

Socio-Demographic Factors as Predictors of Psychological Health Problems in Betrayal Trauma

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ABSTRACT: *Betrayal trauma theory postulates abuse perpetrated by a caregiver or someone close to the victim results in worse mental health problems than abuse perpetrated by a non-caregiver. The studies have not examined effect of socio-demographic factors in betrayal trauma on psychological health. Hence the present study was designed to study the effect of socio demographic factors as predictors of psychological health problems in the individuals suffered from betrayal trauma among young adults. Trauma experienced young adults were taken on purposive basis from different areas of Delhi. A sample of 200 young adults, which comprised of 100 high betrayal traumas and 100 low betrayal traumas were included in the present research with age group ranged from 20-30 years. In order to assess the level of betrayal trauma, psychological health problems, the Brief Betrayal Trauma Survey (BBTS), Trauma Symptom Checklist-40 (TSC-40) and socio-demographic data sheet was included to gather relevant information. Independent T-test and Multiple Regression techniques were used to analyse the data. Conclusion: High betrayal trauma group and females reported more psychological health as compared to their counter partner. High betrayal trauma and females predicts the psychological problems. It highlights to inform the health professionals about the diverse range of symptoms associated with betrayal trauma and highlights the urgency of immediate intervention incorporate with gender factor when considering the impact of betrayal trauma and helps the health professionals in awareness of connection among betrayal trauma, psychological difficulties, and make appropriate assessments and referrals.*

KEYWORDS: *Socio-Demographic, Psychological Effects, Betrayal Trauma.*

INTRODUCTION

Many instances of childhood abuse involve betrayal. Betrayal is the violation of an expressed or perceived trust by a person or persons with whom a person relies upon for some aspect of his life. Betrayal has been predicted to have a significant impact on cognitions (e.g., Negative attributions for the perpetrator's behavior), affect (e.g., sadness), and behavior (e.g., demands for retribution). Interdependence theory suggests the natural human reaction to betrayal is self-oriented and focused on retribution rather than forgiveness (Finkel, et al., 2002). However, the theory suggests innate impulses for retribution do not always result in withdrawal from the perpetrator or acts of vengeance. Instead, a process termed transformation of motivation allows one to resist self-centered impulses in the service of long term goals, personal values, and perpetrator wellbeing (Finkel, et al., 2002).

Betrayal Trauma used to refer to a kind of trauma independent of the reaction to the trauma. Betrayal trauma occurs when the people or institutions on which a person depends for survival significantly violate that person's trust or wellbeing: Childhood physical, emotional, or sexual abuse perpetrated by a caregiver are examples of betrayal trauma (Freyd, 2008). A trauma can be said to either involve betrayal or not, but can also involve varying degrees of betrayal (e.g., Abuse by a babysitter may be less betraying than abuse by a parent). The degree to which an event is traumatic may relate to the degree of fear and/or betrayal involved. Because betrayal is qualitatively different from fear, traumas that include elements of betrayal may lead to different outcomes than traumas that are only fear based. Although overall trauma exposure has been linked to psychological health difficulties (Schnurr & Green, 2004; Springer, et al., 2007), both theory and research indicate that some forms of trauma may be more deleterious than others (Charuvastra & Cloitre, 2008; Copeland, et al., 2007; Shalev & Freedman,

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2005). However the researchers have not specifically sought to study the consequences of betrayal trauma, most abuse traumas can be classified as betrayal traumas. The current study draws on betrayal trauma theory to test the impact of exposure to trauma that involves higher levels of betrayal (HB trauma) versus exposure to trauma with lower levels of betrayal (LB trauma) on psychological and physical health problems in young adults.

METHODS

AIMS AND OBJECTIVES: The aim of this current study was to study socio demographic factors as predictors of psychological health problems in the individuals suffered from betrayal trauma among young adults.

SAMPLE: A Sample of 200 young adults trauma experienced for the current study was taken on purposive basis from different areas of Delhi, which comprised of 100 high betrayal traumas and 100 low betrayal traumas. High betrayal traumas as well as low betrayal trauma were further divided according to their gender, thus each group consisted of 50 males and 50 females, with the age ranged from 20-30 years, therefore sample represented young adults only.

MEASURES:

Socio-demographic Factors: It was used to collect information on the socio-demographic factors which are relevant in the context of experienced and witnessed trauma. It includes factors like gender (male & female), age (20-25 and 26-30 years).

