A Systematic Review of Cultural Betrayal Trauma Theory

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ADVANCE Journal

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Sexual violence continues to be a public health crisis across college campuses in the United States (Hoxmeier et al., 2022). Sexual violence is defined as nonconsensual sexual acts or physical touch (Basile et al., 2014). Evidence suggests college women[1] report sexual violence at higher rates than college men (Hines et al., 2012). The recent Association of American Universities climate survey indicates that women (20.4%) and transgender, queer, questioning, and nonbinary students (20.3%) experience victimization at a rate that is four times higher than men (5.1%) (Cantor et al., 2020); and approximately 3% of women and 1% of men report penetration without consent during college (American College Health Association, 2016). Additional research indicated that students of color were less likely to formally or informally report victimization (Spencer et al., 2020). In some cases, when students held a positive view of campus climate and trusted that their institution would properly handle the report, they were more likely to disclose victimization formally (Spencer et al., 2020).

Several policies have been developed to combat the increasing reports of sexual violence on college campuses. In 2013, the Campus SaVE (Campus Sexual Violence Elimination) Act was created as an addendum to The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (Clery Act), which aimed to establish more defined policies for employees and students by requiring institutions to report data related to crimes that occurred on or near campus. The Campus SaVE Act addresses sexual violence on college campuses through increased bystander training for all employees and students at universities, funding for evaluating

[1] The authors acknowledge that research often uses the terms “male and female” interchangeably with “men and women,” conflating sex and gender, which is an exclusionary practice that emphasizes the narratives of cisgender individuals over transgender and gender non-conforming individuals. In using the terms “men and women” throughout our paper, we underscore that the references used primarily present cisgender samples, and that future research should employ sampling methods that better reflect gender diversity.

clinical interventions after victimization, and structural changes to institutional reporting (Jessup-Anger et al., 2018; White House, 2014). However, despite nationwide efforts across campuses, rates of sexual violence on college campuses continue to rise. This issue presents several concerns, including poor mental health outcomes amongst emerging adults who are affected by sexual violence (Abrahams et al., 2013; Bryant-Davis et al., 2010; Campbell et al., 2009).

Mental Health Outcomes

Sexual violence is conceptualized as a traumatic interpersonal experience, and its influence on mental health outcomes is well documented (Cortina & Kubiak, 2006; Eisenberg et al., 2016). However, the extant literature disproportionately focuses on sexual violence and mental health outcomes experienced by women.

For instance, authors Acierno and colleagues compared the prevalence of physical and sexual assault with outcomes of post-traumatic stress disorder (PTSD) and depression between samples of women ages 55 and older, and women ages 18 to 34 (2002). Physical and sexual assault was most prevalent among younger women. Additionally, physical and sexual assault was a significant predictor of PTSD and depression among younger women. However, among older women, physical and sexual assault only predicted PTSD. Beyond age, relevant factors included socioeconomic status, as low income predicted depression among younger women. While the study did not assess information on who the perpetrators were (and in turn, whether cultural betrayal occurred), it acknowledges that underreporting occurs among older women, many of whom may not recognize the event as assault.

A more recent study used a socio-cultural lens to examine depression symptomology in South African women who have experienced rape (Abrahams et al., 2013). The study found that 84.3% of women exhibited depressive symptoms and 59.3% reported that they knew the

perpetrator. However, women who were raped by strangers rather than intimate partners or someone they knew reported lower levels of depression. The key factors were that women who were raped by strangers experienced less self-blame, while those raped by someone they knew experienced feelings of betrayal and broken trust. Further, women raped by strangers were more likely to receive support while women raped by someone they knew, particularly an intimate partner, were likely to be shamed by others, blamed for being assaulted, or not believed.

A study comparing the mental health outcomes of rape compared to non-sexual life-threatening events yielded similar results (Faravelli et al., 2004). This study examined the psychological symptoms of 40 women who survived rape and took legal action, and 32 women who experienced car accidents, physical assaults, or robberies. The women who were raped demonstrated increased rates of PTSD, sexual, eating, and mood disorders. Similar to the study by Acierno and colleagues, this study considers the role of disclosing one's sexual assault. Those who willingly disclose may be more prepared to describe their symptomology.

