

THE EFFECT THAT TRAUMA HAS ON ABUSIVE SITUATIONS AND RELATIONSHIPS



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ABSTRACT

In the past quarter of a century, there has been a significant increase in the clinical and empirical attention placed on traumatic incidents. Even though humans have been able to endure traumatic situations for ages, there has been a significant advance in the scientific knowledge of trauma in recent history. The individual impacts of trauma on the main victim, or the person who was there during the traumatic event, are the subject of a significant portion of the research and writing that has been done on trauma and posttraumatic stress (Herman, 1997; van der Kolk, McFarlane, & Weisaeth, 1996).

Keyword: Traumatic Event, Main Victim, Main Victim.

INTRODUCTION

According to the secondary traumatic stress theory, being in close proximity to and emotionally related to a person who has been traumatised can become a source of ongoing stress, and family members frequently report experiencing symptoms of their own traumatization as a result (Arzi, Solomon, & Dekel, 2000; Figley, 1983, 1995; McCann & Pearlman, 1990; Solomon, Waysman, Levy, et al., 1992). The primary idea that underpins the secondary trauma hypothesis is that individual stress reactions are contagious, and that those

who are in close proximity to a trauma survivor run the risk of becoming "infected" with the survivor's reaction to the trauma (Catherall, 1992; Figley, 1995). The difficulties that are encountered by those who are emotionally close to a trauma survivor frequently "mirror" (Coughlan & Parkin, 1987) the effects of the trauma on the survivor. This could be the result of a process known as internalisation, in which members of the victim's family identify so strongly with the events that the victim has been through that they begin to internalise the traumatic symptoms that the victim is experiencing and experience their own stress reactions (Maloney, 1988). These consequences are referred to as "secondary" because they manifest in those who have not been directly affected by the traumatic incident that has place. In many cases, these side effects may be similar to the symptoms of PTSD (Bramsen, van der Ploeg, & Twisk, 2002; Nelson & Wright, 1996), however they may be less strong (Maltas & Shay, 1995). Several authors have written about the secondary effects that traumatic events have on people such as children (Barnes, 1998; Steinberg, 1998), spouses and partners (Arzi et al., 2000; Bramsen et al., 2002; Lev-Wiesel & Amir, 2001; McCann & Pearlman, 1990; Nelson & Wampler, 2000; Nelson, Wangsgaard, Yorgason, Higgins Kessler, The fact that the secondary traumatization concept has just a little amount of support from empirical research is a problem for its proponents. This idea is mentioned in passing in a significant portion of the research that has been conducted on secondary traumatization. These studies cite clinical evidence and provide a required conceptual framework for comprehending the aftereffects of traumatic experiences (Figley, 1983; McCann & Pearlman, 1990; Miller & Sutherland, 1999; Nelson & Wright, 1996).

After going through a traumatic experience, many people discover that their connections with the people around them are altered. It is not uncommon for the overwhelming conditions brought on by traumatic occurrences to have an effect on a person's interactions with their friends, family, workplace, and other people. Even while these responses are specific to each individual and are based on the particular traumatic event that they have had, the majority of individuals have certain responses that are common to what has occurred to them. The sense of safety and security that individuals have in the world is severely tested when traumatic occurrences take place. It's possible that their faith in the future will be challenged, that their perspective on the purpose of life will shift, and that both the way they think about themselves and the way they feel about themselves will alter. These emotions can manifest themselves in a myriad of different ways within the context of relationships.

THE RANGE OF TRAUMATIC EXPERIENCES AFFECTING RELATIONSHIPS

It is natural for a person's experience to affect their relationships with others, regardless of the traumatic event or circumstances they have been through, such as the unexpected death of a loved one, an aviation disaster, a hate crime, community violence, childhood abuse, sexual assault, war, or circumstances in which they have been forced to seek refuge. This includes occurrences that take place only once or persist over a period of time, those that are triggered by natural or purposeful causes, and those that can have an impact on an individual in isolation or in conjunction with others in their community. Despite the unique characteristics of each of these occurrences, the disturbance that traumatic experiences generate in people's life can also cause disruptions in their sentiments for other people and in their ties to other people.

