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Jesse Owen PhD, Kelley Quirk MA & Megan Manthos BS

Educational and Counseling Psychology Department, University of Louisville, Louisville, Kentucky, USA


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I Get No Respect: The Relationship Between Betrayal Trauma and Romantic Relationship Functioning

JESSE OWEN, PhD, KELLEY QUIRK, MA, and MEGAN MANTHOS, BS
Educational and Counseling Psychology Department, University of Louisville, Louisville, Kentucky, USA

The current study explored the association among young adults’ (N = 86) experiences of betrayal traumas (interpersonal trauma perpetrated by someone close) prior to age 18, psychological well-being, attachment styles, and romantic relationship function (i.e., dedication, relationship adjustment, and perceived partner respect). Based on betrayal trauma theory, we posited that participants’ reports of betrayal traumas would be negatively related to their perceptions of respect from their partner but would not relate to their perceptions of relationship adjustment or dedication. Furthermore, we expected that the relationship between betrayal traumas and respect would be mediated by participants’ attachment style and psychological well-being. Results identified a negative association between betrayal traumas and psychological well-being and a positive association between betrayal trauma and anxious and avoidant attachment. Betrayal traumas were also shown to be negatively related to partner respect and not significantly associated with dedication and relationship adjustment. Anxious attachment and psychological well-being were significant mediators for the relationship between betrayal traumas and perceived respect.

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Address correspondence to Jesse Owen, PhD, Educational and Counseling Psychology Department, College of Education and Human Development, University of Louisville, Louisville, KY 40292. E-mail: jesse.owen@louisville.edu
Experiences of trauma can have long-ranging and deeply embedded consequences that range in severity and duration. Not all traumas are experienced in the same way, nor do they manifest the same symptoms and reactions (see Green et al., 2000; McNally, 2007). For instance, the aftermath of a natural disaster can be quite different than the experience of interpersonal traumas, wherein the harm is at the hands of one or more potentially close individuals (Findling, Bratton, & Henson, 2006; Freyd, 1996; Sandberg, Suess, & Heaton, 2010). One theory of interpersonal traumas, betrayal trauma theory (BTT), describes the link between psychological outcomes and interpersonal trauma perpetrated by close significant others, such as a parent, care provider, or romantic partner (Freyd, 1994, 1996; Freyd, DePrince, & Gleaves, 2007). For the purposes of this article we refer to interpersonal traumas perpetrated by someone close as betrayal traumas. This type of trauma includes a perplexing dilemma: How can someone who is a close significant other, someone who is relied on for physical or emotional needs, also be the source of such pain and betrayal? Cosmides and Tooby (1989) posited that individuals have a cognitive detector—a “cheater detector”—to help avoid these betrayal traumas. However, according to BTT, the experience of betrayal traumas can turn off or disrupt the cheater detector in pursuit of a larger need (e.g., survival, physical and emotional needs; e.g., DePrince, 2005; Freyd, 1996). For instance, in the face of betrayal trauma, children need to override their feelings of betrayal (e.g., dissociate) to cope with the inherent conflict between the pain of the experience and the emotional and/or physical reliance on the significant other (e.g., for love, shelter, food).

Empirically speaking, betrayal traumas early in life have been associated with a wide range of physical and emotional reactions, such as somatic symptoms, depression, anxiety, posttraumatic stress disorder symptoms, altered self-concept, substance use, and insecure attachment styles (e.g., DePrince, 2005; Freyd, Klest, & Allard, 2005; Gobin & Freyd, 2009; Kendall-Tackett & Marshall, 1999; Lindblom & Gray, 2010; Nelson et al., 2002; Romans, Belaise, Martin, Morris, & Raffi, 2002; Sandberg et al., 2010). Moreover, some research has found that betrayal traumas are associated with greater negative psychological outcomes as compared to interpersonal traumas perpetrated by other individuals not as close (e.g., Atlas & Ingram, 1998; Lindblom & Gray, 2010). Consistent with BTT, some research has shown that individuals with a greater number of betrayal trauma experiences were less able to discriminate relational danger cues during cognitive recognition tasks as compared to those with fewer instances of trauma experiences (e.g.,
Although research has found that individuals who have experienced prior interpersonal traumas are at increased risk for future victimization (e.g., sexual revictimization; Arata, 2002), other relatively less severe forms of revictimization may be associated with betrayal traumas (e.g., poor relationship functioning). Accordingly, this study focuses on the association between individuals’ experience of betrayal traumas in childhood and their current romantic relationship functioning. Specifically, we examine individuals’ perceived respect from their current romantic partner as well as their personal dedication to and satisfaction with the relationship, which are common indices of relationship health (e.g., Frei & Shaver, 2002; Hendrick & Hendrick, 2006; Owen, Rhoades, Stanley, & Markman, 2011; Sabourin, Valois, & Lussier, 2005).

