

Out and in Harm's Way: Sexual Minorities' Health Following Institutional Betrayal and Sexual Assault

Alec M. Smidt, MS, Carly P. Smith, MA, MS, Marina
N. Rosenthal, MS, and Jennifer J. Freyd, PhD

University of Oregon, Eugene, Oregon

USA

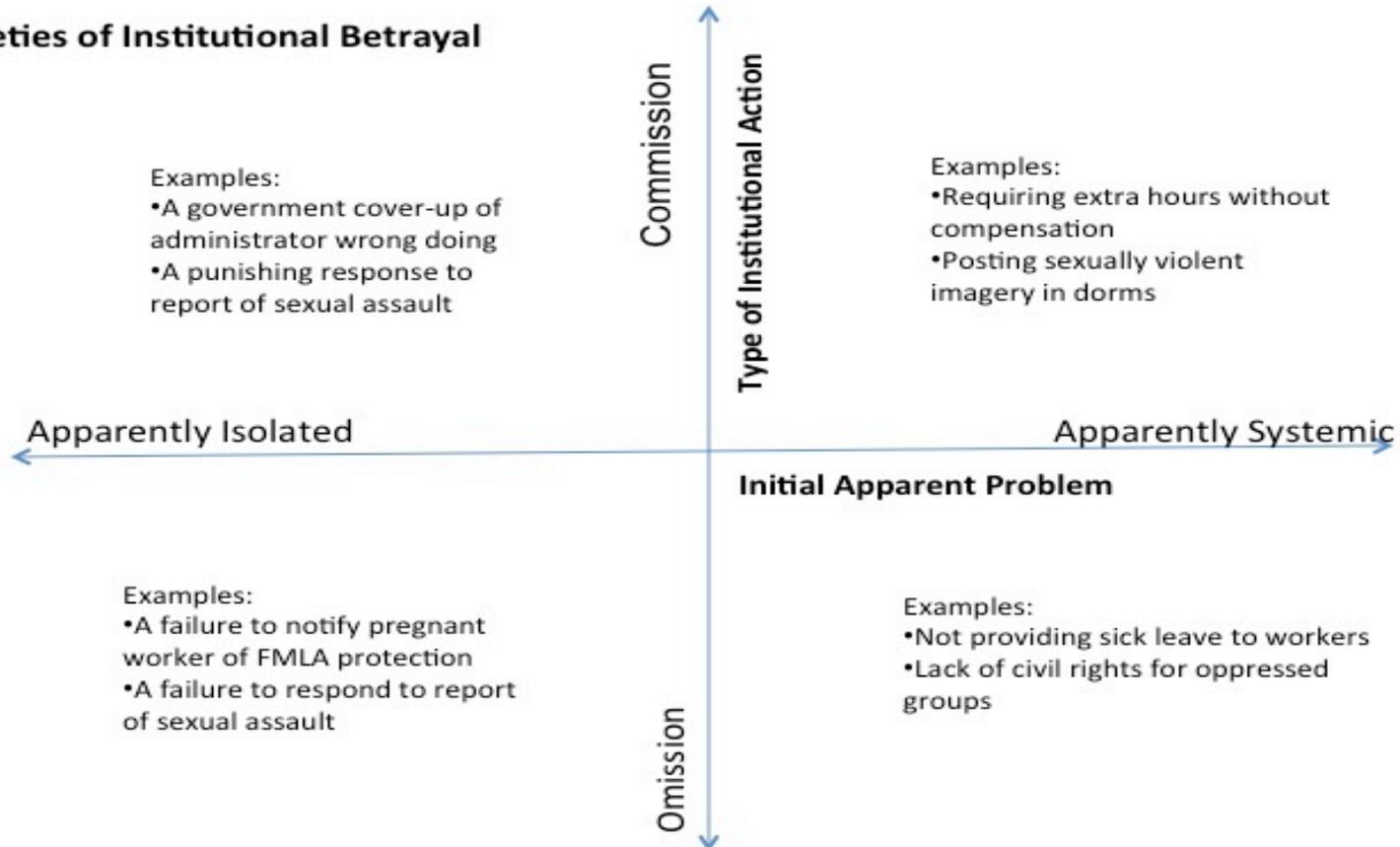


Institutional Betrayal

- Grounded in Betrayal Trauma Theory
 - Importance of relational closeness and degree of dependency
- Expanded to institutions
 - Universities, Healthcare organizations
- Institutional actions that exacerbate a traumatic experience/
betrayal
 - Acts of commission vs. omissions
 - Isolated vs. systemic