Betrayal trauma (High & Low Betrayal Trauma): It was measured by the brief betrayal trauma survey (BBTS) by Goldberg and Freyd in 2006. It is a 14-item self-report, measures trauma exposure and betrayal at two time-points before age 18 years and after 18 years of age. Items were categorized into two levels of betrayal: High betrayal trauma exposure (e.g., traumas perpetrated by someone with whom the respondent was very close) and it was calculated by summing the number of traumas relatively high in betrayal to which the participant reported being exposed at least one time (possible scores range from 0 to 5); low betrayal trauma exposure (e.g., traumas Perpetrated by someone with whom the respondent was not very close) and it was calculated by summing the number of traumas with relatively low betrayal to which the participant reported exposure (possible scores range from 0 to 7).

Trauma Symptom Checklist-40 (TSC-40): It was developed by Briere & Runtz (1989). It is a 40-items checklist, assessing symptoms commonly associated with the experience of traumatic events. The scale has six subscales: depression, anxiety, dissociation, sexual abuse trauma, sleep disturbance, and sexual problems. Respondents are asked to indicate how frequently they experienced each symptom on a scale of 0 ("never") to 3 ("very often"). Subscales are computed by summing the items that contribute to each subscale.

Procedure: In order to build rapport and consent seeking an interaction was taken with the respondents to make them aware about the aim and objectives of the current study. After getting socio-demographic information by using socio-demographic data sheet and ensuring that the respondent is meeting the inclusion criteria (being betrayal trauma) for study, first of all brief betrayal trauma survey (BBTS) was administered to identify the subjects as high betrayal trauma and low betrayal trauma. The BBTS evaluated on spot to ensure whether the person is a target sample or not. Whenever an individual was found to be target sample the Trauma Symptom Checklist-40 scale was given to him to get their scores of psychological health and the rest of the respondents who were identified to be non target sample were left out.

Statistical Analyses: Independent Sample t-test was used to find out the difference between various groups, gender and age of participants on psychological health problems. Multiple regression was applied to identify the important predictors (i.e. various socio demographic variables) of psychological health problems. Data was analysed using the software package SPSS version 21.

RESULTS

Table 1 shows that there was significant difference between the two groups on dissociation, anxiety, depression $t(198)=14.63, p<.001, 1-\beta=1.00$, $t(198)=10.51, p<.001, 1-\beta=1.00$, $t(198)=9.51, p<.001, 1-\beta=1.00$ respectively. The participants in high betrayal trauma group ($M=7.02$; $SD=2.29$), ($M=10.98$; $SD=3.39$), ($M=11.70$; $SD=4.16$) scored higher than their counterparts in the low betrayal trauma group ($M=2.66$; $SD=1.89$), ($M=6.56$; $SD=2.46$), ($M=6.96$; $SD=2.73$) respectively. The size of this effect ($d=2.07$), ($d=1.49$), ($d=1.34$) respectively was also found to exceed the convention for a large effect size ($d=80$).

The two groups also showed significant difference on sexual abuse, sleep disturbance, sexual problem and the overall trauma symptoms, $t(198)=8.69, p<.001, 1-\beta=1.00$, $t(198)=13.22, p<.001, 1-\beta=1.00$, $t(198)=12.57, p<.001, 1-\beta=1.00$, $t(198)=15.00, p<.001, 1-\beta=1.00$ respectively. These results suggest that that the individuals in high betrayal trauma group ($M=4.79$; $SD=2.53$), ($M=7.77$; $SD=2.44$), ($M=4.64$; $SD=2.24$), ($M=46.86$; $SD=13.27$) respectively were found more scored than the individuals in the low betrayal trauma group ($M=2.13$; $SD=1.70$), ($M=3.36$; $SD=2.27$), ($M=1.34$; $SD=1.35$), ($M=23.01$; $SD=8.75$) respectively. The size of this effect ($d=1.23$), ($d=1.87$), ($d=1.78$), ($d=2.12$) respectively were again found to exceed the convention for a large effect size ($d=80$).

Table 2 shows that there was significant difference between the gender on dissociation, anxiety, depression, sexual abuse, sleep disturbance and overall trauma $t(198)=4.39, p<.001, 1-\beta=99$, $t(198)=2.52, p<.05, 1-\beta=0.69$, $t(198)=6.48, p<.001, 1-\beta=0.99$, $t(198)=9.45, p<.001, 1-\beta=1.00$, $t(198)=3.35, p<.01, 1-\beta=0.94$,

Table 1.

