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Beyond Criterion A1: The Effects of Relational and Non-Relational Traumatic Events

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Trauma research has historically focused on Criterion A1 traumas, neglecting many other negative interpersonal events that have been shown to lead to posttraumatic stress disorder (PTSD; S. L. Anders, P. A. Frazier, & S. Frankfurt, 2011). Trauma research has also focused primarily on PTSD and neglected other important outcomes, such as relationship functioning. This study aimed to assess a broader range of events, including many Criterion A1 interpersonal events; assess the cumulative impact of event exposure; and examine the relation between event exposure and a broad range of outcomes, including relationship functioning. A sample of 181 undergraduate students completed measures assessing exposure to a broad range of events, their worst lifetime event, and current psychological (e.g., psychological distress) and relationship (e.g., partner trust) functioning. Results suggested that non-Criterion A1 relational events were very common in our sample. The number of lifetime relational events experienced, whether Criterion A1 or non-Criterion A1, was strongly and consistently associated with all outcomes. The number of lifetime Criterion A1 non-relational events experienced was significantly associated with current PTSD symptoms but was not associated with other mental health and relationship outcomes. No differences were found between Criterion A1 relational, non-Criterion A1

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relational, and Criterion A1 non-relational worst events on any of the mental health or relationship measures. Implications for further research and interventions are discussed.

**KEYWORDS** posttraumatic stress disorder, relationships, traumatic stress

Research on the effects of traumatic life events has historically focused on posttraumatic stress disorder (PTSD) and on events that meet the definition of a traumatic event in the criteria for PTSD (i.e., Criterion A) in the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev. [DSM–IV–TR]; American Psychiatric Association [APA], 2000). However, a mounting body of evidence suggests that events that do not meet this definition (i.e., non-Criterion A1 events) are just as likely as Criterion A1 events to lead to PTSD (e.g., Anders, Frazier, & Frankfurt, 2011). Of these non-Criterion A1 events, interpersonal events are most likely to lead to PTSD symptoms (Anders et al., 2011). The focus on Criterion A1 events and on PTSD has also led to the neglect of other important outcomes, such as the effect of traumatic events on interpersonal relationships. To address these gaps, the goal of this study was to assess the relation between exposure to a broad range of Criterion A1 and non-Criterion A1 relational and non-relational events and a broad range of outcomes, including PTSD symptoms and interpersonal functioning. Prior to presenting the results of our study, we first briefly review research on Criterion A1 and non-A1 events, relational traumas, and interpersonal outcomes of trauma.

**CRITERION A1 AND NON-A1 EVENTS**

The definition of what constitutes a traumatic event in the diagnostic criteria for PTSD has changed over time. Traumatic events were originally defined as events that were outside the range of usual human experience that would be very distressing to almost anyone (*DSM–III*; APA, 1980). The current definition (Criterion A1) is that an individual “experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others” (*DSM–IV–TR*; APA, 2000, p. 467). This definition is controversial, however, and there is considerable debate about how Criterion A1 should be revised (McNally, 2009) or whether Criterion A should be retained at all (e.g., Rosen & Lilienfeld, 2008) in the upcoming *DSM–5*.

Criterion A1 plays an important gate-keeping role because PTSD can only be diagnosed if individuals have experienced a qualifying trauma, regardless of any other reported symptoms. Some evidence suggests that
individuals who have experienced Criterion A1 events are at higher risk for PTSD (e.g., Kilpatrick, Resnick, & Acierno, 2009), but most studies have found little to no difference in PTSD rates and symptom severity between Criterion A1 and non-A1 events (e.g., Anders et al., 2011). One important limitation of these studies is that most have not systematically assessed non-A1 events using checklists but instead have asked open-ended questions about other stressful events, some of which were later categorized as non-Criterion A1 events (e.g., Mol et al., 2005). This lack of systematic assessment of non-A1 events may overestimate PTSD rates in relation to these events because individuals may nominate only unusually traumatic non-Criterion A1 events as their worst events. In addition, without systematic assessment of non-A1 events, it is difficult to compare PTSD rates across different types of non-A1 events. Because different types of A1 events are associated with differential risk for PTSD (Breslau et al., 1998), it seems reasonable to assume that the same may be true for different types of non-A1 events. Finally, using a checklist to assess non-Criterion A1 events is also likely to yield more accurate trauma prevalence rates (Breslau, 2002; see Peirce, Burke, Stoller, Neufeld, & Brooner, 2009, for a comparison of the two methods).

RELATIONAL AND NON-RELATIONAL EVENTS

One category of non-Criterion A1 events that may be particularly distressing is relational traumas. These include relationship loss, interpersonal rejection, or any event that represents a threat to one of the central functions of interpersonal relationships (e.g., belongingness, safety, and security). Relational traumas, particularly those involving meaningful or ongoing relationships for the trauma survivor, may be uniquely distressing because they threaten the fundamental human need to belong (Baumeister & Leary, 1995).