Institutional Betrayal

Varieties of Institutional Betrayal



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 - Importance of relational closeness and degree of dependency
- Expanded to institutions
 - Universities, healthcare organizations
- Institutional actions that exacerbate a traumatic experience/
betrayal
 - Acts of commission vs. omissions
 - Isolated vs. systemic
- Empirical support
 - IB exacerbates posttraumatic outcomes of sexual assault (Smith & Freyd, 2013)
 - IB in context of military sexual trauma (Monteith et al., under review)

Current Study

- Sexual assault is associated with negative psychological and physical health outcomes
- Differing rates of sexual assault between heterosexuals and non-heterosexuals
- Institutional betrayal can exacerbate these outcomes
- Previous evidence that institutional betrayal disproportionately affects non-heterosexuals

Current Study

- Goal of current study:
 - Examine rates of college sexual assault victimization for non-heterosexuals vs. heterosexuals
 - Examine rates of institutional betrayal experienced by non-heterosexuals vs. heterosexuals
 - Determine the health impact of institutional betrayal on non-heterosexuals vs. heterosexuals.

Methods

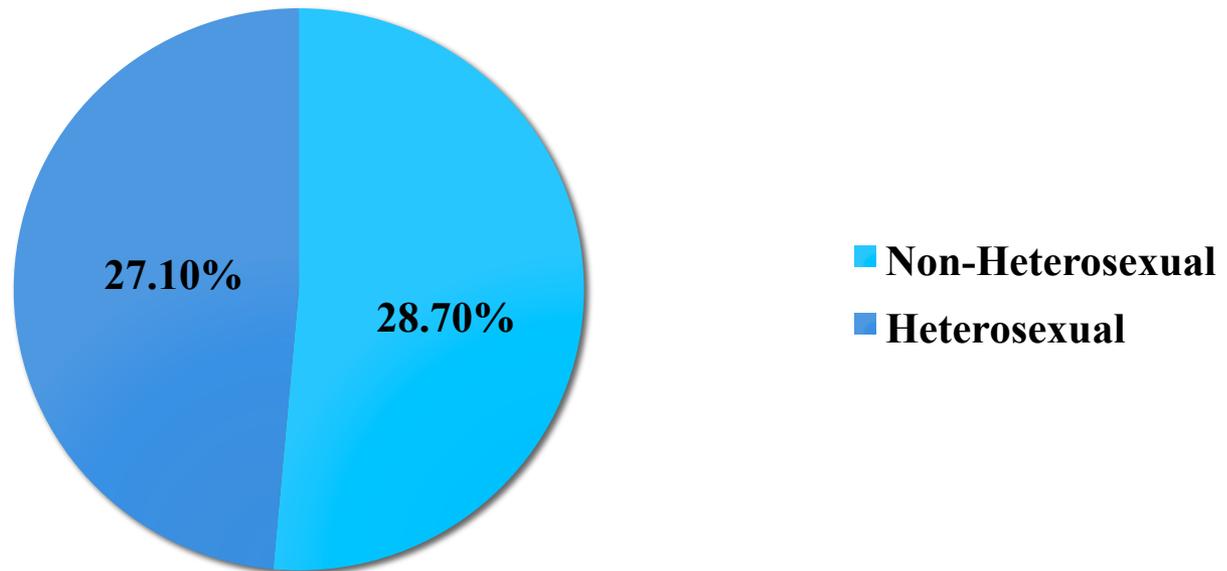
- Data source: University of Oregon Sexual Violence and Institutional Behavior Campus Survey–2014
- Recruitment
 - Email addresses gathered from University Registrar
- Participants
 - 880 undergraduate students
 - Age ($M = 21.18$, $SD = 3.43$)
 - Female (66.9%), Caucasian (74.9%), Heterosexual (90.9%)

