



Emotional Numbing as a Mediator Between Sexual Trauma and Relationship Dissatisfaction in Women

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ABSTRACT

Objective: This study aimed to investigate the mediating role of emotional numbing in the relationship between sexual trauma and relationship dissatisfaction in women.

Methods and Materials: A descriptive correlational design was employed, involving 400 adult women from Kenya selected through stratified random sampling. Data were collected using three standardized instruments: the Sexual Experiences Survey–Short Form Victimization (SES-SFV) for assessing sexual trauma, the emotional numbing cluster from the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5), and the Couples Satisfaction Index (CSI-32) to evaluate relationship dissatisfaction. Descriptive statistics were calculated using SPSS-27. Pearson correlation was used to examine associations between variables, and Structural Equation Modeling (SEM) in AMOS-21 was conducted to test the mediating model and assess model fit using Chi-square, CFI, TLI, GFI, AGFI, and RMSEA.

Findings: Pearson correlations revealed significant positive relationships between sexual trauma and emotional numbing ($r = .51, p < .001$), sexual trauma and relationship dissatisfaction ($r = .48, p < .001$), and emotional numbing and relationship dissatisfaction ($r = .54, p < .001$). SEM results indicated a good model fit ($\chi^2 = 143.62, df = 72, \chi^2/df = 1.99, CFI = 0.96, TLI = 0.95, RMSEA = 0.049$). Emotional numbing partially mediated the relationship between sexual trauma and relationship dissatisfaction (indirect $\beta = .22, p < .001$), while the total effect remained significant ($\beta = .53, p < .001$).

Conclusion: The findings suggest that emotional numbing is a significant psychological mechanism through which sexual trauma contributes to relationship dissatisfaction in women. Addressing emotional disengagement in trauma-informed therapy may be key to improving relational outcomes among survivors of sexual abuse.

Keywords: Sexual trauma, emotional numbing, relationship dissatisfaction.

1. Introduction

The psychological sequelae of sexual trauma have long been recognized as both devastating and persistent, with implications extending far beyond the immediate event and into multiple domains of functioning, including relational well-being. For women, the experience of sexual trauma often leaves enduring emotional scars that complicate interpersonal closeness and trust, frequently culminating in relationship dissatisfaction. Among the constellation of trauma-related symptoms, emotional numbing—a phenomenon characterized by diminished emotional responsiveness—has been highlighted as particularly damaging to romantic intimacy and emotional connection (Tr, 2025). While prior research has explored the direct consequences of sexual trauma on romantic relationships, emerging perspectives emphasize the role of trauma-related emotional mechanisms, such as emotional numbing, in mediating these associations. Understanding this mediation is critical in informing therapeutic efforts aimed at promoting relational healing among survivors.

Sexual trauma is not only prevalent but uniquely impactful in shaping how individuals navigate subsequent intimate relationships. The psychological effects of sexual abuse, particularly when experienced in childhood or adolescence, can derail the development of healthy attachment patterns and foster emotional dysregulation (Jiménez-Ros et al., 2025; Lazaratou, 2017). Empirical research has consistently linked sexual trauma to various psychiatric complications, including post-traumatic stress disorder (PTSD), depression, anxiety, and disturbances in affect regulation (Raslan et al., 2024; Wesley, 2024). Notably, sexual trauma survivors often report challenges with emotional intimacy and sexual satisfaction, contributing to discord and detachment in romantic partnerships (Meyer et al., 2017; Roussin et al., 2023). These disruptions can intensify over time if not adequately addressed, further underscoring the importance of exploring the processes that contribute to relationship dissatisfaction.

Emotional numbing is widely recognized as a core symptom of trauma response, particularly within the context of PTSD. It is typically defined as a pervasive inability to feel positive emotions, a sense of detachment from others, and diminished interest in previously pleasurable activities (Andersson et al., 2022; Jabbi et al., 2022). The phenomenon is not merely a side effect of trauma but can act as a defensive mechanism, serving to protect the individual from overwhelming emotional pain. However, this very process

also hinders one's ability to form and maintain emotionally fulfilling relationships. When emotional numbing persists, individuals may struggle to express affection, empathize with partners, or engage in mutual emotional reciprocity—all essential components of healthy romantic functioning (Arogbofa, 2024; Kealy et al., 2017). Emotional suppression of this nature may be especially pronounced in survivors of sexual trauma, who often associate emotional vulnerability with danger or shame, further alienating them from partners and deepening relational discontent.