BTT posits a potentially counterintuitive position regarding the role of previous betrayal traumas and subsequent relationship functioning. Individuals who have experienced a greater number of betrayal traumas may be more likely to enter into or sustain relationships with partners who are less respectful as compared to individuals with fewer betrayal traumas. This could be a result of individuals missing key signs of disrespect in the relationship formation stage or being more desensitized to these disrespectful actions (Chu, 1992; DePrince, Freyd, & Malle 2007). However, because of their attachment to their partner (i.e., how individuals perceive their role in a relationship and how relationships should be) individuals with a greater number of betrayal traumas may not terminate the relationship and may concurrently describe positive degrees of personal dedication and relationship satisfaction. This dynamic is indeed counterintuitive, as disrespect in a relationship often leads individuals to report diminished dedication and relationship adjustment.

**TRAUMA AND ATTACHMENT**

Given the bonds or attachment between the trauma survivor and the perpetrator, it is not surprising that interpersonal traumas can affect attachment styles (Allen, Coyne, & Huntoon, 1998; Brennan, Clark, & Shaver, 1998; Cloitre, Cohen, & Scarvalone, 2002; Mickelson, Kessler, & Shaver, 1997; Sandberg et al., 2010). In turn, these attachment styles shape an individual’s desire for and comfort with intimacy, closeness, and security with others (Collins & Read, 1990; Hazan & Shaver, 1987). Secure attachment is represented by comfort with closeness in relationships, whereas insecure attachment typically involves two processes: (a) anxiety surrounding intimacy and abandonment and (b) avoidance of developing close relationships (Collins &
Victims of betrayal trauma may form interpersonal schemas that include representations of others as being rejecting, inconsistent, or traumatizing (Larose, Boivin, & Doyle, 2001; Sandberg et al., 2010; Simpson, Rholes, & Nelligan, 1992). Consistent with this is the idea that individuals’ relational experiences are internalized and can affect their propensity to rely on and trust significant others in the future. Simply put, early betrayal traumas may lead to an avoidance of depending on or trusting others. Alternatively, betrayal traumas can also lead to anxious attachment styles, wherein people have difficulty managing motivations to approach others for support and withdraw to protect themselves (Sandberg et al., 2010).

**BETRAYAL TRAUMA AND WELL-BEING**

Beyond the potential mediating effects of attachment style for the relationship between individuals’ betrayal trauma histories and perceived partner respect it is important to examine the role of individuals’ psychological well-being. The empirical literature has identified a variety of negative psychological symptoms connected with betrayal trauma experiences. In addition, lower psychological distress has also been associated with greater relationship functioning (e.g., Whisman, 2001). Thus, betrayal traumas may result in more psychological distress, and these negative outcomes may subsequently influence the likelihood that individuals will be involved in romantic relationships with partners they report as less respectful. Simply put, psychological well-being and attachment styles may work to mediate the negative associations between interpersonal trauma and perceived respect in romantic relationships.