Methods

- Measures
 - Demographics
 - Institutional Betrayal Questionnaire (IBQ-18)
 - Patient Health Questionnaire (PHQ)
 - Sexual Experiences Scale–Modified for Campus Climate Survey

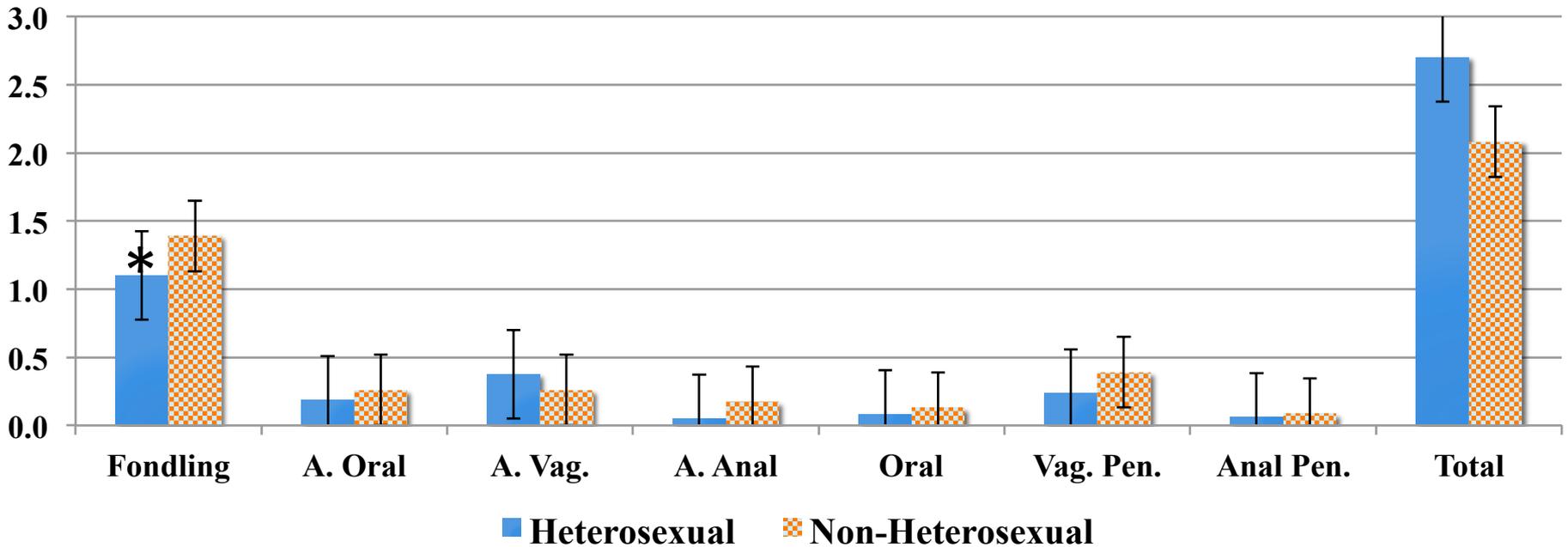
Results

Figure 1. Sexual assault victimization by sexual orientation