HOW TRAUMA AFFECTS RELATIONSHIPS

The experience of having lived through traumatic experiences may leave a person with the anticipation of experiencing danger, betrayal, or possible injury within new or existing relationships. It may be difficult for survivors to trust people, even those who they have trusted in the past. Survivors may feel vulnerable and confused about what is safe, which may make it difficult for them to trust others. Because we live in a dangerous environment, being close to other people might feel terrifying because we are afraid of getting wounded. People may also experience anger as a result of feeling powerless and losing control over aspects of their lives, which may lead them to become violent or attempt to exert control over others. A person who has been through traumatic situations may feel threatened more quickly, which can lead to increased levels of anger and aggressive behaviour. When confronted with danger, it is only normal for a person to respond with aggressive defensive behaviour. It's possible that an individual's perception of who they are might be impacted as well. Those who have survived traumatic experiences may experience extreme feelings of shame, including feeling unlovable or terrible in some manner, or guilty about what happened to them or about something they did or believe they should have done during the horrific event. A person may have the impression that no one can completely comprehend what has taken place, or they may be concerned that it will be too taxing to discuss their experiences with those who are particularly close to them. Some people develop a habit of isolating themselves from other people, pulling away from their friends, family, workplace, and life in general, and experiencing feelings of distance, separation, or detachment as a result. Others may have feelings of anxiety or fear in respect to other people, see those other people as having power

or influence over them, or find it easy to feel abandoned or rejected. Still others could have an excessively protective or reliant attitude. A significant number of people who have survived traumatic experiences report feeling emotionally numb and report having difficulty feeling or expressing good feelings within the context of a relationship. Additionally, physical closeness may be more challenging, and some survivors of traumatic events may discover that it is challenging, if not impossible, to establish a sexual relationship that is satisfying to them. A number of these experiences can be experienced by certain individuals, which can be perplexing or scary.

WHEN TRAUMA OCCURS WITHIN RELATIONSHIPS

When a traumatic event has taken place inside a relationship, for example when an adult has been abused by an intimate partner, it can be especially difficult to communicate securely with others in close relationships. Under these situations, trust has been violated, an intimate relationship has been severed, and a support system that was supposed to be there for safety now poses a threat. It is possible for this to develop in a concern that other people are not reliable, as well as a difficulty to find protection. The process of becoming closer to someone might be baffling, frightening, uncertain, or even completely avoided. It's possible that physical connection, eroticism, and tenderness will be impaired. When a kid is subjected to traumatic events at a young age, for example when they are sexually molested by a trusted family member, the most fundamental components of trust and safety within a main connection are weakened. The person's ability to feel peaceful and to anticipate caring, responsive, and comfortable relationships in adult life is negatively impacted as a result of the disruptions in the first attachments. There is a possibility that memories and sentiments of betrayal, loss, humiliation, secrecy, violation, and threats to one's bodily integrity will surface or become a part of later relationships. Some people, especially those who were abused or neglected as children, may have difficulty developing fundamental trust and forming healthy attachments, and this may be reflected in their relationships.

HOW LONG ARE RELATIONSHIPS AFFECTED AFTER TRAUMATIC EXPERIENCES?

The variety of responses that might effect relationships in the wake of traumatic situations shifts throughout the course of time. Some people may feel the effects for several weeks or even months as they gradually return to prior patterns of interacting and discover that their relationships may be helpful and secure. For other people, it may take a longer period of time

before they feel more at ease contacting new people and maintaining their existing connections in a secure manner. And other people may discover that their relationships are profoundly impacted, such that they are unable to build or reestablish ties with others, relate to others in a comfortable manner, or relate to them at all. This may happen for a variety of reasons, such as having been through traumatic experiences, having been exposed to trauma in the past, being in a difficult situation in life right now, or not having developed healthy coping mechanisms to deal with substantial stress and loss.

POST-TRAUMATIC STRESS DISORDER

Research over the past decade has altered its focus to seek to understand why an increase in risk of reabuse occurs after a preliminary traumatic incident. This movement in research focus came about due to a shift in the question that was being asked by the researchers. Symptoms of post-traumatic stress disorder (PTSD) being experienced by the victim is one of the most often reported findings in the body of academic research (Kuijpers et al., 2012). The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) defines post-traumatic stress disorder (PTSD) as a disorder that can be brought on by experiencing or being threatened with real or serious harm or sexual assault (American Psychological Association, 2013). The lifetime incidence of post-traumatic stress disorder (PTSD) ranges from 1.3% to 12.2%, depending on the social milieu and the nation of residency (Shalev, Liberzno, & Marmar, 2017). Nightmares, flashbacks, intense distress, physiological reactions to cues related to the traumatic event(s), persistent negative emotional state, diminished interest or participation in activities, feelings of detachment or estrangement from others, irritability, angry outbursts, reckless or self-destructive behaviour, hypervigilance, difficulty concentrating, exaggerated startle response, and/or sleep disturbance are all examples of symptoms of post-traumatic stress disorder (PTSD) (American Psychological Association, 2013). Any of the symptoms listed above, depending on how severe they are, have the potential to create major difficulty in any aspect of a person's life, including socially, economically, physically, emotionally, and so on. Consequently, PTSD may be a disabling illness for anybody who exhibits these symptoms, the majority of whom are victims of intimate partner violence (IPV).