In their review, Charuvastra and Cloitre (2008) concluded that interpersonal traumas, especially those involving intentional harm, are associated with greater risk for PTSD. For example, many of the Criterion A1 events associated with the highest conditional risk of PTSD (e.g., rape, sexual assault; Breslau et al., 1998) can be classified as interpersonal or relational. These findings are also consistent with betrayal trauma theory (Freyd, 1996, 2001). This theory, which primarily concerns Criterion A1 events, posits that events perpetrated by close others (e.g., a primary caregiver) should be associated with a greater sense of betrayal and be more traumatic. In fact, more betrayal trauma exposure was related to higher PTSD symptom scores; moreover, the amount of exposure to other types of Criterion A1 traumas (e.g., natural disaster) did not predict symptoms over and above exposure to betrayal trauma (Freyd, Klest, & Allard, 2005). These findings may extend to a wide variety of events that do not currently qualify as DSM traumas. For example, in one recent study individuals whose worst lifetime event was
a non-A1 relational event (e.g., serious problems/conflicts in relationships, relationship dissolution) reported slightly more PTSD symptoms than those whose worst event was a Criterion A1 event (Anders et al., 2011).

Although PTSD is rarely assessed with regard to these non-Criterion A1 relational events, a large literature supports the notion that these events are associated with other kinds of negative mental health outcomes. For instance, peer rejection in elementary and junior high students predicted aggressive behavior 1 to 2 years later (Kupersmidt, Burchinal, & Patterson, 1995). In addition, adolescent peer rejection was a significant prospective predictor of depressive symptoms 17 months later (Prinstein & Aikins, 2004). In his review of research on ostracism, Williams (2007) concluded that brief episodes of being ignored, excluded, and/or socially rejected result in sadness and anger. Chronic exposure to ostracism appears to deplete coping resources, resulting in depression and helplessness.

Clearly, relational events are related to risk for PTSD, depression, and other negative mental health outcomes. Although existing evidence suggests that relational events—which often are non-Criterion A1 events—are followed by negative outcomes, to date no studies of which we are aware have directly compared relational events to non-relational events in terms of outcomes.

RELATIONAL OUTCOMES OF TRAUMA

Trauma research has historically maintained a narrow focus on PTSD, neglecting other important indicators of psychological well-being. However, some evidence suggests that exposure to trauma is associated with poorer quality relationships. For example, husbands’ PTSD symptoms related to combat trauma were associated with poorer post-deployment marital outcomes (e.g., relationship satisfaction, confidence in the relationship, parenting alliance) for both husbands and wives (Allen, Rhoades, Stanley, & Markman, 2010). Childhood abuse and maltreatment also predict poorer relationship functioning (in romantic relationships and friendships) later in life (e.g., DiLillo et al., 2009). These associations have been found in cross-sectional and prospective studies.

Interpersonal processes that contribute to relational well-being (e.g., trust) may be particularly affected by relational traumas (Smart Richman & Leary, 2008). In turn, decreases in relational functioning increase risk for PTSD and other negative sequelae of traumatic events. Therefore, further research is needed to increase experts’ understanding of the effects of relational traumas on relationship functioning. Studies are also needed that compare the relation between trauma exposure and relationship functioning across different types of traumatic events (e.g., relational and non-relational events). In addition, recent evidence suggests that the degree to which an
event becomes central to an individual’s identity (event centrality) is associated with PTSD symptoms. Given that relational processes are particularly important and salient to young adults (Erikson, 1950), it may be particularly useful to explore the effects of relational events among undergraduate students.

**THE CURRENT STUDY**

The goal of this study was to contribute to researchers’ understanding of both relational traumas and relational outcomes of traumas. Because most studies have not systematically assessed non-Criterion A1 events (particularly non-Criterion A1 relational events), our first goal was to create a traumatic event checklist that included several non-Criterion A1 relational events. This allowed us to assess the prevalence of these events and to examine the frequencies with which participants nominated them as worst events. Exposure to a range of both relational and non-relational Criterion A1 events was also assessed. Our second goal was to examine the relations between cumulative exposure to different kinds of events (Criterion A or not, relational or not) and a range of outcomes, including PTSD symptoms, general distress, global trust, flourishing, and various aspects of relationship functioning (for those in a current romantic relationship). We also assessed whether individuals who nominated different types of events as worst events differed in terms of current functioning, and we compared the role of cumulative exposure and worst event type in terms of current functioning. Thus, our study improves on prior research by assessing a broad range of both A1 and non-A1 events; assessing a broad range of outcomes, including relationship functioning; and directly examining the effect of event characteristics (A1 vs. non-A1, relational vs. non-relational) on this broad range of outcomes.

Our hypotheses were as follows. First, we expected that exposure to relational events would be endorsed frequently by participants and that these events would be nominated as most distressing events at approximately the same frequencies as Criterion A1 stressors. Second, we expected that having experienced more events in general and more relational events in particular would be associated with poorer mental health and relationship functioning. Third, we hypothesized that individuals who nominated different types of events (i.e., Criterion A1 relational, Criterion A1 non-relational, non-Criterion A1 relational) as their worst event would report similar levels of mental health functioning consistent with previous research comparing Criterion A1 and non-A1 events (e.g., Anders et al., 2011) but that individuals whose worst event was relational would report worse relationship functioning than those whose worst event was not a relational trauma. Finally, given that prior trauma exposure is strongly related to distress following subsequent events (e.g., Brewin, Andrews, & Valentine, 2000), we predicted that
cumulative trauma exposure would be more strongly related to outcomes than worst event type.