Results

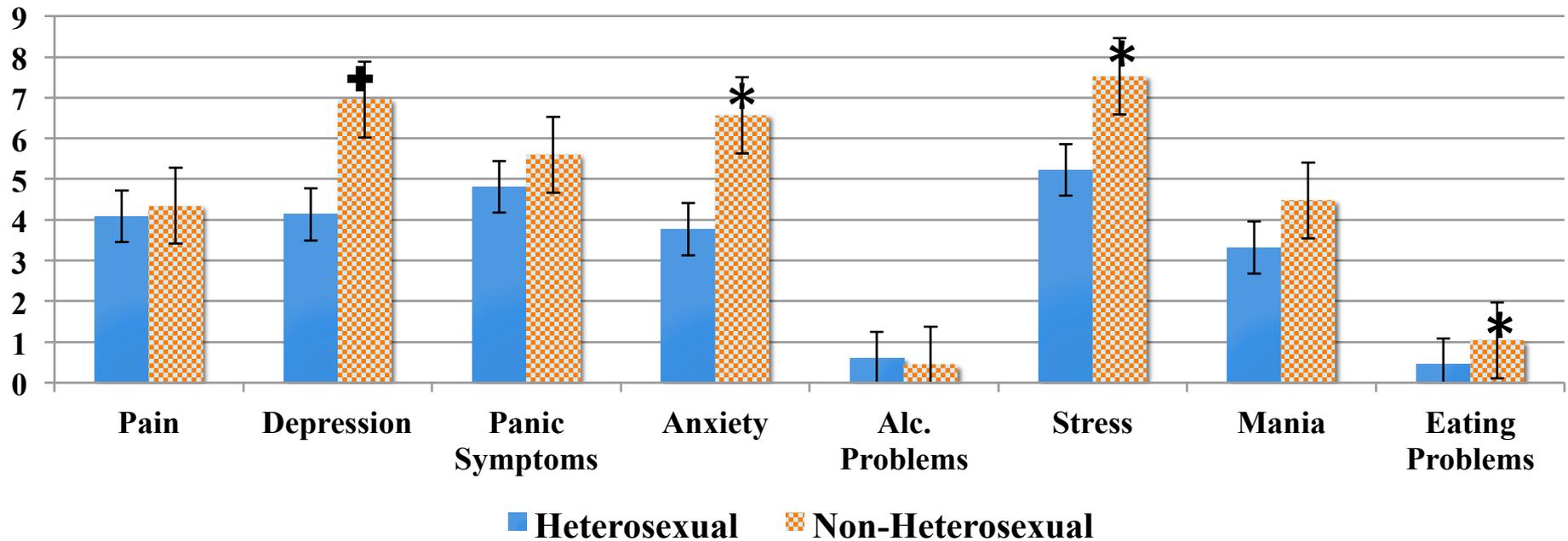
Figure 2. Mean number of non-consensual sexual experiences by type and overall by sexual orientation



* $p \leq .05$

Results

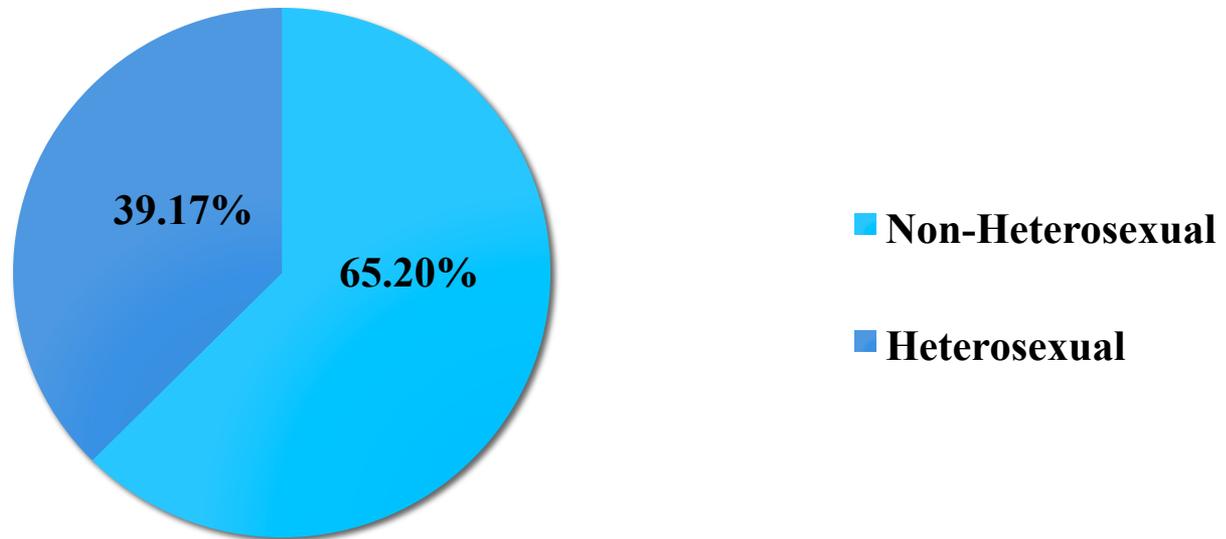
Figure 3. Means of health outcomes for sexual assault victims by sexual orientation