**THE CURRENT STUDY**

We expected that betrayal traumas would be negatively associated with psychological well-being (Hypothesis 1a) and positively associated with avoidant attachment (Hypothesis 1b) and anxious attachment (Hypothesis 1c). Furthermore, we posited that betrayal traumas would be negatively related to individuals’ perceived amount of respect from their partner (Hypothesis 2a) but that there would be no significant association with individuals’ personal dedication to their relationship (Hypothesis 2b) and their sense of relationship adjustment (Hypothesis 2c). Finally, we tested a multiple mediation model wherein we expected that psychological well-being (Hypothesis 3a), avoidant attachment (Hypothesis 3b), and anxious attachment (Hypothesis 3c) would mediate the relationship between betrayal traumas and perceived respect after months dating, biological sex, dedication, and relationship adjustment were controlled.
METHOD

Participants and Procedures

The participants were recruited from a large West Coast university in the United States. A total of 86 participants met the requirements for the current study (i.e., they were currently in an exclusive romantic relationship and completed all of the measures). There were 65 women and 21 men, with an average age of 21.15 (SD = 2.52 years). Fifty-nine participants identified as White/Euro-American, 14 identified as Asian American, 4 identified as Hispanic/Latino(a), 5 identified as multiracial/ethnic, and 4 identified as “other” or did not respond. Fifty-three participants were seniors, 31 were juniors, and 2 were sophomores. The average relationship length was 24.20 months (SD = 22.67 months, median = 18.50 months). Participants were recruited from a larger study examining romantic relationships (Owen et al., in press). For this study we contacted young adults who initially responded to the first survey. Participants completed first an informed consent form and then the measures. All information was completed online. The study was approved by the university’s institutional review board.

Measures

_Brief Betrayal Trauma Survey (Goldberg & Freyd, 2006)._ The Brief Betrayal Trauma Survey was used to assess self-reported exposure to interpersonal traumas perpetrated by someone close and not close as well as non-interpersonal traumas (e.g., natural disasters). The Brief Betrayal Trauma Survey has 12 items that assess exposure to each type of trauma before and after the age of 18. Each item is rated on a 3-point scale: 0 (never), 1 (one or two times), and 2 (more than that). Similar to DePrince, Combs, and Shanahan (2009), we only utilized the items that pertained to interpersonal traumas perpetrated by someone close or by a person who was not so close before the age of 18. An example item of an interpersonal trauma perpetrated by someone close is “You were deliberately attacked so severely as to result in marks, bruises, blood, broken bones, or broken teeth by someone with whom you were very close.” An example item of an interpersonal trauma perpetrated by someone not so close is “You were deliberately attacked so severely as to result in marks, bruises, blood, broken bones, or broken teeth by someone with whom you were not so close.” We created an average score based on the five items for interpersonal trauma perpetrated by someone close (BT-Close) and the five items for interpersonal trauma perpetrated by someone not so close (IT-Not Close). The range of scores for BT-Close was 0.0 to 2.0, and the range of scores for IT-Not Close was 0.0 to 0.8. In addition we decided to utilize IT-Not Close and BT-Close before the age of 18 in order not to conflate potentially current and ongoing interpersonal traumas and to better approximate the temporal order of effects.
Schwartz Outcome Scale–10 (Blais et al., 1999). The Schwartz Outcome Scale–10 was used to assess current psychological well-being (over the past week). The 10 items are rated on a 7-point scale ranging from 1 (never) to 7 (all the time or nearly all the time). An example item is “I am often interested and excited about things in my life.” The Schwartz Outcome Scale–10 has exhibited test–retest correlations and Cronbach’s alphas above .85 (e.g., Blais et al., 1999; see Owen & Imel, 2010, for a review). Convergent and discriminant validity has been supported in previous studies with correlations in the predicted direction with a variety of psychological well-being and distress scales (Owen & Imel, 2010). Cronbach’s alpha in the current study was .89.