The mediating role of emotional numbing in the trauma-relationship nexus has gained increased attention in trauma literature, although empirical exploration remains limited. One line of inquiry suggests that emotional numbing mediates the link between early trauma exposure and later relational difficulties, including decreased sexual intimacy, emotional withdrawal, and conflict escalation (Andersson et al., 2022; Chukwuemelie, 2025). Emotional numbing may serve as a psychological barrier, obstructing the survivor's capacity to fully engage with or be present in their romantic relationships. Indeed, emotional numbness has been associated with reduced responsiveness to partners' emotional needs, difficulty communicating affection, and a generalized sense of detachment—all of which can erode relationship satisfaction over time (Mark et al., 2023; Roussin et al., 2023). These effects are often intensified by the underlying shame and self-blame that accompany trauma histories, which may contribute to defensive emotional patterns and maladaptive relational schemas.

Sexual trauma not only impairs emotional functioning but also disrupts cognitive appraisals of intimacy and self-worth, laying the groundwork for dysfunctional relationship dynamics. As observed in the work of Goodrum et al. (2018), women who experience sexual trauma often internalize beliefs about their own unworthiness or brokenness, which manifest in difficulties with trust, boundaries, and emotional attunement within relationships (Goodrum et al., 2018). The long-term relational effects of such trauma are compounded when survivors attempt to suppress or disengage from their emotions as a coping mechanism. According to Baykan et al. (2019), individuals who adopt emotionally avoidant styles in the wake of trauma often experience relational dissatisfaction due to their inability to meet emotional demands of partnership (Baykan et al., 2019). Furthermore, emotional numbing can be perpetuated by co-occurring symptoms such as anhedonia, disinterest in social connection, and reduced affective expression, which isolate survivors from emotional intimacy

even in safe relationships (Balci et al., 2023; Dulawan & Bance, 2024).

From a neurobiological standpoint, trauma has been found to alter brain regions involved in affect regulation and social processing. Research has shown that trauma-related changes in the prefrontal cortex and amygdala can contribute to impaired emotional responsiveness and difficulties with empathy and attachment (Asmal et al., 2018; Schuyler & Catania, 2022). These neural disruptions may explain why emotional numbing emerges as a key factor in the relational challenges faced by survivors. When combined with hypervigilance or dissociation, numbing can make even stable, supportive relationships feel unsafe or emotionally distant. Such dysregulation not only undermines the survivor's ability to connect with others but also reinforces negative relational expectations, such as anticipated rejection or emotional invalidation (Jiménez-Ros et al., 2025; Topak et al., 2023). These patterns often result in cycles of relational disengagement, wherein both partners experience emotional disconnection and dissatisfaction.

Another crucial layer to consider is how societal and cultural narratives surrounding sexual trauma may influence emotional numbing and relationship outcomes. Survivors often confront victim-blaming attitudes, internalized stigma, and inadequate access to trauma-informed care, which may exacerbate emotional suppression and hinder recovery (Ribeiro, 2024; Tr, 2025). In contexts where emotional expression is culturally discouraged or viewed as weakness, survivors may be particularly vulnerable to chronic emotional detachment and subsequent relational distress. Additionally, limited awareness or understanding of trauma's impact on intimacy among partners may lead to misinterpretations, withdrawal, or secondary wounding, thus compounding relational dissatisfaction (Arogbofa, 2024; Wesley, 2024). As emphasized by Lazaratou (2017), healing from sexual trauma necessitates not only individual processing but also relational attunement and a supportive interpersonal environment (Lazaratou, 2017).

Despite the profound implications of emotional numbing for romantic relationships, few studies have empirically tested its mediating role between sexual trauma and relationship dissatisfaction. Much of the existing literature focuses on PTSD symptom clusters in general rather than isolating the unique influence of emotional numbing. Furthermore, while sexual trauma is known to predict decreased relationship satisfaction, the mechanisms through which this occurs are still being unpacked. Investigating emotional numbing as a mediator is critical for developing

nuanced therapeutic interventions that address both the intrapersonal and relational consequences of trauma. As noted by Hadiyan et al. (2023), emotional dysregulation and maladaptive schemas stemming from childhood trauma directly affect one's capacity for sexual and emotional intimacy, suggesting that treating emotional numbing may hold promise for improving relationship outcomes (Hadiyan et al., 2023).

