



January 2022

The Impact Of Betrayal Trauma On Sexual Assertiveness In Women And The Examination Of Trust And Self-Esteem As Mediating Factors

Alexandra Rehovsky

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THE IMPACT OF BETRAYAL TRAUMA ON SEXUAL ASSERTIVENESS IN
WOMEN AND THE EXAMINATION OF TRUST AND SELF-ESTEEM AS
MEDIATING FACTORS

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Bachelor of Science, University of North Dakota, 2017
Master of Arts, University of North Dakota, 2019

A Dissertation

Submitted to the Graduate Faculty

of the

University of North Dakota

in partial fulfillment of the requirements

for the degree of

Doctorate of Philosophy

Grand Forks, North Dakota

August
2022

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ABSTRACT

There is a significant body of research that links sexual assault to a decrease in sexual assertiveness; however, there is a gap in research exploring how other forms of trauma that involve a violation of trust and security within close relationships (i.e., other forms of betrayal trauma) may also negatively impact sexual assertiveness. In the current study, 310 female participants were assessed for a history of betrayal trauma, as well as self-reported sexual assertiveness. In addition, three potential mediators were included in the study (relational trust, sexual self-esteem, and global self-esteem) to further explore the relationship between betrayal trauma and subsequent decrease in sexual assertiveness. One-way ANOVAs were used to determine that the experience of betrayal was significantly different between high and moderate/low betrayal traumas. Correlation analyses and linear regressions revealed several significant relationships between betrayal trauma, sexual assertiveness, and several mediating variables. As predicted, simple mediation analyses showed that three mediating variables—relational trust dependability, global self-esteem, and sexual self-esteem—partially mediated the relationship between high betrayal trauma and total sexual assertiveness. The mediations were verified using the bootstrapping technique. These findings suggest that the significant relationship that exists between the experience of betrayal trauma and the refusal of unwanted sex is influenced by facets of relational trust, sexual self-esteem, and global self-esteem.

Keywords: betrayal trauma, sexual assertiveness, relational trust, self-esteem

The Impact of Betrayal Trauma on Sexual Assertiveness in Women and the Examination of Trust and Self-Esteem as Mediating Factors

Exposure to traumatic events is common for people all over the world. In a cross-national study of the prevalence and distribution of lifetime trauma exposure, researchers surveyed participants from 26 developed countries and found that 70.4% of respondents experienced at least one lifetime trauma; 30.5% of whom were exposed to four or more lifetime traumas (Benjet et al., 2016). Of these traumas that the respondents experienced, some traumas involved a closeness to the perpetrator, and therefore also involved more betrayal and personal violation for the victim (e.g., sexual assault, domestic violence, psychological abuse, etc.). This family of trauma has been dubbed “betrayal trauma” by researchers and psychologists (Freyd, 1994).

Researchers are discovering that when a trauma involves a relationship with the perpetrator—especially a close relationship—the psychological impacts of this trauma often manifest differently for the victim, compared to non-betrayal traumas such as earthquakes, car accidents, etc. (Freyd et al., 2005). However, in many areas the unique impact of betrayal in trauma is still unknown. For example, sexual assault, a form of betrayal trauma, has been linked to a decrease in sexual assertiveness in women (Zerubavel & Messman-Moore, 2013). However, to our knowledge, negative impact on sexual assertiveness has not been examined as an outcome for other forms of betrayal trauma.

Recently, there has been a growing interest in how the lack of sexual assertiveness can be a problem for women, because lower sexual assertiveness has been shown to be related to a myriad of other problems, including: increased risk for sexual revictimization

(Kelley, Orchowksi, & Gidycz, 2016), decreased relationship and sexual satisfaction (Lee, 2017; Menard & Offman, 2009), and lowered self-esteem (Auslander, Baker, & Short, 2012). Therefore, sexual assertiveness can be an important protective factor for women and more research is needed to determine what factors positively and negatively impact sexual assertiveness; such as, experiencing betrayal traumas beyond sexual assault.

Going beyond examining the relationship between betrayal trauma and sexual assault, this study examines the concept of trust as a potential mediating factor between the two variables. At the core of betrayal trauma is a violation of trust within a close relationship. If a person's trust has been severely violated due to experiencing high betrayal trauma, it's possible that this wounded trust would be carried over into future relationships or sexual encounters, potentially impacting sexual assertiveness. Therefore, relational trust was also included in the present study.

Literature Review

Betrayal Trauma

Over the years, researchers have found many associations between general trauma exposure and psychological and physical health conditions. Examples of mental health consequences often experienced by those exposed to traumatic events include: posttraumatic stress disorder (PTSD; American Psychiatric Association, 2013), depression (Roberts, Damundu, Lomoro, & Sondorp, 2009; Sklarew & Blum, 2006), suicidal thoughts and behavior (Pinheiro et al., 2016; Wilcox et al., 2009), and substance-use disorders (Stewart, 1996; Chilcoat & Menard, 2003).

However, a body of literature continues to grow that suggests that some types of trauma may be more or less related to negative mental health, physical health, and social outcomes than others. These types of traumas have a common factor—betrayal. Betrayal trauma refers to traumatic events in which the victim is dependent on or has a close relationship with the perpetrator (Freyd, 1994). Forms of betrayal traumas include physical, psychological, and sexual abuse perpetrated by a partner, caregiver, close friend, or close family friend.

The term betrayal trauma was first coined in research in the early 1990's as part of a new theory called Betrayal Trauma Theory (BTT), which suggested that children adopted a form of psychogenic amnesia as an adaptive response to experiencing childhood abuse. The reason this amnesia was theorized to occur was so that victims may remain relatively unaware of the trauma, thus not disrupting their attachment to the abusive caregiver whom they depend on for food, shelter, etc. This then promotes survival when a parent or other caregiver violates their fundamental rights. Although BTT has collected multiple criticisms over the years (McNally, 2007; Lindblom & Gray, 2010), research has illustrated multiple differences between betrayal traumas and non-betrayal traumas regarding wellbeing outcomes for victims.

The current body of literature shows that betrayal trauma is associated with an increased risk of psychological and physical health difficulties, compared to exposure to non-betrayal trauma (e.g., being in a car accident, experiencing an earthquake, etc.) (Sachs-Ericsson et al., 2005; Atlas & Ingram, 1998; Freyd et al., 2005; Lucenko et al., 2000). In addition, betrayal trauma has been shown to have several negative impacts on relationships, such as high-anxiety and avoidant attachment styles (Choi & Kangas, 2019;

Owen et al., 2012) and romantic relationship functioning (Owen et al., 2012). One study found that betrayal trauma acted as a barrier to forming new healthy intimate relationships through four ways: fear, relationship expectations, shame or low self-esteem, and communication issues (St. Vil et al., 2018).

Healthy relationships require a degree of trust (Rempel et al., 1985). The negative impacts of betrayal trauma on relationships outlined above may be due to a lack of trust born from the violation of traumatic betrayal. Research has shown an association between betrayal trauma and lower levels of both general and relational trust (Gobin & Freyd, 2014). However, there is a lack of research reflecting how this decrease in relational trust may impact relationships, communication, and intimacy.

Sexual Assertiveness

Sexual assertiveness is defined as the ability to recognize and express one's limits, needs, and desires in a sexual situation (Zerubavel & Messman-Moore, 2013). According to Morokoff et al. (1997), sexual assertiveness is comprised of three dimensions: the ability to initiate desired sexual activity, to refuse unwanted sexual activity, and to discuss the use of contraceptives to prevent unwanted pregnancy and sexually transmitted infections. Updated definitions of sexual assertiveness alter the third component to be geared more toward communication about sexual issues (Hulbert, 1991) and the ability to communicate about sexual history and risk (Loshek & Terrell, 2015), rather than about discussing the use of contraceptives. These updates were made in order to include individuals at all stages of life and varied types of relationships.

Studies in the past have theorized that men and women differ in sexual assertiveness, in that men should be generally more sexually assertive due to the social

constructs of traditional gender roles (Simon & Gagnon, 2003). The results of a more recent study showed how gender differences were revealed within their results on the different components of sexual assertiveness. The results indicated that men had a greater ability to initiate desired sexual activity, while women were slightly more able to refuse undesired sexual contacts—with the exception of older women (Santos-Iglesias et al., 2012). In other words, a lack of sexual assertiveness is more often an issue for women, as women are shown to have a more difficult time communicating within sexual contexts.