Adult Attachment Scale (Collins & Read, 1990). The Adult Attachment Scale was used to assess participants’ attachment style through 18 items (three subscales), each rated on a 5-point Likert scale ranging from 1 (not at all characteristic) to 5 (very characteristic). Consistent with attachment theory, two subscales assess avoidant attachment: comfort with being emotionally close to others (Close subscale) and ease with trusting and depending on other people (Depend subscale). The final subscale reflects anxiety about abandonment (Anxious Attachment subscale). The Adult Attachment Scale was developed based on the theoretical assumptions of child attachment theory and has shown adequate reliability and validity. For instance, in previous studies the Adult Attachment Scale has predicted affect regulation, interpersonal disclosures, approaching others for support, and providing support (e.g., Collins & Read, 1990; Shaver, Belsky, & Brennan, 2000). To represent the theoretical position that attachment represents two dimensions (i.e., avoidance and anxious attachment; e.g., Collins & Feeney, 2004; Owen, Rhoades, Stanley, & Fincham, 2010) we combined the Depend and Close subscales ($r = .71$) into a single measure of avoidant attachment ($\alpha = .81$) and used the Anxious Attachment subscale ($\alpha = .68$) as an indicator of anxious attachment. In previous studies these two dimensions demonstrated high correlations (e.g., $r_s > .65$) with other self-report measures of prototype attachment styles (e.g., Collins & Feeney, 2004; Owen et al., 2010).

Dyadic Adjustment Scale. The four-item Dyadic Adjustment Scale (Sabourin et al., 2005) is a measure of relationship adjustment that was derived from the 32-item Dyadic Adjustment Scale. The items are as follows: “How often do you discuss or have you considered divorce, separation, or terminating your relationship?” “In general, how often do you think that things between you and your partner are going well?” “Do you confide in your mate?” and “Please indicate the degree of happiness, all things considered, of your relationship. The middle point, ‘happy,’ represents the degree of happiness of most relationships.” The four-item Dyadic Adjustment Scale has been shown to predict couples’ satisfaction and dissolution (Sabourin et al., 2005). In the current study Cronbach’s alpha was .73.

Commitment Inventory, Dedication subscale. To assess dedication we used the five-item version of the Dedication subscale from the Commitment
Inventory (Owen et al., 2011; Stanley & Markman, 1992). These items are rated on a 7-point scale ranging from 7 (strongly agree) to 1 (strongly disagree), with higher scores indicating more dedication to the relationship. This measure assesses participants’ perception of their priority of relationship, couple identity, satisfaction with sacrifice, and long-term view of the relationship. For instance, “I like to think of my partner and me more in terms of ‘us’ and ‘we’ than ‘me’ and ‘him/her’” (couple identity) and “I may not want to be with my partner a few years from now” (reverse coded, long-term view of the relationship). In prior studies this subscale has been associated with a variety of relationship-functioning measures (e.g., relationship satisfaction, negative communication; Owen et al., 2011). In the current study Cronbach’s alpha was .76.

Respect in Close Relationships Scale. To assess participants’ perceptions of the level of respect from their partner we utilized eight items from Frei and Shaver’s (2002) Respect in Close Relationships measure. The items were rated on a 7-point scale ranging from 1 (strongly disagree) to 7 (strongly agree), with higher scores indicating more perceived respect from the partner. Each item reflects individuals’ perceived respect from their partner. An example item is “S/he is sensitive and considerate of my feelings.” Respect scores have been positively associated with relationship satisfaction and negatively associated with insecure attachment styles (Frei & Shaver, 2002). In the current study Cronbach’s alpha was .85.

RESULTS

Table 1 shows the bivariate correlations among the variables in the study. As expected, BT-Close was negatively associated with psychological well-being (supporting Hypothesis 1a) and positively associated with avoidant attachment (supporting Hypothesis 1b) and anxious attachment (supporting Hypothesis 1c). Next we found that BT-Close was negatively related to perceived respect (supporting Hypothesis 2a), but there was no significant association with dedication (supporting Hypothesis 2b) and relationship adjustment (supporting Hypothesis 2c). Although this was not predicted, IT-Not Close was not significantly related to psychological well-being, anxious or avoidant attachment, perceived respect, or relationship adjustment. However, IT-Not Close was significantly associated with dedication ($r = -.24$).

