Translation, Adaptation and Validation of Relational Betrayal Trauma Scale in English

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Abstract

The phenomenon of relational betrayal trauma, which involves severe violations of trust within close relationships (non-romantic), has become a noteworthy issue among young adults in several cultural settings. The study investigated the psychometric properties (reliability and validity) of the relational betrayal trauma scale (English version) in young adults. The data was collected from university students (M= 3.300, SD= 0.622) currently enrolled in graduation and post-graduation degrees from different universities in Faisalabad. The sample size comprised N=600 (males=300, females=300) young adults for a cross-sectional study. The data was collected using the purposive sampling method. The scale administration includes the Relational Betrayal Trauma Scale (Akram & Iftikhar, 2022), Brief Betrayal Trauma Survey (Goldberg & Freyd, 2016), and Multidimensional Scale of Perceived Social Support (Zimet, 2016). Statistical Package for Social Sciences 26 and AMOS 27 were used for data analysis. The results demonstrated good psychometric properties of relational betrayal trauma. The result demonstrated that relational betrayal trauma was reliable (α=.845). The convergent validity of the relational betrayal trauma scale with the brief betrayal trauma survey demonstrated a negative correlation (r= -.144, p < 0.05). The discriminate validity of the relational betrayal trauma scale with a multidimensional scale of perceived social support demonstrated a negative correlation (r= -.248, p < 0.01). The present study translated and adapted an indigenous scale in English to be used at the international level for English-speaking people. It is helpful for psychologists to understand trauma due to relational betrayal.

Keywords: Relational Trauma, Betrayal Trauma, Interpersonal Trauma, Trauma Assessment, Young Adults, Scale Translation, Confirmatory Factor Analysis, Psychometric Analysis.

Introduction

The concept of betrayal trauma has been increasingly popular in our culture over the last several years and is now frequently brought up in everyday interactions. According to research, betrayal trauma is a significant problem in our modern culture (Birrell & Freyd, 2006). Betrayal refers to violating a vow or commitment to remain loyal and faithful to someone, regardless of whether the agreement was explicitly stated. When we trust another person, whether a parent or a close friend, we inherently expose ourselves to vulnerability and rely on their support; relying on that individual makes us vulnerable and affects our mental health and well-being (Klest et al., 2019).

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The concept of betrayal trauma highlights the social aspect of trauma, where individuals experience significant violations of trust or well-being by the very people or institutions they rely on for survival (Freyd, 1994). Instances of childhood abuse, infidelity, discrimination, and workplace exploitation can be categorized as forms of betrayal trauma. It is worth mentioning that the theory of betrayal trauma emphasizes how the involvement of a close and trusted person in a particular experience affects how that experience is remembered and processed. This has significant implications for understanding the impact of betrayal trauma and the healing process (Gómez et al., 2016).

In the past, diagnostic nosology has not typically considered the concept of betrayal. Relational trauma that is separate from posttraumatic stress reactions is known as betrayal trauma. Numerous studies have provided strong evidence indicating that betrayal is a significant factor in the development of posttraumatic consequences. Therefore, it is crucial to acknowledge and work through the emotional pain caused by relational ruptures, such as betrayal, to facilitate the healing process from betrayal trauma (Gómez et al., 2016).

Betrayal Trauma Theory (BTT) emphasizes the susceptibility in trusting and interdependent relationships, such as those between a father and daughter or a husband and wife (Gómez, 2021). Betrayal trauma theory (BTT) posits that the experience of trauma within a relationship that is founded on attachment differs from trauma within a relationship that lacks attachment. Betrayal trauma inflicts more significant psychological harm compared to trauma that does not involve caregiving or interpersonal relationships (White & Epstein, 2014). The idea of betrayal trauma posits that the cognitive processing of information related to a traumatic incident varies based on the specific dynamics of the relationship between the offender and the victim.

According to betrayal trauma theory, when the perpetrator breaks trust, it can worsen the harm produced by the abuse itself. Although betrayal trauma theory does not explicitly explain the reasons behind victimization, prior studies indicate that individuals who undergo significant betrayal-related trauma during their formative years (such as child maltreatment) are more prone to experiencing similar betrayal-related trauma during their adolescence and adulthood (Gobin & Freyd, 2009). It was proposed that individuals who have experienced betrayal trauma may suffer impairment in their cognitive processes that enable them to recognize violations of social agreements and indications of betrayal in close relationships. Consequently, they are less inclined to take actions to protect themselves, such as ending the relationship. Nevertheless, additional interpersonal elements might contribute to the recurring trauma of betrayal (DePrince, 2005; Gobin & Freyd, 2009).