This creates a problem for women, as research has shown that sexual assertiveness often equates to perception of sexual rights. For example, young women with a lack of sexual assertiveness were found to perceive that they had less of a right to communicate about their sexual behavior and desires (Rickert, Sanghvi, & Wiemann, 2002). This can lead to myriad of implications: higher risk of contracting sexually transmitted diseases, unwanted pregnancy, experiencing coercive sexual behaviors, and increased risk of experiencing sexual revictimization (Rickert, Sanghvi, & Wiemann, 2002).

Sexual assertiveness has also been found to help prevent sexual victimization. Of course, a sexually assertive response will not always eliminate potential danger, research has shown that using sexual assertiveness can sometimes reduce the threat or even the extent of the sexual victimization (Roze & Koss, 2001; Ullman 1998). Additionally, research has shown that this sexual assertiveness as a protective factor is particularly effective with known assailants (Krebs et al., 2007), which corresponds with higher betrayal.

Self-Esteem

There is currently a body of research that links sexual assertiveness with sexual self-esteem. For example, one study conducted by Menard & Offman (2009) examined the relationship between sexual self-esteem, sexual assertiveness, and sexual satisfaction. What the researchers found was that there were strong correlations between all three variables, and that sexual assertiveness was in fact a partial mediator in the relationship between sexual self-esteem and sexual satisfaction (Menard & Offman, 2009).

In another study, researchers found that sexual assertiveness and sexual self-esteem were both related and influenced by the same external factor of power. Essentially, the researchers found that power was associated with an increase in sexual assertiveness and sexual self-esteem (Lammers & Stoker, 2019).

Sexual self-esteem is described as the perceived ability to have good, fulfilling, and satisfying sex (Snell & Papini, 1989). Although this trait is likely very related to self-esteem there appears to be a lack of research specifically looking at the relationship between global self-esteem and sexual assertiveness. In one study, researchers examined the relationship between body esteem and sexual assertiveness in young women. They found that body esteem (described as a person's evaluations about their own body) was related to sexual assertiveness, specifically in condom-use insistence. However, in their discussion, the researchers theorize that for one factor of sexual assertiveness (i.e., sex initiation) that other factors may be "more important in influencing women's beliefs about her right to initiate sex, such as overall self-esteem" (Auslander et al., 2012). This is another reason that the current study aims to expand the scope of previous studies and examine how the relationship between betrayal trauma and sexual assertiveness may be

impacted by global self-esteem, beyond sexual self-esteem. Therefore, in the present study, both global self-esteem and sexual self-esteem were explored as potential mediators.

Self-esteem has also been linked to betrayal trauma. In a study about the impacts of betrayal trauma on future relationships, researchers found that participants who had experienced higher levels of betrayal trauma had lower self-esteem and more feelings of shame (St. Vil et al., 2018). These outcome characteristics were then found to have become barriers to forming new intimate relationships (St. Vil et al., 2018). In this study, the researchers found a significant interaction between experiencing intimate partner violence and decreased self-esteem.

The Current Study

The overwhelming majority of the research focuses on only the negative impact that sexual victimization has on sexual assertiveness. While this research is invaluable, it may be providing a limited scope of the impact of betrayal trauma in general on sexual assertiveness, as it encompasses only one form of betrayal trauma. The purpose of the current study was to broaden this research focus and examine how other forms of betrayal trauma (e.g., experiencing domestic violence, physical abuse, emotional neglect, etc.) may also negatively impact sexual assertiveness.

In addition, the current study examined the concept of relational trust as a mediating factor between the experience of betrayal trauma and the subsequent impact on sexual assertiveness. Trust has been found to be negatively impacted by betrayal trauma (Gobin & Freyd, 2014; Platt & Freyd, 2015), likely because betrayal trauma represents an active violation of a person's trust. Hypothetically, if a person's relational trust was

violated by experiencing a betrayal trauma, they would be less likely to express sexual assertiveness due to a subsequent lack of trust that their partner would not respect their assertive behavior based on the information that they received when their trust was violated traumatically previously. Further, this negative impact betrayal trauma has on sexual assertiveness should be most evident in the refusal of unwanted sexual encounters. Therefore, the two hypotheses drawn for the current study were: 1) high betrayal trauma would have a more negative impact on sexual assertiveness than moderate or low betrayal trauma, and 2) relational trust, sexual self-esteem, and global self-esteem would be mediating factors between the experience of betrayal trauma and subsequent negative impact on sexual assertiveness.

Method

Participants

Three-hundred eighty-nine, adult female-identifying people ($n = 389$) from a Midwestern university in the United States were recruited to participate in the study. Participants were recruited through an online research platform called SONA. Individuals were compensated for their participation in the study with course credits.

Participants were excluded if they completed less than 92% of the survey or if they failed more than one attention check. After exclusionary rules were put in place, data from 310 participants were retained for analyses; however, to minimize confusion, only 307 participants completed enough survey items to be included in mediation models 1, 3, 4, and 6. Table 1 provides descriptive information for participants ($n = 310$).

The distribution of different traumatic events experienced by participants was also recorded—Table 2 contains descriptive information about the distribution of traumatic events.

Procedure

Participants completed an online survey containing the measures outlined below to evaluate their trauma histories, sexual assertiveness, trust in close relationships, and self-esteem. The survey contained three separate attention checks (e.g., “For this question, answer with ‘Strongly Disagree’”). Participants who failed two or more attention checks or completed the survey in less than two minutes were eliminated from further analyses.

Measures

Brief Betrayal Trauma Survey

The *Brief Betrayal Trauma Survey* (BBTS; Goldberg & Freyd, 2006) is a 12-item self-report measure that assesses the experience of trauma at 2 chronological points of life (before the age of 18, and 18 or older). These experiences were categorized into three severity levels of betrayal: high betrayal trauma (HBT), moderate betrayal trauma (MBT), and low betrayal trauma (LBT). Those who indicated no trauma on the BBTS were categorized as no trauma (NT). The BBTS is a standard questionnaire given in most betrayal trauma studies; it has been found to be of minimal risk to participants (Binder et al., 2004). The test-retest reliability has been found to be about 83% for childhood events and about 75% for adulthood events (Goldberg & Freyd, 2006).

For the sake of creating a more comprehensive screener of traumatic events, a few items were modified to be more inclusive (adding the unexpected death of a loved one or

caregiver to item 11) and an additional item was added (i.e., psychological or emotional abuse by a person that the rater was not close to, such as a school bully)—bringing the total number of items presented to participants to 13. The purpose of expanding this survey is to encapsulate more traumatic events that are often experienced by people. A full list of the Betrayal Trauma items used in this study appears in Appendix A.

Sexual Assertiveness Questionnaire

The *Sexual Assertiveness Questionnaire* (SAQ; Loshek & Terrell, 2015) is an 18-item self-report instrument that measures three dimensions of sexual assertiveness as outlined by Morokoff et al. (1997) and Loshek & Terrell (2015): ability to initiate and communicate about desired sex, the ability to refuse unwanted sex, and the ability to communicate about sexual history and risk. Each item is rated on a 7-point Likert scale from 1 (Strongly Disagree) to 7 (Strongly Agree). In the present study, the SAQ demonstrated good internal consistency (Cronbach's $\alpha = .868$). The complete list of SAQ questions is included in Appendix B.

Trust in Close Relationships Scale

The *Trust in Close Relationships Scale* (TCRS; Rempel, Holmes, & Zanna, 1985) is a 17-item instrument that measures levels of trust in one's relationship partner. The items on this scale are divided into three subscales: predictability, dependability, and faith. According to scale analysis by Rempel et al. (1985), results of the three subscales were relatively autonomous for men but not for women (strong correlations between subscales for women, while only a weak correlation between faith and dependability was apparent for men). In the present study, the TCRS demonstrated good internal consistency (Cronbach's $\alpha = .792$). The TCRS items are included in Appendix C.

Rosenberg Self-Esteem Scale

The *Rosenberg Self-Esteem Scale* (RSES; Rosenberg, 1965) is a 10-item, self-report scale that measures global self-esteem. The scale accomplishes this by measuring both positive and negative feelings about oneself. The items are rated on a 4-point Likert-type scale from Strongly Agree to Strongly Disagree. The RSES is one of the most widely used measures for global self-esteem and has shown to be a reliable and valid measure of global self-esteem (Gray-Little et al., 1997). In a more recent study, an analysis was conducted on the psychometric properties of the RSES across demographic groups living in the United States. Researchers found that the RSES still showed general item convergent and discriminant validity, internal consistency, and reliability both overall and across subgroups (Sinclair et al., 2010). In the present study, the RSES demonstrated excellent internal consistency (Cronbach's $\alpha = .918$). The RSES items are included in Appendix D.