Finally, we examined whether participants’ psychological well-being, avoidant attachment, and anxious attachment would mediate the relationship between BT-Close and perceived respect. We also controlled for participants’ biological sex, months dating, dedication, and relationship adjustment. To do this we conducted a multiple mediation model wherein more than one mediator could be tested simultaneously (Preacher & Hayes, 2008). Simply put,
TABLE 1  Bivariate Correlations Among Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. BT-Close</td>
<td>—</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. IT-NC</td>
<td></td>
<td>.29**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Psychological well-beinga</td>
<td>−.38**</td>
<td>−.11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Avoidant attachmentb</td>
<td>.40**</td>
<td>.14</td>
<td>−.49**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Anxious attachmentb</td>
<td>.22**</td>
<td>.14</td>
<td>−.51**</td>
<td>.35**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Dedication</td>
<td>−.13</td>
<td>−.24*</td>
<td>.16</td>
<td>−.24*</td>
<td>−.21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Relationship adjustmentc</td>
<td>−.05</td>
<td>.04</td>
<td>.12</td>
<td>−.08</td>
<td>−.11</td>
<td>.35**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Perceived respect</td>
<td>−.37**</td>
<td>−.18</td>
<td>.59**</td>
<td>−.34**</td>
<td>−.46**</td>
<td>.38**</td>
<td>.25*</td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>0.25</td>
<td>0.12</td>
<td>4.44</td>
<td>2.54</td>
<td>2.16</td>
<td>5.15</td>
<td>4.11</td>
<td>5.88</td>
</tr>
<tr>
<td>SD</td>
<td>0.40</td>
<td>0.17</td>
<td>0.90</td>
<td>0.74</td>
<td>0.77</td>
<td>1.20</td>
<td>0.98</td>
<td>1.14</td>
</tr>
</tbody>
</table>

Notes: BT-Close = interpersonal traumas perpetrated by someone close before the age of 18; IT-NC = interpersonal traumas perpetrated by someone not close before the age of 18. *p < .05, **p < .01, ***p < .001.

multiple mediation models are an extension of traditional mediation models. Thus, the independent variable (i.e., BT-Close) should be associated with the mediators (i.e., psychological well-being, avoidant and anxious attachment). These paths are listed as a1, b1, and d1 in Figure 1. The mediators should also be associated with the dependent variable (i.e., perceived respect). These paths are listed as a2, b2, and d2 in Figure 1. Furthermore, the independent variable should be associated with the dependent variable (path

![FIGURE 1](image-url)  
Summary of direct effects in the multiple mediation model. Coefficients reflect unstandardized effects. In this model we also controlled for months dating, sex (coded 0 = female, 1 = male), commitment, and relationship adjustment (for parsimony these scores are not shown; see Table 2). BT-Close = interpersonal traumas perpetrated by someone close before the age of 18; Psy. WB = psychological well-being (Schwartz Outcome Scale–10); Avoid = avoidant attachment (Adult Attachment Scale); Anxious = anxious attachment (Adult Attachment Scale); Respect = perceived respect. *p < .05, **p < .01, ***p < .001.
when the other variables are not included in the model. But when the other variables are included in the model the association between the independent and dependent variable should be reduced (path $c'$). Preacher and Hayes (2008) suggested utilizing a product-of-coefficient approach as well as utilizing bootstrapping methods to estimate the indirect effects. The use of bootstrapping methods also assists with data that are not normally distributed. We conducted our multiple mediation analysis with bootstrapping methods (1,000 subsamples) with a script for SPSS provided by Preacher and Hayes.

The results demonstrated that BT-Close was negatively associated with psychological well-being ($a_1$) and positively associated with avoidant ($b_1$) and anxious ($d_1$) attachment after the variance in the other variables was controlled. Psychological well-being ($a_2$) and anxious attachment ($d_2$) were significantly associated with perceived respect, but avoidant attachment ($b_2$) was not. The relationship between BT-Close and perceived respect was initially statistically significant ($c$) but was no longer significant after the variance in the other predictors was controlled ($c'$). Examining the indirect effects we found that both psychological well-being and anxious attachment were statistically significant mediators (see Table 2). Collectively these results suggest that the association between BT-Close and perceived respect was mediated by psychological well-being and anxious attachment, supporting Hypotheses 3a and 3c. Because IT-Not Close was not significantly associated with perceived respect or any of the mediators there was no need to test whether the BT-Close mediation model would replicate IT-Not Close. That is, the proposed mediation model only fit for BT-Close.