Summary results of t-test showing the difference between high betrayal trauma and low betrayal trauma on trauma symptom and its dimensions (N=200).

Variables	Groups	N	Mean	Std. Deviation	t-value	D	1-β
Dissociation	High Betrayal Trauma	100	7.02	2.29	14.63***	2.07	1
	Low Betrayal Trauma	100	2.66	1.89			
Anxiety	High Betrayal Trauma	100	10.98	3.39	10.51***	1.49	1
	Low Betrayal Trauma	100	6.56	2.47			
	High Betrayal Trauma	100	11.7	4.16			
Depression	Low Betrayal Trauma	100	6.96	2.73	9.51***	1.34	1
	High Betrayal Trauma	100	4.79	2.53			
Sexual abuse trauma	Low Betrayal Trauma	100	2.13	1.7	8.69***	1.23	1
	High Betrayal Trauma	100	7.77	2.44			
Sleep Disturbance	Low Betrayal Trauma	100	3.36	2.27	13.22***	1.87	1
	High Betrayal Trauma	100	4.64	2.24			
Sexual Problem	Low Betrayal Trauma	100	1.34	1.35	12.57***	1.78	1
	High Betrayal Trauma	100	46.86	13.27			
Trauma Symptoms	Low Betrayal Trauma	100	23.01	8.75	15.00***	2.12	1

Cohen’s *d*: small effect size: $d \geq .20$; medium effect size: $d \geq .50$; large effect size: $d \geq .80$ effects.

*** $p < .001$, $1-\beta$ =Observed Power

$t(198)=5.34, p<.001, 1-\beta=0.99$ respectively. The female participants (M = 5.74;SD=2.60), (M=9.42; SD=3.31), (M=11.10; SD=4.07) (M=4.87; SD=2.46), (M=6.31; SD=3.00),(M=40.73; SD=14.46) scored higher than their male counterparts (M=3.94;SD=3.8),(M =8.12; SD=3.97), (M=7.56; SD=3.65) (M=2.05; SD=1.69), (M=4.52; SD=3.29), (M=29.14; SD=16.22) respectively. The size of this effect ($d=0.61$), ($d=0.69$), ($d=0.91$) ($d=1.00$), ($d=0.94$), ($d=0.75$) respectively.

The gender does not showed significant difference on sexual problem, $t(198)=1.79, p>.05$

Multiple regression was conducted to examine, whether group, gender and age has impact on dissociation. From the Table 3, R is reported as .78, indicates positive coefficient correlation among all the variables. Adjusted R² is .60 which indicates that the overall model explained 60 percentage of variation can be explained by the three predictors variables, which was revealed to be statistically significant, $F(3,196)=102.36, p<.001$. An inspection of individual predictors revealed that satisfaction with group ($\beta=-4.36, p<.001$) and gender ($\beta= 1.80, p<.001$) are significant predictors of dissociation. However the age does not emerged as a significant predictor ($\beta=.28, p>.05$). The result indicates that the score are significantly different depending on the group (HB, LB), High betrayal (HB) have scored that are 4.36 points higher than of low betrayal (LB). Similarly, in gender (male, female), females have scored that are 1.80 points higher than male.

Multiple regression was conducted to examine, whether group, gender and age have impact on anxiety. From the Table 4, R is reported as .72, indicates positive coefficient correlation among all the variables. Adjusted R² indicates how much of the contribution is there in criterion i.e., anxiety is being influenced by predictors. The value of adjusted R²

is .51, implying that 51 percentage of the contribution in anxiety can be attributed to predictors, which was revealed to be statistically significant, $F(3,196)= 68.49, p<.001$. An inspection of individual predictors revealed that satisfaction with group ($\beta= -4.47, p<.001$), gender ($\beta=1.35, p<.001$) and age ($\beta= 2.59, p<.001$) are significant predictors of anxiety. The result indicates that the score are significantly different depending on the group (HB, LB), High betrayal (HB) have scored that are 4.47 points higher than of low betrayal (LB) and in gender (male, female), females have scored that are 1.35 points higher than male. Similarly, in age (18-25 years, 26-30 years), 26-30 years of age have scored that are 2.59 points higher than of 18-25 years of age.