Sexual Violence and Outcomes for Women by Race and Ethnicity

The theory of cultural betrayal trauma suggests outcomes must be investigated between cultural groups. However, when examined by race and ethnicity, the literature on sexual violence presents conflicting findings. The American Association for Universities (AAU) designed a study to evaluate the prevalence of sexual assault and outcomes for 33 universities or colleges using a sample of 181,752 college students (Cantor et al., 2020). Results indicated that 25.9% of undergraduates (compared to 9.7% of graduate students) experienced nonconsensual sexual contact by physical force or the inability to consent during the encounter. Of this sample, Hispanic students reported the highest rates of nonconsensual sexual contact (14.9%), followed by non-Hispanic students (12.8%), White students (14.7%), multiracial students (14.5%),

African American students (12.7%), and Asian students (6.9%) (Cantor et al., 2020). In contrast, a more recent study documented 64% of White women reported sexual violence compared to 15.7% of Asian women, 10% of Black and African American women, and 3.9% of multiracial women (Campbell et al., 2021).

Based on these conflicting findings, it is likely that experiences and outcomes vary when examining gender in addition to race. This would be evident in research that utilizes samples that are exclusive to one racial/ethnic group rather than reporting aggregate data.

In a study examining African American women's experiences with sexual violence, women who reported sexual assault were four to five times more likely to suffer from depression when compared to African American women with no history of sexual violence (Plichta & Falik, 2001). Another study examining sexual violence experienced by African American women reported depressive symptoms were positively associated with victimization (Bryant-Davis et al., 2010). These findings present similar conclusions to the other studies; sexual violence contributes to poor mental health outcomes. However, there are additional factors that can influence the severity of mental health outcomes.

One must also consider help-seeking rates, which are low among college students of color. Mental health outcomes stemming from sexual violence may be exacerbated by a lack of appropriate care (i.e., professional mental health services). A 2018 study found that 87% of college students of color did not seek professional mental health support, instead choosing to confide in friends and family (Lipson et al., 2018). Of this sample, 54% reported stigma was the primary reason for not seeking formal support on campus (Lipson et al., 2018). Literature suggests there is mistrust in systems of power for college women of color, impeding the possibility for formal help-seeking (Chandler, 2019), and in turn, limiting how mental health

outcomes are mitigated. This mistrust in part stems from historic mistreatment and betrayal of people of color in health systems. Consequently, trauma symptoms must be conceptualized through a lens of betrayal.

Betrayal Trauma

The amalgamation of social factors and mental health issues has been connected to betrayal trauma, which occurs when someone is violated by a "trusted needed other," which can be either an individual or an institution (Freyd, 2003). Betrayal trauma theory proposes that when a person experiences betrayal from a trusted individual or institution, they may cope with the trauma by dissociating from the event (Freyd, 2003). Betrayal trauma theory incorporates a feminist framework, making it a suitable theory for examining sexual violence, given that women report sexual violence at higher rates than men (DePrince & Freyd, 2002; Jouriles et al., 2022). In addition to the aforementioned factors, when conceptualizing trauma symptom severity, the form of betrayal is relevant as well.

Institutional betrayal

Institutions such as colleges and universities are in positions of power and have the potential to exacerbate mental distress if institutional betrayal is committed (Smith & Freyd, 2014). Coined "a dangerous safe haven," authors Smith and Freyd (2013) found that college women who reported institutional betrayal also reported higher anxiety, post-traumatic stress symptomology, dissociation, and sexual problems. One example of institutional betrayal in higher education relevant to college women is when confidentiality around reporting is breached or when the survivor is shamed for reporting the sexual violence (Stader & Williams-Cunningham, 2017). At times, survivors of sexual assault may experience intimidation or

harassment from the perpetrator or those close to the perpetrator (Smith & Freyd, 2014). This combined with inaction from one's institution can intensify traumatic effects.