<table>
<thead>
<tr>
<th>Variable</th>
<th>$B$ ($SE$)</th>
<th>95% CI</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indirect effects</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BT-Close – Psychological well-being $^a$ – Respect</td>
<td>$-0.42 (.18)$</td>
<td>$-0.89, -0.15$</td>
<td></td>
</tr>
<tr>
<td>BT-Close – Avoidant attachment $^b$ – Perceived respect</td>
<td>$0.07 (.05)$</td>
<td>$-0.10, 0.30$</td>
<td></td>
</tr>
<tr>
<td>BT-Close – Anxious attachment $^b$ – Perceived respect</td>
<td>$-0.16 (.11)$</td>
<td>$-0.52, -0.01$</td>
<td></td>
</tr>
<tr>
<td>Covariates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Months dating</td>
<td>$-0.01 (.004)$</td>
<td>$.007$</td>
<td>$.007$</td>
</tr>
<tr>
<td>Sex (male = 1, female = 0)</td>
<td>$-0.12 (.24)$</td>
<td>$.64$</td>
<td>$.64$</td>
</tr>
<tr>
<td>Dedication</td>
<td>$0.78 (.08)$</td>
<td>$.002$</td>
<td>$.002$</td>
</tr>
<tr>
<td>Relationship adjustment</td>
<td>$0.11 (.11)$</td>
<td>$.32$</td>
<td>$.32$</td>
</tr>
</tbody>
</table>

Notes: The 95% CIs that do not include 0 are statistically significant. CI = confidence interval; BT-Close = interpersonal traumas perpetrated by someone close before the age of 18.

$^a$Schwartz Outcome Scale–10. $^b$Adult Attachment Scale.
DISCUSSION

The purpose of the current study was to examine whether experiencing betrayal traumas prior to the age of 18 would be associated with young adults’ current romantic relationship functioning. As anticipated, we found that betrayal traumas were negatively associated with psychological well-being. This is consistent with previous research demonstrating the negative impacts of betrayal traumas on psychological functioning (DePrince, 2005; DePrince & Freyd, 2004; Goldsmith, Barlow, & Freyd, 2004). In addition, we found that betrayal traumas were positively associated with avoidant attachment and anxious attachment, supporting the assertion that betrayal traumas play a role in the shaping of relational processes used in the formation and progression of relationships (Allen et al., 1998; Mickelson et al., 1997). Thus, the experience of betrayal traumas before adulthood may contribute to the development of maladaptive attachment styles that can be reinforced in later relationships. For instance, young adults with more anxious attachment styles, which are typified by fears of abandonment, reported less respectful behavior from their partner. What is interesting is that interpersonal trauma prior to the age of 18 perpetrated by someone not close was not significantly related to current psychological well-being or attachment styles, supporting the literature contrasting interpersonal traumas perpetrated by someone close versus not close (e.g., Atlas & Ingram, 1998; Lindblom & Gray, 2010).

Consistent with BTT, betrayal traumas were found to be negatively related to individuals’ perceived respect from their partner, whereas there was no significant association with individuals’ personal dedication to or satisfaction with the relationship. It is possible that those who experience betrayal traumas form expectations or schemas of maltreatment from their romantic partners. Moreover, this association was consistent after we controlled for perceptions of relationship functioning, suggesting that individuals may perceive their relationship as well adjusted (or not) and still report their partner as being less respectful. One possible interpretation of this result is related to the role of dissociation as a coping mechanism for people who have experienced betrayal trauma. Thus, individuals may override their perception of disrespectful behavior from their partner in a way that allows them to maintain dedication to the relationship.