METHOD

Participants and Procedures

Participants were 181 undergraduate psychology students recruited from a large midwestern university. Participants completed online surveys for extra credit in their psychology courses. Most (78%) participants were between 18 and 21 years of age, were female (76%), and identified as Euro-American/White (83%). More than half (56%) of the participants reported being in a romantic relationship (n = 102). The study was approved by the institutional review board of the university, and all participants were required to give informed consent prior to participating.

Measures

Traumatic events. The Traumatic Life Events Questionnaire (TLEQ; Kubany, 2004) is composed of a list of 22 stressful events (e.g., life-threatening illness, sexual assault) and a question regarding the experience of any “other” events that were disturbing or distressing. Participants indicated whether they had experienced each event during their lifetime. Evidence for the validity of the TLEQ exists in the form of comparisons between answers across time points and comparisons of answers with interviews (Kubany, 2004). Given the importance of relational traumas, we added 18 additional relational events (e.g., ostracism) to the checklist (see the Appendix for these additional non-TLEQ events). Twelve of these events (e.g., rejection, betrayal) were chosen based on Smart Richman and Leary’s (2009) review of research on interpersonal rejection. Three other events (e.g., being cheated on) were added based on previously collected data from undergraduates who were asked to describe the most stressful thing that had ever happened to them (Frazier et al., 2011). We also added three items assessing other types of relational events (e.g., discrimination) that have been shown to be positively related to distress. After completing the 41-item checklist (40 specific events plus an option to describe another event), participants were asked to indicate which of the events they had experienced caused them the most distress (their self-nominated worst event) and to write a narrative with as many details of the event as they felt comfortable sharing. We also asked participants to indicate their relationship (e.g., stranger, mother, close friend) to the person involved in their most distressing event, if applicable. In all, 19% (n = 35) of the participants indicated that a significant other was involved in the event, although it was not clear whether it was their current significant other. Most of the participants (59%,
Two characteristics of self-nominated worst events were coded. For both rounds of coding if the two coders agreed, the agreed-upon code was used. If the coders differed, they discussed the code until they came to a mutually agreed-upon decision.

First, the events were classified a priori as being Criterion A1 \((n = 21)\) or non-Criterion A1 \((n = 19)\) events according to the DSM–IV–TR (APA, 2000). Six individuals nominated “other” events as worst events. These six event descriptions were rated by two coders as meeting Criterion A1 if the event was life threatening, included a threat to physical integrity (e.g., rape, assault), or was a sudden death. Interrater agreement using weighted kappa was .67 (95% confidence interval = 0.10–1.0).

Second, the events were defined a priori as being either relational events (i.e., an event that involves another person, typically someone with whom the participant has a past or ongoing relationship, or that threatens an individual’s need to belong) or non-relational events (i.e., a stressful event that is not primarily focused on the individual’s relationship; see Table 1 for a list of which events were coded as relational and non-relational). All events were coded by two coders as relational or non-relational. Interrater agreement using weighted kappa was .83 (95% confidence interval = 0.67–0.99). Of the 41 events (40 events plus “other” event), 21 were classified as clearly relational, 9 as clearly non-relational, and 11 (i.e., the four sexual assault events, sexual harassment, witnessing the maltreatment of a close other, other’s life-threatening illness, being stalked, abortion, miscarriage, and “other” events) as either relational or non-relational depending on how close the relationship was with the perpetrator or how the person construed the event. Thirty individuals’ worst event descriptions fell into this last category and were coded by two coders who agreed 100% of the time. Ten events were coded as non-relational, 19 were coded as relational, and 1 could not be coded because the person did not write an event description.

Finally, these two dimensions were combined to create three categories of worst events: Criterion A1 relational events (e.g., unexpected death of a loved one; \(n = 57\) people), non-Criterion A1 relational events (e.g., end of a relationship; \(n = 94\) people), and Criterion A1 non-relational events (e.g., own life-threatening illness; \(n = 20\) people). Because only 10 people chose non-Criterion A1 non-relational events (e.g., witnessing the maltreatment of a close other) as their worst event this category was not included in the analyses.