Sexual Self-Esteem Inventory

The *Sexual Self-Esteem Inventory-Short Form* (SSEI; Zeanah & Schwarz, 1996) is a 35-item, self-report scale that measures self-esteem within five areas of sexual functioning: Skills/Experience, Attractiveness, Control, Moral Judgement, and Adaptiveness. The items are rated on a 6-point Likert-type scale from Strongly Agree to Strongly Disagree. Higher scores indicate greater sexual self-esteem. Generally, the internal consistency of the SSEI short form reportedly range from .80 to .92 (Lemieuz & Byers, 2008). In the present study, the SSEI demonstrated excellent internal consistency (Cronbach's $\alpha = .944$). Items from the SSEI are contained in Appendix E.

Results

Data Preparation

Betrayal Trauma Variable

Each type of betrayal trauma was categorized according to Goldberg & Freyd's (2006) system of classification (i.e., high betrayal, moderate betrayal, low betrayal), with all three variables summed to create a total lifetime betrayal group, creating four levels of the independent variable. If a participant did not experience one of the traumatic events surveyed, the level of betrayal for that event was zero. The summation and mean of total betrayal trauma experienced were used to create continuous composite variables to assess the total lifetime betrayal experienced by each participant. These composite scores were used as independent variables to represent overall lifetime betrayal. The higher the score for each variable, the more betrayal a participant reportedly has experienced.

Frequencies were obtained for the mean of total betrayal (Total Betrayal Mean, a maximum value of 7). The skewness and kurtosis of the total betrayal trauma variable suggested that it was normally distributed. Additionally, the high betrayal trauma variable (High Betrayal Mean) also demonstrated a normal distribution. The other betrayal trauma variables (Moderate Betrayal Mean and Low Betrayal Mean) were more positively skewed. The skewness and kurtosis of each variable are reported in Table 3.

Analysis of Variance

A repeated measures (within-groups) analysis of variance (ANOVA) was conducted for the means of the three types of betrayal trauma to establish that the participants who endorsed the items that were intended to assess low, moderate, and high betrayal were, in fact, rated differently in terms of betrayal experienced by the participant. Differences in the reported level of betrayal based on the types of betrayal

endorsed (low, moderate, and high) were statistically significant, $F(2, 618) = 155.51, p < .001$. Post-hoc tests using paired sample t-tests with Bonferonni corrections ($\alpha = .017$) indicated that the high betrayal items were associated with significantly higher levels of betrayal, compared to the low and moderate group ($p < .001$), but that the level of betrayal reported for the low and moderate betrayal items was not significantly different ($p = .051$).

Correlations

Correlations between each betrayal trauma variables and the *Sexual Assertiveness Questionnaire* (SAQ) scores, *Sexual Self-Esteem Inventory* (SSEI) scores, *Rosenberg Self-Esteem Scale* (RSES) score, and *Trust in Close Relationships Scale* (TCRS) scores were calculated. These correlations are displayed in Table 4.

Total betrayal trauma and experience of high betrayal trauma had the highest correlations across other variables, each being significantly correlated with 11 of the 15 other variables. Experience of moderate betrayal trauma was not significantly correlated with any of the other variables. Experience of low betrayal trauma was significantly correlated only with the TCRS Predictability subscale ($p = .034$).

Total betrayal trauma was weakly correlated (i.e., $r^2 < .09$) with SAQ total score ($r^2 = .017$), SAQ Refusal score ($r^2 = .026$), SSEI total score ($r^2 = .023$), RSES total score ($r^2 = .040$), and TCRS total score ($r^2 = .016$). The experience of high betrayal trauma was also weakly correlated with the above variables. However, the correlations were somewhat stronger: SAQ total score ($r^2 = .026$), SAQ Refusal score ($r^2 = .045$), SSEI total score ($r^2 = .028$), RSES total score ($r^2 = .066$). The Pearson's r values between each variable can be seen on Table 4.

Mediation Analyses

Based on an examination of the correlations (or lack thereof) among variables, some variables were excluded from further analyses. With regard to predictor variables, low betrayal experience and moderate betrayal experience were excluded from further analyses because they were either uncorrelated or only minimally correlated with other variables. With regard to the dependent variable of interest—sexual assertiveness—both the SAQ total score and SAQ Refusal were significantly correlated with high betrayal and total betrayal; however, the correlations observed between the SAQ total and the betrayal variables were likely driven by the SAQ Refusal subscale. Further, the SAQ Refusal subscale is of particular interest within the scope of this study compared to the other subscales, because what the SAQ Refusal subscale is meant to capture is the participant's ability to refuse unwanted sex—a protective factor against sexual assault (Relyea & Ullman, 2017). Given that the aim of the study is to better understand how betrayal trauma could impact sexual assertiveness with the goal being to better understand sexual protective factors, SAQ Refusal represents a concept closer to understanding the context of the present study. Therefore, SAQ Refusal was used as the single dependent variable in the mediation analyses. Lastly, RSES total and SSEI total were included in the mediation analyses due to both being significantly correlated with the other variables. Both TCRS total and the TCRS Dependability subscale were also significantly correlated with the other variables. However, similar to the relationship between SAQ total and SAQ Refusal, it's likely that the relationships observed between the TCRS total score and other variables were primarily driven by the TCRS

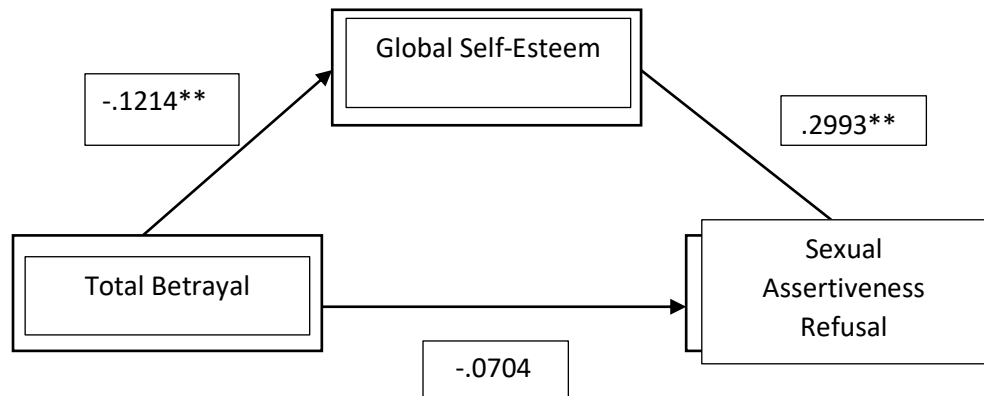
Dependability subscale. Therefore, only the TCRS Dependability subscale was included in the mediation analyses.

After the mediation analysis variables were determined, six mediation analyses were conducted. Mediation analyses were conducted using the two betrayal predictor variables (total betrayal, high betrayal), one dependent variable (SAQ Refusal), and three possible mediators (RSES total, SSEI total, TCRS Dependability). Thus, six mediation models were analyzed. The mediation models were also assessed using the bootstrapping technique. Bootstrapping is a nonparametric resampling procedure that does not impose the assumption of normality of the sampling distribution (Preacher & Hayes, 2008).

Model 1. In Step 1 of mediation Model 1, the regression of total betrayal on SAQ Refusal, ignoring the mediator, was significant, $b = -.107$, $t(307) = -2.79$, $p = .006$. Step 2 showed that the regression of total betrayal on the mediator (RSES total) was also significant, $b = -.121$, $t(307) = -3.70$, $p < .001$. Step 3 of the mediation process showed that the mediator (RSES total), controlling for total betrayal, was significant, $b = .299$, $t(307) = 4.64$, $p < .001$. Step 4 of the analyses revealed that, controlling for the mediator (RSES total), total betrayal was not a significant predictor of SAQ Refusal, $b = -.070$, $t(307) = -1.86$, $p = .064$. Therefore, it was found that global self-esteem fully mediated the relationship between total betrayal and SAQ Refusal. Figure 1 illustrates this relationship.