Rationale of the Study

This study aims to translate and adapt the Relational Betrayal Trauma Scale from Urdu to English. English is a globally recognized worldwide language. At the worldwide level, a significant proportion of individuals, namely 17%, can grasp the English language. This research will be crucial since it provides a linguistically and culturally valid metric on a global scale. Adapting and validating scales in English results in its generalizability and makes it available to a broader population at the international level. It will eventually help psychologists to understand trauma due to relational betrayal in non-romantic relationships.

Hypothesis of the Study

The hypothesis of the current study formulated based on the objectives of the study is:

H1: The translated version of the relational betrayal trauma scale would demonstrate high psychometric properties.

Methodology

Research Design

To translate and validate the relational betrayal trauma scale, a cross-sectional research approach was used.

Sample

The current study involves university students as participants currently doing graduation and post-graduation, with a sample size of N=600 (M= 3.300; SD= 0.622). These young people are being studied in a cross-sectional study. The data has been gathered by the utilization of the convenience sampling method. In accordance with Erik Erikson's theory of psychosocial development, the population of young people of age 18 to 35 years has been chosen for this study.

Inclusion and Exclusion Criteria

The participants that were included in this study were university students currently doing graduation and post-graduation degrees from different universities in Faisalabad. All of the participants were young adults of age 18 to 35 years. All participants who had experienced trauma were included in the study. All the other participants that do not lie in specific age group and level of education were excluded. DASS-21 was used for diagnosis. All participants who met the criteria of depression, anxiety, and stress on DASS-21 and DSM-5-TR were also excluded.

Instruments

Demographic Data Sheet

The research requested demographic information from participants using a self-developed questionnaire. The participants were asked to provide information about their gender, age, education, marital status, religion, birth order, family system, and current residence and locality.

Relational Betrayal Trauma Scale (Akram & Iftikhar, 2022)

The Relational Betrayal Trauma Scale consists of 20 items with four distinct factors demonstrating favourable psychometric characteristics. Factor 1 is emotional reactivity comprised of items 10, 17, 11, 12, 13, 16, 15, and 14. Factor 2 is avoidant reactivity, which includes items 20, 18, and 19. Factor 3 is an interpersonal problem comprised of items 2, 5, 7, 3, 8, and 4, and factor 4 includes items 1, 9, 6. The scale can assess the intensity of painful encounters and the subjective interpretations of young individuals about acts of betrayal within interpersonal relationships, as it showed excellent reliability of a= 0.87. Moreover, the scale demonstrated convergent validity of r=0.86** with the Berlin Social Support Scale and divergent validity of r= 0.22* with the Betrayal Response Scale.

Brief Betrayal Trauma Survey (Goldberg & Freyd, 2016)

The 14 items of the Brief Betrayal-Trauma Survey are semi-structured and based on the Brief Betrayal Inventory (BBI). The participants report how frequently, both before and after turning 18, they experienced a stressful occurrence. According to the betrayal-trauma theory, the BBTS was created to differentiate between circumstances that involve a betrayal of trust and those that do not, including abuse by a close adult throughout childhood. The four primary event discriminations covered are childhood versus adult events, physical versus sexual versus psychological/emotional forms of abuse, betrayal events (where the victim and the perpetrator had a close relationship) versus other interpersonal events (where the relationship was not as close), and interpersonal versus non-interpersonal events.

Multidimensional Scale of Perceived Social Support (Zimet, 2016)

The Multidimensional Scale of Perceived Social Support is a brief questionnaire to assess an individual's sense of support from three sources: family, friends, and a significant other. This instrument contains 12 questions and has been frequently utilized and validated.

Procedures

Phase 1: Translation and Adaptations

The expert panel conducted a thorough analytical evaluation of the final document and subsequently approved it. The panel was carefully chosen by incorporating individuals who had prior involvement in the translation and adaptation process and possess experience in these specific areas. PhD experts proficient in both Urdu and English were sought. The panels consisted of five highly proficient PhD experts, all possessing ample expertise in the translation and adaptation of scales utilized in psychology. Both forward and backward translation methods were employed to translate the scale.

