perspective the most important elements of predicting Stockholm syndrome would not be kindness per se, but rather caretaking behavior on the part of the captors and an implicit or explicit belief on the part of the victims that survival depends upon the captors. Thus the victims would have to experience the captors as a source of caretaking and as necessary for survival in order to develop the emotional attachment necessary to create a betrayal trauma. Once the captors are experienced as necessary caretakers, a process much like that in infancy could occur, such that the victims have a good reason for attaching to the captors and thus eliciting caretaking behaviors. At that point a certain amount of reality distortion might be beneficial to the victims such that seeing the captors in a positive light might support an adaptive response to their predicament. This theoretical possibility leads to an empirical prediction that remains to be tested. Anecdotal support for the premise that features of dependence and survival are at the heart of the development of Stockholm Syndrome can be found in an FBI on-line article about Stockholm Syndrome:

"In cases where Stockholm syndrome has occurred, the captive is in a situation where the captor has stripped nearly all forms of independence and gained control of the victim's life, as well as basic needs for survival. Some experts say that the hostage regresses to, perhaps, a state of infancy; the captive must cry for food, remain silent, and exist in an extreme state of dependence. In contrast, the perpetrator serves as a mother figure protecting her child from a threatening outside world, including law enforcement's deadly weapons. The victim then begins a struggle for survival, both relying on and identifying with the captor." ([Fabrique, Romano, Vecchi, & Van Hasselt, 2007](#))

It is important to note that Stockholm syndrome is rare, whereas betrayal trauma events and reactions are, unfortunately, fairly common. Nonetheless, Stockholm syndrome might prove to be a useful extreme boundary condition for investigation of betrayal trauma theory, while at the same time betrayal trauma theory might provide useful insight into behavior of hostages that is otherwise considered paradoxical.

What is betrayal blindness? What is institutional betrayal?

Betrayal blindness is the unawareness, not-knowing, and forgetting exhibited by people towards betrayal (Freyd, 1996, [1999](#)). This blindness may extend to betrayals that are not traditionally considered "traumas," such as adultery, inequities in the workplace and society, etc. Victims, perpetrators, and witnesses may display betrayal blindness in order to preserve relationships, institutions, and social systems upon which they depend. (Also, see this page about [betrayal blindness and institutional betrayal](#) and Eileen Zurbriggen's essay on [Betrayal Trauma in the 2004 Election](#).)

Are demands for silence a factor in not-knowing about betrayal?

In addition to implicit motivations for not-knowing that the betrayed person may have in order to maintain a relationship, the victim may have other reasons for not-knowing and silence. At least one such reason is demands for silence from the perpetrator and others (family, society). Demands for silence (see Veldhuis & Freyd, 1999 cited at [What is DARVO?](#)) may lead to a complete failure to even discuss an experience. Experiences that have never been shared with anyone else may have a different internal structure than shared experiences (see [What is Shareability?](#)).

How do I cite this page?

Freyd, J.J. (2009). *What is a Betrayal Trauma? What is Betrayal Trauma Theory?* Retrieved [today's date] from <http://dynamic.uoregon.edu/~jjf/defineBT.html>.

What are some local pages related to this one?

- [Betrayal Trauma: Books, Articles, Presentations](#)
- [Measure: The Brief Betrayal Trauma Survey \(BBTS\)](#)
- [What is DARVO?](#)
- [What is shareability?](#)
- [What about Recovered Memories?](#)

What do I do if I need support for myself or a loved one?

I am not a therapist myself and I am not able to answer most of the email I get, so writing to me is not likely to help. I am sorry about that. What I do recommend is that you visit David Baldwin's [Trauma Information Pages](#), and select the "Supportive Information" section there. The web sites listed earlier on this page are also full of useful links that may help you find the support you are looking for. There are also very useful resources and links provided at the sites of [Stop It Now](#), the [Sidran Institute](#) and [The Leadership Council on Child Abuse & Interpersonal Violence](#).

References

- Atlas, J. A. & Ingram, D. M. (1998). Betrayal trauma in adolescent inpatients. *Psychological Reports*, 83, 914.