Figure 1

Model 1 Mediation

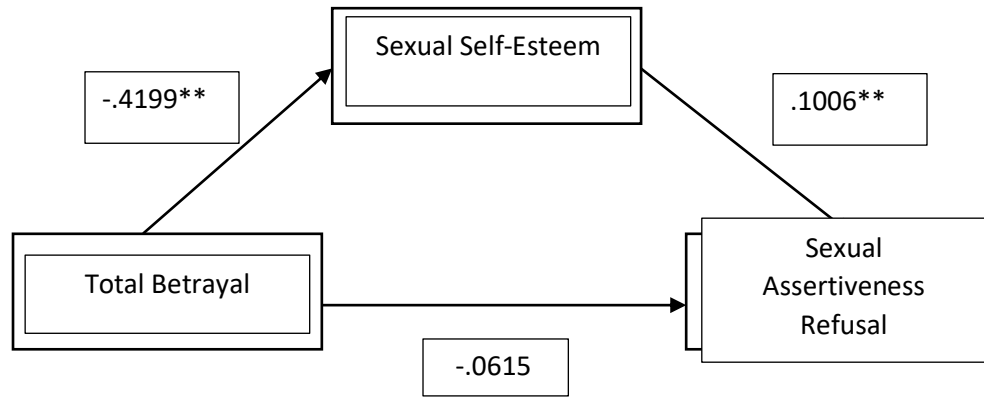


Note. * $p < .05$. ** $p < .01$. *** $p < .001$

Model 2. In Step 1 of mediation Model 2, the regression of total betrayal on SAQ Refusal, ignoring the mediator, was significant, $b = -.104$, $t(302) = -2.69$, $p = .008$. Step 2 showed that the regression of total betrayal on the mediator (SSEI total) was also significant, $b = -.4199$, $t(302) = -2.62$, $p = .0092$. Step 3 of the mediation process showed that the mediator (SSEI total), controlling for total betrayal, was significant, $b = .101$, $t(302) = 7.97$, $p < .001$. Step 4 of the analyses revealed that, controlling for the mediator (SSEI total), total betrayal was not a significant predictor of SAQ Refusal, $b = -.062$, $t(302) = 7.97$, $p = .084$. Therefore, it was found that total sexual self-esteem fully mediated the relationship between total betrayal and SAQ Refusal. Figure 2 illustrates this relationship.

Figure 2

Model 2 Mediation

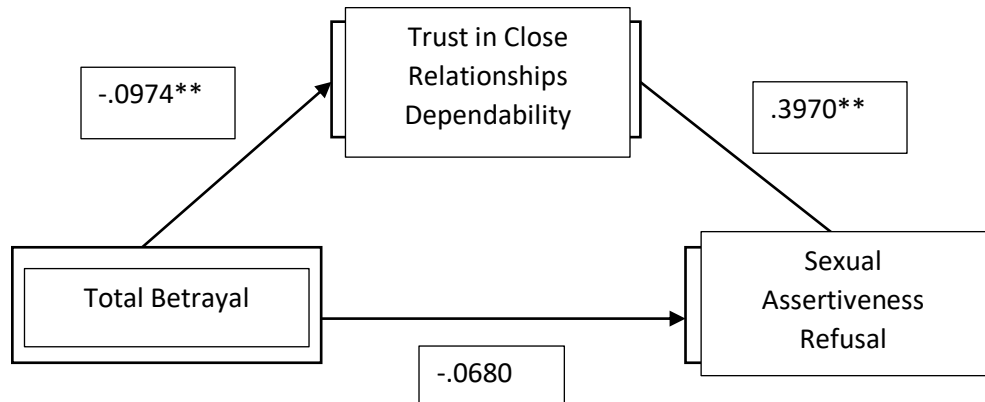


Note. * $p < .05$. ** $p < .01$. *** $p < .001$

Model 3. In Step 1 of mediation Model 3, the regression of total betrayal on SAQ Refusal, ignoring the mediator, was significant, $b = -.107$, $t(307) = -2.79$, $p = .006$. Step 2 showed that the regression of total betrayal on the mediator (TCRS Dependability) was also significant, $b = -.097$, $t(307) = -2.84$, $p = .005$. Step 3 of the mediation process showed that the mediator (TCRS Dependability), controlling for total betrayal, was significant, $b = .397$, $t(307) = 6.65$, $p < .001$. Step 4 of the analyses revealed that, controlling for the mediator (TCRS Dependability), total betrayal was not a significant predictor of SAQ Refusal, $b = -.068$, $t(307) = -1.88$, $p = .061$. Therefore, it was found that TCRS Dependability fully mediated the relationship between total betrayal and SAQ Refusal. Figure 3 illustrates this relationship.

Figure 3

Model 3 Mediation

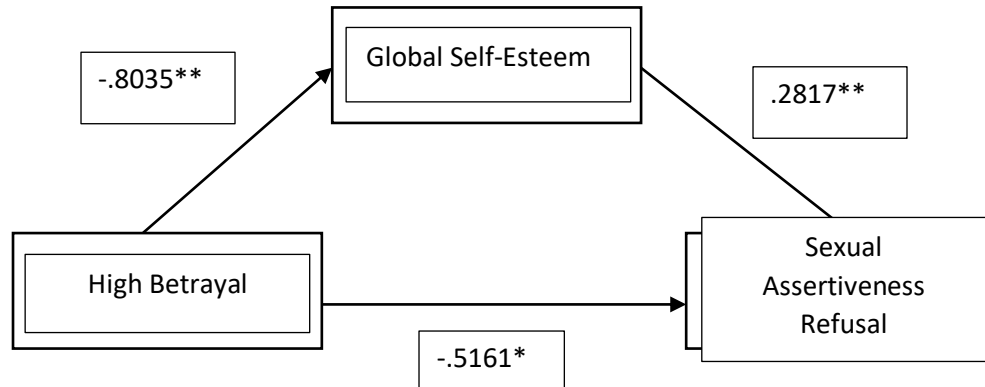


Note. $*p < .05$. $**p < .01$. $***p < .001$

Model 4. In Step 1 of mediation Model 4, the regression of high betrayal on SAQ Refusal, ignoring the mediator, was significant, $b = -.743$, $t(307) = -3.68$, $p < .001$. Step 2 showed that the regression of high betrayal on the mediator (RSES total) was also significant, $b = -.804$, $t(307) = -4.65$, $p < .001$. Step 3 of the mediation process showed that the mediator (RSES total), controlling for high betrayal, was significant, $b = .282$, $t(307) = 4.33$, $p < .001$. Step 4 of the analyses revealed that, controlling for the mediator (RSES total), high betrayal was also a significant predictor of SAQ Refusal, $b = -.516$, $t(307) = -2.54$, $p = .012$. Therefore, it was found that global self-esteem partially mediated the relationship between high betrayal and SAQ Refusal. This relationship is illustrated in Figure 4.

Figure 4

Model 4 Mediation

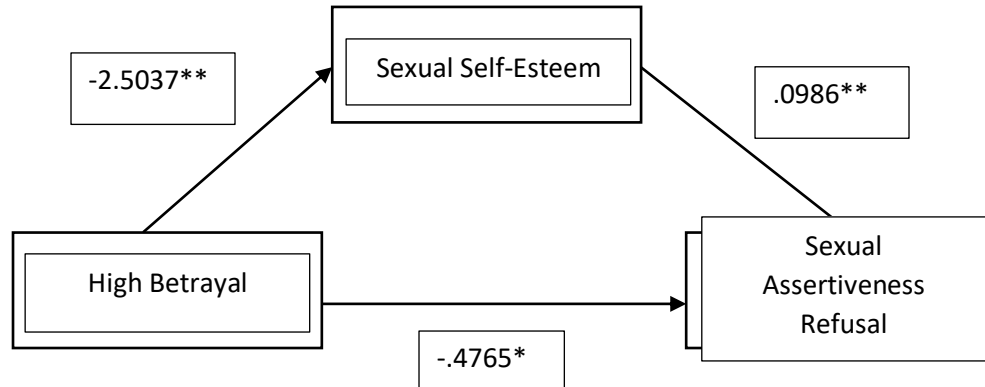


Note. $*p < .05$. $**p < .01$. $***p < .001$

Model 5. In Step 1 of mediation Model 5, the regression of high betrayal on SAQ Refusal, ignoring the mediator, was significant, $b = -.723$, $t(302) = -3.54$, $p < .001$. Step 2 showed that the regression of high betrayal on the mediator (SSEI total) was also significant, $b = -2.504$, $t(302) = -2.93$, $p = .004$. Step 3 of the mediation process showed that the mediator (SSEI total), controlling for high betrayal, was significant, $b = .099$, $t(302) = 7.83$, $p < .001$. Step 4 of the analyses revealed that, controlling for the mediator (SSEI total), high betrayal was also a significant predictor of SAQ Refusal, $b = -.477$, $t(302) = -2.52$, $p = .012$. Therefore, it was found that total sexual self-esteem partially mediated the relationship between high betrayal and SAQ Refusal. Figure 5 illustrates this relationship.