To address this gap, the current study seeks to examine the mediating role of emotional numbing in the association between sexual trauma and relationship dissatisfaction in a sample of adult women.

2. Methods and Materials

2.1. Study design and Participant

This research employed a descriptive correlational design to examine the mediating role of emotional numbing in the relationship between sexual trauma and relationship dissatisfaction among women. The study sample included 400 adult female participants residing in Kenya, selected using a stratified sampling method to ensure representation across diverse regions and socioeconomic backgrounds. The sample size was determined based on the Morgan and Krejcie (1970) sample size table, which recommends a sample of 400 for a population of 100,000 or more to ensure statistical validity. Inclusion criteria required participants to be at least 18 years old, currently in or recently out of a romantic relationship, and willing to provide informed consent. Exclusion criteria included severe mental illness or active trauma requiring immediate clinical intervention.

2.2. Measures

2.2.1. Relationship Dissatisfaction

The dependent variable, relationship dissatisfaction, was assessed using the Couples Satisfaction Index (CSI-32) developed by Funk and Rogge (2007). This self-report measure consists of 32 items designed to assess the quality and satisfaction within intimate romantic relationships. Items include a mix of Likert-scale and semantic differential response formats, capturing emotional closeness, conflict resolution, and overall relationship quality. The total score ranges from 0 to 161, with higher scores indicating greater relationship satisfaction; lower scores reflect dissatisfaction. The CSI-32 has demonstrated excellent internal consistency (Cronbach's $\alpha > .98$) and strong convergent validity with other established relationship quality measures across

diverse populations (Charania & Gopal, 2021; Demircioğlu & Göncü Köse, 2021; Han, 2025; White VanBoxel et al., 2024).

2.2.2. Emotional Numbing

Emotional numbing was measured using the emotional numbing symptom cluster of the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5), developed by Weathers et al. (2013). The CAPS-5 is a structured clinical interview that assesses the severity of PTSD symptoms based on DSM-5 criteria. Emotional numbing is assessed through specific items within the Negative Alterations in Cognitions and Mood cluster, particularly items D6 ("feelings of detachment or estrangement from others") and D7 ("persistent inability to experience positive emotions"). Each symptom is rated on a 5-point scale from 0 (absent) to 4 (extreme/incapacitating). The CAPS-5 has demonstrated excellent inter-rater reliability and internal consistency, and its construct validity has been consistently supported in both clinical and community samples (Katz et al., 2009; Li et al., 2023; Sippel et al., 2018).

2.2.3. Sexual Trauma

Sexual trauma was assessed using the Sexual Experiences Survey – Short Form Victimization (SES-SFV), developed by Koss et al. (2007). This 10-item self-report measure evaluates non-consensual sexual experiences since age 14, including unwanted sexual contact, coercion, attempted rape, and completed rape. The items use behaviorally specific language and are rated based on frequency using a 6-point ordinal scale ranging from 0 (never) to 5 (five or more times). The SES-SFV does not yield a total score but categorizes participants based on the most severe form of victimization reported. This tool has shown strong test-retest reliability, content validity, and has been validated across

various cultural and demographic groups, making it a widely used and reliable measure for assessing sexual trauma in women (Blais, 2021; Lalchandani et al., 2020).

2.3. Data Analysis

Data analysis was conducted using SPSS version 27 and AMOS version 21. Descriptive statistics (means, standard deviations, frequencies, and percentages) were first computed to summarize demographic characteristics and key variables. Pearson correlation coefficients were calculated to assess the bivariate associations between sexual trauma, emotional numbing, and relationship dissatisfaction. To test the proposed mediation model, structural equation modeling (SEM) was performed in AMOS-21 using maximum likelihood estimation. Model fit was evaluated using standard indices, including the Chi-square statistic (χ^2), Comparative Fit Index (CFI), Tucker-Lewis Index (TLI), and Root Mean Square Error of Approximation (RMSEA).

3. Findings and Results

Of the 400 participants, 168 (42.0%) were aged between 18 and 25 years, 149 (37.2%) were between 26 and 35, and 83 (20.8%) were over 35. Regarding educational background, 91 participants (22.8%) had completed secondary education, 183 (45.7%) held a diploma or undergraduate degree, and 126 (31.5%) had attained postgraduate education. In terms of relationship status, 217 (54.3%) were currently in a romantic relationship, while 183 (45.7%) reported being recently out of one. Most participants identified as Christian (296, 74.0%), followed by Muslim (82, 20.5%), and other or non-religious (22, 5.5%). Employment status indicated that 244 (61.0%) were employed, 93 (23.3%) were students, and 63 (15.8%) were unemployed or homemakers.

