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Kerry L. Gagnon, Michelle Seulki Lee & Anne P. DePrince

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ARTICLE

## Victim–perpetrator dynamics through the lens of betrayal trauma theory

Kerry L. Gagnon, MA, Michelle Seulki Lee, MA, and Anne P. DePrince, PhD

Department of Psychology, University of Denver, Denver, CO, USA

### ABSTRACT

Interpersonal trauma exposure is linked with a host of seemingly disparate outcomes for victims, such as psychological distress, post-trauma appraisals (e.g., alienation, shame), poor cognitive functioning, expectations of harm in relationships, and revictimization risk. The presence of interpersonal trauma alone may not fully explain this range of outcomes. The current paper applies Betrayal Trauma Theory (BTT), which was originally articulated two decades ago as a framework for understanding memory disruptions following interpersonal trauma, as a framework to understand the diverse outcomes that can occur when interpersonal trauma is perpetrated by a close other. Implications for clinical work and future research are considered.

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Appraisals; betrayal trauma; executive function; schema; theories

*Maureen seeks therapy for occasional bouts of depression and anxiety as well as problems in relationships, and reports that she has a hard time maintaining relationships and frequently feels taken advantage of by people. She describes feeling cut off from people and disruptions in her sense of self. In addition to reports of child abuse by a parent, she recently disclosed that she was abused by her intimate partner. While she says she is committed to therapy, she is often late for or misses scheduled sessions. She reports she is on the verge of losing her job after her employer has complained repeatedly about her problems with attention to detail and spacing out.<sup>1</sup>*

Interpersonal trauma exposure (including physical, sexual, psychological, and family abuse) has been linked to a broad range of mental and physical health consequences, such as dissociation, post-traumatic stress disorder (PTSD), depression, sexually transmitted diseases, and chronic pain (e.g., Black, 2011; Briere & Jordan, 2009; Campbell, 2002; Coker et al., 2002). The presence of interpersonal trauma exposure alone, however, does not account for the range of issues that clients, such as the composite client Maureen, bring to therapy (e.g., DePrince & Freyd, 2002). We propose that Betrayal Trauma Therapy (BTT) (Freyd, 1994, 1996), which was originally articulated two decades ago as a framework for understanding memory disruptions following interpersonal trauma in which victims are dependent on their abusers (for reviews, see

DePrince et al., 2012; Freyd, DePrince, & Gleaves, 2007), offers an important theoretical lens through which to consider diverse outcomes of clinical importance. Where a growing body of work has focused on BTT and mental health symptoms (e.g., dissociation; Freyd et al., 2007), this review focuses on empirical findings that illustrate BTT as a useful framework with which to understand links between abuse by a close other and post-trauma appraisals (i.e., alienation, shame, self-blame), cognitive function (i.e., executive function (EF)), and alterations in relationship schemas.

### ***Overview of betrayal trauma theory***

BTT emphasizes the importance of social relationships in understanding post-traumatic outcomes. Specifically, BTT predicts that abuse perpetrated by someone on whom a victim depends will lead to different outcomes relative to traumas that do not evoke betrayal or involve harm in close relationships (DePrince et al., 2012; Freyd, 1999, 2001, 2008; Freyd et al., 2007). Additionally, BTT proposes that betrayal traumas vary in their degree of betrayal. Further, the degree of betrayal is related to how the traumatic event is processed and remembered, and consequently, how the trauma affects psychological well-being. Indeed, researchers have demonstrated that traumas high in betrayal are linked with greater severity of PTSD, anxiety, dissociation, alexithymia, and depression symptoms relative to traumas low in betrayal (Goldsmith, Freyd, & DePrince, 2012).

BTT suggests that dependence in the victim–perpetrator relationship puts pressure on the victim to adapt to the abuse in ways that preserve the relationship. A child who is abused by a caregiver, for example, cannot simply leave the relationship because the child depends upon the caregiver for survival (e.g., providing food and shelter). Maintaining attachment to the caregiver despite the abuse may require the child to minimize awareness of the abuse. BTT suggests that betrayal dynamics may, therefore, promote cognitive and emotional processing that inhibit awareness. Dissociation, emotional numbing, and alexithymia, for example, may help victims decrease awareness of abuse-related information, thus supporting maintenance of the necessary attachments to perpetrators (Freyd, 1996; Freyd, DePrince, & Zurbriggen, 2001).

