How Counterfactual Thinking and Posttraumatic Growth from Sexual Assault Experiences Impact Fear of Intimacy in Romantic Relationships During Emerging Adulthood

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Abstract

Intimacy and romantic relationships are crucial to emerging adults' development (Collins et al, 2002). It is often assumed that victims of sexual assault may feel fearful of being intimate in romantic relationships post-assault. Fear of intimacy is the concept in which an individual's inability to exchange thoughts or feelings of personal importance with someone in their life who also holds personal importance (Descunter & Thelen, 1991). There is also the idea that one's thoughts about the assault or how it could have been different (counterfactual thinking) and the psychological growth they experience (posttraumatic growth) could be impactful on a victims fear of intimacy. This study examines how counterfactual thinking and post traumatic growth influence fear of intimacy in the lives of sexual assault victims compared to nonvictims.

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Sexual assault prevalence rates are disturbingly high, with 1 in 3 women and 1 in 4 men experiencing physical sexual violence at least once in their life (Centers for Disease Control and Prevention (CDC), 2022). Sexual assault is also commonly referred to as sexual violence or sexual abuse. Child sexual abuse (CSA) and adult sexual assault (ASA) are two forms of sexual violence experiences that have shown to have negative effects on romantic relationships later in life such as fear of abandonment, poorer social functioning, and fear of intimacy (Barnett & Maciel, 2019; Thelen et al., 1998). Studies have also looked at the correlation between counterfactual thinking (i.e., the creation of alternate scenarios to an event that has already occurred) and post-traumatic effects among sexual assault victims (Barnett & Maciel, 2019). Ample research on sexual assault victims aims to understand the negative outcomes of the experience, while there lies a much smaller selection of research to understand positive outcomes from the tragic experiences. A study by Barnett & Maciel (2019) shows the highest amount of post-traumatic growth in sexual assault victims associated with upward counterfactual thinking (p.8662). While there is published literature on post-traumatic growth, counterfactual thinking, and fear of intimacy among sexual assault victims independently, there is yet to be a study on how these constructs are interconnected and impact current or new romantic relationships. In developing a better understanding of the connection between these constructs, interventions can be created to help sexual assault victims maintain healthy relationships after the trauma. Therefore, this study asks: How do counterfactual thoughts and posttraumatic growth from sexual assault experiences impact fear of intimacy in romantic relationships during emerging adulthood?

Child Sexual Abuse (CSA) and Adult Sexual Assault (ASA)

Although both can be considered sexual assault experiences, there is a lot of variability in the definitions for both childhood sexual abuse (CSA) and adult sexual assault (ASA) (Barnett & Maciel, 2019; Ulloa et al., 2016; Vitek & Yeater, 2020). Specifically, a sexual assault experience is any non-consensual physical sexual contact (i.e., penetration, forced to perform sexual acts, or sexual touching or fondling of genitals) regardless of the age of victim or perpetrator. Child sexual abuse is similar but occurs between a minor and an individual at least five years older. While many children sexual abuse incidents occur without being reported, its prevalence is still extremely high. As cited by the Rape, Abuse & Incest National Network (RAINN, 2022), 1 in 9 girls and 1 in 53 boys under the age of 18 experience sexual abuse or assault by an adult. Adult sexual assault (ASA) experiences are both more commonly discussed and reported than CSA experiences, yet the number of reported incidents is an underestimate of total incidents (Alaggia et al., 2017). Victims of childhood sexual assault can be faced with several different negative outcomes including anxiety disorders, mood disorders, PTSD (Post Traumatic Stress Disorder), increased impulsivity and sexual dysfunction (Blanco et al., 2015; Vitek & Yeater, 2020; Zwickl & Merriman, 2011). While it is possible for a victim to overcome these obstacles, most child victims do not seek therapy until their adult years if at all, which later results in these physical and psychological struggles developing over extensive periods of time and following them throughout their lives (Alaggia, et al., 2017; Zwickl & Merriman, 2011).