Multiple regression was conducted to examine, whether group, gender and age have impact on depression. From the Table 5, R is .72, indicates positive coefficient correlation among all the variables. Adjusted R² indicates how much of the contribution is there in criterion i.e., anxiety is being influenced by predictors. The value of adjusted R² is .50, implying that 50 percentage of the contribution in depression can be attributed to predictors, which was revealed to be statistically significant, $F(3,196)= 67.44, p<.001$. An inspection of individual predictors revealed that satisfaction with group ($\beta= -4.76, p<.001$), gender ($\beta= 3.56, p<.001$) and age ($\beta= 1.16, p<.01$) are significant predictors of depression. The result indicates that the score are significantly different depending on the group (HB, LB), High betrayal (HB) have scored that are 4.76 points higher than of low betrayal (LB) and in gender (male, female), females have scored that are 3.56 points higher than male. Similarly, in age (18-25 years, 26-30 years), 26-30 years of age have scored that are 1.16 points higher than of 18-25 years of age.

Multiple regression was conducted to examine, whether group, gender and age have impact on sexual abuse trauma.

Table 2.

Summary results of t-test on trauma symptom and its dimensions across gender (N=200).

Variables	Gender	N	Mean	Std. Deviation	t-value	d	1-β
Dissociation	Male	100	3.94	3.18	4.39***	0.61	0.99
	Female	100	5.74	2.6			
Anxiety	Male	100	8.12	3.97	2.52*	0.35	0.69
	Female	100	9.42	3.31			
Depression	Male	100	7.56	3.65	6.48***	0.91	0.99
	Female	100	11.1	4.07			
Sexual abuse trauma	Male	100	2.05	1.69	9.45***	1.33	1
	Female	100	4.87	2.46			
Sleep Disturbance	Male	100	4.82	3.29	3.35**	0.51	0.94
	Female	100	6.31	3			
Sexual Problem	Male	100	2.68	2.84	1.78	NS	-
	Female	100	3.3	2.04			
Trauma Symptoms	Male	100	29.14	16.22	5.34***	0.75	0.99
	Female	100	40.73	14.46			

Cohen's *d*: small effect size: $d \geq .20$; medium effect size: $d \geq .50$; large effect size: $d \geq .80$ effects.* $p < .05$, ** $p < .01$, *** $p < .001$, $1-\beta$ =Observed Power.**Table 3.**

Result of multiple regression analysis for dissociation as a criterion variable and group, gender and age as predictors

R	R square	Adjusted R square	Std. error of the estimate	F	Significance
.78 ^a	0.61	.60	1.90	102.36	.000 ^b
Variables	Beta Value	Std. Error	t-value	Significance	
Constant	5.99	0.26	22.64	.000	
Group	-4.36	0.27	-16.18	.000	
Gender	1.8	0.27	6.69	.000	
Age	0.28	0.27	1.03	0.303	

a. Dependent Variable: Dissociation

b. Predictors: (Constant), Groups, Gender, Age

Table 4.

Result of multiple regression analysis for anxiety as a criterion variable and group, gender and age as predictors

R	R square	Adjusted R square	Std. error of the estimate	F	Significance
.72 ^a	.52	.51	2.60	68.49	.000 ^b
Variables	Beta Value	Std. Error	t-value	Significance	
Constant	9.13	.362	25.25	.000	
Group	-4.47	.369	-12.13	.000	
Gender	1.35	.36	3.66	.000	
Age	2.59	.370	7.01	.000	

a. Dependent Variable: Anxiety

b. Predictors: (Constant), Groups, Gender, Age

Table 5.

Result of multiple regression analysis for depression as a criterion variable and group, gender and age as predictors

R	R square	Adjusted R square	Std. error of the estimate	F	Significance
.72 ^a	.51	.50	2.99	67.44	.000 ^b
Variables	Beta Value	Std. Error	t-value	Significance	
Constant	9.39	.416	22.58	.000	
Group	-4.76	.424	-11.23	.000	
Gender	3.56	.424	8.40	.000	
Age	1.16	.425	2.74	.007	