Table 1

Descriptive Statistics for Research Variables (N = 400)

| Variable | Mean (M) | Standard Deviation (SD) |
|------------------------------|----------|-------------------------|
| Sexual Trauma | 2.91 | 1.14 |
| Emotional Numbing | 6.74 | 2.35 |
| Relationship Dissatisfaction | 84.57 | 23.68 |

Descriptive statistics indicated that participants reported moderate levels of sexual trauma ($M = 2.91$, $SD = 1.14$), elevated emotional numbing ($M = 6.74$, $SD = 2.35$), and moderately high relationship dissatisfaction ($M = 84.57$, SD

$= 23.68$). The variability observed across all measures suggests adequate sensitivity for capturing differences within the sample (Table 1).

Prior to conducting Pearson correlation and SEM analyses, key statistical assumptions were assessed and confirmed. Normality was examined using skewness and kurtosis values, which fell within acceptable ranges (skewness between -0.67 and 0.82 ; kurtosis between -0.54 and 1.01). Linearity was confirmed by scatterplots displaying consistent linear trends between variables. The assumption of homoscedasticity was verified using Levene's

test, which was nonsignificant for all main variables ($p > .05$). Multicollinearity was assessed through variance inflation factors (VIF), all of which were below the threshold of 3.0 , indicating no severe multicollinearity. Additionally, the SEM model met the requirement of multivariate normality, with Mardia's coefficient = 2.41 , which is below the critical cutoff for large samples.

Table 2

Descriptive Statistics for Research Variables (N = 400)

| Variable | Mean (M) | Standard Deviation (SD) |
|------------------------------|----------|-------------------------|
| Sexual Trauma | 2.91 | 1.14 |
| Emotional Numbing | 6.74 | 2.35 |
| Relationship Dissatisfaction | 84.57 | 23.68 |

As shown in Table 2, sexual trauma was significantly positively correlated with emotional numbing ($r = .51, p < .001$) and with relationship dissatisfaction ($r = .48, p < .001$). Furthermore, emotional numbing was also positively correlated with relationship dissatisfaction ($r = .54, p <$

$.001$). These moderate-to-strong correlations support the initial hypothesis that all variables are significantly associated and justify further analysis via structural modeling.

Table 3

Fit Indices for the Structural Equation Model

| Fit Index | Value | Recommended Criteria |
|-------------------------|--------|----------------------|
| Chi-square (χ^2) | 143.62 | — |
| Degrees of Freedom (df) | 72 | — |
| χ^2/df | 1.99 | < 3.00 |
| GFI | 0.93 | ≥ 0.90 |
| AGFI | 0.90 | ≥ 0.90 |
| CFI | 0.96 | ≥ 0.95 |
| RMSEA | 0.049 | ≤ 0.06 |
| TLI | 0.95 | ≥ 0.95 |

The structural model demonstrated excellent fit to the data, as indicated by $\chi^2(72) = 143.62, p < .001$. The ratio of chi-square to degrees of freedom ($\chi^2/df = 1.99$) met the recommended threshold of < 3 . Goodness-of-fit indices were

strong: GFI = 0.93 , AGFI = 0.90 , CFI = 0.96 , TLI = 0.95 , and RMSEA = 0.049 . These values indicate that the model provides a valid representation of the observed data structure (Table 3).

Table 4

Standardized and Unstandardized Path Coefficients for the Structural Model

| Path | B | S.E. | β | p |
|---|------|------|---------|----------|
| Sexual Trauma \rightarrow Emotional Numbing | 1.23 | 0.14 | .51 | $< .001$ |
| Emotional Numbing \rightarrow Relationship Dissatisfaction | 2.85 | 0.26 | .44 | $< .001$ |
| Sexual Trauma \rightarrow Relationship Dissatisfaction (Direct) | 1.78 | 0.22 | .31 | $< .001$ |
| Sexual Trauma \rightarrow Relationship Dissatisfaction (Indirect via Emotional Numbing) | 3.51 | 0.39 | .22 | $< .001$ |
| Sexual Trauma \rightarrow Relationship Dissatisfaction (Total Effect) | 5.29 | 0.46 | .53 | $< .001$ |

Table 4 displays the direct, indirect, and total effects of sexual trauma on relationship dissatisfaction via emotional