Several studies have also shown that people with sexual assault history have significantly higher chances of being revictimized later in life compared to those who have no previous sexual assault history (RAINN, 2022; Vitek & Yeater, 2020; Zwickl & Merriman, 2011). In a study done by Elliott et al. (2004), research showed that women who were victims of adult sexual

assault (ASA) were two times more likely to have experienced childhood sexual abuse (CSA) than non-victims and men who were victims of ASA were five times more likely to have experienced CSA than non-victims. Those who endure ASA have high chances of experiencing negative symptomology (i.e., PTSD, depression, anxiety, fear of intimacy) that may cause turmoil in their relationships with family, friends, or romantic partners (Collins et al., 2002, Elliott et al., 2004, Harris & Valentiner, 2002). Although ASA can be experienced by anyone over the age of 18, it is most prominent within the college population (Kelley & Gidycz, 2017).

Regardless of when sexual assault occurs, the effects can be continuously damaging. Much of the previous research focuses on a singular form of sexual assault (e.g., a person experiencing sexual violence only as a child or a person only experiencing sexual violence as an adult) rather than researching how those who undergo either or both experiences are affected (Alaggia et al., 2017, Elliot & Briere, 2004, Ullman, 2014). Therefore, it is important to examine the totality of all sexual assault experiences at any age because these experiences can have a significant impact later standard and romantic experiences. This impact can be especially detrimental for those in emerging adulthood because of the increased possibility for sexual violence.

Emerging Adulthood

According to RAINN (2022), the highest risk of experiencing sexual violence are people between the ages of 18 and 34, which encompasses the age of emerging adulthood. Emerging adulthood is a theory based on the developmental experiences of those 18-25 years old who are no longer experiencing childhood but have not entered adulthood (Arnett, 2000). Emerging adulthood can be defined as a time of exploration. During this time, emerging adults begin to experiment with their roles in new social groups, while trying to discover what their career,

romantic and future aspirations are. This exploration occurs in many ways but how people navigate through relationships and sexual partners is one of the most important at this age (Shulman & Connolly, 2013).

Romantic relationships begin building during adolescence period of people's lives and are building blocks toward how individuals may view or build future relationships. These earlier relationships predict how emerging adults later form and maintain long-term relationships (Arnett, 2000; Fincham & Cui, 2010; Shulman & Connolly, 2013). Dating and exploration of love during emerging adulthood, unlike dating during adolescence, includes more physical and emotional intimacy in a secluded setting (Arnett, 2000). It is common for emerging adults to be "seeking love" because they want to connect with others and gain more life experience. When physical intimacy increases, it may lead to a higher risk of experiencing unwanted sexual advances. a sexual assault experience can be extremely detrimental to these and future relationships. Research has shown that the experience of a sexual assault led women to feel a complete lack of desire to engage in sex (i.e., celibacy) or an increase in sexual partners (i.e., hyper-sexualization) (O'Callaghan et al., 2019). Further, in a study by Kelley & Gidycz (2017), evidence showed that most college women who had experienced sexual assault reported sexual dysfunction (e.g., sexual pain, lower sexual desire) in sexual encounters after the assault. In addition to sexual dysfunction, sexual assault can also result in other problems within dating relationships. Emerging adulthood is also a time where relationships also impact life in general, one's self-confidence, and overall self-esteem. When young adults experience self-esteem or confidence issue because of a sexual assault experience, they may feel even more insecure or fearful being intimate in romantic relationships going forward.

Fear of Intimacy

According to the process model of intimacy, being intimate or showing intimacy is exposing a person's innermost needs, goals, fears, and motives (Reis & Shaver, 1988). All forms of intimacy (e.g., physical, emotional) are extremely important to the functionality and success of relationships (Arnett, 2002; Cassidy, 2001; Thelen et al., 2000). According to Collins et al. (2002), intimacy with a romantic partner is one of the most important developmental milestones for young adults because it can predict future well-being and overall life satisfaction. Although intimacy is a major goal in romantic relationships, sometimes intimacy is not present for several varied reasons. For example, for someone to be intimate, they must not only display a sense of trust for the other person but also, they must also show vulnerability in the relationship. If the individual does not possess these two characteristics, intimacy cannot be achieved. Intimacy can be categorized into two parts: Commitment, or how involved one is in the relationship, and depth, or the capacity to be close or open and be understanding of the other person's feelings (Dresner & Grolnick, 1996). Referring to Reis & Shaver's Intimacy process model (1988), we further understand how the goals, motives, needs etc. of people we are intimate with (i.e., friends, family) may affect how we view the world. This information can provide us with insight as to why the people in our lives and the experiences we share with them may influence how we psychologically feel toward traumatic events that happen in our lives (e.g., sexual assault experience). With these factors in mind, one could understand how trauma could seriously impact someone's intimacy in current or future relationships.