a. Dependent Variable: Depression

b. Predictors: (Constant), Groups, Gender, Age

From the Table 6, R is .78, indicates positive coefficient correlation among all the variables. Adjusted R² indicates how much of the contribution is there in criterion i.e., sexual abuse trauma is being influenced by predictors. The value of adjusted R² is .59, implying that 59 percentage of the contribution in sexual abuse trauma can be attributed to predictors, which was revealed to be statistically significant, F(3,196)= 97.06, p<.001. An inspection of individual predictors revealed that satisfaction with group ($\beta = -2.65$, p<.001), gender ($\beta = 2.81$, p<.001) and age ($\beta = -.52$, p<.05) are significant predictors of sexual abuse trauma. The result indicates that the score are significantly different depending on the group (HB, LB), High betrayal (HB) have scored that are 2.65 points higher than of low betrayal (LB) and in gender (male, female), females have scored that are 2.81 points higher than male. Similarly, in age (18-25 years, 26-30 years), 18-25 years of age have scored that are .52 points higher than of 25-30 years of age.

Multiple regression was conducted to examine, whether group, gender and age have impact on sleep disturbance. From the Table 7, R is .73, indicates positive coefficient correlation among all the variables. Adjusted R² is .52 which indicates that the overall model explained 52 percentage of variation can be explained by the three predictors variables, which was revealed to be statistically significant, F(3,196)=72.07, p<.001. An inspection of individual predictors revealed that satisfaction with group ($\beta = -4.40$, p<.001) and gender ($\beta = 1.48$, p<.001) are significant predictors of dissociation. However the age does not emerged as a significant predictor ($\beta = .28$, p>.05). The result indicates that the score are significantly different

depending on the group (HB, LB), High betrayal (HB) have scored that are 4.40 points higher than of low betrayal (LB). Similarly, in gender (male, female), females have scored that are 1.48 points higher than male.

Multiple regression was conducted to examine, whether group, gender and age impact on sexual problem. From the Table 8, R is .75, indicates positive coefficient correlation among all the variables. Adjusted R² indicates how much of the contribution is there in criterion i.e., sexual problem is being influenced by predictors. The value of adjusted R² is .55, implying that 55 percentage of the contribution in sexual problem can be attributed to predictors, which was revealed to be statistically significant, F(3,196)= 81.26, p<.001. An inspection of individual predictors revealed that satisfaction with group ($\beta = -3.33$, p<.001), gender ($\beta = .65$, p<.01) and age ($\beta = 1.52$, p<.001) are significant predictors of sexual problem. The result indicates that the score are significantly different depending on the group (HB, LB), High betrayal (HB) have scored that are 3.33 points higher than of low betrayal (LB) and in gender (male, female), females have scored that are .65 points higher than male. Similarly, in age (18-25 years, 26-30 years), 18-25 years of age have scored that are 1.52 points higher than of 25-30 years of age.

Multiple regression was conducted to examine, whether group, gender and age impact on overall trauma symptom. From the Table 9, R is .83, indicates positive coefficient correlation among all the variables. Adjusted R² indicates how much of the contribution is there in criterion i.e., overall trauma symptom is being influenced by predictors. The value of adjusted R² is .68, implying that 68 percentage

Table 6.

Result of multiple regression analysis for sexual abuse trauma as a criterion variable and group, gender and age as predictors

R	R square	Adjusted R square	Std. error of the estimate	F	Significance
.78 ^a	.60	.59	1.62	97.06	.000 ^b
Variables	Beta Value	Std. Error	t-value	Significance	
Constant	3.61	.22	16.09	.000	
Group	-2.65	.22	-11.55	.000	
Gender	2.81	.22	12.25	.000	
Age	-.52	.23	-2.26	.025	

a. Dependent Variable: Sexual Abuse Trauma

b. Predictors: (Constant), Groups, Gender, Age

Table 7.

Result of multiple regression analysis for sleep disturbance as a criterion variable and group, gender and age as predictors

R	R square	Adjusted R square	Std. error of the estimate	F	Significance
.73 ^a	.53	.52	2.25	72.7	.000 ^b
Variables	Beta Value	Std. Error	t-value	Significance	
Constant	7.15	.311	22.98	.000	
Group	-4.40	.317	-13.88	.000	
Gender	1.48	.317	4.67	.000	
Age	-.28	3.18	-89	.374	

a. Dependent Variable: Sleep Disturbance

b. Predictors: (Constant), Groups, Gender, Age

Table 8.