The number of Criterion A1 relational, Criterion A1 non-relational, and non-A1 relational events experienced was measured by summing the number of each type of event endorsed over the participants’ lifetime (see Table 1 for a list of which events were classified as Criterion A1 and non-Criterion A1). The 11 events that needed to be coded as relational or not were
**TABLE 1** Lifetime Event Exposure and Self-Nominated Worst Events

<table>
<thead>
<tr>
<th>Event</th>
<th>Experienced n (%)</th>
<th>Worst n (%)</th>
<th>Conditional (percentage of experienced)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-Criterion A1 events</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Someone said hurtful things&lt;sup&gt;a&lt;/sup&gt;</td>
<td>161 (89%)</td>
<td>3 (2%)</td>
<td>2%</td>
</tr>
<tr>
<td>2. An important promise broken&lt;sup&gt;a&lt;/sup&gt;</td>
<td>136 (75%)</td>
<td>4 (2%)</td>
<td>3%</td>
</tr>
<tr>
<td>3. Close other unsupportive&lt;sup&gt;a&lt;/sup&gt;</td>
<td>129 (71%)</td>
<td>11 (6%)</td>
<td>9%</td>
</tr>
<tr>
<td>4. Deceived about something important&lt;sup&gt;a&lt;/sup&gt;</td>
<td>129 (71%)</td>
<td>5 (3%)</td>
<td>4%</td>
</tr>
<tr>
<td>5. Physically or verbally bullied&lt;sup&gt;a&lt;/sup&gt;</td>
<td>117 (64%)</td>
<td>4 (2%)</td>
<td>3%</td>
</tr>
<tr>
<td>6. Witnessed psychological mistreatment of a close other&lt;sup&gt;b&lt;/sup&gt;</td>
<td>116 (64%)</td>
<td>4 (2%)</td>
<td>3%</td>
</tr>
<tr>
<td>7. Someone excluded participant&lt;sup&gt;a&lt;/sup&gt;</td>
<td>113 (62%)</td>
<td>11 (6%)</td>
<td>9%</td>
</tr>
<tr>
<td>8. Emotional or psychological mistreatment&lt;sup&gt;b&lt;/sup&gt;</td>
<td>112 (62%)</td>
<td>7 (4%)</td>
<td>6%</td>
</tr>
<tr>
<td>9. Lonely for extended periods of time&lt;sup&gt;a&lt;/sup&gt;</td>
<td>105 (58%)</td>
<td>6 (3%)</td>
<td>6%</td>
</tr>
<tr>
<td>10. Undesired relationship dissolution&lt;sup&gt;c&lt;/sup&gt;</td>
<td>102 (56%)</td>
<td>12 (7%)</td>
<td>12%</td>
</tr>
<tr>
<td>11. Social isolation for extended periods of time&lt;sup&gt;a&lt;/sup&gt;</td>
<td>80 (44%)</td>
<td>6 (3%)</td>
<td>8%</td>
</tr>
<tr>
<td>12. Unrequited love&lt;sup&gt;a&lt;/sup&gt;</td>
<td>79 (43%)</td>
<td>5 (3%)</td>
<td>6%</td>
</tr>
<tr>
<td>13. Emotional or physical neglect&lt;sup&gt;a&lt;/sup&gt;</td>
<td>77 (42%)</td>
<td>5 (3%)</td>
<td>7%</td>
</tr>
<tr>
<td>14. Intense homesickness for an extended period&lt;sup&gt;d&lt;/sup&gt;</td>
<td>70 (39%)</td>
<td>1 (1%)</td>
<td>1%</td>
</tr>
<tr>
<td>15. Uninvited or unwanted sexual attention&lt;sup&gt;b&lt;/sup&gt;</td>
<td>65 (36%)</td>
<td>2 (1%)</td>
<td>3%</td>
</tr>
<tr>
<td>16. Discriminated against&lt;sup&gt;a&lt;/sup&gt;</td>
<td>64 (35%)</td>
<td>0 (0%)</td>
<td>0%</td>
</tr>
<tr>
<td>17. Deliberately humiliated by others&lt;sup&gt;a&lt;/sup&gt;</td>
<td>63 (35%)</td>
<td>2 (1%)</td>
<td>3%</td>
</tr>
<tr>
<td>18. Cheated on by romantic partner&lt;sup&gt;a&lt;/sup&gt;</td>
<td>59 (32%)</td>
<td>14 (8%)</td>
<td>24%</td>
</tr>
<tr>
<td>19. Stalked&lt;sup&gt;b&lt;/sup&gt;</td>
<td>30 (17%)</td>
<td>2 (1%)</td>
<td>7%</td>
</tr>
<tr>
<td>20. Self or partner abortion&lt;sup&gt;b&lt;/sup&gt;</td>
<td>8 (4%)</td>
<td>2 (1%)</td>
<td>25%</td>
</tr>
<tr>
<td>21. Self or partner miscarriage&lt;sup&gt;b&lt;/sup&gt;</td>
<td>4 (2%)</td>
<td>3 (2%)</td>
<td>75%</td>
</tr>
<tr>
<td><strong>Criterion A1 events</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Sudden and unexpected death of close other&lt;sup&gt;a&lt;/sup&gt;</td>
<td>91 (50%)</td>
<td>25 (14%)</td>
<td>28%</td>
</tr>
<tr>
<td>2. Loved one serious accident/injury/illness&lt;sup&gt;b&lt;/sup&gt;</td>
<td>66 (30%)</td>
<td>6 (3%)</td>
<td>9%</td>
</tr>
<tr>
<td>3. Someone close committed suicide&lt;sup&gt;a&lt;/sup&gt;</td>
<td>48 (26%)</td>
<td>8 (4%)</td>
<td>17%</td>
</tr>
<tr>
<td>4. Natural disaster&lt;sup&gt;c&lt;/sup&gt;</td>
<td>41 (23%)</td>
<td>3 (2%)</td>
<td>7%</td>
</tr>
<tr>
<td>5. Witnessed family violence&lt;sup&gt;a&lt;/sup&gt;</td>
<td>40 (22%)</td>
<td>8 (4%)</td>
<td>20%</td>
</tr>
<tr>
<td>6. Other type of accident&lt;sup&gt;c&lt;/sup&gt;</td>
<td>33 (18%)</td>
<td>4 (2%)</td>
<td>12%</td>
</tr>
<tr>
<td>7. Someone threatened to kill or seriously harm&lt;sup&gt;c&lt;/sup&gt;</td>
<td>28 (15%)</td>
<td>0 (0%)</td>
<td>0%</td>
</tr>
<tr>
<td>8. Motor vehicle accident&lt;sup&gt;c&lt;/sup&gt;</td>
<td>20 (11%)</td>
<td>6 (3%)</td>
<td>30%</td>
</tr>
<tr>
<td>9. Childhood physical abuse&lt;sup&gt;a&lt;/sup&gt;</td>
<td>17 (9%)</td>
<td>1 (1%)</td>
<td>6%</td>
</tr>
<tr>
<td>10. Witnessed someone beaten by a stranger&lt;sup&gt;c&lt;/sup&gt;</td>
<td>17 (9%)</td>
<td>0 (0%)</td>
<td>0%</td>
</tr>
<tr>
<td>11. Physically hurt by a romantic partner&lt;sup&gt;a&lt;/sup&gt;</td>
<td>16 (9%)</td>
<td>3 (2%)</td>
<td>19%</td>
</tr>
</tbody>
</table>