A solution for institutional betrayal is institutional support, which has been implemented through policies such as the Campus SaVE Act (Jessup-Anger et al., 2018; White House, 2014) and the development of Title IX offices, an institutional entity that addresses reports of sexual violence (Holland & Cipriano, 2021). However, survivors of sexual violence have reported that some Title IX offices take little to no action against perpetrators, and that they are treated poorly during investigations (Holland & Cipriano, 2021), resulting in institutional betrayal (Smith & Freyd, 2014). Rates of assault, reporting, and betrayal vary across identification groups. While college women are at higher risk of experiencing sexual violence compared to college men, LGBTQ+ college students are at increased risk of experiencing sexual violence compared to cisgender, heterosexual college students (Holland & Cipriano, 2021). Additionally, LGBTQ+ college students who experience sexual violence often find themselves betrayed by their institution, due to socio-cultural implications (Smith et al., 2016).

The concept of institutional courage was born from the literature on institutional betrayal. This refers to an institution's responsibility to promote moral action and protect its constituents (Gómez et al., 2023; Smidt et al., 2023). There are various aspects of institutional courage; institutions are expected to maintain transparency throughout investigative processes, hold all parties accountable, respect the person reporting the assault, and offer all necessary reparations. Additionally, institutions must continue to examine and employ preventative measures against sexual violence to improve institutional climate (Gómez et al., 2023; Smidt et al., 2023). The presence of institutional courage lessens rates of institutional betrayal and the poor outcomes of sexual violence.

Cultural Betrayal Trauma Theory

Gómez (2017b) theorized *cultural betrayal trauma theory* (CBTT) as a result of the combination of social influences (e.g., societal trauma, racial trauma) and betrayal characteristics (e.g., harmful disclosures of confidential information, dishonesty, infidelity, disloyalty) to understand the paradigms of trauma for racial and ethnic minority populations. CBTT suggests that the psychological impact of traumatic experiences may be exacerbated by culture. This phenomenon is explained by (intra)cultural trust, in which historically underrepresented groups mobilize learned defense resources to buffer against societal trauma, a buffer that is lost when cultural betrayal occurs.

Rationale For Review

CBTT sets the groundwork for clinicians and researchers to conceptualize how in-group victimization (e.g., victimization from a person who identifies as the same race or ethnicity as the survivor) influences one's response to traumatic experiences (Ullman & Filipas, 2001). Gómez (2017b) surmised that cultural betrayal is an additive factor to post-traumatic stress disorder symptom severity. Given the prevalence of institutional betrayal among college women, and disparities experienced by students of color, a review of findings on CBTT as it relates to college women of color is warranted.

Objective

The purpose of this review is to synthesize research on cultural betrayal trauma theory and report on the state of knowledge across the literature. The review was guided by two research questions (1) How does sexual violence among college women of color influence post-traumatic stress symptoms post-assault? (2) How do post-traumatic stress symptom outcomes vary when considering the racial identities of the perpetrator and the survivor of the assault?

Method

The present systematic review explored and synthesized studies that measure cultural betrayal trauma as it pertains to college women of color.

Information Sources

This literature search was guided by the preferred reporting items for systematic reviews and meta-analyses statement (Page et al., 2021). These procedures are depicted in Figure 1, below. To capture the presence of cultural betrayal across college campuses over a 20-year period, potential articles published between the years 2001 and 2021 were retrieved from ProQuest Database Search, Google Scholar, and PubMed. The initial systematic review was conducted in late 2021, so articles published beyond this date are not reflected.