- Becker, K.A. (2002). *Attention and traumatic stress in children*. Doctoral dissertation, University of Oregon, 2002.
- Becker-Blease, K.A. & Freyd, J.J., & Pears, K.C. (2004). *Preschoolers' memory for threatening information depends on trauma history and attentional context: Implications for the development of dissociation*. *Journal of Trauma & Dissociation*, 5, 113-131.
- Brown, L.S. & Freyd, J.J. (2008). *PTSD criterion A and betrayal trauma: A modest proposal for a new look at what constitutes danger to self*. *Trauma Psychology, Division 56, American Psychological Association, Newsletter*. 3(1), 11-15.
- Cameron, C. (1993). "Recovering memories of childhood sexual abuse: A longitudinal report." Paper presented at the Western Psychological Association Convention, Phoenix, Arizona, April 1993.
- Chu, J. A. & Dill, D. L. (1990) Dissociative symptoms in relation to childhood physical and sexual abuse. *American Journal of Psychiatry*, 147, 887-892.
- Cosmides, L. (1989). The logic of social exchange: Has natural selection shaped how humans reason? Studies with the Wason selection task. *Cognition*, 31, 187-276.
- DePrince, A.P. (2001). *Trauma and posttraumatic responses: An examination of fear and betrayal*. Doctoral dissertation, University of Oregon, 2001.
- DePrince, A.P. (2005) *Social cognition and revictimization risk*. *Journal of Trauma and Dissociation*, 6, 125-141.
- DePrince, A.P. & Freyd, J.J. (1999). *Dissociative tendencies, attention, and memory*. *Psychological Science*, 10, 449-452.
- DePrince, A.P. & Freyd, J.J. (2001). *Memory and dissociative tendencies: The roles of attentional context and word meaning in a directed forgetting task*. *Journal of Trauma & Dissociation*, 2, 67-82.
- DePrince, A.P. & Freyd, J.J. (2002a). *The harm of trauma: Pathological fear, shattered assumptions, or betrayal?* In J. Kauffman (Ed.) *Loss of the Assumptive World: a theory of traumatic loss*. (pp 71-82). New York: Brunner-Routledge.
- DePrince, A.P. & Freyd, J.J. (2002b). *The intersection of gender and betrayal in trauma*. In R. Kimerling, P.C. Oumette, & J. Wolfe (Eds.) *Gender and PTSD*. (pp 98-113). New York: Guilford Press.
- DePrince, A.P. & Freyd, J.J. (2004). *Forgetting trauma stimuli*. *Psychological Science*, 15, 488-492.
- DePrince, A.P., Freyd, J.J., & Malle, B F. (2007). *A replication by another name: A response to devilly et al.* (2007). *Psychological Science*, 18, 218-219.
- Edwards, V. J., R. Fivush, et al. (2001). Autobiographical memory disturbances in childhood abuse survivors. *Journal of Aggression, Maltreatment, & Trauma*, 4, 247-264.
- Feldman-Summers, S., & Pope, K. S. (1994). The experience of 'forgetting' childhood abuse: A national survey of psychologists. *Journal of Consulting and Clinical Psychology*, 62, 636-639.
- Freyd, J.J. (1994). *Betrayal-trauma: Traumatic amnesia as an adaptive response to childhood abuse*. *Ethics & Behavior*, 4, 307-329.
- Freyd, J. J. (1996). *Betrayal trauma: The logic of forgetting childhood abuse*. Cambridge, MA: Harvard University Press.
- Freyd, J.J. (1999). *Blind to Betrayal: New Perspectives on Memory for Trauma*. *The Harvard Mental Health Letter*, 15 (12) 4-6.