(Continued)
### TABLE 1  Lifetime Event Exposure and Self-Nominated Worst Events (Continued)

<table>
<thead>
<tr>
<th>Event</th>
<th>Experienced $n$ (%)</th>
<th>Worst $n$ (%)</th>
<th>Conditional (percentage of experienced)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Before age 13, forced sexual contact with a peer $^b$</td>
<td>16 (9%)</td>
<td>1 (1%)</td>
<td>6%</td>
</tr>
<tr>
<td>13. Sexual assault after age 18 $^b$</td>
<td>16 (9%)</td>
<td>0 (0%)</td>
<td>0%</td>
</tr>
<tr>
<td>14. 13–18 years old, forced sexual contact $^b$</td>
<td>15 (8%)</td>
<td>2 (1%)</td>
<td>13%</td>
</tr>
<tr>
<td>15. Before age 13, forced sexual contact with a person 5+ years or older $^b$</td>
<td>14 (8%)</td>
<td>2 (1%)</td>
<td>14%</td>
</tr>
<tr>
<td>16. Robbed, mugged, or held up using threat of force or force $^c$</td>
<td>12 (7%)</td>
<td>1 (1%)</td>
<td>8%</td>
</tr>
<tr>
<td>17. Own life-threatening illness $^c$</td>
<td>10 (6%)</td>
<td>1 (1%)</td>
<td>10%</td>
</tr>
<tr>
<td>18. Beaten up by a stranger $^c$</td>
<td>5 (3%)</td>
<td>1 (1%)</td>
<td>20%</td>
</tr>
<tr>
<td>19. Lived or worked in a war zone $^c$</td>
<td>4 (2%)</td>
<td>1 (1%)</td>
<td>25%</td>
</tr>
<tr>
<td>Other distressing events $^b$</td>
<td>87 (48%)</td>
<td>6 (3%)</td>
<td>7%</td>
</tr>
</tbody>
</table>

Notes: $N = 181$.  
$^a$Relational.  $^b$Needed to be coded as relational/non-relational.  $^c$Non-relational.

omitted from these variables because we had narrative descriptions for the self-nominated worst events but not for all events that were endorsed.

**PTSD symptoms.** The PTSD Checklist–Specific Version (Weathers, Litz, Herman, Huska, & Keane, 1993) is a 17-item self-report measure consisting of items that assess the symptom criteria for a PTSD diagnosis according to the *DSM–IV–TR* (APA, 2000). Participants responded to items in terms of their self-nominated most distressing lifetime event. Items were rated on a scale from 1 (*not at all*) to 5 (*extremely*) with regard to the previous 2 weeks. A recent study (Adkins, Weathers, McDevitt-Murphy, & Daniels, 2008) of the psychometric properties of several measures of PTSD symptoms in college students revealed strong support for the test–retest and internal consistency reliability and convergent validity of scores on the PTSD Checklist. Reliabilities for scores on this measure and all subsequent measures were in the adequate range in our sample ($\alpha$s $= .85–.96$).

**General distress.** We included the depression, anxiety, and hostility subscales of the Brief Symptom Inventory (Derogatis, 1993) to assess general distress. This measure has been shown to be reliable in other college samples (Frazier et al., 2011; $\alpha = .94$).