1.6.1 Symptom Clusters

PTSD symptoms can generally be broken down into the following groups: intrusive thoughts or re-experiencing related to the traumatic event(s), avoidant symptoms, negative alterations

in mood or cognitions, increased arousal symptoms such as startling easily, and/or dissociation. Intrusive thoughts or re-experiencing related to the traumatic event(s) can also be referred to as flashbacks. Avoidant symptoms (American Psychological Association, 2013). Intrusion, Negative Mood or Cognitions, Avoidance, and Hyperarousal are the first four characteristics that must be present in an individual for a diagnosis to be made. These four categories reflect the four core symptom clusters. Even while it is possible to suffer dissociation as a result of PTSD, it is important to note that this symptom is not always necessary for a formal diagnosis (American Psychological Association, 2013). Each cluster is characterised by its own unique collection of symptoms that are often reported. These clusters do not mutually exclude one another, but they do indicate similar groups of symptoms that people have a tendency to encounter.

RATIONALE FOR THE CURRENT STUDY

The participants in the study read five separate vignettes, each of which detailed an arguing exchange that took place between members of a heterosexual couple. The study used a technique called a within-subjects design. In addition to reading the vignettes, participants were asked to answer to questionnaires that assessed their history of interpersonal violence (IPV) and trauma, as well as their endorsement of PTSD symptoms. The first scenario described a discussion that was friendly and did not pose any harm, but the fifth tale described a confrontation that was extremely dangerous and highlighted an obviously abusive circumstance. In the final step of the study, the participants were asked a series of questions regarding how severe an interaction they believed to be, how threatened they believe they would feel in this situation, whether or not they believed the interaction could be considered an incident of interpersonal violence, and what they believe they would do if they were in the situation.

REVIEW OF LITERATURE

Tricia L. Orzeck (2013) The purpose of this study was to gain an understanding of the characteristics that define a traumatic relationship experience for adults who were involved in abusive intimate relationships. Additionally, the study sought to determine which effects, losses, and coping strategies were most significant for the individuals who participated in the study. Participating in the study were a total of 101 individuals, 42 of whom were male and 59 of whom were female. All of these individuals reported having been in a relationship that was either traumatic or abusive at some point in their lives. Mixed-method content analysis

was the research method that was used to determine the significant categories that are reflective of the traumatic relationship experience that the participants had and the impacts that followed. These categories were derived from the data collected from the participants. The responses of the participants to the question of which relationship experience was the most traumatic and unpleasant for them suggested two themes: relational abuse and internal unrest or tense feelings. The participants also described the myriad ways in which the violent relationship had an effect on their lives. According to the findings of the analysis of the material, the following are the four primary themes: internal turmoil, interpersonal effect, dysfunctional coping, and strength and empowerment. The implications of these findings for treatment are analyzed with reference to individuals who have gone through traumatic experiences within the context of their relationships.

Alicia Theresa Bole (2016) The development of symptoms in persons who directly encountered traumatic events has traditionally been the primary focus of research; however, the impact of trauma on victims' family has been largely disregarded. In recent years, academics and therapists have begun to investigate how an individual's exposure to traumatic events impacts the spouses or partners, children, and professional carers of trauma survivors. This line of inquiry has been prompted by the realisation that trauma survivors are more likely to experience negative effects on the people closest to them. The purpose of the current study is to determine how intimate personal relationships are altered when there is a history of trauma exposure by looking at qualitative interview data from 17 different persons. This data is then investigated using a method called a retroductive approach. It has been determined that the following are the key themes: sexual intimacy issues, symptoms of relationship distress, support from partner, and relationship resources. increased communication, decreased communication, increased cohesion/connection, decreased cohesion/connection, increased understanding, decreased understanding, increased cohesion/connection, decreased cohesion/connection, increased understanding, decreased understanding. Additionally, potential avenues for additional study as well as therapeutic consequences have been uncovered.