Result of multiple regression analysis for sexual problem as a criterion variable and group, gender and age as predictors

R	R square	Adjusted R square	Std. error of the estimate	F	Significance
.75 ^a	.55	.55	1.67	81.26	.000 ^b
Variables	Beta Value	Std. Error	t-value	Significance	
Constant	3.62	.232	15.65	.000	
Group	-3.33	.236	-14.10	.000	
Gender	.65	.236	2.75	.006	
Age	1.52	.237	6.44	.000	

a. Dependent Variable: Sexual Problem

b. Predictors: (Constant), Groups, Gender, Age

Table 9.

Result of multiple regression analysis for sleep disturbance as a criterion variable and group, gender and age as predictors

R	R square	Adjusted R square	Std. error of the estimate	F	Significance
.83 ^a	.68	.68	9.30	140.69	.000 ^b
Variables	Beta Value	Std. Error	t-value	Significance	
Constant	38.66	1.29	29.95	.000	
Group	-23.95	1.31	-18.20	.000	
Gender	11.69	1.31	8.88	.000	
Age	5.22	1.32	3.95	.000	

a. Dependent Variable: overall Trauma Symptom

b. Predictors: (Constant), Groups, Gender, Age

of the contribution in overall trauma symptom can be attributed to predictors, which was revealed to be statistically significant, $F(3,196)= 140.69, p<.001$. An inspection of individual predictors revealed that satisfaction with group ($\beta= -23.95, p<.001$), gender ($\beta= 11.69, p<.001$) and age ($\beta= 5.22, p<.001$) are significant predictors of overall trauma symptom. The result indicates that the score are significantly different depending on the group (HB, LB), High betrayal (HB) have scored that are 23.95 points higher than of low betrayal (LB) and in gender (male, female), females have scored that are 11.69 points higher than male. Similarly, in age (18-25 years, 26-30 years), 18-25 years of age have scored that are 5.22 points higher than of 25-30 years of age.

DISCUSSION

The results indicates that the exposure to traumas was predictive of psychological health problems, as predicted; traumatic events involving a high degree of betrayal were found to be more strongly predicting, dissociation, depression, anxiety, sexual problems, sleep disturbance and sexual abuse than low degree of betrayal events. These findings were supported through the work of betrayal trauma and gender differences in posttraumatic stress by Tang & Freyd (2012). The same finding were reported the previous research (Atlas & Ingram, 1998; Freyd & Allard, 2005; Leahy, et al., 2004; Lucenko, et al., 2000) to a nonclinical sample and highlights the dimension of betrayal as an important aspect of traumatic experiences and reactions. “Such findings were also supported from betrayal trauma theory (Freyd, 1996) offers one possible explanation to account for these differences. Founded in

attachment theory, betrayal trauma theory proposes that trauma perpetrated by someone whom the victim trusts or on whom the victim depends (high-betrayal trauma; HBT) is more psychologically damaging than trauma perpetrated by someone with whom the victim is not close (low betrayal trauma; LBT), or a non interpersonal trauma.” Higher exposure of betrayal trauma predicted psychological health problem as compare to the low exposure of betrayal trauma. The similar findings were reported by Goldsmith, et al., (2012) “founded that the number of high betrayal trauma to which participants were exposed significantly predicted all psychological outcomes, whereas the number of low betrayal traumas did not.”

Gender also significantly predicts the psychological health problems in trauma exposure population. The gender predicted the symptoms of depression, anxiety, sexual problems, sleep disturbance and sexual abuse such that women reported more symptoms than men. The findings are in agreement with a study by Klest, et al. (2013). “Who founded that Gender significantly predicted symptoms of depression and anxiety, in which women predicts these symptoms more than men. While conducted the study on trauma exposure and posttraumatic symptoms in hawaii: gender, ethnicity, and social context?”. Similarly, age also significantly predicts the psychological health problems in the traumas exposure population. The age predicts the symptoms of depression, anxiety, sexual problems, sleep disturbance and sexual abuse. The present study reports that lower the age group among the exposure to betrayal traumas adults more they predicts the trauma symptoms as compared to their higher age groups. The findings are in agreement

with study by Green, et al., (1991) Maercker (1999) and Maercker, et al., (2004). “Who founded that the age at which a person experiences a traumatic event is an important predictor for the severity or prevalence of PTSD and found higher PTSD prevalence rates in traumatised adolescents than in young adults, in a study of former victims of political violence”.