- Freyd, J.J. (2001). [Memory and Dimensions of Trauma](#): Terror May be 'All-Too-Well Remembered' and Betrayal Buried. In J.R. Conte (Ed), *Critical Issues in Child Sexual Abuse: Historical, Legal, and Psychological Perspectives*. (pp 139-173) Sage Publications: Thousand Oaks, CA.
- Freyd, J. J. (2003). [Memory for abuse: What can we learn from a prosecution sample?](#) *Journal of Child Sexual Abuse*, 12, 97-103.
- Freyd, J.J. & DePrince, A.P. (2001) [Perspectives on memory for trauma and cognitive processes associated with dissociative tendencies.](#) *Journal of Aggression, Maltreatment, & Trauma*, 4 (2), 137-163.
- Freyd, J.J., DePrince, A.P., & Gleaves, D. (2007). [The State of Betrayal Trauma Theory: Reply to McNally \(2007\)](#) -- Conceptual Issues and Future Directions. *Memory*, 15, 295-311.
- Freyd, J.J., DePrince, A.P., & Zurbriggen, E.L. (2001). [Self-reported memory for abuse depends upon victim-perpetrator relationship.](#) *Journal of Trauma & Dissociation* 2, 5-17.
- Freyd, J.J. & Goldberg, L.R. (2004) [Gender difference in exposure to betrayal trauma.](#) Spoken presentation at the 20th Annual Meeting of the International Society for Traumatic Stress Studies, New Orleans, LA, November 14-18, 2004.
- Freyd, J.J., Klest, B., & Allard, C.B. (2005) [Betrayal trauma: Relationship to physical health, psychological distress, and a written disclosure intervention.](#) *Journal of Trauma & Dissociation*, 6(3), 83-104.
- Freyd, J. J., S. R. Martorello, J. S. Alvarado, A. E. Hayes, & J. C. Christman (1998). [Cognitive environments and dissociative tendencies](#): Performance on the Standard Stroop task for high versus low dissociators. *Applied Cognitive Psychology*, 12, S91-S103.
- Goldberg, L.R. & Freyd, J.J. (2006). [Self-reports of potentially traumatic experiences in an adult community sample: Gender differences and test-retest stabilities of the items in a Brief Betrayal-Trauma Survey.](#) *Journal of Trauma & Dissociation*, 7(3), 39-63.
- Goldsmith, R.E., Freyd, J.J., & DePrince, A.P. (2004) [Health Correlates of Exposure to Betrayal Trauma.](#) Poster presented at the Annual Meeting of the American Association for the Advancement of Science, Seattle, 12-16 February 2004.
- Goodman, G.S., Ghetti, S., Quas, J.A., Edelstein, R.S., Alexander, K. W., Redlich, A.D., Cordon, I.M., & Jones, D.P.H. (2003) A Prospective study of memory for child sexual abuse: New findings relevant to the repressed-memory debate. *Psychological Science*, 14, 113-118.
- Leahy, T., Pretty, G., & Tenenbaum, G. (2004). "Perpetrator methodology as a predictor of traumatic symptomatology in adult survivors of childhood abuse." *Journal of Interpersonal Violence* 19(5): 521-540.
- Lucenko, B. A., Gold, S.N., & Cott, M.A. (2000). "Relationship to perpetrator and posttraumatic symptomology among sexual abuse survivors." *Journal of Family Violence*, 15, 169-179.
- Plattner, B., Silvermann, M. A., Redlich, A. D., Carrion, V. G., Feucht, M., Friedrich, M. H., and Steiner, H. (2003). "Pathways to dissociation: Intrafamilial versus extrafamilial trauma in juvenile delinquents." *The Journal of Nervous and Mental Disease*, 191, 781-788.
- Schultz, T.M., Passmore, J., & Yoder, C. Y. (2003). Emotional Closeness with Perpetrators and Amnesia for Child Sexual Abuse. *Journal of Child Sexual Abuse*, 12, 67-88.

- Sheiman, J. A (1999). Sexual abuse history with and without self-report of memory loss: Differences in psychopathology, personality, and dissociation. In L.M. Williams & V.L. Banyard (Eds.), *Trauma & Memory* (pp. 139-148). Sage: Thousand Oaks, CA.
- Stoler, L.R. (2000) *Recovered and continuous memories of childhood sexual abuse: A quantitative and qualitative analysis*. Doctoral Dissertation, University of Rhode Island. [Purchase as UMI Proquest Dissertation #9988236 -- <http://wwwlib.umi.com/dissertations>]
- Stoler, L. R. (2001). Recovered and continuous memories of childhood sexual abuse: A quantitative and qualitative analysis. [Dissertation Abstract] *Dissertation Abstracts International: Section B: The Sciences and Engineering*. Vol 61(10-B), p. 5582.
- Turell, S. C. and M. W. Armsworth (2003). "A log-linear analysis of variables associated with self-mutilation behaviors of women with histories of child sexual abuse." *Violence Against Women*, 9, 487-512.
- Williams, L. M. (1994). Recall of childhood trauma: A prospective study of women's memories of child sexual abuse. *Journal of Consulting and Clinical Psychology*, 62, 1167-1176.
- Williams, L. M. (1995). Recovered memories of abuse in women with documented child sexual victimization histories. *Journal of Traumatic Stress*, 8, 649-674.
- Zurbriggen, E.L. & Becker-Blease, K. (2003) [Predicting Memory for Childhood Sexual Abuse: ``Non-Significant" Findings with the Potential for Significant Harm.](#) *Journal of Child Sexual Abuse*, 12, 113-121.
- Zurbriggen, E.L. (2005). [Lies in a Time of Threat: Betrayal Blindness and the 2004 U.S. Presidential Election.](#) *Analyses of Social Issues and Public Policy*, 5, 189-196.

For ordering information and additional books, articles, and presentations on betrayal trauma theory see: <http://dynamic.uoregon.edu/~jjf/trauma.html>.



Return to
[Jennifer J. Freyd home page](#)