Lesley Theresa Johnson Theresa E. Johnson (2014) The aim of this research was to investigate the effects that previous research on trauma has had on individuals who have survived domestic violence. Participants' levels of gain, unanticipated upset, and regret of involvement were evaluated using questions from a questionnaire at the conclusion of a study that evaluated degrees of psychological distress, intensity of abuse, coping self-efficacy

(CSE), and cognitions. The study evaluated participants' levels of gain, unanticipated upset, and regret of involvement. There were a total of 55 women who participated, and each of them had only recently been the victim of domestic violence at the hands of a partner. Forty-five percent claimed that they had acquired something useful by participating, twenty-five percent said that they were more furious than they had anticipated, and only a tiny proportion of women (six percent) said that they were sorry that they had participated in the survey in the first place. According to the findings, women who reported feeling more disturbed than was typical had significantly higher scores on melancholy, PTSD, and the amount of traumatic experiences they had endured throughout their lives, but significantly lower scores on CSE. This was the case despite the fact that they had reported feeling more disturbed than was typical. We investigate the repercussions that this has on the enhancement of debriefing procedures and the paperwork associated with consent forms.

RESEARCH METHODOLOGY

PARTICIPANTS

Amazon's Mechanical Turk was used to recruit a total of 499 people who self-identified as female (MTurk). Only adult women were able to continue on to the more in-depth questions of the poll since they were asked about their age and gender in the first round. The people who took part in the study through MTurk were given a minor financial incentive in the form of fifty cents for each person for their participation in the study. The ages of the participants varied from 19 to 72, with a mean of 36.8 years and a standard deviation of 11.7 years. The individuals that were surveyed self-identified as being Caucasian or White (70.1%), Asian or Pacific Islander (16.6%), African American or Black (6.8%), Hispanic or Latina (3.2%), Native American or Alaska Native (1.0%), Middle Eastern (0.2%), or as belonging to another race or ethnicity (2.0%).

MATERIALS

Demographic Questionnaire

An intersectional study of intimate partner violence was conducted by Vatnar and Bjorkly (2008). The demographic questions that the participants were asked to answer were based on the demographic questions that were used in that study. Additional demographics questions for this study were modelled after those used in a study by Diemer et al. to determine the best practises in measuring social class in psychological research. This study was conducted to determine the best practises in measuring social class in psychological research (2013). Age,

ethnicity, income level, education, employment and source of income, parental status, connection with current spouse, and living situation information were some of the demographic factors that were taken into consideration in the analysis.

Abuse History Screening

Participants were questioned about any previous maltreatment or interpersonal traumas they had experienced. The following types of trauma were taken into consideration throughout the evaluation process: physical assault by an unknown person or by a partner; sexual assault by an unknown person or by a partner; and physical, sexual, or psychological abuse suffered as a kid. In order to determine whether or not a person had been through a particular traumatic event, the participant was given the option to reply "yes" or "no" to each encounter. After that, we inquired about their age at the time of the encounter for every affirmative response we received. Participants were instructed that they should use a comma to differentiate ages when listing numerous occurrences of the same event (for example, 3, 7, and 16) or a hyphen to merge a period of ages when listing several occurrences of the same event.

Severity of Violence Against Women Scale

A measure known as the Severity of Violence Against Women Scale was utilised in order to evaluate past intimate partner violence trauma (SVAWS; Marshall, 1992). The Self-Report Scale for Assessing Workplace Stress (SVAWS) is a self-report scale consisting of 46 items that assesses partner conflict reactions encountered over the course of a period of one year. The time period that was evaluated for was extended from "one year" all the way to "ever" so that it would be relevant to the current study. When the SVAWS was first developed, before any modifications were made, the internal consistency ranged from .89 to .96 for the women in the community (Marshall, 1992). The current data set was found to have a high degree of internal consistency ($\alpha = 0.983$), according to the measurements that were taken.

Posttraumatic Diagnostic Scale, 5th Edition

The Posttraumatic Diagnostic Scale, 5th Edition, which was established for the DSM-5 criteria (PDS-5; Foa et al. 1995, amended) was used to examine the symptomology of PTSD since this PTSD scale precisely differentiates and distinguishes between distinct symptom clusters. As a result, each cluster of symptoms may be evaluated on its own merits as a potential predictor. The PDS-5 measure is a self-report questionnaire consisting of 24 items. The majority of the questions used to evaluate symptomology are of the Likert-scale kind,

while the questions used to identify symptom onset and duration are of the multiple-choice variety.