**Global trust.** The Generalized Trust Scale (Couch, Adams, & Jones, 1996) is a 20-item inventory that measures one’s trust orientation toward people in general. Scores on this measure have been shown to have high internal consistency ($\alpha = .90$) as well as concurrent, discriminant, and construct validity in samples of college students.

**Well-being.** The Flourishing Scale is an 8-item measure of self-perceived success in important areas such as relationships, self-esteem, purpose, and
optimism (Diener et al., 2009). The scale provides a single psychological well-being score. Scores on this measure have good internal reliability in undergraduate samples ($\alpha = .87$) and are strongly associated with other psychological well-being scales.

**Partner-specific trust.** The Trust Scale (Rempel, Holmes, & Zanna, 1985) is a 17-item measure that assesses the extent to which individuals trust their current romantic partner. It is composed of three subscales (faith, dependability, and predictability) that are combined to create a total score. Scores on this scale have high reliability in undergraduate samples of dating couples (e.g., $\alpha s = .85--.88$; Gable, Reis, Impett, & Asher, 2004).

**Relationship quality.** The Perceived Relationship Quality Components Scale (Fletcher, Simpson, & Thomas, 2000) was used to assess individuals' perception of the quality of their current romantic relationship. This 18-item scale measures six components of relationship quality: closeness, intimacy, passion, love, trust, and satisfaction. The reliability of total Perceived Relationship Quality Components Scale scores is very high in various populations.

**Partner responsiveness.** The Responsiveness Scale (Reis, 2003) is an 18-item measure that assesses how much individuals feel understood, validated, and cared for by their current romantic partner. Scores on this scale have displayed very high reliability in previous research with undergraduate samples (e.g., Gable, Gonzaga, & Strachman, 2006).

**Felt security.** The State Felt Security Scale (Murray, Bellavia, Rose, & Griffin, 2003) is composed of three subscales (of six, seven, and five items, respectively) that assess felt rejection, felt acceptance, and anxiety about acceptance in a current romantic relationship. These subscales can be combined to yield a total score, which has good internal consistency.

**RESULTS**

**Preliminary Analyses**

All continuous variables were checked for outliers using Grubb's test. Six values (i.e., one on partner-specific trust, three on flourishing, and two on the number of Criterion A non-relational events scale) were more than 3 SD away from the mean, appeared to be outliers on visual inspection, and were winsorized (i.e., changed to the next closest score).

**Prevalence of Trauma Exposure**

*Non-Criterion A1 events.* Lifetime prevalence rates for the non-A1 events ranged from 2% (self or partner miscarriage) to 89% (someone said hurtful things about the participant; see Table 1). Almost everyone (99%) reported at least one non-Criterion A1 event. All of the events (except self...
or partner abortion and self or partner miscarriage) were endorsed by more than 15% of the sample. The mean number of non-Criterion A1 relational events reported over the lifetime was 8.82 (SD = 3.61; range = 0–16).

**Criterion A1 events.** Prevalence rates for the Criterion A1 events ranged from 2% (living or working in a war zone) to 50% (sudden and unexpected death of a close other; see Table 1). The mean number of Criterion A1 non-relational events experienced over the lifetime was 0.93 (SD = 1.18; range 0–6), the mean number of Criterion A1 relational events was 1.17 (SD = 1.04; range 0–4), and 87% of the sample reported at least one Criterion A1 event.

**Worst events.** The most frequently nominated worst events were the sudden and unexpected death of a close other (14%; n = 25), being cheated on by a romantic partner (8%; n = 14), undesired relationship dissolution (7%; n = 12), and having an unsupportive close other (6%; n = 11; see Table 1). Three of these four events were non-Criterion A1 events. Of the 97 participants who nominated a non-Criterion A1 relational event as their worst event, a majority (77%) also reported experiencing at least one Criterion A1 event in their lifetime. The overall frequency with which certain events were nominated as worst events also depended on the prevalence of the event. If they were experienced, the non-A1 events most likely to be nominated as worst events were self or partner miscarriage (75%; 3/4), self or partner abortion (25%; 2/8), being cheated on by a romantic partner (24%; 14/59), and undesired relationship dissolution (12%; 12/102). If they were experienced, the A1 events most likely to be nominated as worst events were being in a motor vehicle accident for which the participant received medical attention or that badly injured or killed someone (30%; 6/20), the unexpected death of a loved one (28%; 25/91), living or working in a war zone (25%; 1/4), witnessing family violence (20%; 8/40), and being beaten up by a stranger (20%; 1/5).