Fear of intimacy, as defined by Descutner & Thelen (1991), is an individual's inability, due to anxiety, to exchange thoughts or feelings of personal importance with someone in their life who also holds personal importance. Understanding the presence of intimacy difficulty brought on by sexual assault experiences has helped researchers to uncover a relationship

between intimacy issues and psychological and physical problems (Blanco et al., 2015; Harris & Valentiner, 2002; Kelley & Gidycz, 2017). Fear of intimacy within relationships can be problematic because it may influence a person to sabotage relationships in their life to maintain an emotional distance with others.

While intimacy can be impacted in many ways such as early parental attachment and later romantic attachment (Cassidy, 2001; Collins et al., 2002; Dresner & Grolnick, 1996), trauma also can have a significant impact on people's openness to intimacy. Research has shown that those who experience sexual violence (i.e., childhood sexual assault, adult sexual assault) are likely to develop emotional communication problems, intimate relationship difficulties, or issues with trust (Alaggia et al., 2017; Vitek & Yeater, 2020; Zwickl & Merriman, 2011). Fear of intimacy, brought on by a traumatic experience such as sexual assault, may also be elevated by the presence of counterfactual thinking.

Norm Theory & Counterfactual Thinking

Norm theory is the idea that people's response to an event or outcome is based on their perception of what happened and what could have happened rather than what happened (Kahneman & Miller, 1986). All events fall into two categories of classification: normal and abnormal (Feldman & Albarracín, 2017). When a person does a task deemed as normal, they are less likely to question the outcome of that task, but when a person does a task out of the ordinary (abnormal), they are more likely to question its outcomes. For example, a person who frequently goes to parties is less likely to question the negative events that could take place at the party compared to someone who does not frequent parties. Norm theory also incorporates the concept of regret. Regret is the feeling of sadness, anger or disappointment brought on by one's own actions. If a person is engaging in an abnormal task or taking part in an abnormal event, they

may experience feelings of regret if the said event goes wrong or has undesirable repercussions (Feldman & Albarracín, 2017) For example, if someone is walking home a different route than usual, they may face a situation such as getting involved in a conflict with a group of people leading them to later regret making that choice. Norm theory can be used to generalize the actions of different populations and has provided us with a framework to develop the ideas behind many other contributing factors to explain behaviors (e.g., counterfactual thinking, bystander effect, crime motives).

Counterfactual thinking is thinking of other outcomes to a situation that has already occurred (Kahneman & Miller, 1986). There are four types of counterfactual thinking including self-referent upward (thinking situations could have been better if it were not for one's actions), other referent upward (thinking that situations could have been better if it were not for other people), non-referent upward (thinking how things could've been worse) and non-referent downward (thinking situations could've been better). As cited by Johnson et al., (2021), upward counterfactual thoughts can be described as thoughts that favor the presence of a different outcome than what actually happened (e.g., a person wishes they would have never went to the party where their assault took place) and downward counterfactual thoughts can be described as thoughts that predict the possibility of worse outcomes (e.g., a person thinking their sexual assault was not that bad compared to a friend who had a similar experience). Counterfactual thoughts come up in our daily lives (e.g., If only I had woken up five minutes earlier, I would not have been late for work), but they are often even more common in traumatic situations. Research shows that victims of traumas that include exposure to actual or threaten death or injury (e.g., getting in a serious car accident, being raped) report experiencing elevated levels of self-referent and upward counterfactual thoughts even when they reported that the trauma was not the fault of

their own (Dalgleish, 2004). The presence of counterfactual thoughts may lead to both negative (i.e., self-blame, invalidation of feelings) and positive outcomes (i.e., posttraumatic growth, optimism). Several studies have shown a correlation between upward counterfactual thinking and higher levels posttraumatic growth (Barnett & Maciel, 2021; Kennedy et. al., 2020).

