



ADVANCING HEALTH EDUCATION & RESEARCH

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AVA Research Review

ADVANCING HEALTH EDUCATION & RESEARCH

Review Title: Factors contributing to ongoing intimate partner abuse: Childhood betrayal trauma and dependence on one's perpetrator

Reviewer(s): Nora Montalvo-Liendo, RN, PhD, FAAN

Article(s): Babcock, R. L., & DePrince, A. P. (2013). Factors contributing to ongoing intimate partner abuse: Childhood betrayal trauma and dependence on one's perpetrator. *Journal of Interpersonal Violence*, 28(7), 1385–1402. doi: 10.1177/0886260512468248

Article Summary:

Brief Overview of issue:

Dependence on perpetrators by women living with abuse is well documented in the literature. What is lacking in the literature is whether there is an association between women's potential dependence

and an increased likelihood that they will experience ongoing violence over time. The authors conducted this study to examine the factors that contribute to ongoing intimate partner abuse (IPA) among vulnerable survivors of childhood abuse. The childhood abuse, or childhood betrayal trauma (BT), is trauma attributed to a traumatic experience in childhood perpetrated by an individual whom the victim is close to; a higher level of betrayal is noted when a child is betrayed by an individual whom the victim is dependent on. (Goldsmith, Freyd, & DePrince, 2011). The authors examined the relationship between a history of childhood BT and women's dependence on perpetrators, unemployment, and number of children < 13 years of age. Measures were employed to control for post-traumatic stress disorder (PTSD), depression, and dissociation. Overall, the authors had the

following two predictions (a) “that a history of childhood BT exposure would increase ongoing victimization (OV) in a single relationship over a 6-month period, particularly for severe forms of IPA,” and (b) “that factors reflecting women’s potential dependence on their abusers (defined in terms of unemployment and number of [children] under age 13) would be linked to greater OV over the course of 6 months” (Babcock & DePrince, 2013, p.1387).

The study participants (N = 190) were urban women who were survivors of IPA. They were recruited through documented IPA police reports. On initial interviews (Time 1), participants were asked about any history of childhood BT, their employment status, the number of children < 13 years of age that they cared for, and any current trauma symptoms they were experiencing. After six months, the women returned for a second interview (Time 2) and were asked about any physical abuse, sexual abuse, or other forms of abuse perpetrated by the initial intimate partner since the initial interview.

Participants in the study were recruited in an urban city located in the Rocky Mountain West. The eligibility criteria were women with a history of IPA, police reports filed,

heterosexual partners, and that the perpetrators were male. The women were interviewed after they had made contact with police. Time 1 interviews included 236 women; Time 2 interviews, conducted six months later, included 192 women. The participants identified their ethnic backgrounds as 2.0% (n = 4) Asian, 11.0% (n = 27) American Indian or Alaskan Native, 33.0% (n = 77) Black or African American, 40.0% (n = 94) Hispanic or Latina, 6.0% (n = 14) Other, and 47.0% (n = 111) White.

More than half of the women (n = 121, 63.0%) indicated they had one child and nearly half of the women (n = 113, 48.0%) stated they were employed. Several reliable and validated measures (Cronbach’s α alpha for study sample ranging from .820 to .940) were employed to obtain measurement data such as the Trauma History Questionnaire, the 28-item Posttraumatic Diagnostic Scale, Beck Depression Inventory-II, the Dissociation Experiences Scale, and the Conflict Tactics Scale. It is important to note, that the authors added one question from the Brief Betrayal Trauma Survey to the Trauma History Questionnaire to probe participants about any history of witnessing family violence as they were growing up. To measure weights for

childhood BT levels, the following were assigned: no BT = -1, low BT = 0, high BT = 1.

Relevant Findings:

The major findings of this study were that it demonstrated an association between higher levels of childhood BT and ongoing victimization over a 6 month period. Nearly half of the women (47.0%) experienced high levels of BT as a child, and 30.0% reported no history of BT as a child. The remaining 23.0% indicated low BT in childhood. Significant findings of this study were that both BT in childhood and being unemployed were predictors of high severity ongoing victimization over the 6-month period between the Time 1 interviews and the Time 2 interviews. The results were calculated after controlling for symptoms such as depression, PTSD and dissociation, and the levels of abuse (e.g., high or low). Two regression analyses were conducted to assess whether BT in childhood and dependence on the perpetrator predicted high or low OV after 6 months while controlling for trauma symptoms. There were significant differences for both models: high severity. The Regression coefficients were not found to be significant for children < 13 years of age in both the high or low severity

victimization models at Time 2 interviews. Additional data of importance are the results related to depression symptoms, a decrease in PTSD symptoms, and the association in predicting high and low severity OV at Time 2.

Authors' Conclusions:

The authors highlighted key factors attributed to dependence on the perpetrator associated with a history of childhood BT. The authors concluded that childhood BT and the women's unemployment status were predictors of OV. Although, increased levels of depression were found to predict OV, the authors suggest that PTSD symptoms play a protective role in lowering the risk of OV. Overall, the authors emphasized how critical it is to gain an understanding of histories of childhood BT and/or dependence on the perpetrator on the potential impact of women's OV with their abusive partners.

Potential Limitations:

The limitations listed by the authors include the fact that recruitment was limited only to women who called police and filed a report. They further state that many women do not call the police. Therefore, it is possible that undocumented immigrant women living with

IPA who feared calling the police were not included. Another limitation is that the study did not identify whether any of the participants were receiving any type of mental health therapy when interviewed at Time 1 or Time 2.

Reviewers' Comments:

This study is significant because it focuses on some of the underlying factors that contribute to OV for many of the women who are survivors of childhood abuse. More importantly, this study contributes to the wealth of information for those working with children. Previous empirical evidence as well as this study are a testament to the preventive measures needed to work with the survivors of childhood abuse before they fall victim to abuse by intimate partners later in their adult lives. Of interest to some readers would be data indicating if there were any differences in general by race/ethnicity.

Reviewer's Summary:

The results of this study supported the two predictions noted by the authors, with the exception of number of children < 13 years of age being associated with increased OV at Time 2. The authors' findings provide

empirical evidence that warrants ongoing training for all service providers (e.g., healthcare professionals, advocates, social workers, etc.). The main implications being that as providers, identifying past childhood trauma + employment is important for women experiencing IPA because they predict whether the violence is likely to continue.

Additionally, these findings from a diverse sample are critical to the development of culturally competent interventions for women who are survivors of IPA. It is important to note the policy implications which were not discussed in this article. This study's findings can be utilized to further develop public policy, particularly in the area of perpetrator accountability and consequences. Findings indicate that participants with increased levels of childhood BT, even after filing police reports, were still enduring OV after 6 months.

References:

Babcock, R. L., & DePrince, A. P. (2013). Factors contributing to ongoing intimate partner abuse: Childhood betrayal trauma and dependence on one's perpetrator. *Journal of Interpersonal Violence*, 28(7), 1385–1402, doi: 10.1177/0886260512468248

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