In forward translation, one or several translators are engaged to translate the scale from the source language to the destination language. With the aid of this method, a group of five specialists was assembled. Every translator was given specific directions to translate the preliminary version. They were instructed to prioritize maintaining the essence of the items, such as the Urdu version. The translator's final draft, which includes the reviewed items and their corresponding difficulty levels, has been documented. Subsequently, the translated scale underwent additional evaluation by two more specialists. Following their collaborative decision, a preliminary version of the items was generated.

The backward translation method is a systematic approach used to ensure linguistic and conceptual equivalency of the scale. For this aim, five translators with extensive qualifications and experience in translation and adaptation were invited to engage in backward translation. They were absent throughout the forward translation stage. They achieved the translation of the scale to the source language by taking into account conceptual equivalency. Once the draft was completed, it was carefully compared to the original version to identify and eliminate any discrepancies. Subsequently, the entire panel deliberated that a conclusive version of the notion of build was accurately represented. Lastly, a review was conducted to assess the language, structure, and psychometric qualities.

Phase II: Cross-Language Validation

To assess the scale validity of cross-language, participants of both genders were chosen. Their age ranges from 18 to 35 years. All participants had completed schooling at the graduating or post-

graduation level. Furthermore, it was verified that all participants have a high level of proficiency and comprehension in both Urdu and English languages. The non-clinical samples were gathered from several universities in Faisalabad.

The Bilingual design, consisting of only one group, has been employed. This design was employed with the aim of ensuring authenticity. For this study, I employed a consistent approach by recruiting 30 individuals who are proficient in two languages. During this procedure, both the English-translated version and the original Urdu version of the scale were given to the group.

Phase III: Establishing Psychometric Properties

Prior to the administration of the scale, six hundred (N = 600) participants were contacted and approached in person, at a time and place fixed with the consent of participants for administrating the scale. After that, consent was taken and the participants were briefed about the purpose of the study and assured that their responses would be kept confidential. They were told that there were no right or wrong answers. Confirmatory factor analysis was run in order to validate the factor structure of English translated measure, to ensure the likelihood and perfection of the scale. The reliability and validity of the scale were also measured.

Ethical Considerations

The board of studies provided formal approval for the research. The nature and objective of the study were disclosed to all participants. Participants provided informed consent prior to becoming research participants in the study. The participants' confidentiality was guaranteed during and after the study. Because there was no deceit in the current study, individuals were able to answer questions honestly. However, research confidentiality has been maintained.

Statistical Analysis

SPSS 26 and AMOS 27 were used for data analysis.

Results

Table 1: Sociodemographic Characteristics of Participants at Baseline (Non-Clinical Sample N=600)

Characteristic	N	%
Gender		
Male	300	50.0%
Female	300	50.0%
Age		
18-25 years	532	88.7%
26-35 years	68	11.3%
Education		
BS	492	82.0%
MS	108	18.0%
Birth order		
First	171	28.5%
Middle	338	56.3%
Last	91	15.2%
Marital Status		

Single	556	92.7%
Married	44	7.3%
Family System		
Joint	244	40.7%
Nuclear	356	59.3%
Locality		
City	425	70.8%
Village	175	29.2%
Current Residence		
Hostilities	354	59.0%
Day Scholar	246	41.0%

Note. N=600; n=Frequency; %= Percentage

The sample consisted of 600 participants that were evenly split in genders having 300 males (50%) and 300 females (50%). The table reveals that young adults particularly those aged from 18 to 25 years participated in the study with a predominance of 531 (88.5%) and few fall within the age bracket of 26 – 35 years that are only 68 (11.3%). The table revealed that 492 (82%) who had BS and 108 (18%) who had MS education. The table demonstrates 338 (56.3%) had middle, 171 (28.5%) had first, and 91 (15.2%) had last birth order. Furthermore, the sample consisted of 556 (92.7%) single and 44 (7.3%) married respondents. The table reveals that 356 (59.3%) respondents had nuclear and 244 (40.7%) respondents had joint family systems. The sample consisted of 425 (70.8%) participants who belong to the city and 175 (29.2%) participants who belong to the village. Furthermore, 354 (59%) respondents were hostilities and 246 (41%) were day scholars.

