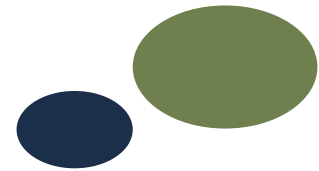


When Trust Becomes Survival

A Unified Model of Betrayal Trauma and Moral Injury



Unified Assessment Guide: Betrayal Trauma and Moral Injury

Use this guide to assess both intimate and institutional betrayal while tracking moral injury, survival adaptations, and regulation needs.

1. Locate the betrayal

- Who or what was depended on for safety, attachment, identity, livelihood, community, or calling?
- Did the betrayal occur in an intimate relationship, a family system, a church, a workplace, a healthcare setting, or another institution?
- What made full acknowledgment costly or dangerous?

2. Assess trauma and moral meaning

- What symptoms followed the betrayal: intrusion, hypervigilance, dysregulation, shutdown, anxiety, dissociation, overfunctioning?
- What values feel violated: honesty, dignity, loyalty, justice, faithfulness, integrity, protection?
- What meanings has the client made about self, others, and the world?

3. Listen for survival mechanisms

- Betrayal blindness: minimization, forgetting, confusion, reinterpretation, self-doubt, delayed recognition
- Moral numbing: shutdown, compartmentalization, constrained reflection, emotional flattening, “just getting through it”
- Survival bind indicators: “I cannot leave,” “I should have known,” “If I name this clearly, everything changes”

4. Pace the assessment

- Track regulation moment to moment; fuller recognition may increase flooding or collapse.
- Use therapeutic presence, attunement, and pacing as part of assessment rather than waiting to “start treatment.”
- Avoid shaming the client for staying in a relationship or system they still depend on.

5. Move toward treatment planning

- Begin with stabilization and safety when regulation is limited.
- Use cognitive and meaning-making work for betrayal and moral stuck points.
- Consider trauma-processing approaches when the client has sufficient stabilization and clear targets.
- Support values-guided action, repair decisions, and realistic boundary planning.

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Phase-Based Treatment Map and Discussion Prompts

Phase 1: Stabilize

- Name betrayal and dependency clearly.
- Support safety, grounding, nervous-system regulation, and alliance attunement.
- Assess whether the client is flooded, collapsed, dissociated, or overfunctioning.

Phase 2: Process

- Use CPT-informed or other structured cognitive work for betrayal and moral stuck points.
- Use EMDR or Brainspotting when clinically appropriate and sufficiently stabilized.
- Process shame, anger, grief, disgust, and value conflict with pacing.

Phase 3: Repair

- Clarify violated values and realistic forms of moral repair.
- Explore trust decisions, dignity, forgiveness pressure, and relational/institutional boundaries.
- Reduce hindsight bias and distorted responsibility through guilt-focused work such as TrIGR-informed strategies.

Phase 4: Re-engage

- Support committed action in alignment with values.
- Help clients navigate staying, leaving, repairing, reporting, or redefining connection.
- Attend to grief over the loss of idealized trust.

Discussion prompts for attendees

- Where do you see betrayal dynamics that are missed when only fear-based trauma language is used?
- How do you distinguish client resistance from a survival adaptation?
- What helps you pace assessment and treatment when fuller acknowledgment could destabilize the client?
- How do you support integrity when leaving a relationship or institution is not immediately possible?

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