**Mental Health and Relationship Outcomes as a Function of Event Characteristics**

We next examined the correlations between lifetime exposure to Criterion A1 relational, Criterion A1 non-relational, and non-Criterion A1 relational events and mental health and relationship outcomes (see Table 2). The number of Criterion A1 and non-Criterion A1 relational events reported was related to all outcomes in the expected directions in that a greater number of Crit A1 non-relevents experienced was associated with worse mental health and relationship functioning. An unexpected finding was that the number of Criterion A1 non-relational events experienced was unrelated to outcomes except PTSD. In most instances, the number of non-Criterion A1 relational events experienced was more strongly related to outcomes than was the number of Criterion A1 relational events experienced (except for partner-specific trust), although these correlations were not statistically
TABLE 2 Correlations Among Event Exposure, Mental Health, and Relationship Functioning

<table>
<thead>
<tr>
<th>Variable</th>
<th>Number of criterion A1 non-relational events</th>
<th>Number of criterion A1 relational events</th>
<th>Number of non-criterion A1 relational events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total sample (n = 173–181)</td>
<td>.28***</td>
<td>.28**</td>
<td>.42***</td>
</tr>
<tr>
<td>Posttraumatic stress disorder</td>
<td>.12c</td>
<td>.25**</td>
<td>.35**c</td>
</tr>
<tr>
<td>General distress</td>
<td>−.10b</td>
<td>−.15</td>
<td>−.26**</td>
</tr>
<tr>
<td>General trust</td>
<td>−.03c</td>
<td>−.24**</td>
<td>−.26**c</td>
</tr>
<tr>
<td>Flourishing</td>
<td>−.03c</td>
<td>−.24**</td>
<td>−.26**c</td>
</tr>
<tr>
<td>In a relationship (n = 101)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner trust</td>
<td>−.03a</td>
<td>−.17</td>
<td>−.24**</td>
</tr>
<tr>
<td>Relationship quality</td>
<td>.00a</td>
<td>−.26**</td>
<td>−.18</td>
</tr>
<tr>
<td>Partner responsiveness</td>
<td>−.01c</td>
<td>−.28**</td>
<td>−.35**c</td>
</tr>
<tr>
<td>Felt security</td>
<td>−.16b</td>
<td>−.22**</td>
<td>−.38***b</td>
</tr>
</tbody>
</table>

Notes: Total sample sizes range from 173 to 181 because of missing data for some participants. Superscripts indicate significant or marginally significant differences in the correlations between the number of Criterion A1 non-relational events and outcomes and the number of non-Criterion A1 relational events and outcomes. Differences in correlations significant at *p < .05, **p < .01, ***p < .001.

There were, however, statistically significant differences in the correlations between the number of Criterion A1 non-relational events experienced and the number of non-Criterion A1 relational events experienced for distress, flourishing, felt security, and partner responsiveness and marginally significant differences for PTSD symptoms, general trust, and partner-specific trust (see Table 2). In other words, exposure to non-Criterion A1 relational events (e.g., infidelity) was associated with more distress than was exposure to Criterion A1 non-relational events (e.g., motor vehicle accidents).

To directly compare different worst event types on outcomes, we next conducted two multivariate analyses of covariance assessing whether individuals who nominated different types of events as their worst event reported different levels of distress or relationship functioning. In one analysis current PTSD symptom scores, general distress, flourishing, and general trust scores were the dependent variables. In the other analysis, which only included those currently in a romantic relationship, partner-specific trust, relationship quality, partner responsiveness, and felt security were the dependent variables. In both analyses the independent variable was worst event type (i.e., Criterion A1 relational, Criterion A1 non-relational, or non-Criterion A1 relational), and the variables representing the number of each type of event experienced were included as covariates. There were no significant differences in distress, F(8, 310) = 1.32, p = .23; or relationship outcomes, F(8, 170) = 0.53, p = .84, as a function of type of worst event nominated (i.e., Criterion A1 relational, Criterion A1 non-relational, or...
non-Criterion A1 relational). The effect sizes (partial $\eta^2$) for the multivariate tests in both multivariate analyses of covariance were smaller for event type (.02–.03) than for the number of events experienced, particularly the number of relational events experienced, which had the strongest relation with outcomes (.06–.16).

DISCUSSION

The purpose of this study was to assess the prevalence of a range of relational events using an expanded trauma checklist; to compare the relations between lifetime exposure to Criterion A1 relational, Criterion A1 non-relational, and non-Criterion A1 relational events and outcomes; and to assess mental health and relationship outcomes following self-nominated worst events as a function of whether the events met Criterion A1 and/or were relational. Our study improved upon prior research by systematically assessing non-Criterion A1 relational events; assessing a broader array of mental health outcomes, including relationship outcomes; and examining the cumulative impact of experiencing different types of events.

Trauma Prevalence

As expected, the new relational events added to the TLEQ were quite common, with more than 50% of the participants endorsing 10 of the 18 new events during their lifetime. These prevalence rates were much higher than the prevalence rates for most of the traditionally measured Criterion A1 events in our sample (e.g., natural disaster, life-threatening illness). However, the prevalence rates for the TLEQ events in our sample were similar to those found in similar samples (e.g., Frazier et al., 2009). In addition, the overall probability of nominating some of these non-Criterion A1 relational events (e.g., being cheated on, non-consensual end of relationship) as most distressing was among the highest of any of the events. Further exploration revealed that those who nominated relational events as their most distressing events had experienced “serious” Criterion A1 events such as sexual assault or partner abuse yet still nominated a relational event as their worst. Among these new relational events, only discrimination was not nominated by anyone as their most distressing event. These findings illustrate the importance of assessing these commonly experienced relational events because people perceive them to be significant and distressing, even after having experienced other Criterion A1 events.