The PDS-5 scale prompts the individual to think back on symptoms or experiences that they have had in the month leading up to the assessment by asking them to fill out a diary. The initial one-month period of the PDS-5 was changed for the purposes of the study to allow the subject to reflect on any time in the past, which allowed the researchers to test for a greater variety of historical PTSD symptoms. Prior to any modifications being made, the PDS-5 scale had a high degree of internal consistency ($r=.95$; Foa et al., 2016). According to the findings of the analysis, there is also a correlation of 78% between the diagnosis made using PDS-5 and a typical organised clinical interview using the DSM before any modifications are made (Foa et al., 2016). Additionally, the current data set exhibited a high degree of internal consistency ($\alpha = 0.970$).

Vignettes

Five different vignettes, each depicting a different amount of situational threat within the context of a relational interaction, were drafted in order to facilitate the investigation of individual variations in threat perception. In each of the five vignettes, there was a discussion that took place between a heterosexual married couple. For the sake of this research, the idea of threat was conceived of as the degree to which an individual is in risk. The possibility for abuse, ranging from harmless (no danger) to serious maltreatment, rose with each new scenario that was shown (definite threat). As a point of comparison for the participants' responses, we presented the narrative that was completely harmless. When the vignettes were shown to the participants, the sequence in which they were presented was chosen at random.

Comprehensive Evaluation of the Perceived Threat The participants each read all five scenarios and then answered ten following questions on a Likert scale ranging from 1 (Strongly Disagree) to 7 (Strongly Agree) to evaluate their total threat perception. Higher scores indicated a greater level of felt threat. The 10 vignette questions asked participants for their thoughts on a variety of topics, including whether the woman in the scenario should be concerned for her safety, if she should be concerned about her husband's future conduct, and so on. Only three of the 10 vignette questions had their answers coded backwards: questions 2, 5, and 9. After that, the average responses to the vignette questions were computed in order to generate a composite variable for overall threat perception.

DATA ANALYSIS AND RESULT

DATA PREPARATION

Exclusionary Criteria

The first step was to exclude from the pool of participants everyone who self-reported as a man or who was less than 18 years old. The next step was to exclude from the data set any and all participants whose overall development was lower than 92%. Last but not least, those whose IP addresses were identical to one another were eliminated. In order to account for anyone who took the survey more than once, the collected data were analysed, and any IP addresses that were found to have been used more than once were removed from the database, with the exception of the very first participant who had finished the survey.

Final Sample

Following the culling of unnecessary data, there were only 499 participants left. The frequency of individuals who answered that they had experienced some sort of victimisation either during their maturity or during their youth is displayed in Table 4.1. These frequencies were estimated using the Trauma History Screen, and they may be used to indicate the victimisation history of IPV by employing more general categories than those found on the SVAWS, which contain more specific items.

Distribution of Participants Indicating Victimization History

Victimization Type	Frequency	
	Yes	No
<i>Trauma History Screen:</i>		
Physical Assault by a Stranger	77(15.4%)	419(84.0%)
Physical Assault by a Partner	133(26.7%)	363(72.7)
Sexual Assault by a Stranger	75(15.0%)	421(84.4%)
Sexual Assault by a Partner	90(18.0%)	406(81.4%)
Physical Child Abuse	83(16.6%)	413(82.8%)
Sexual Child Abuse	78(15.6%)	418(83.8%)
Psychological Child Abuse	106(21.2%)	390(78.2%)

<i>Severity of Violence Against Women Scale:</i>		
Threatening Behavior	376(75.8%)	120(24.2%)
Physical Abuse	273(55.0%)	223(45.0%)
Sexual Aggression	170(34.3%)	326(65.7%)
Mild Violence	256(51.6%)	240(48.4%)
Minor Violence	181(36.5%)	315(63.5%)
Moderate Violence	158(31.9%)	338(68.1%)
Serious Violence	176(35.5%)	320(64.5%)

CONCLUSION

According to the findings of this study, it is abundantly clear that women also engage in abusive behaviour toward their male partners in the context of intimate relationships. Furthermore, there is an urgent need to develop, test, and validate assessment tools that can characterise and predict the outcomes of abusive relationships involving intimate partners. The ability to empathise with male victims of intimate partner violence (IPV) and provide assistance to these individuals in the form of effective behavioural treatments is an urgent necessity in this day and age. It is possible that in the future, researchers will concentrate on gathering data from self-report questionnaires in addition to conducting clinical sample analyses in order to identify effective coping mechanisms for all people who have been abused by an intimate partner, regardless of whether they are male or female, young or old, educated or uneducated, wealthy or impoverished. In conclusion, the findings of this study add to a better knowledge of how certain psychological characteristics might impact the occurrence of abuse, which could lead to post-traumatic stress disorder regardless of the gender of the victim or the person who prepared them.

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