Though responses such as dissociation may be adaptive in the context of the victim–perpetrator relationship, such responses may increase risk for later victimization (DePrince, 2005) and a host of other negative psychological and physical health outcomes (Goldsmith, Chesney, Heath, & Barlow, 2013; Goldsmith et al., 2012). Although BTT does not directly explain the constellation of outcomes, it does provide a theoretical framework to understand these outcomes. Victims who use emotional processing strategies such as dissociation, emotional numbing, and alexithymia to maintain attachment

to their abusive caregivers, for example, may be less likely to develop and/or use effective emotion regulation skills over time, which may increase their risk for negative mental health outcomes. Thus, for a client such as Maureen, mental health symptoms may have their roots, at least in part, in emotional processing that was adaptive for surviving the initial abuse, and has also contributed to future risk for psychological distress. Building on this discussion of mental health symptoms, we now turn to consider other outcomes associated with betrayal trauma exposure.

### ***Post-trauma appraisals***

While initial conceptualizations of BTT focused on the characteristics of the trauma itself (i.e., the degree of dependence in the victim–perpetrator relationship), more recent work has expanded to consider survivors’ meaning-making—which we will refer to as appraisals—of the events and how they relate to outcomes. BTT predicts that victims who are dependent on perpetrators will be less likely to recognize betrayal in those relationships. By extension, victims may be less likely to label their experiences (e.g., physical, sexual, psychological abuse) as involving betrayal. As noted earlier, the theory also implicates dissociative processes in unawareness. Integrating these ideas, recent research with women exposed to domestic violence by intimate partners—a betrayal trauma—found that women with *higher* reported dissociative symptoms were *less* likely to endorse items describing the domestic violence as a betrayal (DePrince, Chu, & Pineda, 2011). In another sample of adults who experienced betrayal traumas (most frequently childhood abuse) and were diagnosed with dissociative identity disorder or PTSD, however, researchers did not replicate this link between dissociative symptoms and betrayal appraisals (DePrince, Huntjens, & Dorahy, 2015). Among other possible explanations (e.g., sample differences), the inconsistent findings across the two studies may suggest that victims of betrayal trauma may use other appraisals, beyond betrayal, in order to maintain attachment with the perpetrator. For example, victims may appraise their experience in such a way that places the focus of the abuse on the self rather than on the perpetrator. Thus, victims may blame themselves instead of the perpetrator (self-blame) or think of themselves as dirty or bad (shame), thereby minimizing a focus on the actions of the perpetrator. Victims may also think of themselves as disconnected from self and others (alienation), which could enable them to create an emotional distance between themselves and the perpetrator. Closer examination of alienation, self-blame, and shame appraisals is warranted in this review because these appraisals have been documented in people exposed to betrayal traumas and are linked with

post-traumatic mental health symptoms (DePrince, Zurbriggen, Chu, & Smart, 2010; DePrince et al., 2011; Ehlers & Clark, 2000; Foa, Ehlers, Clark, Tolin, & Orsillo, 1999; Halligan, Michael, Clark, & Ehlers, 2003).

When betrayal traumas occur, alienation—the perception of being isolated and disconnected from people—may arise out of the harm caused in the context of a close victim–perpetrator relationship. Appraisals of alienation, for example, may be adaptive in the context of the abuse; feelings of being separated from others may help victims emotionally distance and detach themselves from an abusive relationship in which they have to physically stay in for survival. As noted by DePrince and colleagues (2011), feelings of alienation may contribute to multiple forms of distress (e.g., depression, dissociation, and PTSD symptoms). For example, disconnection from oneself and others might result in problems of identity in dissociation and isolation in depression (DePrince et al., 2011).