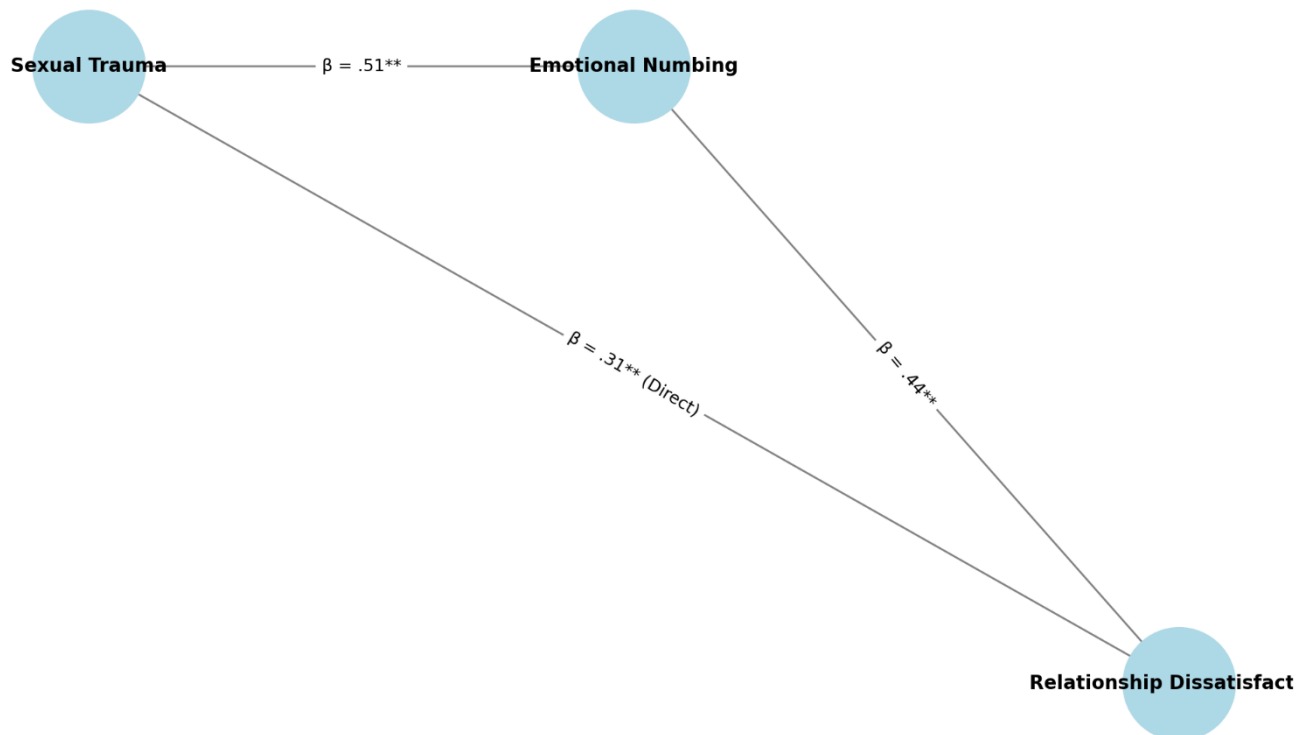
numbing. The direct path from sexual trauma to relationship dissatisfaction was significant ($\beta = .31, B = 1.78, p < .001$),

as was the path from sexual trauma to emotional numbing ($\beta = .51$, $B = 1.23$, $p < .001$). Additionally, emotional numbing significantly predicted relationship dissatisfaction ($\beta = .44$, $B = 2.85$, $p < .001$). The indirect effect of sexual trauma on relationship dissatisfaction via emotional numbing was also

significant ($\beta = .22$, $B = 3.51$, $p < .001$), confirming the mediating role of emotional numbing. The total effect of sexual trauma on relationship dissatisfaction was substantial ($\beta = .53$, $B = 5.29$, $p < .001$), indicating that both direct and mediated pathways contribute meaningfully to the outcome.

Figure 1

Model with Beta Coefficients



4. Discussion and Conclusion

The current study aimed to investigate the mediating role of emotional numbing in the relationship between sexual trauma and relationship dissatisfaction in women. Using Pearson correlation analysis, the results indicated that sexual trauma was significantly positively correlated with both emotional numbing and relationship dissatisfaction. Furthermore, emotional numbing was also positively associated with relationship dissatisfaction. Structural Equation Modeling (SEM) confirmed the proposed mediation model, demonstrating that emotional numbing partially mediated the relationship between sexual trauma and dissatisfaction in romantic relationships. These findings highlight the psychological mechanisms through which trauma impairs relational functioning and provide empirical support for theoretical models of trauma-related emotional dysregulation.