Figure 5

Model 5 Mediation

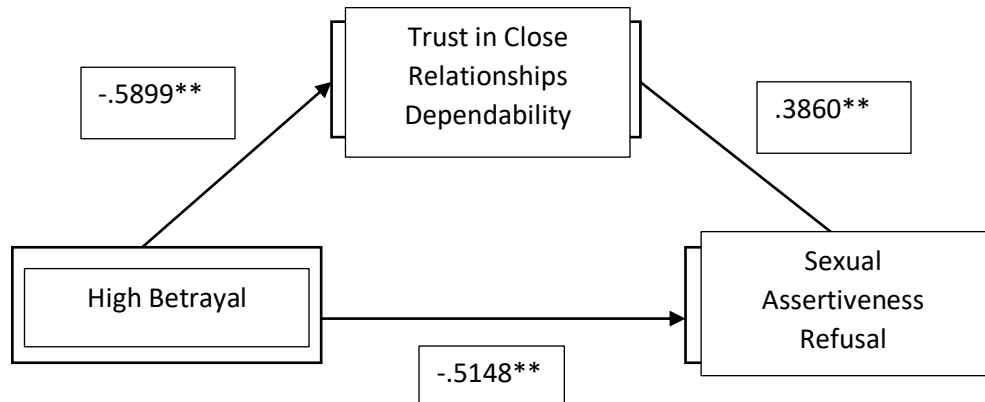


Note. * $p < .05$. ** $p < .01$. *** $p < .001$

Model 6. In Step 1 of mediation Model 6, the regression of high betrayal on SAQ Refusal, ignoring the mediator, was significant, $b = -.743$, $t(307) = -3.68$, $p < .001$. Step 2 showed that the regression of high betrayal on the mediator (TCRS Dependability) was also significant, $b = -.590$, $t(307) = -3.24$, $p = .001$. Step 3 of the mediation process showed that the mediator (TCRS Dependability), controlling for high betrayal, was significant, $b = .386$, $t(307) = 6.47$, $p < .001$. Step 4 of the analyses revealed that, controlling for the mediator (TCRS Dependability), high betrayal was a significant predictor of SAQ Refusal, $b = -.515$, $t(307) = -2.67$, $p = .008$. Therefore, it was found that TCRS Dependability partially mediated the relationship between high betrayal and SAQ Refusal. This relationship is illustrated in Figure 6.

Figure 6

Model 6 Mediation



Note. $*p < .05$. $**p < .01$. $***p < .001$

Discussion

The goal of the current study was to examine the potential influence of betrayal trauma on women's sexual assertiveness. To review, betrayal trauma is defined as trauma in which the perpetrator of the trauma significantly violates a person's trust or well-being (Freyd, 1994; Freyd, 2008). Further, the level of betrayal is determined by the relationship between the perpetrator and the victim. The current body of research shows that some forms of high betrayal trauma has been associated with a decrease in sexual assertiveness in women (Zerubavel & Messman-Moore, 2013). However, the current study was designed to expand on what is known about how betrayal in general, as well as other types of betrayal trauma, may impact sexual assertiveness in women.

Further, analyses were also conducted to examine potential mediators in the relationship between betrayal trauma and sexual assertiveness. The first hypothesis stated that participants who experienced high betrayal trauma events would have significantly

decreased sexual assertiveness. The second hypothesis stated that relational trust, sexual self-esteem, and global self-esteem would be mediating factors between the experience of betrayal trauma and the subsequent negative effect on sexual assertiveness.

To investigate the relationship between betrayal trauma and sexual assertiveness, a correlation analysis was conducted, revealing that the experience of high betrayal trauma (high betrayal), as well as total lifetime perceived betrayal (total betrayal) were both significantly correlated with total sexual assertiveness and sexual assertiveness refusal.

Based on the statistical results in the present study, it was determined that the primary driving factor of the *Sexual Assertiveness Questionnaire* (SAQ; Loshek & Terrell, 2015) total score was the refusal subscale score. Further, the refusal subscale score was of particular interest in this study, because the refusal of unwanted sexual encounters has been found to be especially linked to the protective factor of sexual assault in women, especially in high betrayal situations (Krebs et al., 2007). Multiple regressions conducted during the mediation analyses showed that in the presence of several mediators, both high betrayal trauma and total betrayal trauma were significant predictors of sexual assertiveness refusal. Controlling for the same mediators, high betrayal continued to be a significant predictor of sexual assertiveness refusal and total betrayal was not. Therefore, the first hypothesis, that participants who experienced high betrayal trauma events would have significantly decreased sexual assertiveness, was supported.

When determining which mediators to include in the mediation analysis, three potential mediators were chosen: relational trust (represented by participant score on

Trust in Close Relationships [TCRS] Dependability subscale), global self-esteem (represented by *Rosenberg Self-Esteem Scale* [RSES] total), and sexual self-esteem (represented by *Sexual Self-Esteem Inventory* [SSEI] total). All three mediators were found to fully mediate the relationship between total betrayal and sexual assertiveness refusal, and partially mediate the relationship between high betrayal and sexual assertiveness refusal. Therefore, the second hypothesis—which stated that relational trust, sexual self-esteem, and global self-esteem would be mediating factors between the experience of betrayal trauma and the subsequent negative effect on sexual assertiveness—was also supported.

Implications

Given that sexual assertiveness refusal can be a particularly useful protective factor for women, it is important to acknowledge the role that high betrayal traumas have on women's sexual assertiveness and ultimately their sexual health. Theoretically, if a woman's ability to refuse unwanted sexual encounters is inhibited, they could be more likely to experience re-victimization. Therefore, one potential recommendation is that women in mental health services for trauma symptoms related to experiencing high betrayal trauma(s) also be assessed for decreased sexual assertiveness, especially on the refusal component.

Further regarding the refusal component, it should also be taken into consideration that a “freeze” response—involuntary, temporary motor inhibition otherwise known as tonic immobility—can occur during a traumatic event, such as sexual assault. Studies have shown that tonic immobility occurs more frequently in victims of sexual abuse than other types of traumatic events (Bados, Toribio, & Garcia-Grau, 2008).

Further, if a present event, such as a sexual experience with a partner, is reminiscent of a previous traumatic event, such as a sexual assault, a person's freeze response could be reactivated thus potentially inhibit their ability to refuse unwanted sex even if there is an opportunity to do so. If that is the case, trauma-informed treatment to decrease this freeze response would be an important step in therapy. In addition, this study would suggest that treatments incorporating therapeutic work with self-esteem (global and sexual) and relational trust may also decrease the negative effects of high betrayal trauma on sexual assertiveness.

Limitations

Due to the primary method of sampling, the sample was majorly composed of young women from a Midwestern university who primarily identified as White and heterosexual. Research shows that the lifetime prevalence of PTSD is highest among marginalized groups, especially non-Hispanic Black people; in addition, Black and Hispanic people were found to have a higher risk of experiencing child maltreatment, especially witnessing domestic violence (Roberts et al., 2011). Given that child maltreatment and domestic violence are considered betrayal traumas, when examining sexual assertiveness, this lack of diversity within the sample population represents a major blind spot in the results of this study. For future directions and/or replications, it would be essential to sample from a more diverse participant pool.

A second shortcoming of this study was in the potentially over-generalized way that trauma and betrayal were both measured. First, that amount of time since the trauma was not explored as a factor within the relationships between the study variables. The amount of time since the traumatic event could have an impact in the perceived level of

betrayal the participant reported. In addition, some traumas reported by participants were not included in the study due to falling outside of the eleven trauma types captured by the *Brief Betrayal Trauma Survey*.

Future Directions

The effects of high betrayal traumas on sexual assertiveness in more diverse populations, as well as in men, should be explored in future studies. The current study focused on sexual assertiveness in women because research has shown that in general women have a more difficult time expressing sexual assertiveness than men (Santos-Iglesias et al., 2012), and sexual assertiveness has been found to be a protective factor in women (Rozee & Koss, 2001; Ullman 1998).