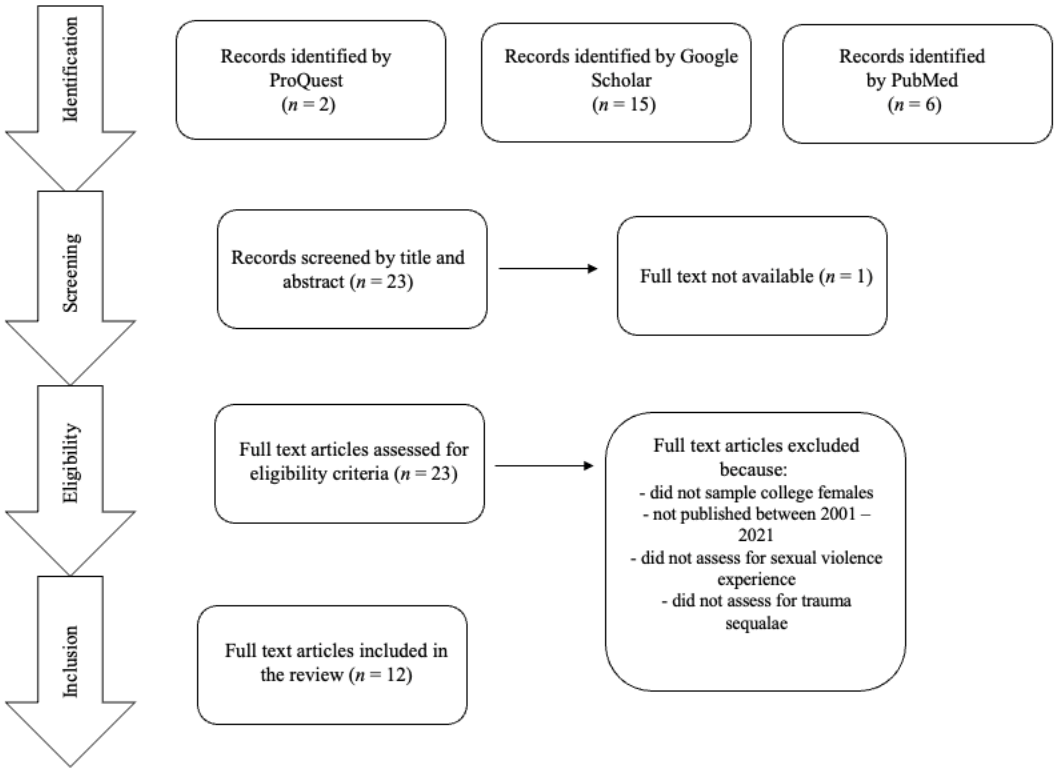
Protocol and Study Selection

Search terms included combinations of the following key words: cultural betrayal trauma, betrayal trauma, undergraduate college student, college women of color, sexual violence, prevalence, incidence rate, college women of color sexual violence outcomes, sexual violence symptomology post-assault, PTSD, and campus sexual violence. Studies operationalizing or conceptualizing results of cultural betrayal trauma theory were also identified. All studies included college women of color in their samples. For the purpose of this review, college women of color were operationalized as individuals who identified as Alaska Native, American Indian or Native American, Arab or Middle Eastern, Asian American, Black or African American, Hispanic-Latinx, Native Hawaiian, or Pacific Islander (Freyd, 2003). Unfortunately, limited sample size restricted the ability to compare different racial or ethnic groups. Studies that were not included for review were those that did not measure experiences of sexual violence survivors

who were female, did not measure the presence of a sexual violence experience, or did not measure mental health outcomes and/or trauma sequalae.

Figure 1.

Reporting items for the systematic review.



Search Strategy and Selection Process

The first author conducted the initial search, following inclusion criteria stated above. Data were collected and coded from a repository list and reported to identify document type, publication journal, study design, study setting, sexual abuse prevalence, and trauma symptom outcomes. Studies that conceptualized sexual violence with language defined as nonconsensual touching, fondling, or penetration were included under the variable "sexual violence." To examine findings through both an institutional betrayal and cultural betrayal trauma lens among college women of color experiencing sexual violence, only studies that measured cultural

betrayal or conceptualized results using cultural betrayal theory in a college setting were included in the review. Inclusion of these specific variables were considered due to expectation of there being limited articles available. Given that the literature suggests betrayals in college settings have unique nuances, we did not want to undermine differences of betrayals experienced in other settings. Therefore, the authors determined that only measuring cultural betrayal trauma theory across college settings was warranted. Following reporting of data, all authors checked data on variables collected, general findings, and emerging themes.

Results

A total of 23 articles have been published exploring cultural betrayal trauma theory. Specifically, 16 articles were published between 2001 and 2021. Of these 16 articles, only 12 articles examined the experiences of college women who experienced cultural betrayal trauma at a higher education institution (see Table 1, below).

Table 1.