The positive association between sexual trauma and relationship dissatisfaction observed in this study aligns with existing literature that identifies trauma history as a risk factor for diminished relationship satisfaction and functioning (Arogbofa, 2024; Wesley, 2024). Trauma survivors frequently report struggles with intimacy, trust, and emotional expression—factors that are foundational to maintaining a fulfilling relationship (Goodrum et al., 2018; Mark et al., 2023). This is particularly relevant for women, whose post-trauma relational challenges may be compounded by gendered expectations around emotional availability and caregiving. The results of the present study affirm that experiences of sexual trauma can leave a lasting imprint on relational dynamics, reinforcing past evidence that trauma-related psychological consequences extend into interpersonal domains.

The significant positive correlation between sexual trauma and emotional numbing found in this study is consistent with prior work emphasizing emotional numbing

as a prominent trauma symptom (Jabbi et al., 2022; Jiménez-Ros et al., 2025). Emotional numbing often emerges as a coping mechanism developed in the aftermath of trauma, whereby individuals suppress or disengage from emotions to avoid distress (Tr, 2025). However, this protective strategy may have maladaptive consequences when it becomes chronic or generalized across emotional contexts. Previous studies have reported that emotional numbing contributes to psychological disconnection and interferes with emotional intimacy in romantic relationships, making it a critical variable to examine in trauma research (Andersson et al., 2022; Hadiyan et al., 2023). The current findings contribute to this body of work by empirically validating emotional numbing as not just a symptom of trauma, but also a mediating factor in relational dysfunction.

Importantly, the mediation analysis provided novel insight into the psychological mechanisms linking sexual trauma to relationship dissatisfaction. Emotional numbing emerged as a significant partial mediator, indicating that while sexual trauma has a direct impact on relationship dissatisfaction, part of its effect is transmitted through the pathway of reduced emotional responsiveness. This finding resonates with the notion that trauma affects not only how individuals think about relationships but also how they emotionally engage with partners (Chukwuemeli, 2025; Lazaratou, 2017). Emotional numbing impairs the survivor's ability to experience positive affect and to be emotionally present with their partner, which can gradually erode satisfaction and mutual connection. Consistent with this, prior studies have linked emotional detachment to dissatisfaction, sexual avoidance, and conflict escalation in intimate relationships (Kealy et al., 2017; Roussin et al., 2023).

These findings also align with previous research that underscores the neurobiological and psychosocial consequences of trauma. For example, childhood sexual abuse has been associated with long-term changes in neural systems governing affect regulation and interpersonal processing (Asmal et al., 2018; Schuyler & Catania, 2022). Such alterations may impair survivors' ability to access or express emotional states, contributing to chronic numbing and relationship difficulties. Moreover, societal narratives that silence or shame survivors may reinforce emotional suppression, further entrenching relational challenges (Raslan et al., 2024; Ribeiro, 2024). The psychological isolation brought on by trauma and exacerbated by emotional numbing not only undermines relationship

satisfaction but also increases the risk of interpersonal conflict and breakdown.

In addition, the findings of this study complement research demonstrating the ripple effect of trauma on emotional and sexual functioning. Mark et al. (2023) describe how women often navigate post-trauma relationships with caution and hypervigilance, making emotional vulnerability particularly difficult to achieve (Mark et al., 2023). Emotional numbing can serve as an internal wall, shielding the survivor from perceived threat but also obstructing emotional reciprocity. Similarly, Topak et al. (2023) found that psychogenic symptoms related to trauma—including emotional withdrawal and distress intolerance—were predictive of poor relational and sexual outcomes (Topak et al., 2023). The current results build upon these studies by statistically demonstrating how emotional numbing functions as a pathway through which trauma leads to dissatisfaction, pointing to its central role in trauma-related relational disruptions.