Table 2: Reliability Statistics of Relational Betrayal Trauma Scales English Version (N=600)

Construct	No. of Items	Alpha (α)
RBTS	20	.845

Note. RBTS= Relational Betrayal Trauma Scale

Reliability is the measure of the internal consistency of the constructs under study. The construct reliability was assessed using Chronbach's Alpha. The results revealed that the English version of the Relational Betrayal Trauma Scale with 20 items (α= .845) was found reliable.

Table 3: Inter-correlation between Original and English Versions of RBTS (N=30)

Construct	No. of Items	Alpha (α)
RBTS Urdu	20	.920
RBTS English	20	.923

Note. RBTS= Relational Betrayal Trauma Scale

The construct reliability was assessed using Chronbach's Alpha. The results revealed that Relational Betrayal Trauma Scale-Urdu (RBTS Urdu) with 20 items (α= .920) and Relational Betrayal Trauma Scale-English (RBTS English) with 20 items (α= .923) were found reliable.

Table 4: Model Fit indices of CFA for RBTS (N=600)

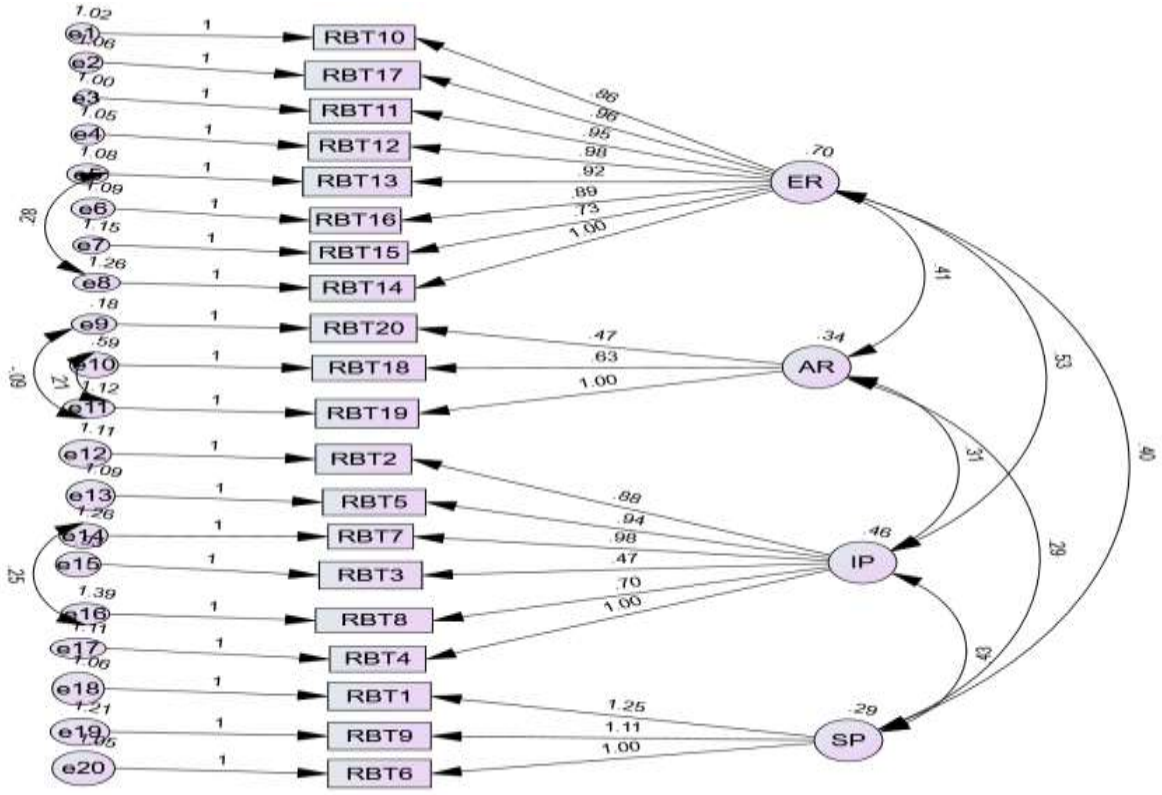
Indices	x^2/ df	p	GFI	AGFI	TLI	CFI	RMSEA
Initial Model	4.41	.000	.88	.84	.80	.82	.07
Revised Model	3.80	.000	.90	.90	.82	.85	.06

Note. df= degree of freedom*; GFI*= Goodness of Fit; *AGFI*= Adjusted Goodness of Fit; *TLI*= Tucker-Lewis Index; *CFI*= Comparative Fix Index; *RMESA*= Root Mean Square Error of