Posttraumatic Growth

As defined by Tedeschi & Calhoun (2004), posttraumatic growth is the beneficial psychological change experienced because of a highly stressful or traumatic experience such as sexual assault. Posttraumatic growth occurs in five different areas including: appreciation of life, relationships with others, new possibilities in life, personal strength, or spiritual change (Barnett & Maciel, 2019; Tedeschi & Calhoun, 1996; 2004). Posttraumatic growth revolves around how people deal with the aftereffects of a crisis. When people are in crisis, the best way to resolve the uncomfortable feelings is through using coping mechanisms both positive (e.g., posttraumatic growth) and negative (e.g., risky behavior).

A large majority of posttraumatic growth studies have been conducted on major traumatic events that happen in people's lives such as death, cancer, or experienced natural disaster (Ulloa et al., 2016), yet research done with sexual assault victims is still lacking. Sexual assault can be immensely traumatizing for victims leading to a plethora of negative after affects to come with it (e.g., depression, PTSD, low self-esteem). Posttraumatic growth can be a positive after effect or outcome for those who have sought out therapy or are actively working through their trauma. For example, a study done by Ullman (2014) produced results linking elevated levels of posttraumatic growth to sexual assault victims when they were in life threatening situations as well as when they perceived control over their recovery. With the limited amount of research available correlating posttraumatic growth and sexual assault, it is important to discover more

information because it may be potentially beneficial in therapy efforts and understanding the resilience of victims through recovery.

Present Study

The purpose of this study is to examine and understand how counterfactual thinking and post-traumatic growth, after sexual assault experiences, affect fear of intimacy in romantic relationships during emerging adulthood. Sexual assault experience will be operationally defined as "any sexual act (i.e., fondling, coercion, contact, attempted or completed penetration) done without consent from all participating parties." Discovering more information on how to help victims of sexual assault may open a gateway for developing a coping mechanism that will provide victims a better chance at pursuing successful/satisfying romantic relationships in the future. This study proposes the following hypotheses: (H1): Sexual assault victims will show higher levels of fear of intimacy toward romantic relationships compared to non-victims. (H2): Sexual assault victims who partake in upward counterfactual thinking will have higher levels of fear of intimacy than victims who partake in downward counterfactual thinking. (H3): Sexual assault victims will show low levels of relating to others on the post traumatic growth scale. (H4): Sexual assault victims will show elevated levels of personal strength on the post traumatic growth scale.

Method

Participants

Participants consisted of 186 undergraduate students (age 18-25) enrolled in a psychology course at a large Midwestern public university. Participants between 18-25 and enrolled in at least 3 college credit hours could participate. The average participant was 19.22 years (*SD*=1.371). Participants identified as White/Caucasian (n = 116, 62%), Black/African American (n = 25, 13%), Asian (n = 14, .08%), Latino/Latinx (n = 13, .07%), Middle Eastern (n

= 5, .03%), Native Indian (n = 1, .01%) and Other (n = 10, .05%). Regarding sex assigned at birth, 64 were assigned male and 124 were assigned female.

Measures

The Fear of Intimacy Scale (FIS) is a 35-item self-report measure of anxiety about close dating relationships (Descutner, & Thelen, 1991; 1993). The fear of intimacy scale was made to understand how previous life experiences influence intimacy in future romantic relationships for those who are currently dating or in consideration of prospective dating scenarios (Detscunter &Thelen, 1991; Doi & Thelen, 1993; Harmon et al., 2000). Items are rated on a 5-point Likert scale ranging from *not at all like me* to *extremely like me*. Thirteen items are reverse coded; then all items are summed to receive a score between 35 and 175. A higher score indicates a greater fear of intimacy. The original study showed high internal consistency (Cronbach's α=.93), and high test-retest reliability (*r*=.89) over a month interval with a population of introductory psychology students. The fear of intimacy scale showed both incremental validity as well as a strong construct validity because when established measures (e.g., social desirability, social intimacy) were controlled, across several studies, the strong associations of the scale and external factors remained (Descutner & Thelen, 1991).