Researchers have also documented associations between betrayal trauma and appraisals of self-blame and shame. Specifically, researchers have found that a history of betrayal trauma predicts greater perceptions of self-blame and shame toward later victimizations and interpersonal threat (Babcock & DePrince, 2012; Platt & Freyd, 2015). From a theoretical standpoint, perceptions of self-blame may help victims of abuse maintain the victim–perpetrator relationship; by blaming themselves, victims remain unaware of betrayal in the relationship and are able to maintain the necessary attachment to the perpetrator. Similarly, victims' shame may refocus the abuse onto themselves in such a way that victims feel humiliated and/or embarrassed by the abuse, rather than feeling betrayed by their perpetrator. Shame may stem from feelings of defeat and helplessness within the victim–perpetrator relationship; the victim is dependent on the perpetrator, and therefore, is unable to escape the abuse (Harper & Arias, 2004). Appraisals of self-blame have been specifically linked to depression (DePrince et al., 2011) and appraisals of shame have been linked to PTSD (Andrews, Brewin, Rose, & Kirk, 2000; DePrince et al., 2011).

Although research is still needed to understand the causal link between betrayal traumas, post-trauma appraisals, and post-trauma symptoms, the extant findings provide a foundation for considering post-trauma appraisals as a mediating factor in the development of various outcomes following betrayal trauma. Researchers have documented that negative trauma-related cognitions mediate change in PTSD and depression symptoms (McLean, Yeh, Rosenfield, & Foa, 2015; Schumm, Dickstein, Walter, Owens, & Chard, 2015), and therefore, provide evidence that negative trauma-related cognitions may be an important target for treatment. Further, as interventions for PTSD vary in degree to which they focus on a range of trauma-related appraisals (e.g., cognitive processing therapy; for a review, see Monson & Shnaider, 2014), clinicians working with clients who have a

history of betrayal trauma may find that interventions that target a full range of post-trauma appraisals (e.g., shame, self-blame, alienation) are efficacious in reducing trauma-related distress.

### ***Cognitive functioning***

BTT also emphasizes the importance of considering cognitive processes and how these processes affect psychological outcomes and well-being. Emerging research demonstrates a link between betrayal trauma exposure and EF performance. EFs are cognitive skills that control complex goal-directed behavior, such as attention, self-monitoring, remembering and manipulating information in working memory, and inhibiting information unrelated to the task at hand. Existing research suggests that children and adults exposed to betrayal trauma are at greater risk for EF deficits, specifically deficits in working memory, auditory attention, and processing speed, relative to those with low or no betrayal trauma exposure (DePrince, Weinzierl, & Combs, 2009; Stein, Kennedy, & Twamley, 2002; Twamley et al., 2009). While longitudinal data are lacking to answer whether EF deficits are a risk factor for or consequence of betrayal trauma exposure, several potential explanations point to EF deficits as a consequence of betrayal trauma. Victims of betrayal trauma, for example, may engage in cognitive avoidance strategies (e.g., dissociation, emotional numbing) in order to remain unaware of betrayal, and these cognitive strategies may negatively impact the development and utilization of EF strategies, particularly when the betrayal trauma occurs in childhood while the EF system is developing. Indeed, higher levels of dissociation have been linked to EF deficits in children (e.g., inhibition; Cromer, Stevens, DePrince, & Pears, 2006). Another possible explanation for EF deficits resulting from betrayal trauma exposure is that coping with betrayal trauma involves cognitive strategies that deplete cognitive resources from areas of the brain responsible for EF (Schmeichel, 2007).

Deficits in EF can impact an individual's well-being across multiple domains, including academic, psychological, and social functioning. For instance, EF deficits have been associated with poorer mathematical achievement in children (Bull, Espy, & Wiebe, 2008), as well as worse depressive symptoms in adults exposed to betrayal trauma (Fossati, Ergis, & Allilaire, 2002; Hebenstreit, DePrince, & Chu, 2014). Lee and DePrince (2014) found that EF is related to efficacy in obtaining resources (e.g., housing, shelter) following intimate partner abuse. Deficits in EF may, therefore, be an important factor for service providers to consider when working with victims of betrayal trauma. For clients such as Maureen, EF problems may manifest in being late to appointments and seeming disorganized and/or not attending to details at work. From a betrayal trauma perspective, professionals who work with clients like

Maureen may want to consider potential EF disruptions and provide their clients with specific tools for managing EF-related challenges. Giving structured reminders ahead of appointments and providing structure and repetition throughout treatment, for example, may maximize participation in therapy and, in turn, improve psychological outcomes over time.