In addition, due to the limited scope of the present study, there was no discernment in the results between the impact of trauma experienced as a child and the impact of trauma experienced as an adult. Differentiating between the two trauma types may shed lights on other facets of betrayal trauma as level of betrayal may be perceived differently based on age of exposure, as well as how long ago the trauma occurred. Further, children are dependent on their caregivers and other adults to survive, which adds an additional dimension of betrayal when children experience maltreatment by someone close. The multi-faceted, complex relationship that age has with betrayal trauma and how that relationship may impact sexual assertiveness should be better understood through further research.

References

- American Psychiatric Association (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC: Author.
- Atlas, J. A., & Ingram, D. M. (1998). Betrayal trauma in adolescent inpatients. *Psychological Reports, 83*(3), 914. <https://doi.org/10.2466/pr0.1998.83.3.914>
- Auslander, B., Baker, J., & Short, M. (2012). The connection between young women's body esteem and sexual assertiveness. *Journal of Pediatric and Adolescent Gynecology, 25*(2), 127-130. <https://doi.org/10.1016/j.jpag.2011.11.008>
- Bados, A., Toribio, L., & Garcia-Grau, E. (2008). Traumatic events and tonic immobility. *The Spanish Journal of Psychology, 11*, 516-521. <https://doi.org/10.1017/S1138741600004510>
- Benjet, C., Bromet, E., Karam, E. G., Kessler, R. C., McLaughlin, K. A., Ruscio, A. M., Shahly, V., Stein, D. J., Petukhova, M., Hill, E., Alonso, J., Atwoli, L., Bunting, B., Brufsaerts, R., Caldas-de-Almeida, J. M., de Girolamo, G., Florescu, S., Gureje, O., Huang, Y., ... & Koenen, K. C. (2016). The epidemiology of traumatic event exposure worldwide: Results from the World Mental Health Survey Consortium. *Psychological Medicine, 46*(2), 327-343. <https://doi.org/10.1017/S0033291715001981>
- Binder, A., Cromer, L. D., & Freyd, J. J. (2004, November). *What's the harm in asking? Participant reaction to trauma history questions compared with other personal questions*. Poster session presented at Annual Meeting of the International Society for Traumatic Stress Studies, New Orleans, LA. https://doi.org/10.1207/s15327019eb1604_5

- Brady, K. T., Back, S. B., & Coffey, S. F. (2004). Substance abuse and posttraumatic stress disorder. *Current Directions in Psychological Science, 13*, 206-209.
<https://doi.org/10.1111/j.0963-7214.2004.00309.x>
- Choi, K., & Kangas, M. (2019). Impact of maternal betrayal trauma on parent and child well-being: Attachment style and emotion regulation as moderators.
Psychological Trauma: Theory, Research, Practice, and Policy, 12(2), 121-130.
<https://doi.org/10.1037/tra0000492>
- Freyd, J. J. (1994). Betrayal trauma: Traumatic amnesia as an adaptive response to childhood abuse. *Ethics & Behavior, 4*(4), 307-329.
https://doi.org/10.1207/s15327019eb0404_1
- 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. https://doi.org/10.1300/J229v06n03_04
- Gobin, R. L., & Freyd, J. J. (2014). The impact of betrayal trauma on the tendency to trust. *Psychological Trauma: Theory, Research, Practice, and Policy, 6*(5), 505-511. <https://doi.org/10.1037/a0032452>
- Goldberg, L. R., & Freyd, J. J. (2006). Self-reports of potentially traumatic experiences in an adult community sample: Gender differences in event frequencies, test-retest stabilities, and the hierarchical factor structure of the items in a Brief Betrayal Trauma Survey. *Journal of Trauma & Dissociation, 7*, 39-63.
https://doi.org/10.1300/J229v07n03_04

- Gray-Little, B., Williams, V. S. L., & Hancock, T. D. (1997). An item response theory analysis of the Rosenberg Self-Esteem Scale. *Personality and Social Psychology Bulletin*, 23, 443-451. <https://doi.org/10.1177/0146167297235001>
- Hughes, J. L., Camden, A. A., & Yangchen, T. (2016). Rethinking and updating demographic questions: Guidance to improve descriptions of research samples. *Psi Chi Journal of Psychological Research*, 21(3), 138-151. <https://doi.org/10.24839/2164-8204.JN21.3.138>
- Kelley, E. L., Orchowski, L. M., & Gidycz, C. A. (2016). Sexual victimization among college women: Role of sexual assertiveness and resistance variables. *Psychology of Violence*, 6(2), 243-252. <https://doi.org/10.1037/a0039407>
- Krebs, C. P., Lindquist, C. H., Warner, T. D., Fisher, B. S., & Martin, S. L. (2007). *Campus sexual assault study, final report*. Washington, DC: U.S. Department of Justice.
- Lammers, J., & Stoker, J. I. (2019). Power affects sexual assertiveness and sexual esteem equally in women and men. *Archives of Sexual Behavior*, 48, 645-652. <https://doi.org/10.1007/s10508-018-1285-5>
- Lee, J. (2017). Predictors of female college students' relationship satisfaction: Attachment and sexual assertiveness. *Psychological Studies*, 62(1), 70-74. <https://doi.org/10.1007/s12646-017-0389-7>
- Lemieux, S. R., & Byers, S. E. (2008). The sexual well-being of women who have experienced child sexual abuse. *Psychology of Women Quarterly*, 32(2), 126-144. <https://doi.org/10.1111/j.1471-6402.2008.00418.x>

- Lindblom, K. M., & Gray, M. J. (2010). Relationship closeness and trauma narrative detail: A critical analysis of betrayal trauma theory. *Applied Cognitive Psychology, 24*(1), 1-19. <https://doi.org/10.1002/acp.1547>
- Loshek, E., & Terrell, H. K. (2015). The development of the Sexual Assertiveness Questionnaire (SAQ): A comprehensive measure of sexual assertiveness for women. *Journal of Sex Research, 52*(9), 1017-1027. <https://doi.org/10.1080/00224499.2014.944970>
- Lucenko, B., Gold, S., & Cott, M. (2000). Relationship to perpetrator and posttraumatic symptomology among sexual abuse survivors. *Journal of Family Violence, 15*(2), 169-179. <https://doi.org/10.1023/A:1007542911767>
- Menard, A. D., & Offman, A. (2009). The interrelationships between sexual self-esteem, sexual assertiveness and sexual satisfaction. *The Canadian Journal of Human Sexuality, 18*(1-2), 35-45. https://doi.org/10.1007/978-94-007-0753-5_3922
- McNally, R. J. (2007). Betrayal trauma theory: A critical appraisal. *Memory, 15*(3), 280-294. <https://doi.org/10.1080/09658210701256506>
- Morokoff, P. J., Quina, K., Harlow, L. L., Whitmire, L., Grimley, D. M., Gibson, P. R., & Burkholder, G. J. (1997). Sexual Assertiveness Scale (SAS) for women: Development and validation. *Journal of Personality and Social Psychology, 73*, 790-804. <https://doi.org/10.1037/0022-3514.73.4.790>
- Oquendo, M., Brent, D. A., Birmaher, B., Greenhill, L., Kolko, D., Stanley, B., Zelazny, J., Burke, A. K., Firinciogullari, S., Ellis, S. P., & Mann, J. J. (2005). Posttraumatic stress disorder comorbid with major depression: Factors mediating