The Counterfactual Thinking for Negative Events Scale (CTNES) (Modified) (Barnett & Maciel, 2019) was developed based on the original CTNES (Rye et al., 2008) but modified to cater specifically to individuals who had experienced a sexual assault. The original CTNES contains four subscales including non-referent upward (e.g., thinking about how things could have been worse), self-referent upward (e.g., thinking about how things could have been better if it were not for one's actions), other-referent upward (e.g., thinking about how things could have been better if it were not for other people), and non-referent downward (e.g., thinking about how

things could have been better). In both the original and modified CTNES, participants are asked to recall the most impactful negative event in their life (e.g., sexual assault experience, death of a family member, near death experience) and answer the questions accordingly. Items are rated on a 5-point Likert-type scale from *never* to *very often*. Higher scores within each subscale indicate more of that style of counterfactual thinking. The study done by Barnett and Maciel (2019) showed high internal validity with a= .93 for the upward counterfactual thinking scale and a=.88 for the downward counterfactual thinking scale.

The Posttraumatic Growth Inventory- short form (PTGI-SF) is a 10-item measure of positive internal growth after a negative experience or crisis (Cann et al., 2010). The PTGI-SF has five subscales: new possibilities (e.g., seeing the positive potential in situations), appreciation of life (e.g., appreciation of one's own life), personal strength (e.g., understanding self-resilience), spiritual change (e.g., transformation of spiritual matters), and improved relationships (e.g., *relating to others*). For this study's purpose, we will only focus on personal strength and improved relationships subscales. Responses are rated on a 6-point Likert type scale ranging from *I did not experience this change as a result of my crisis* to *I experienced this change to a very high degree as a result of my crisis*. In the study participants were asked to think about the worst thing that has ever happened to them, which is the crisis their answers refer to.

The Sexual Experiences Survey-Revised (SES-R) is a 10-item self-report measure of sexual victimization (Koss et al., 2007). Participants are asked to recall any form of unwanted sexual experiences. Questions contain behaviorally specific items used to indicate different forms of sexual misconduct (e.g., fondling done without consent by threatening to end a relationship). Participants are given examples of ways they may have experienced unwanted sexual experience and are asked to check the provided box if it applies; participants will also

have an option if they have not experienced said action (e.g., *Does not apply to me*). For this study, five questions have been modified for the survey to be more gender-inclusive (e.g., Someone penetrated my body with their penis, an object, or their fingers without my consent). All items are scored on an ordinal scale; each participant is put into a specific category based on their experience. For this study's purpose, all participants are scored into two categories: victim or non-victim. If a participant selected any answer other than *does not apply to me*, they are categorized as a victim.

Procedure

All promotional materials for this study included an advisory that the survey would involve potentially triggering topics such as sexual assault. Before anyone could participate in the study, they were provided with an informed consent to read and sign, ensuring that they agreed to participate willingly and fully understood the instructions. Students who participated through the Sona system at Cleveland State University received partial credit for psychology courses. After reading the informed consent, participants completed a 93-question survey, described above. After participants completed the study, they were provided with a list of resources concerning any triggering topics addressed throughout the survey. This study received expedited Institutional Review Board (IRB) approval before any data were collected.

Results

First, means and standard deviations were calculated for all variables including victimization, fear of intimacy, relating to others and personal growth (Table 1 and Figure 1). T-tests were calculated to test hypothesis 1, 3, and 4 (Table 2). Correlational analyses were used to test Hypothesis 2. (Table 3)

For hypothesis 1, fear of intimacy scores were compared by victim and non-victims. Specifically, victims (M = 2.719, SD = 0.571) had a higher mean than that of nonvictims (M =2.681, SD = 0.618). However, this difference was not statistically significant, t (184) = .435, p = 0.664. To further understand the relationship between fear of intimacy levels of victims who used upward counterfactual thinking compared to victims who used downward counterfactual thinking, a correlational analysis was run. Although as victims displayed more upward counterfactual thinking, they displayed more fear of intimacy, this association was not statistically significant, (r = .127, p = .216). As victims displayed more downward counterfactual thinking, they displayed lower levels of fear of intimacy, but this association was not statistically significant, (r = .103, p = .320). These analyses show that fear of intimacy is not significantly correlated with either form of counterfactual thinking.