Characteristics of articles (n = 12)

Characteristics		*Journals Published (n)*	*Sample size of paper(n)*
Published author	Gómez	11	-
	Howard	1	-
Study design	Cross sectional	12	-

Publication journal	Transcultural Psychiatry	1	43
	University of Oregon Dissertations	1	296
	Journal of Immigrant and Minority Health	1	368
	American Journal of Orthopsychiatry	1	296
	Journal of Interpersonal Violence	1	80
	Journal of American College Health	1	108
	Violence Against Women	2	179; 222
	Journal of Aggression, Maltreatment, and Trauma	2	296; 368
	Journal of Child Sexual Abuse	1	222; 192
	California State University Dissertations and Theses	1	218
Sample demographic	Asian/Asian American/Pacific Islander, Hispanic/Latina/Mixed race/Black or African American, Arab/Middle Eastern/Jewish/Native American	8	-
	Exclusively Latina	2	-
	Exclusively Asian American/Pacific Islander	1	-
	Exclusively Black or African American	1	-

Rates of Campus Sexual Violence

In total, a broad range of 16%-90% of college women reported sexual violence abuse history throughout the duration of four years of study at a college or university. For instance,

when asking only Black or African American women about prevalence of sexual violence, 37% of the sample reported a sexual victimization history (Gómez, 2019b). When evaluating multiple racial and ethnic groups within one sample, Gómez (2019b) found that only 29.4% of women reported the assault. A separate study seeking to understand psychological outcomes of within-group violence found that 89% of participants reported history of victimization (Gómez & Freyd, 2018). Despite the variability in victimization rates across the articles, the findings suggest that sexual violence occurs across campuses at alarming rates.

Patterns of Betrayal in College after Sexual Violence

Gómez measured cultural betrayal trauma theory with the *Brief Betrayal Trauma Survey*, a six-item self-report questionnaire that assesses physical, sexual, and emotional abuse perpetrated by people of the same race or ethnicity as the survivor (Gómez, 2019d). By utilizing this betrayal measure, Gómez (2017b, 2019d) found associations between betrayal and mental health (a) high betrayal (i.e., when the perpetrator is a close other to the survivor) predicted post-traumatic stress symptoms; (b) high betrayal predicted the likelihood to engage in non-suicidal self-injurious behavior, and to report dissociation; (c) students who reported betrayal trauma were also likely to be at risk for depression and anxiety; (d) exposure to betrayal trauma increased the likelihood of dissociation and hallucination.

Traumatic Outcomes Following Sexual Violence

Reported outcomes for mental health were identified as depression, sleep disturbance, dissociation, hallucination (tactile, visual, auditory), hyperarousal, avoidance, negative alteration in mood, depression, sex problems, or hygiene problems. The most common symptom measured was dissociation, which seven studies evaluated and reported on. More specifically, half of the studies (n = 6) stated the presence of cultural betrayal almost always predicted dissociative

symptoms for survivors. Four studies found post-assault psychological symptoms where hallucinations were paired with depression, while one specific study reported a significant interaction between depression and within-group victimization (Gómez & Freyd, 2018). One study that exclusively examined outcomes for Latinx college survivors (n = 218) found that the interaction of sexual violence victimization and cultural betrayal predicted worse psychological outcomes (e.g., depression, anxiety, sexual problems, and sleep disturbance) (Howard, 2020). Sleep disturbance and sleep problems also appeared prevalent across the literature. For example, among 239 college women, 84.5% reported sleep disturbance after reporting sexual violence betrayal (Gómez, 2021).

Cultural Betrayal Trauma for Sexual Violence Survivors

All studies included in the review (n =12) suggested social expectations of the survivor's identity contributed to worse symptom severity overall. For instance, three studies stated that identifying as a woman is either additive or suggests another dimension of potential harm to the survivor. Specifically, two of those studies found that gender moderated high betrayal and dissociation, such that women are at higher risk of more severe dissociation and anxiety following an assault.

Themes

After a review of the literature, two broad themes emerged:

1. Survivors of between-group (interracial) and within-group (ethno-cultural) cultural betrayal trauma are at risk of negative mental health outcomes.
2. Post-traumatic stress symptoms are more severe when ethno-cultural betrayal (within-group) occurs.

