Trauma, Social Context, and Self-rated Health Over Time

Bridget Klest, PhD
University of Washington

Jennifer J. Freyd, PhD
University of Oregon

Sarah E. Hampson, PhD, & Lewis R. Goldberg, PhD
Oregon Research Institute

2010 APA Annual Convention, San Diego, CA
Cumulative Effects of Trauma on Health
This research was supported by National Institute on Aging Grant AG20048

Background

Trauma Exposure

- Predicts health, including self-rated health
  - Self-rated health predicts health trajectory /mortality
- High-betrayal trauma particularly predictive

(DeSalvo et al., 2006; Edwards et al., 2004; Freyd, Klest, & Allard, 2005; Green & Kimerling, 2004; Krause, Shaw, & Cairney, 2004)

Social Context

- Gender, Ethnicity, Socioeconomic Status
  - Predict trauma exposure
  - Predict health

(Adler & Rehkopf, 2008; Flett et al., 2004; Goldberg & Freyd, 2006; Gorman & Read, 2006; Hatch & Dohrenwend, 2007)

Research Questions

- Does trauma exposure predict self-rated health and health trajectory across ethnic groups?
- Does type of trauma exposure matter?
- Do socioeconomic factors predict self-rated health, above and beyond trauma exposure and ethnicity?

The Current Study

Participants

- 833 members of the Hawaii Personality and Health cohort
  - 51-60 years of age
  - 53% Women, 47% Men
  - Cultural Identification: 39.7% Japanese, 20.5% Caucasian, 19.2% Native Hawaiian, 9.2% Filipino, 5.9% Chinese, 2.9% Latino, 2.6% Other

Hampson et al., 2001

Hawaiian Social Context

- Ethnic and Cultural Diversity
- Socioeconomic Stratification and Discrimination by Ethnic Group

Lower Status Groups	Higher Status Groups
Native Hawaiians Filipino Americans Latinos	Caucasians Chinese Americans Japanese Americans

(Edles, 2004; Mokuau & Matsuoka, 1995; Mayeda et al., 2001; Okamura, 2008, 1990)

Method

- Mailed surveys, 5 waves of questionnaire data collected between 1999 and 2008
  - Brief Betrayal Trauma Survey (BBTS); wave 5
  - Self-rated health; waves 1-5
  - Demographic information, including ethnicity, educational attainment, employment status; wave 1

(Goldberg & Freyd, 2006; Hampson et al., 2001)

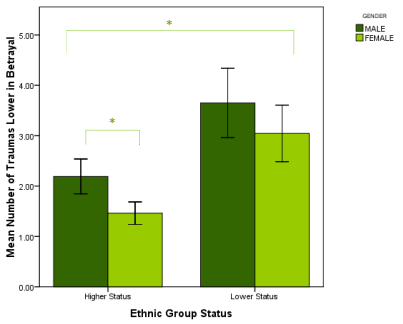
Results

Results

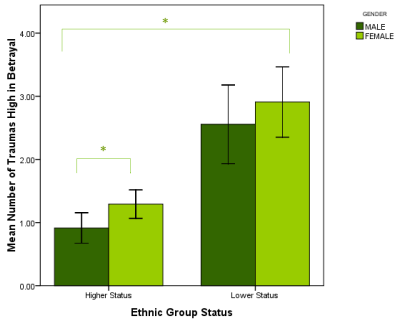
- For ease of presentation, ethnic groups divided by social status within Hawaii
  - Oversimplification, but generally representative of findings

Lower Status Groups	Higher Status Groups
Native Hawaiians Filipino Americans Latinos	Caucasians Chinese Americans Japanese Americans

Status and Lower-Betrayal Trauma



Status and High-Betrayal Trauma



Correlations

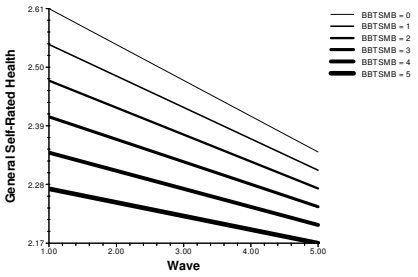
	Educational Attainment	Work Status	Traumas Lower in Betrayal	Traumas High in Betrayal
Work Status	.161**			
Traumas Lower in Betrayal	-.217**	-.118**		
Traumas High in Betrayal	-.199**	-.144**	.681**	
Ethnic Group Status	.468**	.188**	-.248**	-.299**
Gender	-.039	-.221**	-.112**	.074*

Ethnicity and Health

Dependent Measure	*df*	*F*	Largest Group Differences
Self-Rated Health (Average)	5, 765	9.19***	Caucasian > Japanese*** Hawaiian*** Latino*** Filipino** Chinese > Hawaiian* Latino*

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

Betrayal Trauma and Health Trajectory



Self-Rated Health

			Ethnic Group Status	Traumas Lower in Betrayal	Traumas High in Betrayal	Educational Attainment	Work Status
					Semi-partial r		
Model	*R*	*F(df)*					
Status	.16***	20.07 (1, 749)	.16***				
Status + Trauma	.22***	13.20 (3, 747)	.11**	-.02	-.10**		
Status + Trauma + SES indicators	.31***	16.32 (5, 745)	.01	-.01	-.09*	.19***	.11**

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

Implications

Predictors of Health

- Exposure to Traumas High in Betrayal
- Access to Socioeconomic Resources
  - Ethnicity is a significant predictor, only when not controlling for SES

Explaining Health Differences

- Differential trauma exposure
- Differential access to socioeconomic resources

Prevention and Intervention

- Access to Socioeconomic Resources
  - Important for prevention of trauma exposure and development of health problems
  - Important to consider in health interventions

Thank You!