CONCLUSION

The present study was designed to examine the psychological (trauma symptoms, alexithymia) effects of betrayal trauma in young adults. The results found that high betrayal trauma young adults have more psychological health issues as compared to exposure of low betrayal trauma. Similar the young adult female were found having more psychological health issues as compared to males form a betrayal trauma population. The group predicts the psychological health problems. Exposure of high betrayal trauma is more predicting than low betrayal trauma. Similar the gender is also predicting the psychological health problems. Female are more predicting as compared to the male young adults.

DECLARATIONS

The authors declare no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

REFERENCES

- Atlas, J. A., & Ingram, D. M. (1998). Betrayal trauma in adolescent inpatients. *Psychol Rep*, 83(3), 914-914.
- Briere, J., & Runtz, M. (1989). The Trauma Symptom Checklist (TSC-33) early data on a new scale. *J Interpers Violence*, 4(2), 151-163.
- Charuvastra, A., & Cloitre, M. (2008). Social bonds and posttraumatic stress disorder. *Annu Rev Psychol*, 59, 301-328.
- Copeland, W. E., Keeler, G., Angold, A., & Costello, E. J. (2007). Traumatic events and posttraumatic stress in childhood. *Arch Gen Psychiatry*, 64(5), 577-584.
- Finkel, E. J., Rusbult, C. E., Kumashiro, M., & Hannon, P. A. (2002). Dealing with betrayal in close relationships: Does commitment promote forgiveness?. *J Pers Soc Psychol*, 82(6), 956.
- Freyd, J. J. (1996). *Betrayal trauma: The logic of forgetting childhood abuse*. Harvard University Press.
- Freyd, J. J., Klest, B., & Allard, C. B. (2005). Betrayal trauma: Relationship to physical health, psychological distress, and a written disclosure intervention. *J Trauma Dissociation*, 6(3), 83-104.
- Goldberg, L., & Freyd, J. J. (2004). The brief betrayal trauma survey: Personality correlates of potentially traumatic experiences in a community sample. *J Trauma Dissociation*, 7(3), 39- 63.
- Goldsmith, R. E., Freyd, J. J., & DePrince, A. P. (2012). Betrayal trauma: Associations with psychological and physical symptoms in young adults. *J Interpers Violence*, 27(3), 547-567.
- Green, B. L., Korol, M., Grace, M. C., Vary, M. G., Leonard, A. C., Gleser, G. C., & Smitson-Cohen, S. (1991). Children and disaster: Age, gender, and parental effects on PTSD symptoms. *J Am Acad Child Adolesc Psychiatry*, 30(6), 945-951.
- Klest, B., Freyd, J. J., & Foynes, M. M. (2013). Trauma exposure and posttraumatic symptoms in Hawaii: Gender, ethnicity, and social context. *Psychol Trauma*, 5(5), 409.
- Leahy, T., Pretty, G., & Tenenbaum, G. (2004). Perpetrator methodology as a predictor of traumatic symptomatology in adult survivors of childhood sexual abuse. *J Interpers Violence*, 19(5), 521-540.
- Lucenko, B. A., Gold, S. N., & Cott, M. A. (2000). Relationship to perpetrator and posttraumatic symptomatology among sexual abuse survivors. *J Fam Violence*, 15(2), 169-179.
- Maercker, A., Schützwohl, M., & Solomon, Z. (1998). Lifespan psychological aspects of trauma and PTSD: Symptoms and psychosocial impairments. *Post-Traumatic Stress Disorder: A Lifespan Developmental Perspective* (pp. 7-41). Seattle, WA: Hogrefe & Huber.
- Maercker, A., Michael, T., Fehm, L., Becker, E. S., & Margraf, J. (2004). Age of traumatisation as a predictor of post-traumatic stress disorder or major depression in young women. *Br J Psychiatry*, 184(6), 482-487.
- Schnurr, P. P., & Green, B. L. (2004). Understanding relationships among trauma, posttraumatic stress disorder, and health outcomes. *Adv Mind Body Med*, 20(1), 18-29.
- Shalev, A. Y., & Freedman, S. (2005). PTSD following terrorist attacks: a prospective evaluation. *Am J Psychiatry*, 162(6), 1188-1191.
- Springer, K. W., Sheridan, J., Kuo, D., & Carnes, M. (2007). Long-term physical and mental health consequences of childhood physical abuse: Results from a large population-based sample of men and women. *Child Abuse Negl*, 31(5), 517-530.
- Tang, S. S. S., & Freyd, J. J. (2012). Betrayal trauma and gender differences in posttraumatic stress. *Psychol Trauma*, 4(5), 469.