Furthermore, the association between trauma and numbing may be exacerbated by co-occurring factors such as chronic shame, guilt, and distorted self-concepts, which have been identified in trauma literature as significant barriers to intimacy (Jiménez-Ros et al., 2025; Tr, 2025). These emotional experiences may deepen emotional withdrawal and impair the survivor's ability to engage authentically with a partner. Balci et al. (2023) emphasized how unresolved trauma in women, especially from childhood, correlates with difficulties in forming secure bonds with their own children, indicating that the relational impact of trauma can be intergenerational (Balci et al., 2023). This underscores the importance of addressing emotional numbing as part of trauma-informed therapy—not only for individual well-being but also for fostering healthier relationship dynamics across life stages.

The current study also aligns with findings from qualitative studies that explore the lived experiences of trauma survivors. Dulawan and Bance (2024) found that survivors of sexual abuse frequently described feeling emotionally disconnected and numb, even years after the traumatic event (Dulawan & Bance, 2024). Such findings suggest that emotional numbing is not only quantifiable but also deeply embedded in survivors' narratives. The persistent nature of numbing complicates emotional expression and inhibits relational repair, further reinforcing dissatisfaction. Additionally, the findings of this study echo results from Wesley (2024), who emphasized the lingering impact of childhood sexual abuse on adult relational

functioning, particularly in women who report chronic avoidance of emotional intimacy (Wesley, 2024).

Another crucial implication of this research lies in its potential contribution to clinical interventions. By empirically validating emotional numbing as a mediator, this study suggests that interventions aimed solely at trauma processing may be insufficient if they do not address the emotional disengagement that follows. Therapeutic approaches such as trauma-focused cognitive-behavioral therapy, emotion-focused therapy, or psychodynamic methods that center on emotional awareness and regulation may be especially beneficial for survivors who experience relational dissatisfaction rooted in emotional numbing (Chukwuemeli, 2025; Hadiyan et al., 2023). Moreover, relational interventions that involve partners in the healing process may be crucial for restoring emotional closeness and fostering mutual understanding.

Taken together, these findings emphasize the importance of targeting emotional numbing in trauma-informed care and relational counseling. Sexual trauma does not only injure the psyche of the survivor—it reshapes the emotional landscape through which intimacy is navigated. Addressing the mechanisms through which trauma impairs relationships, particularly emotional numbing, can pave the way for more effective prevention, intervention, and recovery efforts.

5. Limitations and Suggestions

Despite the important contributions of this study, several limitations should be acknowledged. First, the use of a cross-sectional design restricts the ability to make causal inferences between the variables. While the mediation model is theoretically and statistically supported, longitudinal data would better establish the temporal sequencing of sexual trauma, emotional numbing, and relationship dissatisfaction. Second, the reliance on self-report measures introduces potential biases, including social desirability and recall bias, especially concerning sensitive topics like trauma and emotional experiences. Third, the sample consisted exclusively of women from Kenya, which may limit the generalizability of the findings to other populations or cultural contexts. Cultural norms around trauma disclosure, emotional expression, and relational expectations may vary significantly and could influence the manifestation of emotional numbing or relationship satisfaction. Additionally, the study did not control for potential confounding variables such as comorbid mental health

conditions, substance use, or current trauma exposure, all of which could influence the associations observed.

Future research should seek to expand on these findings through the use of longitudinal designs, allowing researchers to more clearly delineate the temporal and causal pathways between sexual trauma, emotional numbing, and relational outcomes. Inclusion of male participants and individuals with diverse gender identities would also enhance the scope and relevance of the research. Additionally, qualitative studies exploring survivors' lived experiences of emotional numbing and relational challenges may offer richer insights into the subjective dimensions of trauma's interpersonal impact. Cross-cultural comparative studies could investigate how sociocultural factors shape the expression of emotional numbing and its effects on intimacy. Finally, future studies should consider incorporating physiological or neurobiological assessments to better understand the underlying mechanisms of emotional detachment and its regulation in trauma survivors.

Clinicians working with trauma survivors should be attuned to the presence of emotional numbing as a barrier to relational fulfillment. Assessment tools and screening protocols should include specific questions related to emotional detachment and difficulty experiencing positive emotions. Trauma-informed interventions should incorporate strategies for rebuilding emotional awareness and responsiveness, including mindfulness, somatic therapies, and guided emotional expression exercises. Couple-based interventions that involve partners in the therapeutic process can also be beneficial, particularly in restoring emotional communication and rebuilding trust. Psychoeducation for both survivors and their partners about the nature and function of emotional numbing may foster greater empathy and reduce relational misunderstandings. Ultimately, integrating individual and relational approaches may yield the most effective outcomes in improving both psychological health and relationship quality.

Authors' Contributions

Authors equally contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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