Approximation

The model structure of RBTS English was tested through Confirmatory Factor Analysis (CFA) conducted through IBM SPSS AMOS (version 26.0), aiming to confirm the four-factor model of relational betrayal trauma found by its original authors. The model fit indices suggest an acceptable model fit. The Cmin/df ratio of 3.80 indicates an acceptable fit (Isah et al., 2023). The Goodness of Fit (GFI) value of 0.90 is an acceptable fit (Isah et al., 2023). Adjusted Goodness of Fit (AGFI) indicated a value of 0.90 which is an acceptable fit (Isah et al., 2023). the CFI value of 0.85 is an acceptable fit (Isah et al., 2023). The value of the Tucker-Lewis Index (TLI) is .82 which is poor but it can be accepted marginally as other model indices are good. The root Mean Square Error of Approximation (RMESA) is 0.06 which demonstrates food model fit (Isah et al., 2023). Overall, these indices show that the model has a good fit.

Figure 1*:* Path Diagram of Revised Model of English Version of Relational Betrayal Trauma



Note: The revised four-factor structure of the English version of the Relational Betrayal Trauma Scale is shown with factor loadings on items and covariance.

Table 5*: Construct Validity and Discriminate Validity of Relational Betrayal Trauma Scale with Brief Betrayal Trauma Survey and Multidimensional Scale of Perceived Social Support

	RBTS	BBTS	MSPSS
RBTS	1	-.144*	-.248**
BBTS		1	-.175*
MSPSS			1

Note: RBTS= Relational Betrayal Trauma Scale; *BBTS*= Brief Betrayal Trauma Survey; *MSPSS*= Multidimensional Scale of Perceived Social Support
*p < 0.05; **p < 0.01

The table shows the construct validity of the relational betrayal trauma scale with a brief betrayal trauma survey and a multidimensional scale of perceived social support using Pearson's correlation coefficients. The convergent validity of the relational betrayal trauma scale with brief betrayal trauma survey demonstrated a negative correlation (r= -.144, p < 0.05). The discriminate validity of the relational betrayal trauma scale with a multidimensional scale of perceived social support demonstrated a negative correlation (r= -.248, p < 0.01).

Discussion

In the pursuit of enhancing psychological research and practice, the study was conducted to address a significant gap in the cross-culture validity Relational Betrayal Trauma Scale. This endeavor is particularly important because, although the scale is widely used in Pakistan, there is no prior version that has been validated for use in other populations.

The hypothesis stated that the translated version of the Relational Betrayal Trauma Scale would have high psychometric properties, that is, reliability and validity. This hypothesis is important to guarantee that the scale is valid in measuring relational betrayal trauma among young adults in a cross-cultural context. The results support the hypothesis, as the translated Relational Betrayal Trauma Scale retains its strong psychometric properties in the samples examined. The reliability was α=.845 while the convergent validity demonstrated was r= -.144 and the discriminate validity demonstrated as r= -.248.

The reliability measures employed test-retest reliability as well as internal consistency. The results showed high internal consistency where Cronbach's alpha coefficient was high, this meant that the scale items were a good measure of the same concept (Heo et al., 2015). It was also evidenced by the test re-test reliability that there was stability of responses over the test trials. These results provide evidence that the Relational Betrayal Trauma Scale is a stable measure of relational betrayal trauma in the English-translated version.

The English version of relational betrayal trauma demonstrated construct validity with the Multidimensional Scale of Perceived Social Support and Brief Betrayal Trauma Survey. It also showed high reliability between the original version (α=.920) and translated version (α=.923) of the relational betrayal trauma scale. In sum, these psychometric properties support the translated relational betrayal trauma scale as a valid and reliable measure of relational betrayal trauma in young adults. This supports the hypothesis and emphasizes the need for proper translation and validation procedures for cross-cultural studies.

The confirmatory factor analysis showed model fit indices in Figure 1 path diagram of the translated version of relational betrayal trauma demonstrated that there were significant co-variances in the data. Such co-variance could be the result of cross-cultural differences. This

specifically implies that there is strong factorial covariance of each item factor loading demonstrating that constructs are highly correlated and are the same in sociocultural groups and thus are comparable (Little, 1997). Thus, it is important to understand that the cultural surroundings through which people define and experience relational betrayal trauma may influence their scores (Akram & Iftikhar, 2022). As a result, the differences identified in the results stem from the differences in the perception of betrayal trauma across cultures that result in the four-factor model in the translated English version of the Relational Betrayal Trauma Scale.