1. Survivors of between-group (interracial) and within-group (ethno-cultural) cultural betrayal trauma are at risk of negative mental health outcomes. This theme was found across seven studies. In one study measuring betrayal outcomes amongst a sample of Latina-identified women, researchers found a significant interaction between high betrayal and cultural betrayal, suggestive that when someone experiences both, worse psychological symptoms are expected (Howard, 2020). Another study found that when the survivor has a close relationship with the perpetrator, PTSD symptoms are far worse (Gómez, 2018). One study examining only Asian American/Pacific Islander college women following sexual violence stated that within-group violence significantly impacted dissociation, hallucinations, post-traumatic stress symptoms, and hypervigilance (Gómez, 2017b). Four more studies reported that when violence victimization was rated as severe, between-group and within-group cultural betrayal always predicted post-traumatic stress (Gómez, 2017, 2019).

2. Post-traumatic stress symptoms are more severe when ethno-cultural betrayal (within-group) occurs. When sexual violence is reported as high betrayal, there is an association between the severity of dissociation and violence reported. Specifically, intra-cultural pressure posits that racial loyalty (Tillman et al., 2010) exists among sexual violence survivors and their institution, which impacts disclosure, reporting, and post-assault help-seeking, which ultimately leads to more severe symptoms. Across the studies reviewed, this theme was prevalent in five studies. One finding stated that intra-cultural pressure significantly affected PTSD symptoms and dissociations (Gómez, 2019b). A 2018 study by Gómez and Freyd revealed that when college women of color are survivors of within-group violence, trauma sequalae (e.g., depression, sleep disturbance, sexual problems) were both prevalent but also stronger than when compared to White college women who also experienced within-group violence.

Discussion

General

The current systematic review sought to outline themes in cultural betrayal trauma theory by exploring trauma outcomes for sexual violence among college women of color attending higher education institutions. The review aimed to capture study design, participant population and setting, prevalence of sexual violence on campuses, and mental health outcomes for studies conceptualizing and operationalizing CBTT. From this review, two broad themes emerged (1) survivors of between-group (interracial) and within-group (ethno-cultural) cultural betrayal trauma are at risk of negative mental health outcomes; (2) post-traumatic stress symptoms are more severe when ethno-cultural betrayal (within-group) occurs. Together, the findings further support Gómez's proposal for a framework that operationalizes cultural betrayal in sexual violence literature and informs mental health professionals on how to identify mental health outcomes. Given the pervasive violence reported against college women of color across higher education (Burton & Guidry, 2021), cultural betrayal trauma provides researchers, clinicians, and higher education professionals a lens for mobilizing efforts when managing reports of sexual violence on college campuses for college women of color. With emphasis, conversation about within-group violence and the sociocultural impacts (e.g., perpetuated racism) on post-traumatic stress symptoms in the sexual violence literature is lacking (Dworkin & Weaver, 2021).

College women of color who experience campus sexual violence are at risk for mental harm. Yet, institutions continue to take a racist, Eurocentric lens to policy and reporting (Du Preez et al., 2017). This review reveals that college women of color are at risk for more severe mental health problems post-assault, and the identity of the perpetrator is important to consider for outcomes. However, systemic issues across college campuses in the United States continue to

prevent help-seeking and post-assault reporting (e.g., cost of services, access to resources, representation at predominantly White institutions).

We assert that cultural betrayal can occur within an institutional context, particularly higher education. One may report cultural betrayal to a close other or someone in the same cultural group in higher education, and if the reporting or institution fails them, there is cultural betrayal. Suppose a student from a historically marginalized racial group discloses sexual assault to a faculty member who is within the same racial/ethnic group, but that faculty member discloses this to other faculty members, resulting in comments from peers regarding the assault. In this case, cultural betrayal has taken place in an institutional setting. Although efforts have increased in past years to improve institutional response to campus sexual violence (Campbell et al., 2023), no literature to our knowledge outlines how institutions will respond when a student from a historically underrepresented group is victimized. Cultural betrayal trauma theory literature lacks the integration and reporting of both cultural betrayal and institutional betrayal. Clinicians and researchers need to be aware of the possibility of both occurring at the same time.

The two broad themes that emerged were not novel in nature. Yet, there has been no literature to our knowledge that approaches college women of color's experience of sexual violence with the lens of both racial identity and betrayal. All studies that employed cultural betrayal trauma considered college women's racial identities in conjunction with measuring mental health outcomes. This review finds that the theory's emphasis on racial identity is most important due to a lack of incorporation across the trauma literature thus far (Roberts et al., 2020). These findings are important as cultural betrayal trauma theory is the first theoretical framework to incorporate racial identity, sexual violence victimization, and mental health together.