### ***Alterations in relationship schemas***

As proposed by BTT, when abuse is perpetrated by a close and trusted other, a victim must adapt in ways that may have negative implications for future relationships. Betrayal trauma is associated with alterations in the mental representations of relationships that impact thoughts and behaviors in a relationship context, which we will refer to as relationship schemas. According to the interpersonal schema hypothesis of revictimization (Cloitre, 1998; Cloitre, Cohen, & Scarvalone, 2002), interpersonal abuse involving a close other disrupts healthy relationship schemas such that individuals form automatic associations between relationships and harm. A person who was abused by a parent during childhood, such as the composite client Maureen, is more likely to have developed relationship schemas in which close, interpersonal relationships are automatically associated with abuse (e.g., abuse is a way to connect; Cloitre et al., 2002). Automatic associations between relationship and harm may increase the risk for revictimization because victims may be more likely than peers to expect abuse to be a normal part of relationships (Lee, Begun, DePrince, & Chu, 2015). DePrince, Combs, and Shanahan (2009) found that women with multiple experiences of betrayal trauma demonstrate stronger schematic representations of relationships that include harm compared with single or nonvictimized women, suggesting that stronger associations between relationship and harm may increase the likelihood of victimization. Exposure to multiple betrayal traumas may make individuals more likely to “stay in a relationship that becomes violent and/or feel disempowered to leave such a relationship” (DePrince et al., 2009a).

The extant literature also suggests that relationship schemas may play a role in the link between betrayal trauma exposure and future negative outcomes (e.g., revictimization, psychological distress). Future research, however, is needed to understand the development of relationship schemas and how schemas affect outcomes following betrayal trauma. Understanding the course and outcomes of relationship schemas has important implications for treating clients such as Maureen. Treatments such as Cognitive Behavioral Therapy (CBT) that target core beliefs as well as psychodynamic approaches that target relationship patterns could be used to help clients like Maureen identify their relationship schemas.

## Future directions and conclusion

Abuse perpetrated by a close other is linked with a host of apparently disparate outcomes. BTT provides a broad and important theoretical framework to understand how these disparate outcomes may share a common underpinning in adaptations made to navigate the victim–perpetrator relationship. This review has focused on emotional and cognitive processes that may be relevant for clinicians to consider when working with clients who have experienced betrayal trauma. A BTT framework, for example, may facilitate developing a case conceptualization for a composite client such as Maureen. Maureen reports a constellation of problems that researchers have linked to betrayal trauma experiences, such as feeling cut off from other people (i.e., alienation). Maureen also describes a history of revictimization that can be understood, in part, as linked to relationship schemas that automatically associate close relationships with harm. Important to treatment efficacy, Maureen is frequently late or misses scheduled sessions. Her lateness may be due to deficits in EF that are linked to betrayal trauma exposure. By using hypotheses from BTT in the development of a case conceptualization, the therapist and Maureen may better understand and integrate the diverse problems she reports, thereby aiding in treatment planning and efficacy. For example, instead of feeling frustrated at Maureen’s lateness to scheduled sessions, the client and therapist might hypothesize that EF difficulties linked to betrayal trauma exposure contribute to this problem, and then use interventions to provide greater structure to help Maureen succeed in attending sessions on time. Likewise, understanding links between betrayal trauma, relationship schemas, and revictimization offer new inroads as the therapist and Maureen address expectations in relationships and safety. For example, a BTT conceptualization might lead therapists to consider strategies from cognitive processing therapy to address trauma-related appraisals and/or from interpersonal or behavior therapy to address relationships (for an overview of relevant cognitive behavioral strategies, see Monson & Shnaider, 2014).

In conclusion, the empirical studies reviewed here illustrate how seemingly disparate outcomes—ranging from post-trauma appraisals to cognitive control problems—can be understood through the lens of BTT. BTT research has shown utility in advancing clinical conceptualization of the complex and diverse problems clients experience following betrayal trauma exposure. Future research, however, is still needed to better our understanding of the emotional and cognitive mechanisms that contribute to revictimization and psychological outcomes following abuse perpetrated by a close and trusted other. Future research is also needed to explore the application of BTT in the context of specific trauma-focused interventions.



## Note

1. Maureen reflects a composite of women we have heard from in our research on betrayal trauma exposure.

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