* $p \leq .05$, + $p \leq .10$

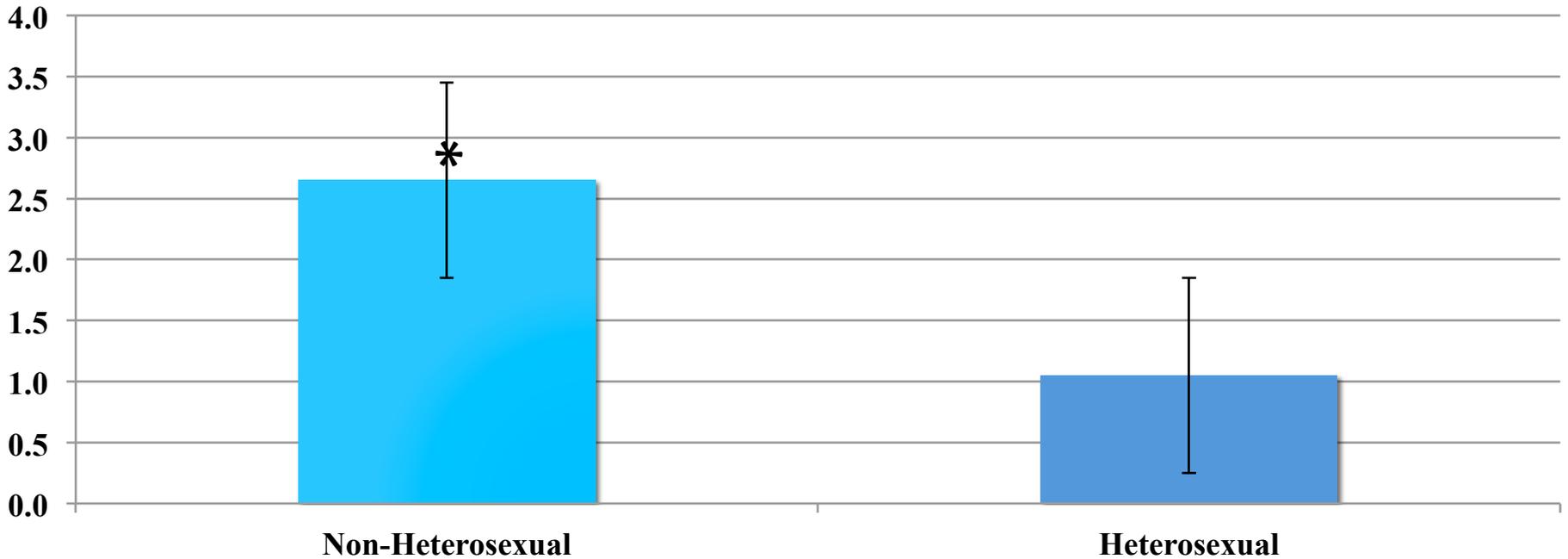
Results

Figure 4. Percentage of participants who experienced at least one type of IB related to sexual assault



Results

Figure 5. Mean number of IB types experienced following sexual assault by sexual orientation



* $p \leq .05$

Results

- Multiple regression was used to investigate the relationship between health outcomes, institutional betrayal, and sexual orientation of individuals who have been sexually assaulted

Table 1. Sexual orientation and institutional betrayal predicting health outcomes

	Pain	Depression	Panic Symptoms	Anxiety	Alcohol Problems	Stress	Mania	Eating Problems
Predictors								
Sexual Orientation	-0.02	-0.14*	-0.24	-0.12	0.09	-0.17*	-0.12	-0.18*
Institutional Betrayal	0.04	0.27*	-0.19	.44**	0.27	0.10	-0.04	0.01
Interaction	-0.02	-0.14	0.09	-0.35*	-0.28	0.05	0.16	0.08
Model								
<i>F</i>	0.09	5.11*	0.73	7.73**	1.01	4.97*	2.33	3.48*
<i>R</i> ²	.001	.06	.04	.09	.01	.06	.03	.04