Next victim status was compared for mean scores of relating to others. Victims (M = 2.221, SD = 1.465) had a slightly higher mean than that of nonvictims (M = 2.180, SD = 1.770), but this was not statistically different, t (179) = .175, p = 0.862. These results showed no significant difference between the mean levels of relating to others in victims and nonvictims.

Additionally, victim status was compared for mean scores of personal growth. Victims (M = 2.974, SD = 1.413) had a higher mean than that of nonvictims (M = 2.669, SD = 1.743), but this was not statistically different, t (163.788) = 1.285, p = 0.201. These results showed no significant difference between mean levels of personal growth in victims and nonvictims.

Table 1

	Victim Status	**Mean**	**Standard Deviation**
Fear of Intimacy	Victims	2.719	0.571
	Nonvictims	2.681	0.618
PTG - Relating to Others	Victims	2.221	1.465
	Nonvictims	2.180	1.77

PTG - Personal Growth	Victims	2.974	1.413
	Nonvictims	2.669	1.743

Table 1. Means and Standard Deviations for victimization, fear of intimacy, relating to others and personal growth

Table 2

	df	***t***	***p***
Fear of Intimacy	184	0.435	0.664
PTG - Relating to Others	179	0.175	0.862
PTG - Personal Growth	164	1.285	0.201

Table 2. T-tests calculated for hypotheses 1, 3, and 4

Table 3

	r	***p***
UCF and FOI	0.127	0.216
DCF and FOI	0.103	0.320

Table 3. Correlational analysis for hypothesis 2

Figure 1

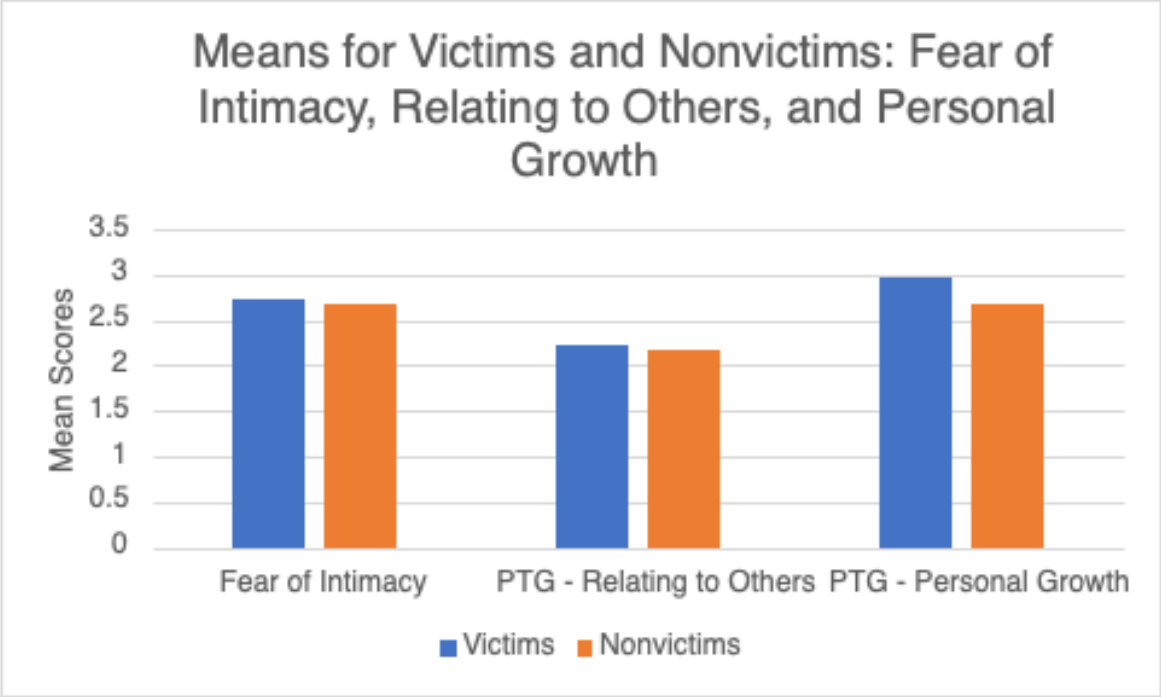


Figure 1. Means for victims and nonvictims for fear of intimacy, relating to others and personal growth