Conclusion

The study aimed to translate, adapt and validate relational betrayal trauma scale from Urdu to English. The translated scale showed good reliability and validity with other questionnaires. The study aims to evaluate the relational betrayal trauma scale psychometric properties and to explore the prevalence and severity of relational betrayal trauma in young adults.

Implications

The current research was carried out to translate and validate a scale to measure relational betrayal trauma for young adults. Despite there being enough literature about relational betrayal trauma in psychology, there is a scarcity of scientific words available in the literature. Therefore, the present study translated and adapted an indigenous scale in English to be used at the international level for English-speaking people. It is helpful for psychologists to understand trauma due to relational betrayal.

The participants were taken only from one city of Pakistan Faisalabad, therefore, it is recommended that the data should be taken from all over Pakistan to enhance the generalizability of research. Longitudinal studies should be done to understand the phenomena of relational betrayal trauma among different populations. Moreover, further studies should be done to translate the scale in another language too.

References

- Akram, F., & Iftikhar, R. (2022). Preliminary psychometric properties of relational betrayal trauma scale. *Pakistan Journal of Social Research*, *04*(03), 701–708. https://doi.org/10.52567/pjsr.v4i03.760
- Birrell, P. J., & Freyd, J. J. (2006). Betrayal Trauma. *Journal of Trauma Practice*, *5*(1), 49–63. https://doi.org/10.1300/J189v05n01_04
- DePrince, A. P. (2005). Social Cognition and Revictimization Risk. *Journal of Trauma & Dissociation*, *6*(1), 125–141. https://doi.org/10.1300/J229v06n01_08
- 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
- Gobin, R. L., & Freyd, J. J. (2009). Betrayal and revictimization: Preliminary findings. *Psychological Trauma: Theory, Research, Practice, and Policy*, *1*(3), 242–257. https://doi.org/10.1037/a0017469
- Goldberg, L. R., & Freyd, J. J. (2016). *Brief Betrayal-Trauma Survey* [Dataset]. https://doi.org/10.1037/t02624-000
- Gómez, J. M. (2021). Gendered Sexual Violence: Betrayal Trauma, Dissociation, and PTSD in Diverse College Students. *Journal of Aggression, Maltreatment & Trauma*, *30*(5), 625–640. https://doi.org/10.1080/10926771.2020.1783737

- Gómez, J. M., Lewis, J. K., Noll, L. K., Smidt, A. M., & Birrell, P. J. (2016). Shifting the focus: Nonpathologizing approaches to healing from betrayal trauma through an emphasis on relational care. *Journal of Trauma & Dissociation*, *17*(2), 165–185. https://doi.org/10.1080/15299732.2016.1103104
- Heo, M., Kim, N., & Faith, M. S. (2015). Statistical power as a function of Cronbach alpha of instrument questionnaire items. *BMC Medical Research Methodology*, *15*(1), 86. https://doi.org/10.1186/s12874-015-0070-6
- Isah, S., Ibrahim, R. M., & Karim, F. (2023). Validating the constructs of employees' competence model through confirmatory factor analysis: evidence from NIGERIA. *International Journal of Economics (IJEC)*, *2*(1), Article 1. https://doi.org/10.55299/ijec.v2i1.396
- Klest, B., Tamaian, A., & Boughner, E. (2019). A model exploring the relationship between betrayal trauma and health: The roles of mental health, attachment, trust in healthcare systems, and nonadherence to treatment. *Psychological Trauma: Theory, Research, Practice, and Policy*, *11*(6), 656–662. https://doi.org/10.1037/tra0000453
- Little, T. D. (1997). Mean and Covariance Structures (MACS) Analyses of Cross-Cultural Data: Practical and Theoretical Issues. *Multivariate Behavioral Research*, *32*(1), 53–76. https://doi.org/10.1207/s15327906mbr3201_3
- White, K., & Epstein, O. B. (2014). *Attachment Volume 8 Number 1: New Directions in Psychotherapy and Relational Psychoanalysis*. Phoenix Publishing House.
- Zimet, G. (2016). *Multidimensional Scale of Perceived Social Support (MSPSS)—Scale Items and Scoring Information*.