** $p \leq .001$, * $p \leq .05$

Discussion

- With the exception of fondling, rates of sexual assault are similar among heterosexuals and non-heterosexuals
- Despite this, non-heterosexuals who have been sexually assaulted report greater anxiety, stress, eating problems, and depression than heterosexuals

Discussion

- Non-heterosexuals are 2.91 times more likely to experience institutional betrayal associated with a sexual assault
- The impact of this increased exposure impacted non-heterosexuals' anxiety levels following sexual assault and institutional betrayal

Discussion

- Current reform targets for sexual assault on college campuses include reporting opportunities, confidentiality of reports, and training for those receiving reports.
- Clearly, more training and attention is needed so that institutions do not further harm sexual assault survivors, especially non-heterosexual survivors.

Acknowledgements

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- Carly, Marina, and Jennifer
- asmidt@uoregon.edu

Exposure to Traumatic Stress and Healthcare Experiences

Bridget Klest PhD

**University of Regina, Regina SK,
Canada**

INTRODUCTION

- Exposure to interpersonal trauma is associated with
 - many negative health outcomes (e.g., Edwards et al., 2012)
 - less trust in individuals and institutions (Gobin & Freyd, 2013).

INTRODUCTION

- Seems logical that trauma survivors might have less trust in physicians
- Trust in physicians is associated with
 - better adherence to recommended care (Lee & Lin, 2009)

INTRODUCTION

- Health behavior, such as adherence to recommended care, is one mechanism explaining the association between trauma and poor health (Davis et al., 2004)
 - Might also help explain mediating role of PTSD symptoms
- However, a direct relationship between trauma exposure and mistrust of healthcare providers/systems has not been established.

INTRODUCTION

- The current study examined associations between
 - history of betrayal trauma
 - trust in physicians
 - posttraumatic stress disorder (PTSD) symptoms
 - healthcare adherence

- in a sample of Canadian adults

METHODS

- Participants
 - demographically representative sample of 293 Canadian adults
 - recruited using Qualtrics panels
 - completed an online survey

METHODS

- Measures:
 - Brief Betrayal Trauma Survey
 - PCL-5
 - Trust in Physician Scale
 - Healthcare Adherence