Discussion

The current study had four main hypotheses: (1) victims of sexual assault would experience higher levels of fear of intimacy than nonvictims, (2) victims who partake in upward counterfactual thinking will have higher levels of fear of intimacy than victims who partake in downward counterfactual thinking, (3) victims will show low levels of relating to others on the post traumatic growth scale, and (4) victims will show elevated levels of personal strength on the post traumatic growth scale. Surprisingly, after running a t-test and a correlational analysis, the current study did not find any statistically significant results. That said, it is still important to highlight the limitations, implications, and future directions of the current study.

Limitations and Implications

There are several limitations to this study. First, this study collected data using a convenience sample of college students. Thus, the results can only be generalizable to college students, and not a broader population. The cross-sectional design of this study also only shows correlation between variables but cannot speak to causation. Social desirability can also be considered a limitation in this study because sexual assault, while more talked about now than in the past, is still a very physically and emotionally violating experience that people may not want others to know happened to them. Also, the survey administered could have been subject to random responding by participants, risking the accuracy of the results collected. Further, one of the biggest limitations in this study is that all the data being collected is based on self-reported data, meaning participants may or may not answer questions honestly.

Despite these limitations, the results of this study are important because they provide information about areas for impact on the future of clinical rehabilitation for sexual assault victims. These results can provide clinicians more insight on the experiences of sexual assault victims and how fear of intimacy may or may not present in their lives and the likelihood that counterfactual thoughts influence their future romantic relationships. The findings from this study may inspire future researchers to further examine why victims have difficulties in romantic relationships post assault. Understanding how variables such as counterfactual thinking and posttraumatic growth affect intimacy can give clinicians more insight on how victims recover from their experiences and begin romantic relationships going forward. The results of this research could also help clinicians draw upon other factors in a victim's life (e.g., abusive home environment, intimate partner violence, fear of abandonment) that may be causing them to have a fear of intimacy. Results from this study may also allow researchers further develop theories having to do with aftereffects of sexual assault experiences. Given that it is assumed to be common knowledge that sexual assault victims experience fear of intimacy post assault, there needs to be further exploration to determine whether sexual violence influences fear of intimacy.

Future Directions

There are several areas of consideration for future work on understanding how sexual assault victims' experiences impact their future. The results of this study suggest that future researchers should examine other external factors that may influence fear of intimacy in sexual assault victims such as the nature of the assault (whether it was sexual contact, coercion, attempted rape, or rape) or the victim’s relationship with the perpetrator (if they were a stranger, acquaintance, or partner). Future researchers may want to focus on a strictly female sample, as this group is at an elevated risk of experiencing sexual assault (CDC, 2022). Further exploration

can be done on whether experiences of revictimization increase levels of fear of intimacy in victims. Discovering this information can give clinicians further insight on whether certain aspects of fear of intimacy are caused by sexual violence (i.e., sexual fear of intimacy or emotional fear of intimacy). Future researchers may also want to only focus on a victim population, and the commonalties experienced among them rather than comparing to nonvictims to better understand the implications of sexual assault in relation to fear of intimacy. The results from this research can also be instrumental in further educating clinicians on post assault fear of intimacy and implementing early intervention to in turn prevent revictimization.

Conclusion

In conclusion, emerging adults are at a substantial risk for sexual victimization, which is why it is crucial to obtain more knowledge on their experiences and how sexual victimization may impact their futures. Counterfactual thinking and posttraumatic growth are both often examined when trying to understand victim experience, suggesting these are important for consideration in sexual victimization prevention and intervention. The current study tested for correlations between fear of intimacy, types of counterfactual thinking and types of posttraumatic growth experienced by victims. Although the results showed no significance in the relationships among the variables tested, these areas may remain critical in victim support. It is important to understand how sexual violence impacts victims' romantic relationships post assault so that clinicians can aid in combatting relationship difficulties that victims often experience.

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