The association between betrayal traumas and perceived respect was mediated by psychological well-being and anxious attachment. Consistent with prior research and theoretical positions, betrayal traumas are likely to exhibit negative effects on subsequent relational functioning via psychological well-being and anxious attachment. Thus, those who experienced betrayal traumas who were able to maintain higher psychological well-being and less anxious attachment reported that their partner was more respectful. However, avoidant attachment was not a significant mediator for the association between betrayal trauma and perceived respect. It is possible that the
association between betrayal trauma and perceived respect may have more to do with individuals’ current well-being and interpersonal need for closeness and worry about abandonment (i.e., anxious attachment) than difficulty depending on and trusting their partner.

These two mediation effects provide a compelling addition to the current literature, building on the work of Sandberg et al. (2010) and others who have examined the role of mediators for the association between interpersonal traumas and posttrauma symptomatology. Specifically, our findings suggest that individuals’ psychological well-being and anxious attachment style may be key mechanisms at work for the negative association between betrayal traumas and perceived respect from a current romantic partner. Some individuals with experiences of betrayal traumas may have been able to cope with the distress and alter their attachment styles in a beneficial manner, and in doing so they may have been better able to select more respectful partners or help facilitate more respectful relationships. For example, research on sexual revictimization, which is arguably one of the most severe forms of interpersonal trauma, suggests that the availability of social support may buffer the relationship between childhood victimization and subsequent abusive relationships (Chu, 1992).

Although this was not predicted, individuals who experienced trauma perpetrated by someone not as close reported lower relationship dedication in their current relationship. It is possible, given that these experiences lack closeness with the perpetrator, that individuals may have relied upon different coping mechanisms to deal with the situation (e.g., escape coping, avoidance), which may have a residual effect on closeness and dedication in their current romantic relationship. However, this interpretation is speculative at this point, and future research is needed to better understand the connection between trauma perpetrated by someone not close and current relationship functioning. Also of interest is the weak association between well-being and trauma perpetrated by someone not close. This finding is counter to much research in this area, but it is not without precedent (e.g., Atlas & Ingram, 1998; Lindblom & Gray, 2010). The differences between these types of trauma may be an important distinction and may need to be considered in future research.

The current study should be understood within the strengths and weaknesses of the methodological design. First, our sample consisted of undergraduate college students, and thus the degree to which our results will generalize to other non-college samples is unknown. Related to this is the fact that our sample consisted of more women than men, which hampered our ability to test gender differences in the results. Accordingly, research with larger samples of men and women is needed to replicate these findings. Second, our study was correlational, and thus we cannot fully disentangle the directionality of the effects. We utilized young adults’ reports of betrayal traumas prior to the age of 18 to help address the temporal order
of events. However, psychological well-being, attachment styles, and relationship functioning were all assessed concurrently. Longitudinal data are needed to disentangle these effects. Third, we only assessed one partner of the couple in this study. Thus, partners’ mutual influence on participants’ reports of relationship functioning is unknown.

Fourth, we do not know why some young adults had better psychological well-being or more secure attachment styles than others. For instance, it could be that some young adults were less affected by their betrayal traumas or received treatment. Accordingly, we cannot make claims about the viability of treatment or other coping mechanisms. Fifth, we did not differentiate between trauma experiences based on severity, chronology, duration, or type (e.g., verbal vs. physical vs. sexual assault). Sixth, we utilized an abbreviated version of the Respect in Close Relationships measure, which is consistent with another shorter respect scale (e.g., Hendrick & Hendrick, 2006). We utilized items that had high factor loadings on the total scale; this method of scale reduction was intended to reduce the burden on participants and is consistent with procedures discussed in Vogel, Wade, and Haake (2006). Lastly, although they were not assessed in our study, future research may want to assess participants’ coping mechanisms (e.g., dissociative coping), as doing so may also help illuminate why young adults’ betrayal traumas may relate to perceived respect but not dedication and relationship adjustment. Notwithstanding these limitations, the current study adds to a growing body of literature illustrating the damaging effects of betrayal traumas by identifying mediators for the deleterious effects of betrayal traumas on relationship functioning.

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