Critique of the Literature

Given what we know about cultural betrayal trauma and subsequent outcomes, few studies explore the interaction between institutional betrayal and cultural betrayal. This review indicates that college women are being sexually assaulted on campuses across the United States and are experiencing betrayals due to both the identity of the perpetrator and survivor, as well as the insufficient action from their academic institution. Help-seeking attitudes following a cultural betrayal have yet to be examined. This raises the question of whether students are not reporting due to cultural betrayal perpetrated by an institution. Some studies frame the identity of the disclosure recipient as a barrier to formal help-seeking, but the presence of institutional betrayal or cultural betrayal are unknown (Sears-Greer et al., 2022). Conversely, research supports the notion that trust in one's institution along with positive perceptions of campus climate correlate with formal reporting; however, this finding was reported for the entire sample and not by specific racial and ethnic groups (Spencer et al., 2020). It is unclear if students from historically marginalized backgrounds hold the same level of institutional trust and positive views of campus climate compared to their White peers.

This literature review sought to understand the experiences of college women who have experienced sexual violence. The authors of this review aimed to examine the experiences of cisgender women, as much of the literature fails to include the narratives of transgender women and gender non-conforming individuals. Notably, the data within cultural betrayal studies uses "women" and "female" interchangeably. The use of "women" and "female" interchangeably in psychological research is harmful and perpetuates increased public acceptance for misgendering and repressing identities that do not subscribe to the gender binary (Morganroth & Ryan, 2021). Several studies have stated that sexual violence affects gender diverse college students, including

non-binary and transgender-identifying students (Coulter et al., 2017; Griner et al., 2020). Consequently, future studies should examine outcomes for cultural betrayal and institutional betrayal experienced by transgender and gender non-conforming individuals, rather than exclusively cisgender samples.

While the review identified studies that examined the experiences of women of color from various racial and ethnic groups, the search did not yield any studies that described the experiences of multiracial women. Although the experiences of monoracial college women are relevant, more research is also needed to understand how cultural betrayal and institutional betrayal are perceived by individuals who belong to multiple racial and ethnic groups. In addition, prevalent in the cultural betrayal trauma literature is the generalization of experiences for all college women of color. This review found only four studies exclusively reported on experiences of sexual violence and post-traumatic stress symptoms for specific racial and ethnic groups of college women. The cultural betrayal trauma theory literature suggests within-group violence is a risk factor, yet very little is known about the specific influence of cultural betrayal on Latina, Asian American/Pacific Islander, and Black or African American college women. More specifically, the literature has not explored the experience of cultural betrayal with Alaska Native, American Indian, Arab or Middle Eastern, Hispanic-non-Latina, Native American, or Native Hawaiian college women. In conclusion, more data is needed to understand within-group violence among specific racial groups to provide effective and efficient clinical care and response.

The CBTT literature does not measure similar variables in the context of sexual violence consistently. In a study of ethno-cultural betrayal trauma in Asian American/ Pacific Islander populations, Gómez (2017b) assessed for any form of abuse (physical or sexual) and

incorporated physical abuse into the analyses. The lack of specificity in abuse type may lessen the association between interpersonal violence (sexual violence) and cultural betrayal.

Another limitation of this review is that most of the articles examined were authored by the same researcher (*n* =11). While Gómez's work presents invaluable findings to this topic area, a future review will benefit from having more varied perspectives. Given the low sample size in this review, there are concerns for reliability. Typically, systematic literature reviews are weaker when study sample sizes are low and overall findings in the review are low (Nightingale, 2009). Despite this limitation, we found it important to report on the data collected given the nature of the gap across empirical work that fails to highlight the experiences of college women of color. This finding also suggests that more researchers are needed to examine how cultural betrayal trauma theory influences mental health outcomes for survivors of sexual violence. More generally, the terminology of "sexual violence" in this review remained generalized to improve inclusion of studies measuring specific experiences of racialized gendered violence across the literature using the CBTT framework. Future research will benefit from understanding specific influence of violence on mental health outcomes for college women of color. For example, understanding how cultural betrayal is experienced exclusively for survivors of child sexual abuse, child sexual assault, forced sex, grooming, molestation, rape, sex trafficking, sexual battery, sexual coercion, sexual exploitation, sexual revictimization, sexual trauma, or unwanted sexual contact.