- the association with suicidal behavior. *American Journal of Psychiatry*, 162(3), 560-566. <https://doi.org/10.1176/appi.ajp.162.3.560>
- Owen, J., Quirk, K., & Manthos, M. (2012). I get no respect: The relationship between betrayal trauma and romantic relationship functioning. *Journal of Trauma Dissociation*, 13(2), 175-189. <https://doi.org/10.1080/15299732.2012.642760>
- Pinheiro, M., Mendes, D., Mendes, T., Pais, J., Cabral, T., & Rocha, J. C. (2016). Importance of C-PTSD symptoms and suicide attempt. *European Psychiatry*, 33, 215-215. <https://doi.org/10.1016/j.eurpsy.2016.01.523>
- Platt, M. G., & Fryed, J. J. (2015). Betray my trust, shame on me: Shame, dissociation, fear, and betrayal trauma. *Psychological Trauma: Theory Research, Practice, and Policy*, 7(4), 398-404. <https://doi.org/10.1037/tra0000022>
- Preacher, K., & Hayes, A. (2008). Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior Research Method*, 40(3), 879-891. <https://doi.org/10.3758/BRM.40.3.879>
- Relyea, M., & Ullman, S. E. (2017). Predicting sexual assault revictimization in a longitudinal sample of woman survivors: Variation by type of assault. *Violence Against Women*, 23(12), 1462-1483. <https://doi.org/10.1177/1077801216661035>
- Rempel, J. K., Holmes, J. G., & Zanna, M. P. (1985). Trust in close relationships. *Journal of Personality and Social Psychology*, 49, 95-112. <https://doi.org/10.1037/0022-3514.49.1.95>
- Rickert, V. I., Sanghvi, R., & Wiemann, C. M. (2002). Is lack of sexual assertiveness among adolescent and young adult women a cause for concern? *Perspectives on Sexual and Reproductive Health*, 34(4), 178-183. <https://doi.org/10.2307/3097727>

- Roberts, A. L., Gilman, S. E., Breslau, J., Breslau, N., & Koenen, K. C. (2011). Race/ethnic differences in exposure to traumatic events, development of post traumatic stress disorder, and treatment-seeking for post-traumatic stress disorder in the United States. *Psychological Medicine, 41*(1), 71-83.
<https://doi.org/10.1017/S0033291710000401>
- Roberts, B., Damundu, E. Y., Lomoro, O., & Sondorp, E., (2009). Post-conflict mental health needs: A cross-sectional survey of trauma, depression and associated factors in Juba, Sourthern Sudan. *BMC Psychiatry, 9*(1), 7-7.
<https://doi.org/10.1186/1471-244X-9-7>
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Rozee, P. D., & Koss, M. P. (2001). Rape: A century of resistance. *Psychology of Women Quarterly, 25*, 295-311. <https://doi.org/10.1111/1471-6402.00030>
- Sachs-Ericsson, N., Blazer, D., Plant, E. A., Arnow B. (2005). Childhood sexual and physical abuse and the 1-year prevalence of medical problems in the National Comorbidity Survey. *Health Psychology, 24*(1), 32-40.
<https://doi.org/10.1037/0278-6133.24.1.32>
- Santos-Iglesias, P., Sierra, J. C., & Vallejo-Medina, P. (2012). Predictors of sexual assertiveness: The role of sexual desire, arousal, attitudes, and partner abuse. *Archives of Sexual Behavior, 42*(6), 1043-1052.
<https://doi.org/10.1007/s10508-012-9998-3>
- Santos-Iglesias, P., Vallejo-Medina, P., & Sierra, J. C. (2014). Equivalence and standard scores of the Hurlbert Index of Sexual Assertiveness across Spanish men and

women. *Anales de Psicología*, 30(1), 232-237.

<https://doi.org/10.6018/analesps.30.1.143321>

Sinclair, S. J., Blais, M. A., Gansler, D. A., Sandberg, E., Bistis, K., & LoCicero, A.

(2010). Psychometric properties of the Rosenberg Self-Esteem Scale: Overall and across demographic groups living within the United States. *Evaluation and the Health Professions*, 33(1), 56-80. <https://doi.org/10.1177/0163278709356187>

Sklarew, B. H., & Blum, H. (2006). Trauma and depression. *The International Journal of Psychoanalysis*, 87(3), 859-861.

<https://doi.org/10.1516/14P5-CYAN-MPL8-6RL4>

Simon, W., & Gagnon, J. H. (2003). Sexual scripts: Origin, influences, and change.

Qualitative Sociology, 26, 491-497.

<https://doi.org/10.1023/B:QUAS.0000005053.99846.e5>

St. Vil, N., Carter, T., & Johnson, S. (2018). Betrayal trauma and barriers to forming new intimate relationships among survivors of intimate partner violence. *Journal of Interpersonal Violence*, 1-15. <https://doi.org/10.1177/0886260518779596>

Stewart, S. H. (1996). Alcohol abuse in individuals exposed to a trauma: A critical review. *Psychological Bulletin*, 120, 83-112.

<https://doi.org/10.1037/0033-2909.120.1.83>

Ullman, S. E. (1998). Does offender violence escalate when rape victims fight back?

Journal of Interpersonal Violence, 13, 179-192.

<https://doi.org/10.1177/088626098013002001>

Zeanah P. D., & Schwarz, J. C. (1996). Reliability and validity of the Sexual Self-Esteem Inventory – Women. *Assessment*, 3, 1-15.

<https://doi.org/10.1177/107319119600300101>

Zerubavel, N., & Messman-Moore, T. L. (2013). Sexual victimization, fear of sexual powerlessness, and cognitive emotion dysregulation- as barriers to sexual assertiveness in college women. *Violence Against Women*, 19(12), 1518-1537.

<https://doi.org/10.1177/1077801213517566>

Table 1

Demographic Characteristics of Study Participants

Characteristics	n	%
Sexual Orientation		
Heterosexual	257	82.9
Homosexual	7	2.3
Bisexual/Pansexual/Fluid	38	12.3
Questioning	6	1.9
Asexual	1	0.3
Race/Ethnicity		
American Indian/Alaskan Native	4	1.3
Asian	7	2.3
Black/African American	6	1.9
Hispanic/Latino/Spanish Origin	6	1.9
Middle Eastern/Northern African	1	0.3
White	267	86.1
Biracial	19	6.1
Highest Level of Education		
High school diploma	67	21.6
Vocational Training	3	1.0
Some college	178	57.4
Associate's degree	33	10.6
Bachelor's degree	18	5.8
Some post undergraduate work	5	1.6
Master's degree	6	1.9

Note. N = 310. Participants ages ranged from 18 to 68 ($M = 23.1$, $Mdn = 19$, $SD = 9.65$)

Table 2
Distribution of Betrayal Traumas Experienced

	Level of Betrayal According to Freyd (2006)	n	%
Experienced a natural disaster	Low	52	16.8
Experienced an accident (auto, boat, plane, etc.)	Low	68	21.9
Witnessed someone you were close to committing suicide, being killed, or severely injured by another person	Moderate	82	26.5
Witnessed someone you were not close to committing suicide, being killed, or being severely injured by another person	Moderate	115	37.1
Witnessed domestic violence	Moderate	56	18.1
Physically abused by someone close	High	52	16.8
Physically abused by someone not close	Moderate	29	9.4
Sexually abused by someone close	High	123	39.7
Sexually abused by someone not close	Moderate	82	26.5
Emotionally or psychologically abused	High	204	65.8
Experienced the death of a child	Moderate	10	3.2

Note. Total n = 310.

Table 3
Descriptive Statistics

	Possible Range	Number of Items	Mean	Std. Deviation	Skewness	Kurtosis
Total Betrayal (Mean)	0-7	11	1.2367	1.1843	1.324	1.656
Low Betrayal (Mean)	0-7	2	.6753	1.0282	2.495	7.238
Moderate Betrayal (Mean)	0-7	6	.8194	1.4393	1.985	3.527
High Betrayal (Mean)	0-7	3	2.2151	1.9907	0.640	-.469

Note. N = 310. The standard error of skewness for the above variables was 0.14 and the standard error of kurtosis for the above variables was 0.28.

Table 4

Correlations: Betrayal Trauma Variables vs. Measure Subscales

Variable	Total Betrayal	High Betrayal	Moderate Betrayal	Low Betrayal
SAQ Communication	-.112*	-.107	-.069	-.086
SAQ Refusal	-.164*	-.211**	-.037	-.107
SAQ History	.010	-.034	.052	.027
SAQ Total	-.131*	-.163**	-.036	-.085
SSEI Skill	.004	-.017	.028	.005
SSEI Attractiveness	-.210**	-.226**	-.111	-.132*
SSEI Control	-.107	-.147*	.009	-.097
SSEI Moral	-.125*	-.117*	-.100	-.066
SSEI Adaptiveness	-.139*	-.139*	-.094	-.078
SSEI Total	-.150**	-.167**	-.069	-.097
RSES Total	-.207**	-.257**	-.096	-.081

TCRS Predictability	.085	.077	.017	.121*
TCRS Dependability	-.161**	-.182**	-.067	-.106
TCRS Faith	-.116*	-.155**	-.022	-.068
TCRS Total	-.126*	-.166**	-.041	-.055

Note. Table above displays Pearson's correlation (r) values. * indicates $p < .05$. ** indicates $p < .01$.