Cumulative Impact of Events

Generally speaking, individuals who reported having experienced more traumas reported more current distress and PTSD and poorer quality
romantic relationships. This is consistent with previous research suggesting that exposure to a greater number of events is associated with worse outcomes (e.g., Brewin et al., 2000). These relations were consistent across Criterion A1 and non-Criterion A1 relational events. However, this pattern did not hold for the number of Criterion A1 non-relational events reported, which were generally unrelated to outcomes (except for PTSD symptoms). Thus, in our sample the number of relational events was most strongly related to outcomes, rather than the number of events experienced as a whole. This finding supports our assertion that relational events, and in particular non-Criterion A1 relational events, are essential to consider when studying stressful and traumatic events (see also Charuvastra & Cloitre, 2008). Although there is reluctance to expand Criterion A1 to include non-life-threatening events (see Kilpatrick et al., 2009), it may be important to include these specific types of non-Criterion A1 events that are especially distressing and related to higher levels of PTSD symptoms.

Outcome Differences Between Worst Event Types

As found in previous research (e.g., Anders et al., 2011), there were no significant differences between Criterion A1 relational, Criterion A1 non-relational, and non-Criterion A1 relational worst events on the mental health outcome variables. What is surprising is that there also were no significant differences between different worst event types on the relationship variables. Consistent with previous research (e.g., Anders et al., 2011; Frazier et al., 2009), the number of events experienced was more strongly associated with outcomes than was worst event type. Although it is common practice in trauma research, assessing symptoms with reference to a single index event may be misleading. Individuals rarely experience only one event over their lifetimes, and the accumulation of events appears to have the strongest relation with outcomes.

Relationship Functioning

Because relationship functioning is not typically assessed as an outcome of exposure to traumatic events, one of the main aims of this study was to examine the relation between trauma exposure and current relationship functioning. As noted earlier, individuals who reported having experienced more Criterion A (e.g., sudden death, family violence) and non-Criterion A (e.g., social exclusion, infidelity) relational traumas in their lifetime reported less trust in their current romantic partner, reported less satisfaction with their relationship with their partner, perceived their partner as less responsive, and felt less secure in their relationship. It is important to note that most of the relational traumas happened outside the context of the specific relationship assessed in this study, yet these events were related to the quality of that
specific relationship. Because close relationships contribute to mental and physical health (Baumeister & Leary, 1995), experts can no longer ignore the impact of traumatic events on relationships.

Limitations and Future Directions

Although our study improves on prior research in several ways, there are some limitations. First, our sample was composed of university students who were mostly White and female. Thus, our findings may not generalize to more diverse samples. Second, our study used a retrospective design. Other studies have found that individuals’ retrospective recollections of events have low test–retest reliability (Kubany, 2004). Thus, it is difficult to be certain that our participants were accurately recalling their lifetime experience of these events, particularly with the addition of more commonly experienced non-Criterion A1 relational events. Finally, because our data were cross-sectional, we cannot determine whether experiencing relational traumas puts people at risk for poorer quality relationships or whether individuals with poorer quality relationships are more prone to experiencing relational traumas.

Implications

There are two primary implications of our data. First, our data suggest that it is important to assess a broader range of events in trauma research, especially those involving interpersonal relationships. It may even be useful to include these specific types of non-A1 events in the definition of a trauma in the DSM, given their relations with PTSD symptoms. Second, given the significant relations between trauma exposure and relationship functioning, our data illustrate the importance of assessing a broader range of outcomes in trauma research.

NOTES

1. To clarify, let us state that although PTSD cannot technically be diagnosed without an A1 event, we use the term PTSD rate to refer to cases of PTSD that met all other criteria regardless of whether Criterion A1 was met.
2. Worst event type was also nonsignificant when the covariates were not included in the analyses.

REFERENCES


APPENDIX

Events Assessed in Addition to Those on the Traumatic Life Events Questionnaire

Has someone broken an important promise to you?
Has someone close to you been unsupportive when you really needed him/her?
Has someone deceived you about something important?
Has someone ended any kind of relationship with you even though you wanted to continue the relationship?
Have you ever been bullied (physically or verbally)?
Have you been neglected emotionally or physically?
Have you been treated differently by others because of your race, gender, physical characteristics, abilities, etc.?
Has a romantic partner cheated on you?
Has someone excluded you from something you really wanted to be a part of?
Has someone said hurtful things about you behind your back?
Has someone emotionally or psychologically mistreated you (e.g., said or done very hurtful things)?
Have you ever felt isolated from the people around you (at school, work, etc.) for extended periods of time?
Have you felt very lonely for extended periods of time?
Has someone deliberately humiliated you?
Have you ever had intense romantic feelings for someone who did not reciprocate them?
Have you experienced intense feelings of homesickness for an extended period of time?
Has someone close to you committed suicide?
Have you witnessed someone close to you being emotionally or psychologically mistreated?

Notes: Participants answered yes/no.