Implications

As cultural betrayal trauma becomes operationalized by more researchers, findings for between and within racial-ethnic groups will help colleges provide tailored clinical interventions. Extant literature states the breeding ground for sexual violence that exists on college campuses

(Fedina et al., 2018; Conley et al., 2017), yet very little literature explores the influence of campus sexual violence culture for women from marginalized groups. Bystander intervention programming is not inclusive for college women of color who experience within-group victimization; thus, more knowledge about the impact of cultural betrayal can inform professionals (McMahon & Seabrook, 2020). Considering identity on trauma outcomes may assist college campus professionals in creating more inclusive spaces to discuss the implications of cultural betrayal. Thus, concluding that an attempt at transforming an institution's approach to supporting students who experience racism should include anti-racist bystander approaches. In fact, Bennett and colleagues (2021) stated that bystander training with an anti-racist lens was found to be effective for students learning how to address racism and oppressive attitudes at the individual and institutional level.

In a therapeutic setting, clinicians may conceptualize trauma with a wider lens (i.e., social factors) given findings from CBTT work. For example, in a review for the implementation of trauma-focused cognitive behavioral therapy for racial and interpersonal trauma survivors, Metzger and colleagues (2021) suggested clinicians should consider the identity of the perpetrator and the victim when understanding outcomes of interpersonal trauma, as within-group violence can be harmful to increased symptomology. As such, cultural betrayal trauma theory will benefit from continued examination of trauma outcomes.

Future research may use this review to understand the variables needed to extend the work of cultural betrayal trauma and associated mental health outcomes. Given that betrayal trauma literature relies on attachment as motivation for dissociative features of the abuse (Freyd, 1996), researchers may look to employ trauma-related treatments in therapy that address severed attachments through a cultural betrayal lens. For example, aspects of cultural attachment for

college women who experience sexual violence is unknown. In addition, is it unclear how college women attach to their institutions, and an experience of combined institutional and cultural betrayal on outcomes are widely unknown.

Future directions

Gómez (2017b) has established a theoretical basis for mental health outcomes of cultural betrayal trauma, such that identity and sexual violence may be associated with more severe mental health following victimization for college women across higher education institutions. Examinations of intracultural trust and mental health should be replicated among a variety of racial groups to help clinicians provide tailored culturally responsive techniques when reported sexual victimization occurs.

In addition to replication, future research should consider help-seeking decisions for college women of color given the implications of within-group violence. There is literature to support that, when college students feel represented in their counseling centers, they are more likely to seek formal help (Cheng et al., 2018). In addition to examining help-seeking attitudes and behaviors, societal trauma should continue as a paramount focus for college students of color as the COVID-19 pandemic continues. For example, given the disproportionate rates at which people of color were affected by COVID-19 and the lack of access to effective health care throughout the pandemic for this population, the virus was deemed a possible societal trauma for racially diverse communities (Kira et al., 2021). Institutions need to reframe their approach when working with survivors of sexual violence, as the power associated with a higher education institution can commit institutional and cultural betrayal.

This review found that violence among within-group members is especially harmful in terms of mental health outcomes. Cultural betrayal trauma needs to be examined in the context of

institutional settings. Institutions, such as colleges and universities, serve as trusted entities that may serve as both a setting for sexual assault, as well as a resource for support following an assault. Such institutions should be aware of the potential harm that can occur when a survivor of sexual violence does not receive the necessary protection and support from their institution.

Conclusion

Researchers, clinical professionals, and institutional personnel should continue to conceptualize mental health outcomes following a traumatic event in a framework that emphasizes sociocultural factors. For all college women, sexual violence remains a public health concern. However, for college women of color, the risk factors associated with sexual violence are compounded by the cultural betrayal that occurs when someone is assaulted by a member of their own racial or ethnic group. These concerns are then exacerbated when an institution fails to effectively process cases of sexual violence and support survivors. These occurrences need to be examined more thoroughly using a clinical and ecological perspective (Clauss-Ehlers et al., 2019). With this approach, both institutions and clinicians can be better prepared to reduce rates of sexual violence and support the psychological well-being of survivors.

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