Appendix A

Brief Betrayal Trauma Survey

Instructions: For each item below, please mark one response in the columns labeled “Before Age 18” AND one response in the columns labeled “Age 18 or Older.”

Have each of the following events happened to you, and if so, how often?

1. Been in a major earthquake, fire, flood, hurricane, or tornado that resulted in significant loss of personal property, serious injury to yourself or a significant other, the death of a significant other, or the fear of your own death?
2. Been in a major automobile, boat, motorcycle, plane, train, or industrial accident that resulted in similar consequences?
3. Witnessed someone with whom you were very close (such as a parent, sibling, caregiver, or intimate partner) attempting or committing suicide, being killed, or being injured by another person so severely as to result in marks, bruises, burns, blood, or broken bones? This might include a close friend in combat.
4. Witnessed someone you were not so close to undergoing a similar kind of traumatic event?
5. Witnessed someone with whom you were very close deliberately attack another family member so severely as to result in marks, bruises, blood, broken bones, or broken teeth?
6. You were deliberately attacked that severely by someone with whom you were very close?
7. You were deliberately attacked that severely by someone with whom you were not close?
8. You were made to have some form of sexual contact, such as touching or penetration, by someone with whom you were very close (such as a parent, caregiver, sibling, relative, friend, or romantic partner)?
9. You were made to have such sexual contact with someone with whom you were not close?
10. You were emotionally or psychologically mistreated over a significant period of time by someone with whom you were very close (such as a parent, caregiver, sibling, relative, friend, or romantic partner)?
11. You were emotionally or psychologically mistreated by someone with whom you were not close, such as a school bully.
12. Experienced the death of your own child, or the unexpected death of a spouse or caregiver.
13. Experienced a seriously traumatic event not already covered in any of these questions?

Appendix B

Sexual Assertiveness Questionnaire

Instructions: Using the 7-point scale shown below, indicate the extent to which you agree or disagree with the following statements.

Strongly Disagree	Disagree	Slightly Disagree	Neither Agree or Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6	7

1. I feel uncomfortable telling my partner what feels good.*
2. I feel uncomfortable talking during sex.*
3. I am open with my partner about my sexual needs.
4. I let my partner know if I want to have sex.
5. I feel shy when it comes to sex.*
6. I approach my partner for sex when I desire it.
7. I begin sex with my partner if I want to.
8. It is easy for me to discuss sex with my partner.
9. I refuse to have sex if I don't want to.
10. I find myself having sex when I do not really want it.*
11. I give in and kiss if my partner pressures me, even if I already said no.*
12. I have sex if my partner wants me to, even if I don't want to.*
13. It is easy for me to say no if I don't want to have sex.
14. I would ask my partner about their risk of HIV.
15. I would ask my partner if they had sex with someone who shoots drugs with needles.
16. I ask my partner if they have practiced safe sex with other partners.
17. I ask my partners about their sexual history.
18. I ask my partners whether they have ever had a sexually transmitted infection/disease.

Note. Items marked * are reverse-coded.

Appendix C

Trust in Close Relationships Scale

Instructions: Using the 7-point scale shown below, indicate the extent to which you agree or disagree with the following statements as they relate to someone with whom you have a close interpersonal relationship. Place your rating in the box to the right of the statement.

Strongly Disagree			Neutral				Strongly Agree
-3	-2	-1	0	1	2	3	

1. My partner has proven to be trustworthy and I am willing to let him/her engage in activities which other partners find too threatening.
2. Even when I don't know how my partner will react, I feel comfortable telling him/her anything about myself, even those things of which I am ashamed.
3. Though times may change and the future is uncertain, I know my partner will always be ready and willing to offer me strength and support.
4. I am never certain that my partner won't do something that I dislike or will embarrass me.
5. My partner is very unpredictable. I never know how he/she is going to act from one day to the next.
6. I feel very uncomfortable when my partner has to make decisions which will affect me personally.
7. I have found that my partner is unusually dependable, especially when it comes to things which are important to me.
8. My partner behaves in a very consistent manner.
9. Whenever we have to make an important decision in a situation we have never encountered before, I know my partner will be concerned about my welfare.
10. Even if I have no reason to expect my partner to share things with me, I still feel certain that he/she will.
11. I can rely on my partner to react in a positive way when I expose my weaknesses to him/her.
12. When I share my problems with my partner, I know he/she will respond in a loving way even before I say anything.
13. I am certain that my partner would not cheat on me, even if the opportunity arose and there was no chance that he/she would get caught.
14. I sometimes avoid my partner because he/she is unpredictable and I fear saying or doing something which might create conflict.
15. I can rely on my partner to keep the promises he/she makes to me.
16. When I am with my partner, I feel secure in facing unknown new situations.
17. Even when my partner makes excuses which sound rather unlikely, I am confident that he/she is telling the truth.

Note. Items 1, 7, 13, 15, and 17 are Dependency subscale items. Items 2, 3, 9, 10, 11, 12, and 16 are Faith subscale items. Items 4, 5, 6, 8, and 14 are Predictability subscale items.

To score, items can be added for the three subscales individually, or combine all three subscales to create an overall trust in close relationships score.

Appendix D

Rosenberg Self-Esteem Scale

Instructions: Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement based on the following scale:

Strongly Agree Agree Disagree Strongly Disagree

1. On the whole, I am satisfied with myself.
2. At times I think I am no good at all.
3. I feel that I have a number of good qualities.
4. I am able to do things as well as most other people.
5. I feel I do not have much to be proud of.
6. I certainly feel useless at times.
7. I feel that I'm a person of worth, at least on an equal plane with others.
8. I wish I could have more respect for myself.
9. All in all, I am inclined to feel that I am a failure.
10. I take a positive attitude toward myself.

Note. Items 2, 5, 6, 8, 9 are reverse scored. Give "Strongly Disagree" 1 point, "Disagree" 2 points, "Agree" 3 points, and "Strongly Agree" 4 points. Sum scores for all ten items. Keep scores on a continuous scale. Higher scores indicate higher self-esteem.

Appendix E

Sexual Self-Esteem Inventory

Instructions: The following questions will ask you to rate your feelings about several aspects of sexuality. There are no right or wrong answers; reactions to feelings about sexuality are normally quite varied. Please select the response which most closely corresponds to the way you feel about each statement.

Disagree Strongly	Disagree Moderately	Disagree Mildly	Agree Mildly	Agree Moderately	Agree Strongly
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1. I wish I could relax in sexual situations.*
2. I am pleased with my physical appearance.
3. I feel emotionally vulnerable in a sexual encounter.*
4. I feel good about the place of sex in my life.
5. I feel guilty about my sexual thoughts and feelings.*
6. I feel I am pretty good at sex.
7. I hate my body.*
8. I am afraid of losing control sexually.*
9. I like what I have learned about myself from my sexual experiences.
10. My sexual behaviors are in line with my moral values.
11. I feel that “sexual techniques” come easily to me.
12. I am pleased with the way my body has developed.
13. I feel I can usually judge how my partner will regard my wishes about how far to go sexually.
14. I don’t feel ready for some of the things that I am doing sexually.*
15. Some of the things I do in sexual situations are morally wrong.*
16. Sexually, I feel like a failure.*
17. I would like to trade bodies with someone else.
18. I feel physically vulnerable in a sexual encounter.*
19. Sometimes I wish I could forget about sex.*
20. I have punished myself for my sexual thoughts, feelings, and/or behaviors.*
21. I do pretty well at expressing myself sexually.
22. I worry that some parts of my body would be disgusting to a sexual partner.*
23. I worry that I won’t be able to stop something I don’t want to do in a sexual situation.*
24. I wish sex were less a part of my life.*
25. I never feel bad about my sexual behavior.
26. I feel embarrassed about my lack of sexual experiences.*
27. I would be happier if I looked better.*
28. I worry that things will get out of hand because I can’t always tell what my partner wants in a sexual situation.*
29. I am glad that feelings about sex have become a part of my life.
30. I never feel guilty about my sexual feelings.
31. I feel good about my ability to satisfy my sexual partner.

- 32. I am proud of my body.
- 33. I worry that I will be taken advantage of sexually.*
- 34. I feel my sexual experiences have given me a more positive view of myself.
- 35. From a moral point of view, my sexual feelings are acceptable to me.

Note. Items marked * are reverse-coded.