 - Demographics

RESULTS

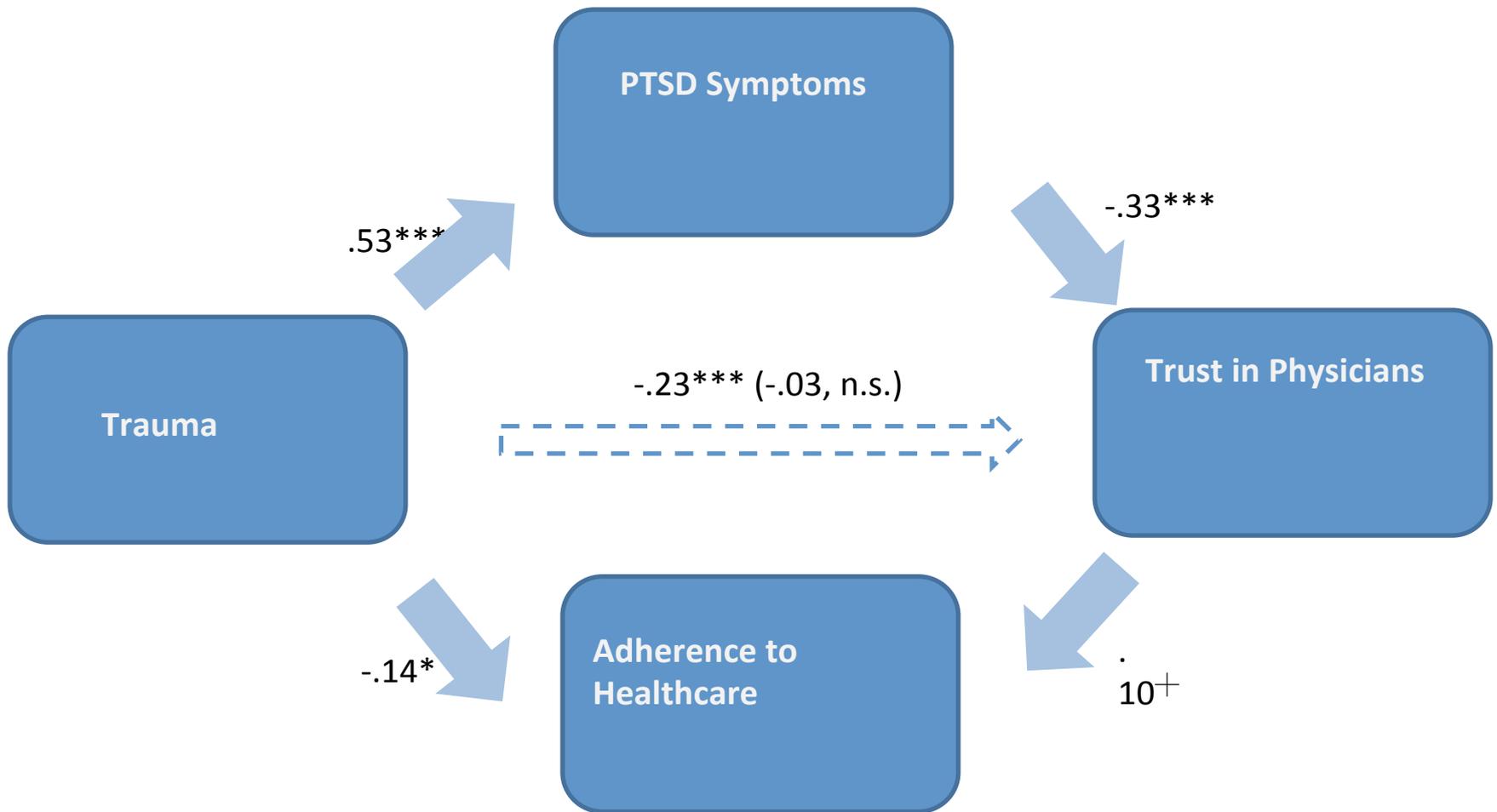
- All analyses conducted controlling for income
- A series of multiple regression analyses was run to examine associations between all variables of interest

Table 1. Summary of multiple regression analyses

Outcome			Predictors			
			Income	Betrayal Trauma	PTSD Symptoms	Trust in Physician
	R	F	Semi-partial correlations			
PTSD Symptoms	.53	57.42***	.04	.53***		
Trust in Physician	.23	8.01***	-.03	-.23***		
Trust in Physician	.39	17.52***	-.02	-.03	-.33***	
Healthcare Adherence	.22	3.75**	-.02	-.15*	.00	.10 ⁺

***p<.001, **p<.01, *p<.05, +p<.10

Figure 1. Visual representation of regression findings, with hypothesized directionality of associations. The association between trauma and physician trust controlling for PTSD symptoms is in parentheses.



DISCUSSION

- Betrayal trauma impacts trust in physicians through posttraumatic distress
- Trust in physicians *may* be associated with healthcare adherence controlling for trauma and PTSD

DISCUSSION

- Betrayal trauma exposure is associated with healthcare adherence above and beyond effects of PTSD symptoms and trust in physicians

DISCUSSION

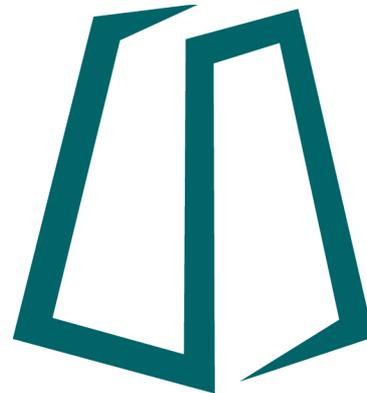
- Regardless of the cause, the fact that exposure to trauma affects adherence to healthcare points to the importance of trauma-informed medical practice.

ACKNOWLEDGMENTS



Social Context, Health and Trauma Lab
<http://uregina.ca/~schtlab/>

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